Approaches, Learnings, Experiences, Recommendations and Triumphs
of
Technical Assistance to NSACP on Strategic Information

A REPORT

ALERT
of
TANSI

Collaborative initiative of

National STD/AIDS Control Programme (NSACP)
Ministry of Health, Nutrition & Indigenous Medicine, Govt., of Sri Lanka
&
The Voluntary Health Services (VHS)
Centers for Disease Control and Prevention (CDC/DGHT-India)

Documention by:

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

Approaches, Learnings, Experiences, Recommendations and Triumphs
of
Technical Assistance to NSACP on Strategic Information

A REPORT

ALERT
of
TANSI

Collaborative Initiative of
National STD/AIDS Control Programme (NSACP)
Ministry of Health, Nutrition & Indigenous Medicine, Govt., of Sri Lanka
&
The Voluntary Health Services (VHS)
Centers for Disease Control and Prevention (CDC/DGHT-India)

VHS-CDC Project
The Voluntary Health Services (VHS) - Chennai/INDIA
Supported by **Centers for Disease Control and Prevention**
(CDC/DGHT-INDIA)

MINISTRY OF HEALTH SRI LANKA

NATIONAL STD/AIDS CONTROL PROGRAMME

VOLUNTARY HEALTH SERVICES
VHS
WE SERVE THE PEOPLE WHO SERVE YOU

Report Title	:	**Approaches, Learnings, Experiences, Recommendations and Triumphs of Technical Assistance to NSACP on Strategic Information – ALERT of TANSI**
No. of pages	:	**152 pages including wrapper pages**
Year of Publication	:	**December 2019**
Technical Guidance & Mentoring team	:	**Dr Joseph D Williams, Director Projects, VHS** **Dr Ariyaratne Manathunge, Consultant-Venereologist, SIMU-NSACP**
Documented by	:	**Dr T Ilanchezhian, Senior Technical Advisor, VHS-CDC Project** **Ms T Sudha, Senior Programme Associate, VHS-CDC Project**
Designed by	:	**Ms T Sudha, Senior Programme Associate, VHS-CDC Project**
Photo Courtesy	:	**Dr Ariyaratne Manathunge, Consultant-Venereologist, NSACP** **Dr S Muraliharan, Medical Officer/Planning, NSACP**
© Copyright	:	**VHS-CDC Project, Voluntary Health Services, Chennai–113.**

Copyright:

Contents

FOREWORD

National STD/AIDS Control Programme (NSACP), Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka is closely and proudly working with Centers for Disease Control and Prevention (CDC/DGHT-India) and its implementing partner The Voluntary Health Services (VHS-CDC Project) as a part of technical collaboration and Letter of Intent (LoI) signed between Ministry of Health and CDC/DGHT-India. Overall goal of this Technical Assistance is to strengthen the National HIV/AIDS response in Sri Lanka by facilitating technical cooperation in Strategic Information (SI).

Dr Rasanjalee Hettiarachchi,
Director, NSACP

VHS with the support of CDC has undertaken strategic and systematic efforts in identifying the TA needs, prioritization of TA areas and developing a comprehensive TA plan on SI to provide to NSACP. In accordance with the TA plan evolved, CDC with its implementing partner VHS is providing TA on SI in the key areas of capacity building; system strengthening; and documentation and dissemination.

CDC and VHS provided TA by adopting the key approaches such as: technical support (on-site & off-site) on SI systems; developing manuals, guidelines, etc.; assessment studies; capacity building; knowledge exchange/ knowledge transfer; mentoring; documentation & dissemination; and other approaches.

This technical collaboration has significantly contributed for:

- Introduction of Data Quality Assessment;
- Contributions for EMTCT validation process and obtaining successful certification;
- Strategic support for development of EIMS and capacity building of SI team in the country for roll-out of EIMS;
- Development of DHIS2, systems and analysis of data;
- Evidence based capacity building plan and capacity building of SI team on Operational Research, Scientific Writing, DHIS2, Data Management and EIMS training, developed pool of resources/ in-country experts for scientific writing including abstract development and writing for peer-reviewed journals for dissemination at national and international level;
- Documentation and dissemination of best practices including existing and emerging which will be of very much useful for other countries to adopt for reversal of epidemic and achieving the global target of ending AIDS by 2030.
- The project has also strategically contributed for development of comprehensive dashboard indicators on HIV/AIDS (technical report) and feasibility assessment study for development of NSACP dashboards along with the plans for execution.

Some of the other key contributions and value addition provided by the project will include but not limited to:

- The project has contributed for capacity building of entire SI team in the country and overall capacitated 225 officials/ STD clinic team through 8 training programs in the areas of Operational Research, Scientific Writing, Data Management, DHIS 2 and transition from paper-based to EIMS.
- This technical assistance has also contributed for development of 7 best practices, developed 18 abstracts, undertaking 6 operational researches, etc.
- Networked each thematic group through e-groups and facilitating experience sharing, technical update and follow-up for sustaining the same.
- Also contributed for development of training manuals and resource materials which can be of permanent use beyond the technical assistance period also.
- The capacity building initiatives has contributed for development of in-country experts who will be of permanent resources for conducting training on SI related aspects and on the emerging areas.
- The project has contributed for evolving plans for enhancing the NSACP website, undertaking social media outreach and shared the same for integration and use.

This technical collaboration has contributed for enhancing the SI system in the country and contributing towards continue to sustain the low prevalence.

We sincerely thank & acknowledge the technical guidance & support being extended by Dr Melissa Nyendak, Country Director, Mr Lokesh Upadhyaya, Associate Director for Management & Operations, CDC/DGHT-India and CDC team. Wish to thank Ms Srilatha Sivalenka, Public Health Specialist, CDC/DGHT-India for her continued support and guidance in this collaboration initiatives.

Our sincere thanks and gratitude to PEPFAR and CDC/DGHT-India for the generous strategic and timely support for this technical collaboration and contributions in strengthening SI system.

On behalf of NSACP, wish to express my sincere thanks to Dr Joseph D Williams, Director Projects-VHS for his immense support in ensuring partnerships and continue to support in providing TA. We acknowledge and appreciate the strategic support and technical assistance being extended by Dr T Ilanchezhian, Senior Technical Advisor, VHS-CDC Project for coordinating with NSACP and SIMU in providing strategic TA by ensuring various key approaches. The VHS-CDC project has also closely worked with SIMU-NSACP by ensuring professional approaches, partnerships and contributed for strengthening SI system in the country. Thanks to Ms T Sudha, Senior Programme Associate, VHS-CDC Project, Mr S Sathyaraju, Associate Manager Finance, VHS-CDC Project and thanks to VHS-CDC Project technical team, admin & finance team for their support in this initiative.

Appreciate and thank Dr Ariyaratne Manathunge, Consultant-Venereologist cum Coordinator-SIMU, NSACP for his strategic leadership in coordinating the technical cooperation initiatives on TA to NSACP on SI with VHS-CDC Project, CDC team and contributions on meaningful, successful execution of the planned TA activities and facilitating for achieving the desired objectives and results.

VHS-CDC Project has developed a comprehensive process documentation titled *"Approaches, Learnings, Experiences, Recommendations and Triumphs of Technical Assistance to NSACP on Strategic Information [ALERT of TANSI]"*. This process documentation contains the overall Technical Assistance experiences on Strategic Information undertaken in the areas of Capacity Building, System Strengthening and Documentation & Dissemination.

This process documentation is very strategic and informative. This will be very useful for NSACP to undertake systematic follow-up and sustain the same. In addition, this will also be very useful for disseminating with other key stakeholders on the experiences of TA to NSACP on SI provided by PEPFAR/CDC through its implementing partner VHS.

We request every reader to go through this document and benefit through the same.

On behalf of Ministry of Health and NSACP, appreciate and thank the PEPFAR, CDC/DGHT-India and VHS for their systematic, strategic and strenuously efforts and contribution through this technical collaboration.

Dr Rasanjalee Hettiarachchi,
Director,
National STD/AIDS Control Programme (NSACP),
Sri Lanka.

Acknowledgement

The Voluntary Health Services (VHS-CDC Project) with the support of Centers for Disease Control and Prevention (CDC/DGHT-India) in partnership with National STD/AIDS Control Programme (NSACP), Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka is providing TA to NSACP on Strategic Information through a technical partnership. As part of this technical cooperation initiative, VHS-CDC Project has extended technical assistance with the support of CDC in the areas of capacity building, system strengthening, documentation and dissemination.

VHS-CDC project with the support of CDC and in collaboration with NSACP provided strategic technical assistance and contributed & accomplished the key activities: undertaken research studies; conducted training programs for SIMU and SI team (Operational Research, Scientific Writing, Data Management, DHIS 2 and training on transition from paper-

Dr Joseph D Williams,
Director Projects, VHS

based to EIMS [for roll-out of EIMS]); documented and disseminated best practices; shared the regional best practices on SI in the context of Sri Lanka; developed technical report on dashboard; developed plans and systems for development of dashboard; facilitated exposure visits and participated in the conferences; coordinated knowledge transfer; and other key initiatives supported with technical guidance, mentoring & follow-up.

This technical assistance has contributed for:

- Enhanced the capacities of SI team to utilize electronic (EIMS) and manual program data for decision-making;
- Improved the capacity of SIM Unit to carryout management, analysis, documentation, and dissemination of summary program data reports;
- Improved the capacity of SIM Unit to conduct and disseminate results of operational research;
- Introduced data quality audit at each reporting unit level and contribute for quality reporting;
- Provided strategic TA for transitioning from paper-based to EIMS based data collection, reporting, data analysis and use of data for programmatic decisions;
- Capacitated the SIMU team on DHIS2, contributed for development of DHIS2 systems and use of DHIS2 for data analysis;
- The technical assistance provided through this collaboration has contributed for EMTCT validation process and obtaining successful certification;
- Documented and disseminated the best practices;
- The project has capacitated 225 officials represented from SIM Unit, 34 STD clinics (reporting units), 22 ART centers covering the entire country through 8 training programs on 5 key areas;

- Provided TA and brought out: Situational Assessment study and Training Need Assessment & Training plans;
- Enhanced capacities and systems and contributed for development of 18 abstracts, 6 operational research proposals, 7 best practices, etc.;
- Contributed for development of comprehensive dashboard indicators on HIV/AIDS (technical report) and feasibility assessment study for development of NSACP dashboards along with the plans for execution; and
- And other key initiatives to further enhance the strategic information system in the country.

Overall this collaboration has contributed for obtaining EMTCT validation certificate, roll-out of EIMS and transitioned from paper-based to electronic based reporting, introduction and use of DHIS2 for data analysis, introduction of Data Quality Audit at all levels, use of data for programmatic decision-making, documenting and disseminating best practices, integration of operational researches, development of training plan, etc., and capacitated the SIMU and SI team in the entire country. VHS-CDC project with the support and technical guidance of CDC has adopted innovative approaches, coordinate with NSACP by ensuring greater engagement of key stakeholders towards achieving the desired objectives of technical assistance.

Based on the experiences of technical collaboration initiative VHS-CDC Project has developed a comprehensive process documentation titled "Approaches, Learnings, Experiences, Recommendations and Triumphs of Technical Assistance to NSACP on Strategic Information [ALERT of TANSI]". This process documentation has been developed through a process including secondary review, consultations with stakeholders, interviews, discussions, etc. This comprehensive and well-developed process documentation highlights the strategic TA provided in the areas of Capacity Building, System Strengthening and Documentation & Dissemination supported with the learnings, experiences, recommendations for follow-up and sustainability along with feedback/ quotes/ appreciation letters, etc. This process documentation will be of useful for SIMU and NSACP to undertake follow-up plans and disseminate the experiences on technical collaboration at national and international level.

On behalf of Ministry of Health and NSACP, appreciate and thank the PEPFAR, CDC/DGHT-India and VHS for their systematic, strategic and strenuously efforts and contribution through this technical collaboration.

We profoundly appreciate and acknowledge the support extended by the Secretary, Director General-Health Services, Deputy Director General-Public Health Services and other officials in Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka.

We thank Dr Rasanjalee Hettiarachchi, Director-NSACP for the leadership and supportive guidance for this technical cooperation initiative.

We wish to acknowledge & thank Dr Ariyaratne Manathunge, Consultant – Venereologist cum Coordinator-SIMU, NSACP for the continuous support, strategic guidance and cooperation extended in the execution of this technical cooperation initiative. Appreciate his strenuous support in systematic planning and coordination. Also, acknowledge the support extended by SIMU team, senior management team/ consultants in NSACP, SI team in peripheral STD clinics and key stakeholders for successful execution of the activities.

VHS-CDC project acknowledge the immense support and contributions made by PEPFAR and CDC/DGHT-India for demonstrating this technical collaboration initiative in partnership with Sri Lanka. VHS recognizes and thank the financial support, technical guidance and all the strategic support extended in this collaborative initiative. We are very happy and proud to be a partner of PEPFAR-CDC/DGHT-India considering the comprehensive support being extended.

We sincerely thank & acknowledge the technical guidance & support extended by Dr Melissa Nyendak, Country Director, Mr Lokesh Upadhyaya, Associate Director for Management & Operations, CDC/DGHT-India and CDC team. Wish to thank Ms Srilatha Sivalenka, Public Health Specialist, CDC/DGHT-India for the continued support and guidance extended in this collaboration initiative.

We acknowledge and thank Dr Suresh Seshadri, FRCOG, Hony Secretary, VHS for his leadership, guidance and support for Project Management Unit and its programs.

We would like to thank Dr T Ilanchezhian, Senior Technical Advisor, VHS-CDC Project for his leadership initiative in this technical collaboration through systematic planning, providing strategic technical support, undertaking advocacy & networking with partners, ensuring communication and coordination with all partners, documentation of best practices and reports, planning & conducting the capacity building programs and other strategic initiatives for roll-out of the planned activities in a successful manner. We thank Mr Suneel Kumar Chevvu, Monitoring & Evaluation Officer, VHS-CDC Project in undertaking the Feasibility Assessment Study for developing dashboard and other supports.

We thank Ms T Sudha, Senior Programme Associate, VHS-CDC Project for her support extended in communication, documentation, designing and bringing out the products, support in conducting training programs, development of repository and other support in a continuous manner in this technical collaboration initiative.

We thank Mr B Kamalakar, Finance Controller, VHS-CDC Project and admin & finance team for their support in this technical collaboration initiative. We thank Mr S Sathyaraju, Associate Manager Finance, VHS-CDC Project for his involvement and contribution in logistics coordination, finance management and other support in execution of the planned activities.

We are very happy and delighted as a part of this technical collaboration and contributions towards enhancing the Strategic Information system in Sri Lanka.

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

Documentation team

VHS   :   *Core documentation team:*
Dr Joseph D Williams, Director Projects
Dr T Ilanchezhian, Senior Technical Advisor
Ms T Sudha, Senior Programme Associate

Supportive team:
Mr Kamalakar, Finance Controller
Mr Suneel Kumar Chevvu, M & E Officer
Mr Sathyaraju, Associate Manager – Finance

NSACP   :   *Core contribution team:*
Dr Ariyaratne Manathunge, Consultant-Venereologist
Dr S Muraliharan, Medical Officer/Planning

Supportive team:
Dr Himali P Perera, Consultant Venereologist/ Training Coordinator
Dr Lahiru Rajakaruna, Medical Officer Medical Informatics
Dr Anuruddha Karunarathne, Senior Registrar on Venereology
Dr Piyumi Perera, SR/Venereologist
Mr Lakshan Fernando, Senior Strategic information Officer
Mr Amila Maduranga, ICT Officer
Mr Pramod Harshana, ICT Assistant

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ALERT	Approaches, Learnings, Experiences, Recommendations and Triumphs
ANC	Antenatal 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
TANSI	Technical Assistance to NSACP on Strategic Information
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

Chapter I: TA to NSACP – An Overview

1.1.   Key Stakeholders – An Introduction

PEPFAR priorities: The U.S. 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 provides strategic, targeted support to strengthen the quality and impact of India's strong government-led response to HIV/AIDS. The PEPFAR/India provides Technical Assistance (TA) to the Government of India (GoI) and its partners, to maximize impact on the HIV epidemic in India, by strengthening capacity in critical program areas within GoI, the private sector, and with civil society partners. PEPFAR/India has two implementing agencies in India: Centers for Disease Control and Prevention (CDC) and U.S. Agency for International Development (USAID).

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.

CDC/DGHT-India: The U.S. Centers for Disease Control and Prevention's Division of Global HIV and Tuberculosis (DGHT) Program in India has focused its efforts on preventing new infections, increasing access to services for persons living with HIV and tuberculosis (TB), supporting a

single monitoring and evaluation system, and strengthening the work of civil society organizations. DGHT provides TA on a broad range of issues, including prevention of HIV (including parent to child transmission), addressing care and treatment needs of key affected populations - people who inject drugs, men who have sex with men, commercial sex workers, trans-gender individuals, addressing comorbidities of TB and HIV, strengthening laboratory systems, blood safety, and strategic information.

The Voluntary Health Services – Cooperative Agreement (CoAg.,) implementing partner of CDC for providing TA on SI: Voluntary Health Services (VHS) was established in 1958 by Dr K S Sanjivi, an eminent physician, and visionary leader. Today, VHS is a 465 bedded multi-specialty tertiary teaching hospital guided by the philosophy of "**unto the last**". VHS is registered as a non-profit society under the Indian Registration of Societies Act, 1860. Since 1995, VHS with 60 years of committed service has been at the forefront of managing comprehensive community health and STI/HIV prevention programs. VHS has wide range experience in implementing innovative HIV/AIDS prevention, care and support programs, building the capacity of Civil Society Organizations (CSOs), training of Health Care Providers (HCPs), strengthening Strategic Information (SI), providing Technical Assistance (TA), facilitating knowledge transfer, etc. Over 25 years, VHS has been the nodal agency for implementing HIV/AIDS prevention, care, support and treatment programs in Tamil Nadu, partnering closely with the Government of India (GoI), National AIDS Control Organization (NACO), State AIDS Control Societies (SACS), line departments and other key stakeholders.

VHS has implemented several large, multi-site and multi-layered donor-funded programs including the USAID supported AIDS Prevention and Control (APAC) project; Bill and Melinda Gates Foundation (BMGF) supported Tamil Nadu AIDS Initiative (TAI) and GFATM supported Multi-country South Asia-Diversity in Action (MSA-DIVA) project. Currently, managing Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, United States Government supported Technical Assistance to NACP IV. VHS has been involved in knowledge sharing initiatives both within the country and internationally. Through the USAID supported South-To-South HIV/AIDS Resource Exchange (SHARE) project, VHS provided TA to 12 selected sub-Saharan African nations and promoted bi-directional knowledge transfer of high-impact policies, practices and innovations for strengthening the HIV/AIDS program and improving health outcomes.

Ministry of Health, Nutrition & Indigenous Medicine, Government of Sri Lanka: The Ministry of Health, Nutrition and Indigenous Medicine is the central government ministry of Sri Lanka responsible for health. The ministry is responsible for formulating and implementing national policy on health, nutrition, indigenous medicine and other subjects which come under its purview. Provincial councils are constitutionally responsible for operating the majority of the Sri Lanka's public hospitals but some, known as *line ministry hospitals*, come under the direct control of the central government in Colombo.

The *vision* of the Ministry of Health: A healthier nation that contributes to its economic, social, mental and spiritual development. The *objectives* of the Ministry of Health is to empower community for maintaining, promoting their health; to improve comprehensive health services delivery actions; to strengthen stewardship management functions; and to improve the management of human resources. Sri Lanka has a strong public health system which has enabled

the achievement of several public health successes such as elimination of Malaria; and commendable maternal and child health indicators.

National STD/AIDS Control Programme (NSACP), Sri Lanka: National STD/AIDS Control Programme (NSACP) of Government of Sri Lanka is a comprehensive programme aimed at prevention and control of STDs & HIV/AIDS being implemented by the Ministry of Health in all the provinces of Sri Lanka. The key functions of NSACP will include: Preventive services; Diagnosis treatment and care services for HIV; Strategic Information Management; and Health Systems Strengthening. 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.

Strategic Information Management Unit (SIMU): 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, programme management, service delivery and accountability. The monitoring and evaluation of the STD/HIV treatment & care and Laboratory services of the National STD/AIDS control Programme is currently carried out using a manual paper-based system. Currently, SIMU/NSACP is in the process of developing an automated Electronic Information Management System for NSACP (EIMS) which will provide timely information for efficient patient management and monitoring of HIV care and ART Programme.

Some of the **unique strengths of SI system** includes: National HIV Monitoring & Evaluation Plan 2017-22 that outlines the broad vision, objectives, approaches and tools used in the programme; 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; and replacing the paper-based system with an EIMS for efficient patient management and monitoring of HIV care & ART programme.

1.2. An introduction to the National STD/AIDS Control Programme in Sri Lanka

The National STD/AIDS Control Programme (NSACP) of the Ministry of Health is the main government organization which coordinate the national response to sexually transmitted infections including HIV/AIDS in Sri Lanka. It collaborates with many national and international organizations such as the Global Fund to Fight Against AIDS, TB and Malaria (GFATM) and UN organizations while providing leadership and technical support to 34 island wide STD clinics and 22 ART centers.

Furthermore, it provides quality STI and HIV laboratory services through a comprehensive laboratory network. National and subnational level monitoring and evaluation and surveillance are other important activities carried out by NSACP.

NSACP has achieved the task of providing best possible preventive and clinical services for key and vulnerable populations as well as for the general population. In addition, it supports the

National Institute of Infectious Diseases (NIID) of Sri Lanka to provide clinical care for HIV infected individuals, which functions as an ART center as well as a center providing clinical care for HIV infected individuals, outside the NSACP in Sri Lanka.

The NSACP successfully achieved the and elimination of mother to child transmission of HIV and syphilis in 2019 and is working towards Ending AIDS by 2025.

Mission	• Contributing to a healthier nation through sexual health promotion, emphasizing prevention, control and provision of quality services for sexually transmitted infections including HIV.
Vision	• Quality sexual health services for a healthier nation.
Objectives	• Prevention of transmission of sexually transmitted infections (STIs) including HIV. • Provision of care & support for those infected and affected with STIs including HIV.

Activities of NSACP:
- Coordinating the national response to HIV epidemic
- Carrying out HIV prevention interventions
- Helping to create an enabling environment for STI and HIV prevention
- Provision of clinical services for sexually transmitted Infections
- Provision of treatment and care for people infected and affected by HIV
- Provision of laboratory services for STI and HIV diagnosis and management
- Condom promotion for STI and HIV prevention
- Provision of counselling services for STIs and HIV
- Prevention of mother to child transmission of HIV and syphilis
- Training and capacity building of health and non-health staff
- Carrying out HIV and STI surveillance
- Carrying out research in STI and HIV
- Carrying out Monitoring and evaluation of STI and HIV services
- Dissemination of Strategic information on STI and HIV

National Level

```
                    DGHS
                      |
                DDG (PHS-1)
                      |
              Director- NSACP
                      |
            Senior Management
                   Team
```

Administration	HIV Testing	Key pop. HIV prevention	HIV Care	STD Care	PMTCT	SIM Unit
Finance	Reference Laboratory	Central Pharmacy	IEC, advocacy & Condom	Multi-sectoral Unit	Epidemiology Unit	Training / capacity building	PIU GFATM
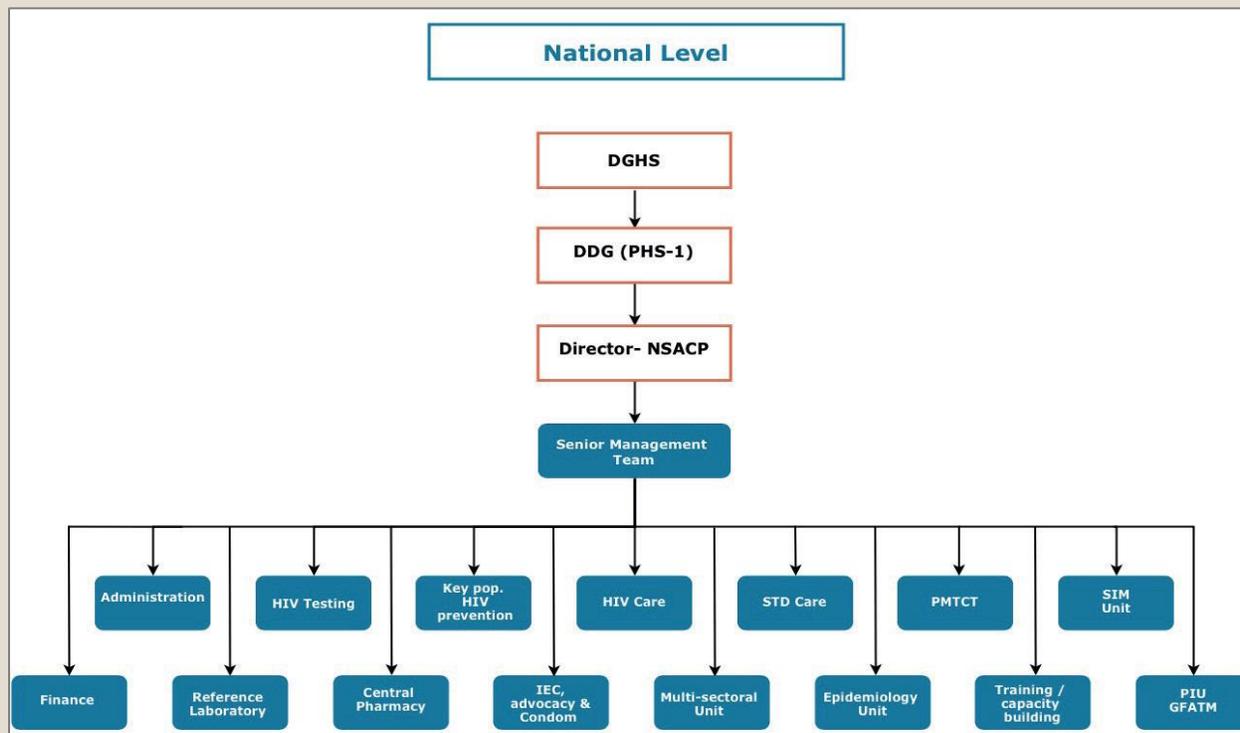
Organogram of the National STD/AIDS Control Programme, National Level

District Level

```
                    PDHS
                      |
                    RDHS
                      |
            Venereologist,
          MO/IC of STD Clinic
```

prevention	HIV Testing	STD	HIV	M&E	Laboratory	Key pop. outreach
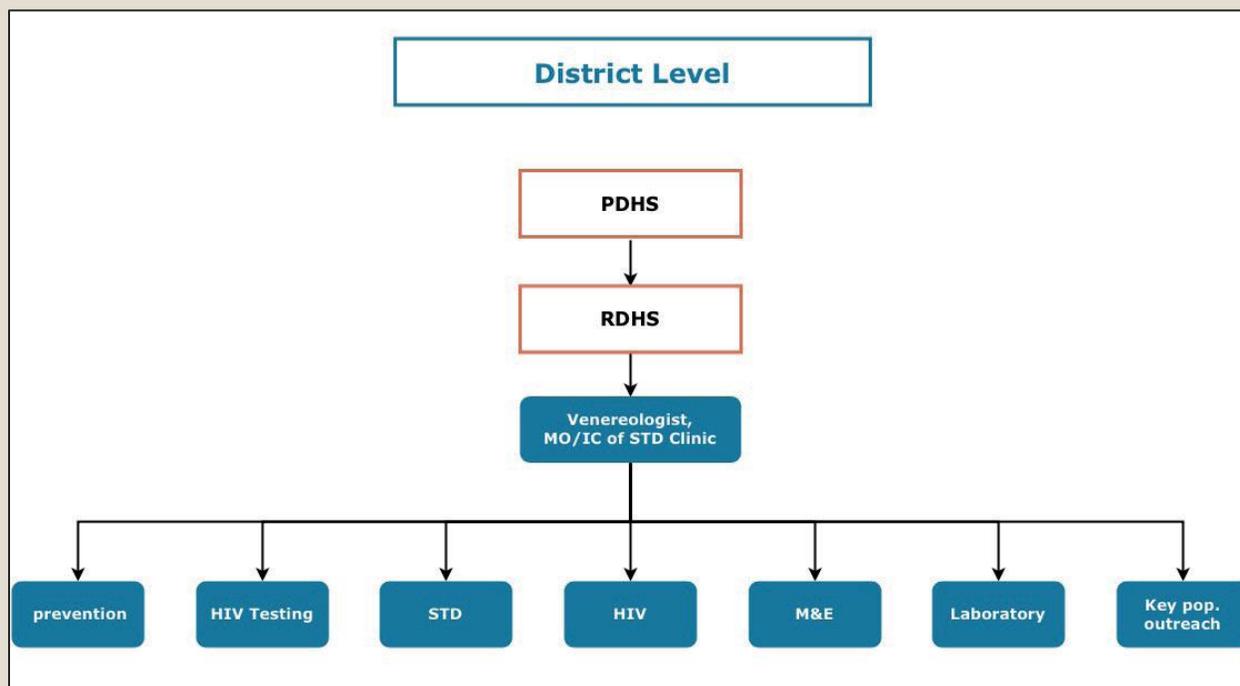
Organogram of the National STD/AIDS Control Programme, District Level

1.3. Situation of HIV epidemic in Sri Lanka

The estimated number of people living with HIV (PLHIV) in 2018 is 3500 (3100-4000). This is similar to 2017 HIV estimation. Total number of PLHIV diagnosed and alive is 2709 (cumulative reported number minus cumulative reported deaths). However, these are cumulative figures since 1987, and there are deaths that are not reported as AIDS deaths. Out of the total 1656 PLHIV who are currently linked with HIV treatment and care services, 1574 have been started on antiretrovirals (ART), and 1338 were having viral suppression as given in the HIV cascade graph.
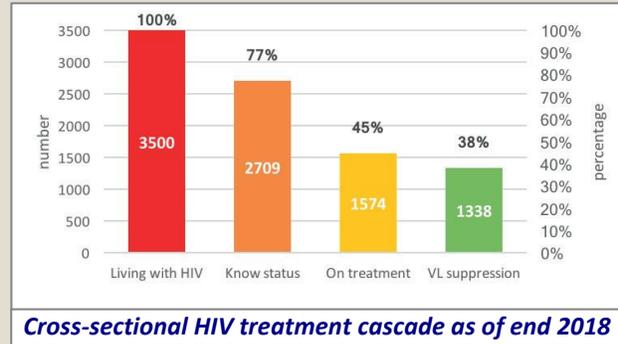
Cross-sectional HIV treatment cascade as of end 2018
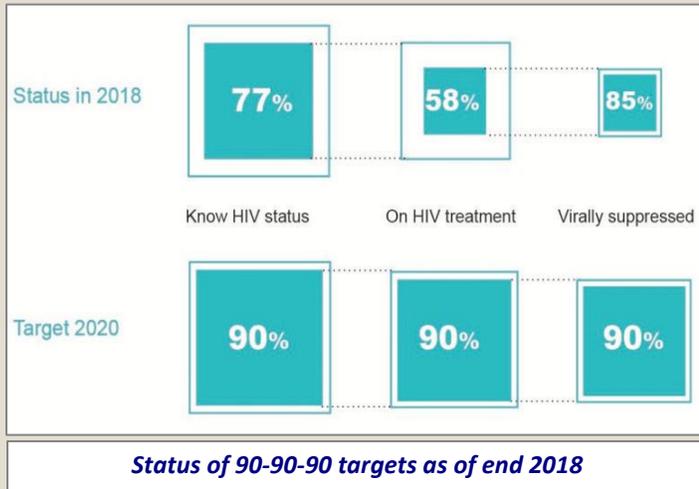
Status of 90-90-90 targets as of end 2018

	2013	2014	2015	2016	2017	2018
Male to Female sex	48%	55%	49%	51%	44%	41%
Male to Male sex	27%	28%	37%	37%	42%	46%
Mother-to-child	6%	0%	3%	1%	1%	1%
IDU	2%	1%	1%	0%	1%	0%
No Data	17%	16%	10%	11%	12%	12%
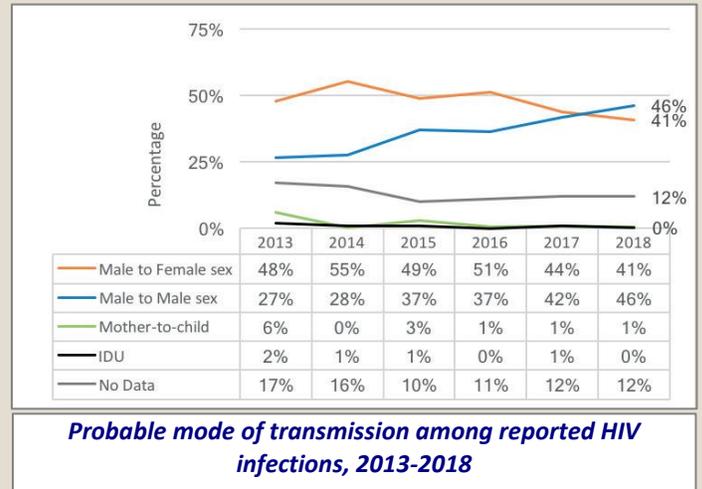
Probable mode of transmission among reported HIV infections, 2013-2018

HIV prevelance (%) among KPs (IBBS)
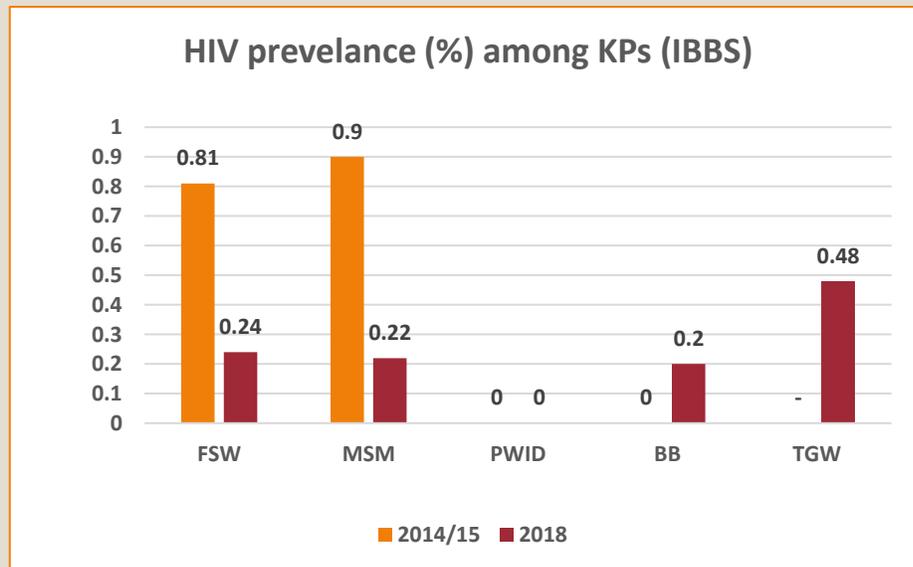
Key Population in Sri Lanka: National size estimation of the key populations (KPs) for HIV in Sri Lanka was completed in 2018. Female sex workers (FSW), men who have sex with men (MSM), male sex workers (MSW), transgender women (TGW), people who inject drugs (PWID) and beach boys (BBs) were identified as key populations.

During 2017/2018, the second round of the IBBS was conducted among key populations, covering five key populations in Sri Lanka, namely female sex workers (FSW), men who have sex with men (MSM), people who inject drugs (PWID), beach boys (BB), and transgender women (TGW). TGW were included for the first time during this survey.

1.4. Program Monitoring Mechanism (SIMU)

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.

Primary functions carried out by the SIM unit:

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. Standardized 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 analyzed 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 report that supports the roll out and implementation of M&E activities in the country. This report 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 stabilized 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 34 STD clinics spread over 25 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.

Full-time STD clinics in Sri Lanka, 2018

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.
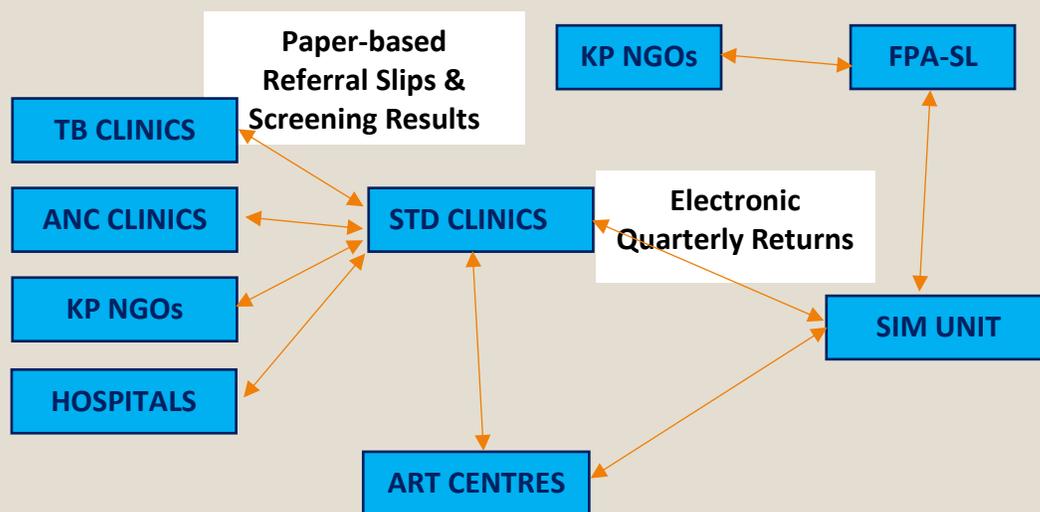
Flow chart showing data flow of monitoring data under NSACP, Sri Lanka

Documentation & Reporting: All STD clinics and ART centres maintain nearly 20 registers 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.

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.

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 systematized 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 conducted IBBS in 2017-18 and national size estimation of key population in Sri Lanka in 2018. 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 analyzed 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 positive cases for follow up. Entire HIV case reporting is monitored & cases tracked by Epidemiology (Epi) unit of NSACP, that coordinates very well with the reporting centres & NRL. New case reporting format (revised 1214 form) has been introduced recently & is being widely used by all the reporting centres. This form captures the demographic & 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 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.

1.5.   TA to NSACP – An Introduction

CDC support on Technical Assistance to NSACP on Strategic Information: The PEPFAR is a United States Governmental initiative to address the global HIV/AIDS epidemic. PEPFAR and CDC is providing support to NSACP through its' Cooperative Agreement implementing partner The Voluntary Health Services (VHS) through its VHS-CDC Project. Overall goal is to enhance the contribution of Strategic Information (SI) towards the National HIV/AIDS response in Sri Lanka by facilitating Technical Assistance (TA) and cooperation on identified priority areas. Key strategies on TA to NSACP being adopted will include Evidence-based TA; Horizontal exposure & vertical expertise; Bottom up strategy; and Comprehensive in outlook.

VHS-CDC Project and NSACP jointly facilitated the exploratory visits, inter-agency visits, interactions with senior officials at Ministry & NSACP, key stakeholders and facilitated field visits.

Through this process, CDC, VHS-CDC Project and NSACP jointly identified the specific areas of TA on SI. For facilitating Technical Cooperation Initiatives, Letter of Intent (LoI) was signed between Ministry of Health, Nutrition and Indigenous Medicine, Govt. of Sri Lanka and CDC/DGHT-India during February 2018.

Letter of Intent (LoI)
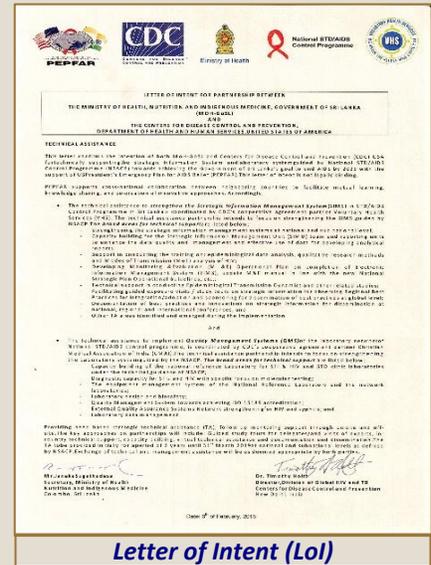
Letter of Intent signed between CDC and MoH, Sri Lanka on 6ᵗʰ Feb'18

Exchange of Letter of Intent between CDC and MoH, Sri Lanka
(From left to right: Director-NSACP, DDG-PHS, Secretary-MoH and Director-CDC) on 6th Feb'18

Handing over of Letter of Intent by Secretary-MoH, Sri Lanka to Director Projects, VHS
for implementing SI component with the support of CDC

VHS facilitated LoI signing between MoH, Govt. of Sri Lanka and CDC - Group Photo of CDC's implementing partners

Follow-up and debriefing meeting between NSACP, CDC and VHS

NSACP, CDC and VHS-CDC Project jointly held discussions and identified **TA areas for support** and developed a comprehensive technical assistance plan on the following four broad areas:

Enhance SIM Unit capacity to utilize electronic and manual program data for decision making

Improve capacity of SIM Unit to carryout mgt, analysis, documentation & dissemination of summary program data reports

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

Consultation with stakeholders on monitoring and documentation of accomplishments and sustainability plans

As part of this TA initiatives, VHS-CDC Project has provided capacity building initiatives, system strengthening, documentation and dissemination for further enhancing SI systems in NSACP.

1.6. Process adopted/ evolution of Technical Collaboration

CDC and VHS-CDC Project jointly undertaken strategic, systematic planning and coordination for evolution of technical collaboration between Ministry of Health, Nutrition & Indigenous Medicine, Government of Sri Lanka and CDC/DGHT-India. CDC and VHS-CDC Project has undertaken key strategic approaches for understanding the STD/HIV/AIDS program in Sri Lanka, identifying the priorities/ TA areas, mechanisms for technical collaboration, approaches and coordination of technical collaboration initiatives.

August 2015

Preliminary planning visits to NSACP by VHS-CDC team

24th to 28th

September 2015

Inter-agency Exploratory visit by PEPFAR/India delegation

21st to 25th

June 2016

PEPFAR/India Inter-agency delegation visit - focusing on LSS

15th to 17th

July 2016

CDC Delegation visit-focusing on SI

26th to 29th

Nov 2017

VHS-CDC team visit

20th & 21st

February 2018

Joint delegation visit for LoI signing between MoH and CDC

6th

Follow-up visits by VHS team; consultation meetings; and capacity building programs

CDC and VHS-CDC Project has undertaken exploratory visits to Sri Lanka and held discussions with senior officials at Ministry of Health, Nutrition & Indigenous Medicine, Government of Sri Lanka and National STD/AIDS Control Programme. The delegation held discussions, presentations, interactions at various levels through the following visits:

Meeting with Director General - Ministry of Health, Govt. of Sri Lanka

CDC Delegation visit with Director General focusing on identifying TA needs on Strategic Information during July 2016

Inter-agency Exploratory visit by PEPFAR/India delegation from 21-25, Sep'15

Field visits and interactions to NGO implementing prevention among Beach Boys during Sep'15

PEPFAR, CDC and VHS-CDC team held discussions with the key officials and stakeholders in the process of identifying TA areas and evolving technical collaboration.

The **Key Stakeholders** contacted and consulted with the support of NSACP will include:

- US Embassy to Sri Lanka
- Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka
- National STD/AIDS Control Programme (NSACP)
- Strategic Information Management Unit (SIMU)
- National Reference Laboratory (NRL)
- STD Clinic team at NSACP and Peripheral STD Clinics
- ART centers in NSACP and Peripheral STD Clinics
- Family Planning Association of Sri Lanka - Principal Recipient (PR) 2 under GFATM
- CSOs involved in HIV/AIDS intervention among Key Populations (FSW, MSM, BB, Drug Users)
- NGOs involved in integrated development (other than HIV/AIDS)
- Country Coordinating Mechanism (CCM) – GFATM team
- Global Fund team from South and East Asia
- UNAIDS, Sri Lanka
- Health Informatics Society of Sri Lanka, University of Colombo
- Positive Women's Network

The **Key Officials** contacted, interacted and contributed for development of Technical Assistance plans:

- US Embassy to Sri Lanka:
  - Mrs Rachna K, acting DCM
  - Mr Thomas Bayer, USAID EXO
  - Ms Susan Gonzalez, POC for PEPFAR at US Embassy Sri Lanka, USAID Program Office

- **Ministry of Health, Nutrition & Indigenous Medicine:**
  - Mr Janaka Sugathadasa, Secretary, Ministry of Health, Govt., of Sri Lanka.
  - Dr Palitha Maheepala, Director General, Health Services, Ministry of Health, Govt., of Sri Lanka.
  - Dr Anil Jasinghe, Director General – Health Services, Ministry of Health, Govt., of Sri Lanka.
  - Deputy Director General – Health Services.

- **National STD/AIDS Control Programme (NSACP):**
  - Dr Sisira Liyanage, Director / Program Manager
  - Dr Ariyaratne Manathunge, Consultant-Venereologist
  - Dr Lilani Rajapakse, Consultant-Venereologist
  - Dr Jayanthi P Elwitgala, Consultant-Microbiologist
  - Dr G Weerasingha, Consultant-Venereologist

- o Dr Himali Perera, Consultant-Venereologist & Training Coordinator
- o Dr Siriyakanthi Benaragama, Consultant-Epidemiologist

And other key stakeholders including UNAIDS, GFATM, CCM, FPASL, CSOs, STD Clinics team, Lab team, Consultants, Universities and others.

The **Core Official** team participated in Exploratory visits and Inter-Agency visits for evolving technical cooperation plan:

CDC/DGHT-India : Dr Pauline Harvey, Country Director
Dr Timothy Holtz, Director
Mr David B Nelson, Deputy Director
Mr Daniel Rosen, Strategic Information Branch Chief
Dr Pamela Ching, Strategic Information Chief
Mr Lokesh Upadhyaya, Management and Operations Specialist

Dr Sunita Upadhyaya, Sr. Lab Advisor
Ms Deepika Joshi, Public Health Specialist

USAID : Mr Xerses Sidhwa, Health Office Director, USAID/INDIA
Dr Melissa Freeman, Division Head – HIV/AIDS, USAID/INDIA

FHI 360 : Dr Bitra George, Country Director
Ms Sumita Taneja, Director Programs

VHS-CDC : Dr Joseph D Williams, Director Projects
Dr T Ilanchezhian, Technical Expert
Mr K Pramod, Principal Investigator
Ms Sreela Sreedhar, Technical Expert
Dr Yujwal Raj, Consultant

PEPFAR/INDIA
Interagency Exploratory Visit to Sri Lanka
September 21-25, 2015

PEPFAR INDIA INTERAGENCY DELEGATION VISIT TO SRI LANKA
- LAB SYSTEM STRENGTHENING (LSS)
June 15-17, 2016
Trip Report
Facilitated by
NSACP, Ministry of Health, Sri Lanka
and
The Voluntary Health Services (VHS), Chennai, India

CDC DELEGATION VISIT TO SRI LANKA
(Focus - Strategic Information)
July 26-29, 2016
Draft Report
Facilitated by
NSACP, Ministry of Health, Sri Lanka
Visit coordinated by
VHS-CDC project, Chennai/INDIA
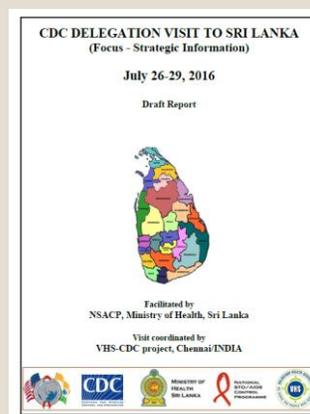
Key approaches/ methodologies adopted for identifying the TA areas and building partnerships:

- **Interactions and discu**ssions with policy makers:
  - DDG, Heath Services
  - Director-NSACP, SIMU and NSACP team
  - Global Fund country, regional team members, GFATM consultants, CCM coordinators and CCM members.
- **Consultative meeting with key stakeholders**: UNAIDS, US Embassy & other agencies.
- **Observation of**: Labs, STD Clinics, HIV testing centres, blood banks and other facilities in NSACP, Colombo and Peripheral STD clinics / ART centers and other facilities.
- **Discussions with**: Family Planning Association of Sri Lanka (FPASL) - PR2 agency, supported by GFATM.
- **Field visit** to targeted intervention programme and interactions with the project team, peer educators and community members (FSW, MSM, Beach Boys and drug users).
- **Community consultation meetings** with KPs, positive networks, CSO/CBOs, etc.
- Situational assessments.
- Presentation & discussions with NSACP and SIMU team & software development agency.
- Development of TA and activity plan on SI and obtaining feedback.
- Review of secondary data and reports, discussions, in-brief and out-brief meeting, etc.

The team held discussions with Secretary, Director General-Health Services, Deputy Director General, Ministry of Health, Govt., of Sri Lanka, Director-NSACP, SIMU team and senior management team at NSACP, key stakeholders and other officials during the process of exploratory visits and firmed up TA areas.

PEPFAR, CDC and VHS-CDC team had out-briefing with Director General-Health Services and Director-NSACP. During the discussions, the team shared their observations made during the visit, methodologies followed, learning, opportunities and other aspects. Throughout the visit it became clear to the PEPFAR India interagency team, and affirmed by Sri Lankan government officials during the out brief, that the following areas are highlighted for initial support:

- Strengthening laboratory systems
- Helping to develop and implement a Strategic Information Management System
- Building the capacity of Civil Society Organizations working on HIV and AIDS in Sri Lanka

1.7. VHS-CDC Project lead the partnership building initiatives

On the advice of CDC, VHS-CDC Project planned, initiated and coordinated the entire process of exploratory visits, identifying TA areas, building partnerships and facilitated the singing of Letter of Intent (LoI) for execution of the respective TA components in collaboration with NSACP.

```
                    TA to NSACP, Sri Lanka
                     /                    \
        CDC/DGHT-INDIA                    USAID
        VHS-CDC Project                   FHI 360
              |                              |
   Lab System Strengthening (LSS)    Capacity Building of CSOs
   Strategic Information (SI)
```
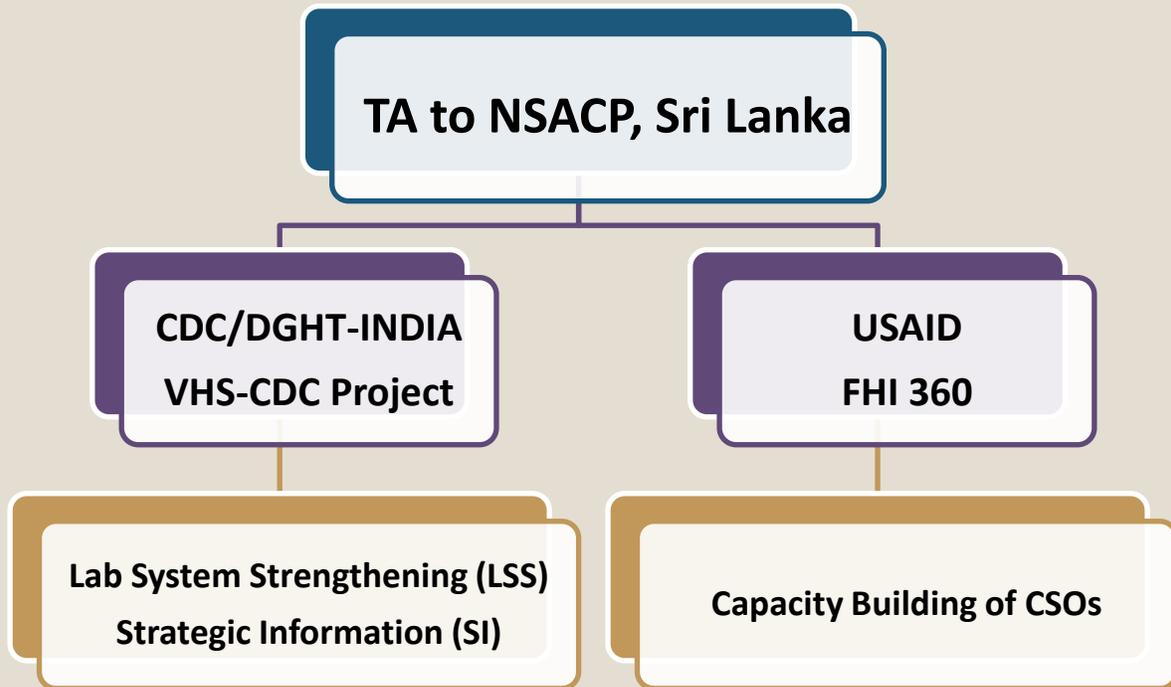
As a part of the consensus building, the following has been agreed upon:

- CDC-India will extend Technical Assistance through its implementing partner,the Voluntary Health Services (VHS), Chennai, India. CDC-India and VHS jointly will manage TA on LSS and SI.
- USAID – India will extend Technical Assistance through its implementing partner Family Health International (FHI) 360, based in Delhi, India. The USAID – India and FHI 360 jointly will manage TA on prevention.
- CDC & USAID will ensure coordinated initiative in extending Technical Assistance on the agreed areas.
- The respective Donors and Implementing agencies will jointly coordinate with the Director NSACP and with the Concerned designated Nodal officer/s.
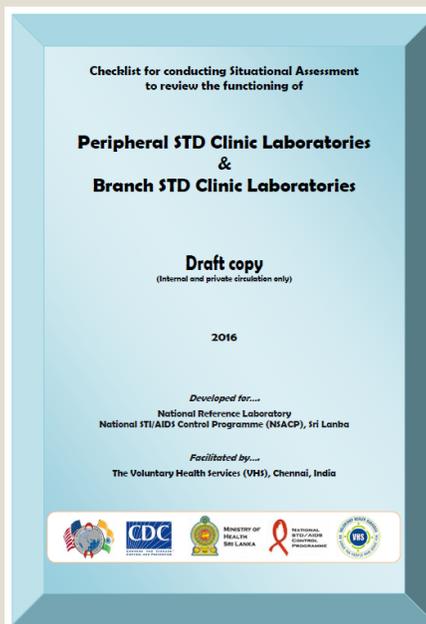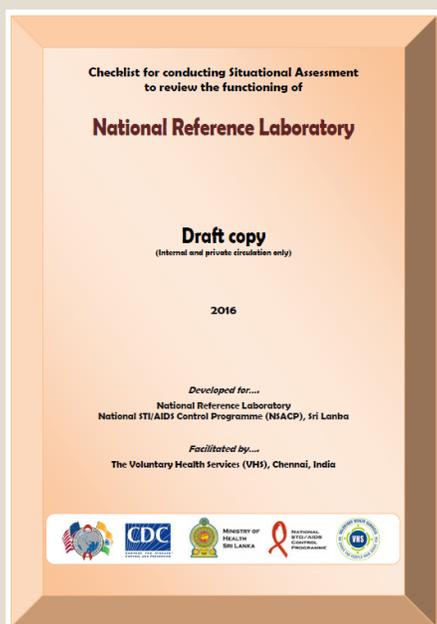
1.8. TA to NSACP on Lab System Strengthening

The focus areas in TA on LSS will include capacity building, enhancing diagnostic capacity, EQAS (Compliance of NRL to ISO 17043 standards), and strengthen lab network for HIV & Syphilis and work towards accreditation, data management and reporting. VHS-CDC Project has organized a national level expert meet for developing situational assessment tools for NSACP.

VHS-CDC project has extended TA on LSS (laboratory systems strengthening) and initiated efforts in development of tools for conducting baseline review and gap assessment study in National Reference Lab and STD clinics. In addition, VHS-CDC Project identified and *empaneled the experts* on Strategic Information for providing ongoing TA on LSS to NSACP in the respective TA areas identified. Similarly, VHS-CDC Project in coordination and discussions with CDC contributed for identifying the training institution in India to provide capacity building for Lab personnel from NRL-NSACP. In addition, coordinated with Consultant-Microbiologist and NRL team for roll-out of the planned activities on Lab System Strengthening. On the advice of CDC, VHS-CDC transitioned the activities related to TA on LSS to CMAI (Christian Medical Association of India), supported by CDC.

PEPFAR Interagency Exploratory visit to Sri Lanka on HIV/AIDS and visit to Labs to identify the Technical Assistance needs for Lab System Strengthening

National Expert Consultation Meet on Lab System Strengthening for development of Situational Assessment Tools

Chechlist for conducting Situational Assessment to review the functioning of

National Reference Laboratory

Draft copy
(Internal and private circulation only)

2016

Developed for....
National Reference Laboratory
National STI/AIDS Control Programme (NSACP), Sri Lanka

Facilitated by....
The Voluntary Health Services (VHS), Chennai, India

Chechlist for conducting Situational Assessment to review the functioning of

Peripheral STD Clinic Laboratories
&
Branch STD Clinic Laboratories

Draft copy
(Internal and private circulation only)

2016

Developed for....
National Reference Laboratory
National STI/AIDS Control Programme (NSACP), Sri Lanka

Facilitated by....
The Voluntary Health Services (VHS), Chennai, India

CHAPTER II: TA TO NSACP ON STRATEGIC INFORMATION, SRI LANKA – AN INTRODUCTION

Goal: To strengthen the National HIV/AIDS response in Sri Lanka by facilitating technical cooperation in Strategic Information (SI).

Project period: VHS-CDC Project with the support of CDC in partnership with NSACP has managed this project from August 2015 to March 2020 (which includes preparations and executions). The intensive technical assistance during the period from Feb 2018 to Dec 2019 on signing of LoI.

Phases of the project: This project on TA to NSACP had three phases of the project period which includes:

Preparatory/ partnership building phase
  August 2015 – February 2018

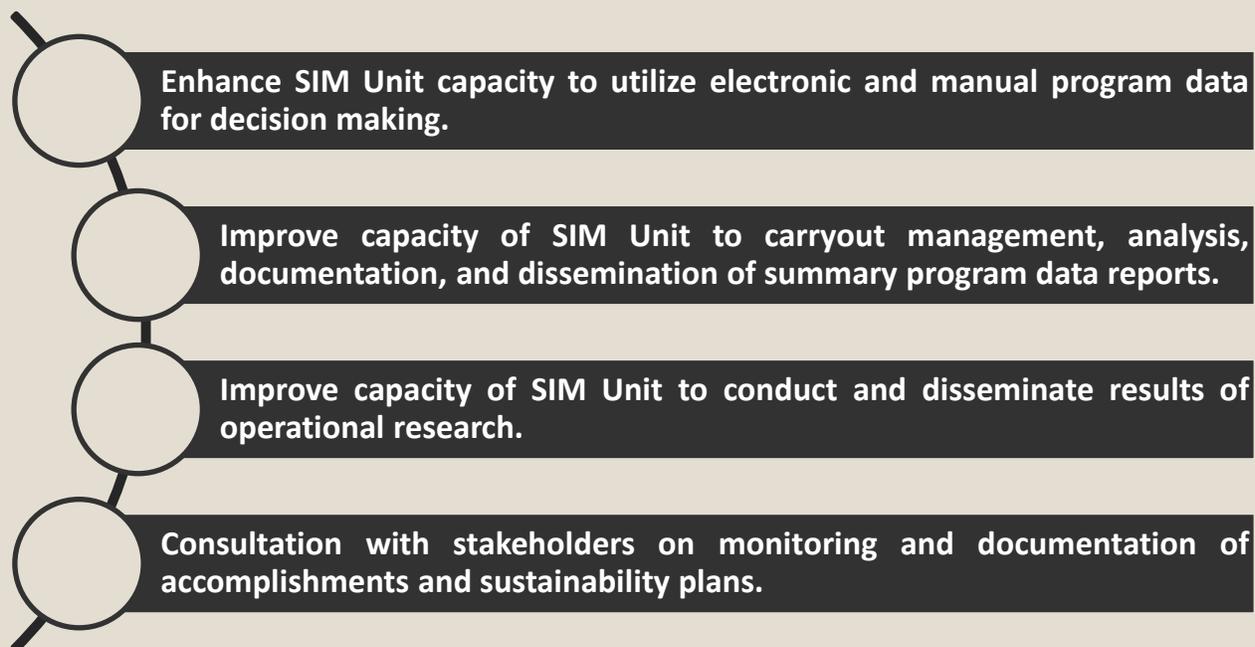**Technical Assistance/ execution phase**
  March 2018 – September 2019

Follow-up TA, consolidation, transition cum dissemination phase
  October 2019 – December 2019

Actual implementation of TA activities commenced soon after signing of Letter of Intent between CDC/DGHT-India and Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka.

Objectives:

- Enhance SIM Unit capacity to utilize electronic and manual program data for decision making.

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

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

- 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:

Evidence-based Technical Assistance:
As outlined in this report, TA 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.

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.

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.

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.

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.

Key stakeholders involved and their engagements:

NSACP
- Facilitating signing of LoI and coordination with Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka.   - Designating nodal officer for execution of technical assistance plan.   - Issue of internal communication, communication with key stakeholders and to the STD clinics and coordination.   - Issue of approval letters, VISA invite letters and other communication for facilitating technical cooperation.   - Participation and support in conducting workshops, training programs, field visits, planning cum briefing meetings, dissemination cum transition meetings, etc.   - Undertake needful follow-up TA and mentoring support to the trained team.

- Integrate the systems evolved, tools & guidelines developed, capacitated team and sustained through coordinated efforts.
- Facilitate and sharing to access the reports, data, best practices and other documents for providing TA.
- Facilitate and undertake efforts for leveraging resources for additional activities or on roll-out of follow-up on the TA activities.

CDC and USAID:
- Strategic technical guidance for developing FOIT activity plan through a process including exploratory visits, discussions, etc.
- Facilitate coordination with NACO-India, NSACP – Sri Lanka and US Embassy, Sri Lanka.
- TA and mentoring support to implementing partner VHS.
- Facilitate in identifying and sharing the technical experts, knowledge products, guidelines, etc., for supporting the core TA areas.
- Participation in the key activities conducted at project level or at NSACP level and provide needful strategic technical guidance.
- Participation in planning, review and follow-up planning meetings.
- Provide financial support along with strategic ongoing technical guidance for achieving the overall FOIT plan and its objectives.

VHS-CDC Project (Implementing Partner):
- Undertake advocacy, facilitate in developing partnerships.
- Develop, finalize and evolve operational plan on TA areas.
- Overall responsible for implementing the identified TA areas in close coordination with CDC and NSACP.
- Provide strategic technical assistance on strategic information to SIMU and NSACP by adopting key approaches.
- Facilitate communication with SIMU, NSACP, CDC and other key stakeholders as per the project priorities and requirements.
- Undertake strategic efforts in roll-out of planned activities as per FOIT plan and contributing to achieving the overall objectives of this technical cooperation initiatives.
- Coordinate with other implementing partners involved in providing TA to NSACP with the support of PEPFAR for ensuring coordinated efforts.
- Undertake review meetings, evolve plans to overcome the challenges and carryout the planned activities.
- Facilitate in documentation and dissemination of the project activities and learnings.
- Develop plan and coordinate with SIMU for transition of the project activities.
- Develop and submit technical and financial reports to CDC as per contractual obligations.

Guiding principles:

- **Partnership** with Governments, 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 sensitization to innovative initiatives:
- **Need and evidence based** strategic technical support.
- **Emphasize on building the capacity of institutions**: The approach will be to build the capacity of the local institutions in order that this capacity will be available even after the lifetime of the project.
- **Documentation and dissemination** will be an on-going process.
- **Result oriented approach** than activity-oriented approach.

Technical Support initiatives has alone been undertaken on the identified ta areas as per the plan. This project has not involved in direct implementation in any component during the entire life time of the project.

Chapter III: TA to NSACP – Process Documentation – Methodologies

The project has adapted the following methodologies for bringing out this process documentation report on "Approaches, Learnings, Experiences, Recommendations and Triumphs of Technical Assistance to NSACP on Strategic Information [ALERT of TANSI]":

Primary:
- Meetings & discussions with SIMU-NSACP and development of transition and sustainability plan.
- Interactions and collection of feedback from officials representing from SIMU and District STD Clinic team.
- Discussions with VHS-CDC Project team in understanding the overall approaches, achievements, learnings, etc.
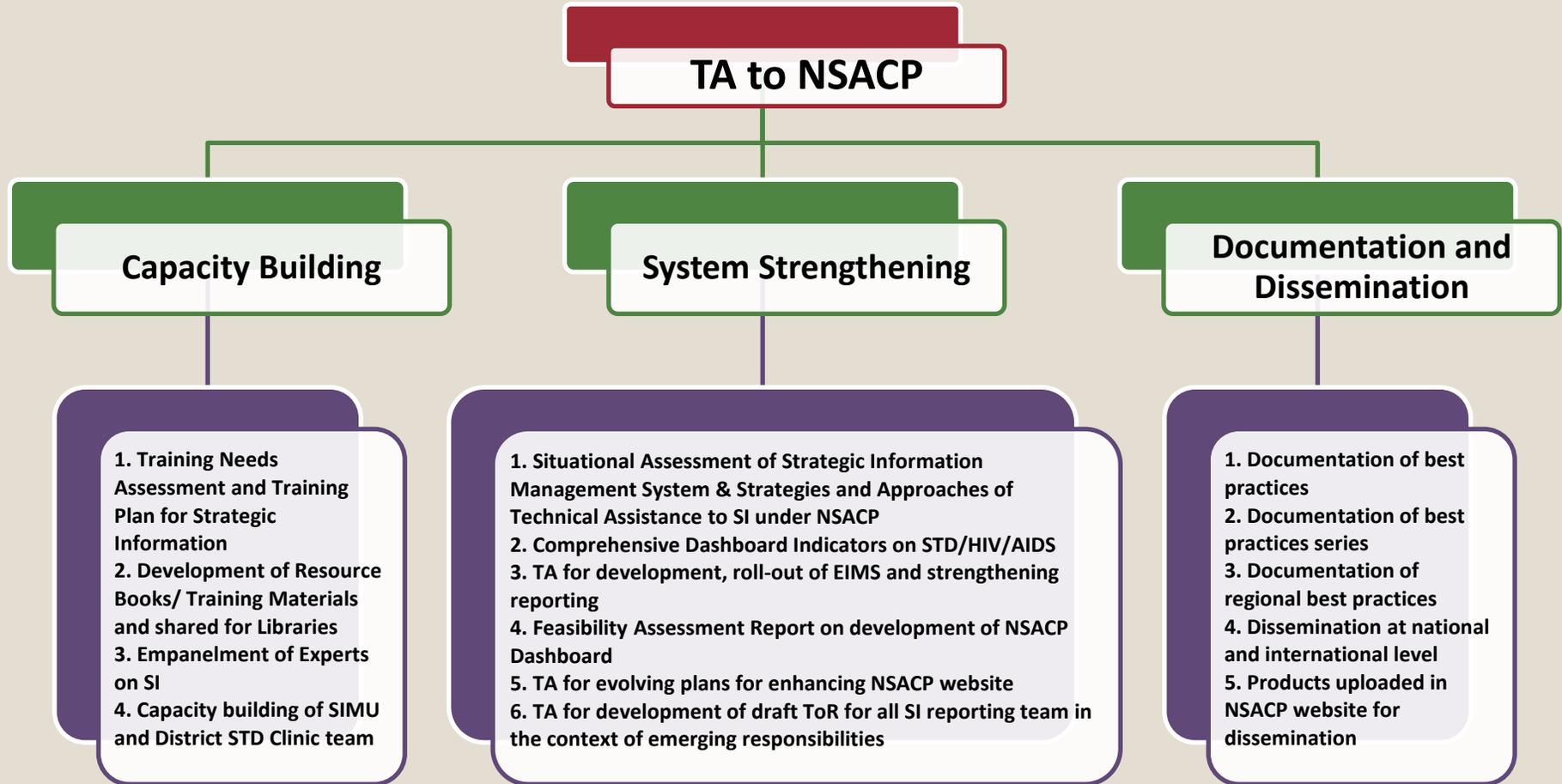
Secondary:
- Review of proposal, concept notes, work plans/ FOIT activity plan, etc.
- Review of the reports on the exploratory visits, inter-agency visits, etc.
- Review of all the training reports, pre & post assessment reports, training evaluation reports, etc.
- Review of all the minutes and major communications.
- Review of all products developed through this TA initiatives including best practices, technical reports, etc.
- And other relevant documents.

Chapter IV: TA to NSACP – key accomplishments

Key accomplishments in each program area identified: In accordance with TA areas identified and FOIT activity plan, VHS-CDC Project has undertaken systematic, strategic and synergic efforts in providing TA on Capacity building; System Strengthening; and Documentation & Dissemination. The key accomplishments on TA to NSACP on SI in each component is detailed out:

TA to NSACP

Capacity Building

1. Training Needs Assessment and Training Plan for Strategic Information
2. Development of Resource Books/ Training Materials and shared for Libraries
3. Empanelment of Experts on SI
4. Capacity building of SIMU and District STD Clinic team

System Strengthening

1. Situational Assessment of Strategic Information Management System & Strategies and Approaches of Technical Assistance to SI under NSACP
2. Comprehensive Dashboard Indicators on STD/HIV/AIDS
3. TA for development, roll-out of EIMS and strengthening reporting
4. Feasibility Assessment Report on development of NSACP Dashboard
5. TA for evolving plans for enhancing NSACP website
6. TA for development of draft ToR for all SI reporting team in the context of emerging responsibilities

Documentation and Dissemination

1. Documentation of best practices
2. Documentation of best practices series
3. Documentation of regional best practices
4. Dissemination at national and international level
5. Products uploaded in NSACP website for dissemination

Component wise key activities undertaken and overall accomplishments on each component is detailed out in this chapter.

4.1. Capacity building initiatives

NSACP and SIMU conducts training programs as induction training, refresher training programs and other specific training programs for the SIMU team, Consultant-Venereologists, Medical officers, Public Health Nursing Sisters, Public Health Inspectors and others associated with the Strategic Information reporting.

NSACP believes in providing ongoing capacity building to enhance the knowledge and skills to enable the staff at SIMU office and reporting units to contribute in strengthening the Strategic Information System.

NSACP also believes in *"need to regard capacity building not just as a discrete one-time training program, but instead creating a culture of ongoing learning"*. In accordance with, VHS-CDC Project has undertaken efforts in undertaking Training Needs Assessment, developing comprehensive training plan, prioritizing the capacity building programs, evolved calendar of activities and conducted the training programs for enhancing the capacities of SIMU team and District STD Clinic team.

These capacity building initiatives were very systematic, sequential, contextual, need based, supported with knowledge and skill development. Each capacity building initiatives were supported with mentoring support during the training and followed with need based technical support.

4.1.1. Comprehensive & Sustainable Capacity Building of SI Personnel from National to Peripheral Levels under NSACP

The Philosophy & Approach: VHS-CDC project adopted a full spectrum sequential application-oriented approach to capacity building of the SIM Unit staff & STD Clinic staff in Strategic Information. The full spectrum of capacity building in SI includes introducing and developing skills covering all the stages of data life cycle in programme & research settings, ranging from data collection, data management & analysis, scientific writing and data use. In order to sequentially evolve the understanding and skills in these areas, the personnel involved in SI have been taken through a series of capacity building workshops. These workshops aimed at strengthening skills in articulating research/ analysis questions, designing data collection tools, conducting research/ data collection activities, documenting & recording data, processing data, conducting data quality assessments & adjustments, performing basic and advanced data analysis, summarizing the entire process in the form of scientific papers, communicating the analysis results and finally using the data for programmatic improvements. A comprehensive outlook and a system-wide approach will go a long way in ensuring that the learnings are fully internalized and applied.

The Special Feature of all these workshops is the unique hands-on practical approach to skill-building taking up real time live issues currently relevant in the programme. Rather than working on hypothetical examples, dummy case studies and artificial data, the workshops took up topics, issues, questions, formats, data and needs currently relevant in the programme, identified by the participants themselves. Practical exercises were carved out of the actual programmatic issues and data so that the work done during the workshop and the outcomes of the workshop are directly useful for programme implementation. This unique approach not only built the SI skills of the

personnel, but also provided them an immediate opportunity to apply them in their daily work. This also ensured that the benefits of capacity building flow immediately and directly into the programme. Every workshop ended with follow-up plans and clearly chalked out responsibilities for applying the learnings in the programme. Each of the workshops led to steps and activities that directly have impact on the ongoing programme implementation.

4.1.2. Training Needs Assessment and Training Plan for Strategic Information at NSACP - Accelerating Strategic Information Management Capacity (ASIMaC)

VHS-CDC project has provided technical support to SIMU-NSACP in undertaking a study on Training Need Assessment and training plan for SI team considering the existing and emerging roles and responsibilities.

The *objective* of the study is to identify the training needs of SI teams, map regional resources for capacity building and evolve need-based training plan.

The *methodologies* adopted for this study will include: secondary review of program documents, job descriptions, guidelines, reports, etc.; Primary research including discussions & key informant interviews with NSACP, SIMU, STD/HIV clinic staff & key stakeholders and field visit to STD clinics.

> *The **assessment process** took the following steps:*
> 1. *Identifying the capacity building goal*
> 2. *Identifying performance challenges in the way of that goal*
> 3. *Identifying the knowledge skill & competencies required to address the challenges*
> 4. *Creating learning objectives*
> 5. *Mapping capacity building best practices and resources in the country and region*
> 6. *Creating a training plan*

To identify the training needs, the team has conducted a **national consultation meeting**. In this meeting, the SIMU officials and SI team from peripheral clinics (Consultant-Venereologists, Medical Officers, Public Health Inspectors, Nursing Sisters, etc.) representing from different provinces has participated and shared their training needs, knowledge and skills required, resources available, best practices in the existing training program, etc.

Briefing meeting on TNA with consultant

This consultative meeting has helped in identifying the training needs and training plans for enhancing the capacity building system in NSACP.
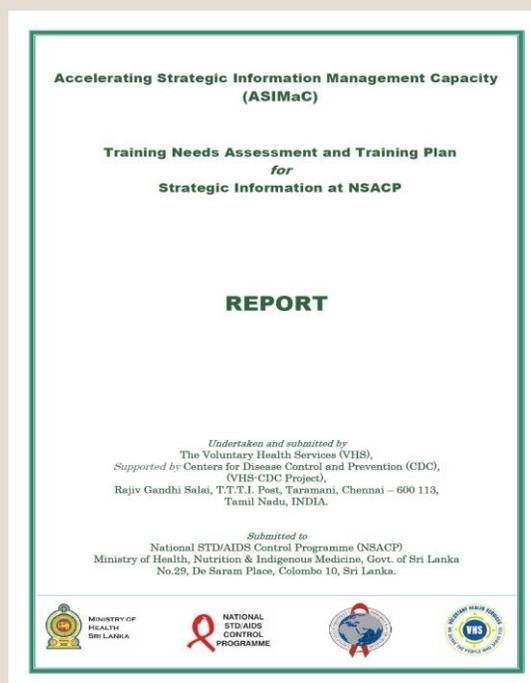
VHS-CDC through a systematic process developed the report on Training Need Assessment and training plan and submitted to SIMU-NSACP. Also, obtained feedback on the report, incorporated the suggestions and finalized the report. As a part of the study, VHS-CDC project undertaken efforts to develop *products* such as: Training Plan for EIMS, Training Plan for SI overall, Self-Assessment Checklist, SI team Job descriptions, Training Preparation Checklist and Results Monitoring Framework.

> *Methodology:* The assessment methodology used a combination of primary and secondary research approaches to identify priority training needs. This included key informant interviews, group meetings and a desk review of program documents.

This study identified the training needs, best practices in the existing capacity building, mapped resources for conducting training programs, etc. This study has been conducted by engaging various key stakeholders associated with. The findings of the study was useful in contributing towards further strengthening systematic comprehensive capacity building system for SI team considering the existing reporting mechanism and emerging EIMS based reporting.

> *Learning objectives:* From the assessment, the following learning objectives have been identified, listed below in a sequence from data capture (in the new system) to data use:
>
> a. To create capacity to use the new EIMS at reporting units and the SIM unit
> b. To foster data analysis at the reporting units
> c. To foster data visualization and dissemination at the reporting units and the SIM Unit
> d. To promote data use at the reporting units

Accelerating Strategic Information Management Capacity (ASIMaC)

Training Needs Assessment and Training Plan
for
Strategic Information at NSACP

REPORT

Undertaken and submitted by
The Voluntary Health Services (VHS),
Supported by Centers for Disease Control and Prevention (CDC),
(VHS-CDC Project),
Rajiv Gandhi Salai, T.T.T.I. Post, Taramani, Chennai – 600 113,
Tamil Nadu, INDIA.

Submitted to
National STD/AIDS Control Programme (NSACP)
Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka
No.29, De Saram Place, Colombo 10, Sri Lanka.

Planning meeting for finalizing the methodology and tools for TNA at VHS

National Consultation Meeting on Training Needs Assessment with key stakeholders - Sep'18

Presentation of group recommendations on Training Needs by NSACP and STD Clinic team

Core team involved in conducting TNA study

This training needs assessment and training plan will build on and leverage existing strengths and regional resources at every step. Its purpose is to ensure that the program has the right capacities to leverage the new EIMS for ongoing program improvement. Some of the important *training needs* identified include basic computer skills, system management, monitoring and evaluation frameworks, research methodologies and scientific writing. The assessment identified regional resources (both institutions and individuals) for providing training on identified areas and highlighted the need for a participatory approach to capacity building planning.

The assessment has helped develop a comprehensive need-based training plan covering a two-year period (2018-2020) and identified mechanisms for enhancing knowledge & skills of SI teams in effectively and efficiently performing their current and future roles. The assessment recommends that capacity building should be done in a phased manner with systematic planning focusing on key strategic information management skills.

> - *The assessment has followed a well-defined process to assess the strategic information management training needs for the NSACP.*
> - *The assessment revealed that capacity building should be done in a phased manner at regular intervals with systematic planning focusing on key strategic information management skills. Some of the important training needs identified include basic computer skills, system management, M&E frameworks, research methodologies and scientific writing.*
> - *The assessment identified regional resources (institutions & individuals) for providing training on identified areas and highlighted the need for a participatory approach to capacity building planning.*
> - *The assessment has helped develop a comprehensive need-based training plan and identified mechanisms for enhancing knowledge and skills of SI teams in effectively and efficiently performing their current and future roles.*
> - *The assessment also recommended that the training plan to align with the M&E plan of 2020 and the National Strategic Plan 2018-2022.*

The training needs and training plans were disseminated with NSACP, SIMU, senior management team at NSACP and training coordinator for SIMU. This has helped in enabling them to understand the comprehensive training needs and evolving evidence-based capacity building initiatives through TA initiatives and integrating with the ongoing training plan.

4.1.3. Development of Resource Books/ Training Materials and shared for Libraries

VHS-CDC Project with the support of CDC and in partnership with NSACP has developed the "Resource Books/ Training Materials" for the following purposes:

- To use as a training reference material for the participants in conducting the training program;

- To use as a comprehensive reference material both during the training and post training;
- To provide additional information beyond the training programs and complement the information presented as a part of the training program; and
- To provide the resource books to the District STD Clinic Libraries for reference for the entire trained team.

These resource books have been developed containing the training agenda, resource materials, presentations, tools and formats along with additional reading materials on the respective training program.

These resource books have been developed considering the training needs and training agenda evolved. These resource books will also be useful for the trained personnel for sharing or conducting similar training for the colleagues or other team members. Soft and hard copy of the books were provided to each trained personnel for ready reference. VHS-CDC Project has brought out the following two resource books for complementing the training programs:

i. Resource Book on Operational Research in HIV/AIDS and
ii. Resource book on Data Management & Analysis of STD/HIV Data

4.1.4. Empanelment of Experts on SI

VHS-CDC project has undertaken systematic and strategic efforts in identifying experts in the field of Strategic Information considering the aspects such as: experience in HIV/AIDS, demonstrated experience in SI, ability in undertaking assessments, training plans, conducting trainings, knowledge and experience in working with NSACP-Sri Lanka, etc. This process has helped in ensuring the availability of pool of resources for use their expertise as per the technical assistance plans. This also helped in bringing best resources and enhancing the capacities of the SI team in Sri Lanka.

4.1.5. Capacity building of SIMU and District STD Clinic team

The project has identified the training needs and developed plans for capacity building of the specific trainings for the SIMU team and combined training programs for SIMU and District STD Clinic team. The two category of training programs conducted will include:

For SIMU team	- Training on DHIS2 - Data Management - Exposure visits - Experience sharing
For SIMU and District STD Clinic team	- Operational Research - Scientific Writing - Data Management - Transition from paper-based to EIMS

4.1.6. Innovative approaches in capacity building

Some of the innovative approaches in conducting the training program will include:

Criteria for selection	**Exercises**	**Group Presentations**	**Facilitators Meetings**	**Follow-up communications**
Training Need Assessment	**Hands-on Training**	**Simulation games**	**Coordination Committee Meeting**	**Networked National Trained Team**
Need based agenda	**Participatory Methodology**	**Review and feedback by Peer Review & FcFT**	**Feedback**	**Follow-up/ experience sharing/ mentoring**
Presentations	**Pre-Assessment**	**Developed knowledge & skills**	**Post-assessment**	
Resource kit & Resource book	**E-group**	**Recap**	**Post-training evaluation**	

4.1.7. Training programs conducted

a)   Capacity Building for SIMU Team

i)   Training on DHIS 2 (District Health Information Software 2) Design and Customization Academy

VHS-CDC Project has conducted a 6-day training program on DHIS 2 (District Health Information Software 2) Design and Customization Academy at Tanzania. The training was organized with four main purposes such as: Introduction to DHIS2 Basic Design Principles; DHIS2 Designing with Analysis thinking; System Settings and Access Control; and Basic Configuration of DHIS2 Analytic.

The training was conducted by University of Oslo and HISP Tanzania. The training includes online course followed by hands-on training on DHIS 2.

This training has enabled the participants on understanding the DHIS 2 design, learning on creating, administering and maintaining DHIS2 metadata; understanding good practices for implementing tidy and scalable DHIS2 databases; understanding detailed system settings and user management; learning on DHIS2 data analytics app and configuration; learning on how to handle and use bulk metadata across systems; and experience sharing among different implementers.

Seven (07) key officials in SIMU was capacitated to apply the DHIS 2 in the Data Management and effectively use the same as a part of EIMS.

Activities during Training on DHIS2 by SIMU team

Feedback by Participants:

> *"I gained a working knowledge of using and developing simple DHIS2 information system. This was helpful in finalizing the DHIS2 component of the EIMS system and to navigate it into a more user friendly and technically updated reporting system. It boosts to prepare clear and concise charts, graphs and reports. For the SIM Unit DHIS2 tool will help and increase performance in data collection, validation, analysis, and presentation of aggregate and patient-based statistical data. Thanks to VHS-CDC Project and CDC for supporting the entire SIMU team to undergo team training on DHIS2 considering the request, need of the hour and for efficient management of DHIS2".*
>
> *- Dr Ariyaratne Manathunge,*
> *Consultant Venereologist & Coordinator-SIMU, NSACP.*

> *"Learned concepts of this open source software DHIS2 which I have had very less understanding on theory and practical aspect although we are having in our EIMS system. This has helped to enhance the ongoing electronic system and to navigate it into a more user friendly and technically updated reporting system, analyzing the data and develop dashboards. This training gave the idea to prepare clear and concise charts, graphs and reports through DHIS2. Overall, the knowledge & skills gained through this training will be of very much useful for strengthening the data collection, analysis, presentation by using DHIS2. This will help in comprehensive manner considering the nodal officer responsible for managing EIMS & DHIS2".*
>
> *- Dr S Muraliharan, Medical Officer Planning, SIMU-NSACP.*

ii)   International Training on Data Management and Analysis of HIV/AIDS Data:

VHS-CDC Project with the support of CDC in partnership with NSACP jointly organized the International Training on Data Management and Analysis of HIV/AIDS Data at Chennai/India with the goal of building the data skills of NSACP staff in order to enhance the data quality, improve the data analysis and strengthen the use of HIV/AIDS data for epidemiological & programmatic decision making under NSACP. VHS-CDC Project has built the capacities of fifteen (15) participants on Data Management from NSACP and SIMU based on criteria.

The category of participants are: Director-NSACP, Consultant-Venereologist, Consultant-Epidemiologist, Medical Officer/ Planning, Medical Officer/ Informatics, Acting Venereologists, Senior Strategic Information Officer, Public Health Nursing Sisters, Public Health Inspectors and Development Officers.

The training was conducted based on the training needs identified, specific curriculum evolved, supported with customized training resource materials. The training was conducted by adopting participatory methodologies with more emphasize on hands-on training with mentorship and guidance. The training has covered the Basics of Data & Data Quality; Analysis using Excel & SPSS; and Presentation, Communication & Use of Data.

As a part of the training, five (05) program areas has been identified and groups has been formed for continuously undergoing training on data management by using their own data, supported with hands-on training (i.e.,) PMTCT Data, ART Data, ART Clinic Data, Training and Capacity/ STD clinic Data and ART Pharmacy Stock Data.

> **Key outcomes of the training:**
> - *Identified important questions/ topics of programmatic relevance suitable for secondary data analysis.*
> - *Exposed participants to basic principles and methods of data management.*
> - *Enhanced knowledge and skills on analyzing the data and presenting the data under NSACP through hands-on practice on examples and actual programme data.*
> - *Improved skills on effective use of data to make evidence-based decision making under the program.*
> - *Evolved a data analysis plan as a follow-up to the workshop and identified the next steps.*

Training on Data Management for SIMU and NSACP team during June 2018

Feedback by Participants:

> *"This training program was very much useful for comprehensive understanding on how to use the program data for effective data analysis, presentation and dissemination. Overall, this training was very useful for the entire team and for NSACP.*
>
> *As a Director, I have realized the importance of the data analysis and planning to request our program unit heads to undertake data analysis effectively and efficiently. NSACP will undertake follow-up on effective use of this trained personnel for strengthening the data management for effective program management. Training program was very successful and the resource persons are very competent and comprehensive on their work. Appreciate and thank VHS-CDC Project team and CDC team for their timely support".*
>
> *- Dr Rasanjalee Hettiarachchi, Director, NSACP.*

> *"Data Management and Analysis will directly improve the performance in my duties in SIM Unit. I will continue to practice such skills in Thanks to VHS-CDC and SIMU team for organizing such meaningful training and providing opportunity".*
> *- Mrs. K Rajakaruna, Public Health Nursing Sister/ SIM unit/NSACP*

Follow-up technical support and meeting with trained team: The project and SIMU team continued to provide follow-up technical support through virtual, shared relevant additional resource materials and facilitated experience sharing between the trained personnel.

Overall, this training has enhanced the knowledge and skills of the SI team on Basics of Data, Data Quality, Analysis of data using Excel & SPSS and Presentation, Communication & Use of Data.

iii)   **Sharing India experiences on PLHIV-ART Linkage System (PALS):**

SIMU-NSACP is in the process of developing Electronic Information Management system for moving from paper-based reporting. On the request of the SIMU-NSACP, the project has shared the information, experiences, best practices and supported with demonstration on the following:

- SI system in HIV/AIDS program in India
- PLHIV-ART Linkage System (PALS) along with the process, reporting units, indicators, special features, use of data for program management and other highlights.
- Also shared the information on IMS and plans on integration of PALS, IMS.

These discussions generated clarifications, understanding on the special features in the software developed, etc. This has enabled the SIMU team and EIMS development team to understand on the need for developing EIMS beyond electronic medical record and integrating special features

for eliciting data for effective program planning and monitoring. In the same meeting, SIMU shared the draft EIMS software developed as a part of this process to VHS-CDC team.

VHS-CDC team understood the features in the EIMS and shared the suggestions. This meeting has helped in understanding the SIMU team requirements, plans evolved for EIMS development, possible technical assistance and opportunity to understand special features introduced in SI system in India for integration into the EIMS.


Sharing of experiences on PALS and IMS with SIMU, NSACP and EIMS development team

iv) **Exposure visits:**

The project facilitated Exposure Visits for SIMU representatives to gain new and further learning, understand the good practices, identifying opportunities for adoption and share their experiences with similar organizations. Considering the importance of exposure visits, based on the need and desire expressed by the SIMU-NSACP, VHS has facilitated the exposure visits on the following:

- ✓ **Visit to STD Clinic 275, 1st Floor, North Terrace, Adelaide, South Australia:** The project supported Dr Ariyaratne for undertaking exposure visits to the Clinic 275 (STD clinic of South Australia). This exposure visit provided exposure to the software being used in the clinic for data management. This visit also enabled to study individual modules of the software. e.g. registration, appointment scheduling, sending SMS, contact tracing etc. This exposure visit has enabled to gain additional knowledge for adopting, integrating or evolving appropriate plans for development of Electronic Information Management system (EIMS) being developed in Sri Lanka. The learnings has also been shared with software development team and SIMU team and special features observed in the software at the STD clinic has been integrated in the EIMS.
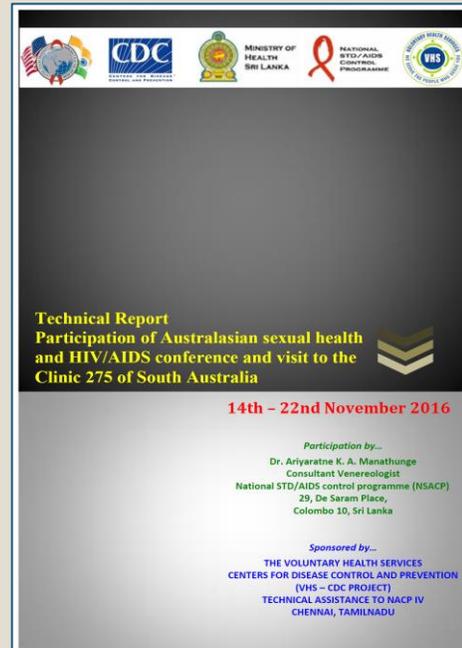
- ✓ **Exposure visit to ART clinic on Data Management:** NSACP and SIMU has expressed on the need for integrating exposure visit as a part of the International Training on Data Management. Considering this, VHS-CDC Project has facilitated an exposure visit to VHS Projects initiatives on HIV/AIDS; best practices, innovations on HIV/AIDS prevention, care support & treatment, strategic information, etc.; and TA support being extended to NACP IV and the key learnings.

Interactions and experience sharing with Honorary Secretary, VHS by SIMU Coordinator

Visit to YRG Care to understand the data collection system at ART centre for developing EIMS

Further, NSACP team visited the Infectious Diseases Medical Centre (IDMC) Project in VHS campus and provided exposure on the key activities and functions of IDMC Project; data management practices, existing systems and how data are being used; and expose to the existing software in data management. Both the exposure visits were facilitated with: experience sharing, interactions, observation, question & answer session supported with sharing of resource materials. This exposure visit has also complemented on understanding the practical applicability of excel and SPSS in data management in HIV program.

Visit to VHS-IDMC by Director-NSACP, Coordinator-SIMU, Epidemiologist and team

b) Capacity Building for SIMU team and District STD Clinic Staff

NSACP and SIMU conducts training programs as induction training, refresher training programs and other specific training programs for the SIMU team, Consultant-Venereologist, Medical officers, Public Health Nursing Sister, Public Health Inspectors and others associated with the Strategic Information reporting.

On the request of SIMU-NSACP, training needs identified, the project has planned and conducted the following capacity building programs for enhancing the capacities of the SIMU team and District STD Clinic team on undertaking operational researches on HIV/AIDS, training on scientific writing in HIV/AIDS, training on data management and analysis of data and training on transition from paper-based to EIMS. The details on the capacity building initiatives for SIMU and District STD Clinic team area:

i) National Capacity Building Workshop on Operational Research in HIV/AIDS:

Organized a three-day National Capacity Building Workshop on Operational Research in HIV/AIDS at Sri Lanka with the objective to enhance the capacity of the NSACP SI teams in Operational Research methods to support and strengthen programmatic decision making. VHS-CDC Project has conducted this training program considering the training needs by adopting participating training methodologies supported with technical sessions and hands-on training for acquainting knowledge and skills.

Capacitated twenty-nine (29) officials representing from SIMU and Peripheral STD clinics (i.e.,) Consultant-Venereologists, Medical Officer/ Planning, Medical Officer/ Medical Informatics, Acting Consultant-Venereologists, Senior Registrar-Venereology and Registrar-Venereology.

National capacity building workshop on Operational Research in HIV/AIDS
Jointly organised by NSACP-Sri Lanka & VHS-CDC Project-India
Pledge Scape Hotel, Negombo, Sri Lanka | 28-30 March 2019

In this training, participants have been identified to provide representation from SIMU and Peripheral STD clinics. Through the process of this training program, in addition to building the capacities of SI team, the training has contributed for development of six (06) research protocols for operational research studies; and identified 30 possible operational researches which can be undertaken by NSACP based on the needs and priorities in future.

List of draft research proposals and protocols developed with capacity building and mentorship during the training and the team for each of the proposal:

Group	Research Title	Group members
Group 1	Factors affecting retention in care among People Living with HIV at treatment centres in Western province, Sri Lanka	Dr Waruni S Pannala Dr Jayadarie Ranatunga Dr Piyumi Perera Dr Piyumika Godakandaarachchi Dr Sampath L Mahagamage
Group 2	Factors affecting timing of ART initiation among PLHIV in ART centres in Sri Lanka	Dr Iresh L Jayaweera Dr S Muraliharan Dr Nadeera H Kumarasinghe Dr Kanchana Wirasinghe Dr Udari I P Gallage
Group 3	Perception among transwomen about outreach interventions in Colombo district; Cross sectional study	Dr Chathurika Wickramarathne Dr Heshani Colombage Dr M Thakshagini Dr Rachini Perera Dr Kanchana Nishamali
Group 4	Barriers in provision of Hospital based HIV Rapid testing in Western province, Sri Lanka	Dr Anuruddha H Karunaratne Dr Lahiru Rajakaruna Dr W S Chamani Dileka Dr Thanuja Peiris
Group 5	Youth vulnerability for HIV & STD, Colombo, Sri Lanka	Dr Damindu K J Thanthree Dr Vino S Dharmakulasinghe Dr Niroshan Jayasekara Dr H A C W Hathurusinghe
Group 6	A study on knowledge and perceptions among Health Care Providers on PrEP preparedness in Sri Lanka	Dr Darshanie N Mallikarachchi Dr Priyantha Weerasinghe Dr Prageeth S Premadasa Dr Shanika Jayasena Dr Gayan Mahakumbura

Training on Operational Research - March 2019

Feedback by Participants:

> *"The workshop was very useful for us as it covered areas such as: types of research, operational research, qualitative and quantitative research, sampling methods, data management and analysis, ethics as well as practical experience on how to create a research protocol. Overall, training content, training methodologies, course materials and all technical aspects were relevant and impressive".*
>
> *– Dr P M H Colombage, Registrar /Venereology.*

> *"The three-day training program provided very good opportunity to gain comprehensive knowledge and skills on Operational Research with thorough understanding on research methodologies supported with hands-on training. This training also supported with development of research protocol development for carrying out the Operational Research as a team followed by needful follow-up technical assistance".*
>
> *– Dr Jayadarie Ranatunga, Consultant-Venereologist.*

Follow-up mentoring and experience sharing meet: The project along with SIMU team conducted follow-up mentoring and experience sharing meet in May 2019 and facilitated the presentation of the proposals. The team provided needful technical guidance in finalizing six research proposals developed during the training program. The team has also facilitated experience sharing between the research groups for mobilizing resources, collecting secondary resources/ data and execution of the study.

Follow-up mentoring and experience sharing meet

ii)   National Training on Scientific Writing in HIV/AIDS:

The project has organized a three-day National Training on Scientific Writing in HIV/AIDS at Sri Lanka. The training was conducted with the objective of enhancing the capacity of the NSACP SI teams in principles of scientific writing & development of journal articles based on HIV/AIDS programmatic data and learnings.

The project capacitated seventeen (17) officials on Scientific Writing representing from SIMU, NSACP, Peripheral STD clinics and Ministry of Health which includes: Director-NSACP, Consultant-Venereologists, Medical Officer/ Planning, Medical Officer/ Medical Informatics, Senior Registrar-Venereologists, Senior Strategic Information Officer, Consultant-Epidemiologists and Regional Director-Health Services (MoH).

The training includes brief introduction to the key principles and suggestions, followed by complete practical/ hands-on model. On completion of main part of each session, the participants were provided with working on practical exercises such as: question-answer type exercises, case study and exercise using edited paper.

> *Outcome of the training:*
> - *Built the knowledge & skills of 17 NSACP Program Managers in the formulation of an argument, conceptualization of a problem, research design, methodology, results and their interpretation.*
> - *Made participants understand the purpose and content of each element of a journal article.*
> - *Helped the participants navigate through the process of writing an article leading to publication in national and international journals.*
> - *Developed 11 draft journal articles of acceptable standards on the identified topics of programmatic relevance.*

The participants were provided with mentoring support and guidance for enhancing knowledge and skills on Scientific Writing. The group presentations were reviewed and provided with feedback by Peer Review Team (PRT) and Facilitator cum Feedback Team (FcFT).

VHS-CDC Project has undertaken comprehensive and systematic efforts to built the capacity of the SIMU and SI team for enhancing the performances in data analysis, interpretation and dissemination.

Training on Scientific Writing - May 2019

Feedback by Participants:

"The three-day training program on Scientific Writing in HIV/AIDS is the best workshop I have attended on the topics. It definitely built my capacity on Scientific Writing and boosted the morale to engage in more research and publications. The facilitators were very competent trainers with great communication skills. Content, methodology, learning way were excellently planned supported with mentoring. Thank you, VHS-CDC Project".

- Dr Anuruddha Karunaratne, Senior Registrar/ Venereologist.

"It was well planned, structured and conducted smoothly. Facilitators were vastly knowledgeable in the technical/ subject areas and conducted the training in a suitable way and helped all the participants in enhancing required knowledge and skills for undertaking scientific writing. The study material and exercises were also very good and more relevant to the participants in the context of Sri Lanka. This training encouraged us to develop journal activities in a scientific manner. I will continue to practice such skills for effective use of available data for presentation and dissemination".

- Dr Piyumi Perera, Senior Registrar/ Venereologist.

List of draft abstracts developed: This training has helped the participants to identify the prioritization of the problem/ statements. From identified areas, each participant has selected the topic which is of their interest considering various parameters. The list of draft abstracts developed on the titles are:

Abstracts
Outcomes from disaggregated HIV care cascade analysis in Sri Lanka
– Dr K A M Ariyaratne, Consultant Venereologist
Characteristics of HIV confirmed cases reported to NSACP in Sri Lanka during 2017-2018
– Dr S Beneragama, Consultant Epidemiologist
Is Sri Lanka ready for Elimination of Mother to Child Transmission of HIV and Syphilis?
– Dr S Muraliharan, Medical Officer/ Planning *– Dr Lahiru Rajakaruna, Medical Officer/ Medical Informatics* *– Mr Lakshan Fernando, Senior Strategic Information officer*
Sexual Health of HIV related myths among university entrants, Colombo
– Dr Iresh Jayaweera, Senior Registrar
Provision of prevention of Mother To Child Transmission of HIV services by public health midwives in Sri Lanka
– Dr Vino Dharmakulasinghe, Consultant Venereologist
Perceptions of lawyers regarding key populations at risk for HIV and related laws in Sri Lanka
– Dr Piyumi Perera, Senior Registrar/ Venereologist
Knowledge and practices on Post-Exposure prophylaxis for HIV and Hepatitis B among dental surgeons in Colombo, Sri Lanka
– Dr Anuruddha Karunaratne, Senior Registrar/ Venereologist
Sexual Risk Behaviour among HIV positive attendees of central HIV clinic, Colombo, Sri Lanka
– Dr D O C de Alwis, Consultant Venereologist
Sexual health and related vulnerabilities among male to female transgender populations in Western Province of Sri Lanka
– Dr Damindu Thanthree, Senior Registrar/ Venereologist
Patient satisfaction of services provided by doctors at HIV clinic – NSACP
– Dr Thanuja Peiris, Senior Registrar
Management of Syphilis among genitourinary medicine clinic attendees in Norwich, England
– Dr M K S H Jayasena, Acting Consultant Venereologist

Amongst the above eleven (11) draft abstracts developed during the training, with the follow-up technical assistance and mentoring, seven (07) abstracts have been developed and finalized by the respective team and the same has been shared with SIMU.

Follow-up: As a follow-up of the training, need based technical assistance were provided to the participants by SIMU and VHS-CDC Project. Also shared the additional resource materials on Scientific Writing through e-groups to enable participants to continue to develop knowledge and skills on Scientific Writing. Conducted follow-up meeting with trained team and provided mentoring support.

As an *outcome and follow-up* of the training, two participants has developed abstract on "Is Sri Lanka ready for Elimination of Mother to Child Transmission of HIV and Syphilis?" and presented the same in International Meet in India.

Title: Is Sri Lanka ready for Elimination of Mother to Child Transmission of HIV and Syphilis?

Authors: Dr. S. Muraliharan, Dr. KAM Ariyaratne

Abstract

Objective: To assess the preparedness for elimination of mother to child transmission of HIV and Syphilis in Sri Lanka.

Methods: A review of secondary data was undertaken to assess the preparedness as per the criteria recommended by WHO/UNAIDS. Data obtained from secondary sources such as reproductive health management information system (RHMIS) and routine national STD/AIDS control program monitoring systems. Both process (antenatal care coverage, coverage of HIV and syphilis testing among pregnant women, anti-retroviral therapy coverage of HIV positive pregnant women, and treatment of syphilis seropositive pregnant women) and impact indicators (new paediatric HIV infections, new congenital syphilis cases per 100,000 live births, and mother to child HIV transmission rate) were calculated for the two consecutive years (2017, 2018). Other components of preparedness such as program service delivery, laboratory systems, and human rights were examined through a mock validation exercise. Descriptive statistical analysis was performed.

Results: For consecutive two years (2017 and 2018), the ANC coverage is 97.5% and 96.4% respectively; HIV testing coverage is 95.2% and 95.9% respectively; syphilis testing coverage is 96.9% and 99.3% respectively, ART coverage of HIV-positive pregnant women is 100% in both years and treatment coverage of syphilis-positive pregnant women is 100% and 97.2% respectively. These levels are much higher than the recommended levels of above 95% for process indicators from WHO/UNAIDS. Similarly, the rate of pediatric HIV infections is zero in 2018 (as against to <50 per 100000 live births); Annual rate of congenital syphilis is 1.5 per 100,000 live births in 2018 and mother to child transmission rate of HIV is also zero for 2018. The other components of preparedness are aligned with WHO/UNAIDS recommendations.

Conclusion: Findings suggest that Sri Lanka is adequately ready for WHO/UNAIDS certification for elimination of mother to child transmission of HIV and Syphilis.

iii) Training on Data Management & Analysis of STD/HIV Data

The project had a consultation and systematic planning with SIMU team and training coordinator of NSACP and evolved detailed planning for conducting the training program in four batches for building the capacity of Consultant-Venereologists, Medical Officers and District STD Clinic Team involved in data management & reporting for SIMU in the entire country.

The project team has undertaken systematic efforts for planning and conducting the training in a systematic manner by undertaking: training needs, specific curriculum evolved, supported with customized training resource materials/ exercise formats, development of tools for pre & post-assessment, training evaluation, etc.

The training was conducted by adopting participatory *methodologies* including presentations, question and answer session, case studies, experience sharing, hands-on training, mentorship & guidance to the trainees during group works, feedback by PRT and FcFT, recap sessions, supported with resource materials, sharing of e-copies, follow-up technical assistance, etc.

The training has emphasized and *focused on*: Basics of Data & Data Quality; Analysis using Excel & SPSS; and Presentation, Communication & Use of Data. The project has formed an e-group and facilitated in networking of trained personnel for experience sharing, follow-up guidance by SIMU and sharing of resource and reading materials.

The project has developed a comprehensive *"Resource Book"* on Data Management and Analysis of HIV/AIDS Data. This Resource Book was released by Director-NSACP during the training program for the benefit of using as a reference material by the trained team.

Participants for the training program were selected by adopting specific criteria & through joint discussions and coordination by SIMU team and training coordinator, NSACP.

The *training team* will include experts from VHS-CDC Projects and SIMU team. The project provided training on data management for SIMU team and enable them as Trainer of Trainers (ToT) and engaged this team in

> *Outcomes of the training:*
> - *Identified important questions/ topics of programmatic relevance suitable for secondary data analysis*
> - *Exposed participants to basic principles and methods of data management*
> - *Made the participants appreciate the importance of data quality in programme reporting*
> - *Enhanced knowledge and skills on conducting DQA & analyzing programme data under NSACP through hands-on practice on MS Excel*
> - *Improved skills on effective use of data to make evidence-based decision making under the programme*
> - *Evolved a data analysis plan as a follow-up to the workshop and identified the next steps*

facilitating the training sessions in other three training programs conducted on data management. The project effectively engaged and utilized the in-country experts in conducting the training programs.

The entire SIMU team and SI reporting Unit in all 34 STD Clinics in the country were capacitated for ensuring data collection, reporting, analysis and presentation. The project has contributed for capacity building of ninety-five (95) officials/ staff covering the entire reporting units in the country.

Name of the training	Date	No. of participants
International Training on Data Management and Analysis of HIV/AIDS Data	16-18, June 2019	15
Training on Data Management & Analysis of STD/HIV Data for District STD Clinic Staff	5-7, August 2019	28
Training on Data Management & Analysis of STD/HIV Data for Consultant-Venereologists & Medical Officers (Batch I)	21-23, August 2019	27
Training on Data Management & Analysis of STD/HIV Data for Consultant-Venereologists & Medical Officers (Batch II)	2-3, December 2019	25
Total number of participants		**95**

Feedback by Participants:

"I participated in Operational Research, Scientific Writing and Data Management workshops. I felt that, all these workshops helped me to improve my overall and comprehensive data management skills in a more meaningful manner to the expectations of SIMU. That will definitely benefit my country & plan to utilize the available data to generate more and more findings particularly in our Peripheral Clinics. Thanks to SIMU, VHS-CDC and CDC for enhancing my knowledge and skills".

- Dr Vino Dharmakulasinge, Consultant-Venereologist, STD clinic, Base Hospital, Balapitiya.

"Training on Excel, SPSS and Data Management analysis is a timely and much needed activity for participants. Lectures, handouts (soft copies) and hands-on sessions were conducted in an effective way. Clinic level data management will be improved with the training received. Our clinic level team trained on data management will work together towards achieving the data quality, data reporting, analyzing the report, submitting reports, etc".

- Dr D O C de Alwis, Consultant-Venereologist, STD clinic, Nuwaraeliya.

"Very useful training program. The knowledge that we gain through this training will help us to produce good data from our clinics to the program. And also this knowledge will be very useful in our future research activities. Good training at a right time by adopting right approaches and engaging each participant in an active and learning mode".

- Dr M K D N Mallikarachchi, Consultant-Venereologist, STD clinic, T. Hospital, Ratnapura.

"This training on data management is a very excellent training. Good opportunity for us in benefiting through this training program. We gained more knowledge and skills on data management, handling, analyzing the data for strengthening program and decision making. I am fully confident that, I can contribute and improve the data management system in STD clinic through this training program".

- Mr G Mathanakumar, Public Health Inspector (PHI), STD clinic, Kilinochchi.

"Overall training content, methodologies, course materials, technical deliberations, explanations, needful translations, experience sharing, hands-on training & mentoring support, training feedback & evaluations, etc., has contributed for enhancing the required knowledge and skills on efficient data management at the facility level. Also very much sure that the collected data will be entered accurately and sent the quarterly returns in a timely manner for contributing to national program response".

- Mr H M U Herath, Public Health Inspector (PHI), STD clinic, Teaching Hospital, Kurunegala.

"The contents are designed considering our needs. Training contents are very useful for carrying out my duties and responsibilities at STD clinic as Nursing Officer. Now we have good idea about data analyzing and how to work and how to support for preparation and submission of Quarterly Returns. Also realized the value of analyzing the data for effective programmatic decisions. This training helped personally and officially to excel in use of excel. Also motivated me to commit and contribute for effective data management. Thanks for the resource team, organizers and the entire team".

- Ms M A L Savithri, Nursing Officer, STD clinic, NSACP, Colombo.

The project has facilitated the SIMU to evolve needful follow-up plans for sustaining the training provided with technical update and guidance.

Training on Data Management & Analysis of STD/HIV Data for Consultant Venereologists & Medical Officers
Jointly organised by NSACP-Sri Lanka & VHS-CDC Project - India
Galle Face Hotel, Colombo 02, Sri Lanka | 21-23 August 2019

iv) National Training on Transition from paper based to EIMS for Data Management

The network of STD clinics provides services for a range of populations such as the general population as well as key and vulnerable populations. At present, the monitoring and evaluation are carried out using the paper-based recording and reporting system. However, during 2018, an electronic information management system (EIMS) was developed and is being implemented in in few STD clinics for testing purposes. This effort was funded by the Global Fund. Rolling out of this system to the other STD clinics will be done during the year 2019-20. This electronic system is expected to replace the paper-based system in the near future in order to carry out better and more efficient method of monitoring and evaluation.

For transitioning from paper-based to EIMS and for effective roll-out of EIMS in the entire country, VHS-CDC Project has provided TA on post-EIMS development. In this regard, conducted a "National Training on Transition from paper based to EIMS" at Sri Lanka for seventy-seven (77) participants. This training was planned and conducted for enhancing the capacity of the SI team in the entire country and enhance knowledge and skills in use of EIMS based reporting.

This training has been planned to provide EIMS training to all the staff in STD clinics which are currently using EIMS as well as which are going to use EIMS immediately.

Objectives:

- *To orient the SI team on need and importance of transition from paper-based data management to computerized systems through EIMS.*
- *To orient the SI team on EIMS including its features, modules, user interfaces, formats, command line, reports etc.*
- *To build the understanding of the data entry guidelines and system navigation for routine functions in EIMS.*
- *To provide basic hands-on training on use of EIMS for logging in, navigation, data entry, review of entered data, submitting data and generating reports.*
- *To evolve plans for transitioning from paper-based system to EIMS for enhancing the data quality and efficient data management under NSACP.*

Methodologies:

- *Power-Point Presentations (PPTs)*
- *Introduction and orientation to EIMS software*
- *Demonstrations*
- *Hands on training*
- *Question and answer session*
- *Action plan development*
- *Mentoring*
- *And other methods*

Content and the key highlights: Efforts has been undertaken to identify the training needs of the STD clinic team for transitioning from paper-based to EIMS. In addition, consultations were

also held with key stakeholders involved in EIMS development and roll-out of the EIMS at STD clinic level and across the country.

Based on the training needs identified, the SIMU and EIMS developers contributed and developed the training agenda with the technical assistance of the project. The groups identified and the contents provided as a part of the capacity building initiatives will include:

Group	Contents

• Consultant-Venereologists / Medical Officers;
• Public Health Inspectors;
• Nursing Officers
	• Introduction to EIMS
	• Patient registration
	• STD/HIV - History examination diagnosis & plan 1st visit and follow up visit
	• STD & HIV – Investigations and medications
	• Management, referrals, prescriptions, follow up
	• Diagnosis and closing of visit, next visit booking
	• Problems/ issues faced in using the software
	
	• Role Play:
	   o Patient registration, appointment
	   o Appointment for pre-employment
	   o Doctor's home page
	   o Sample collection room
	   o Pharmacist dispenses
	• Injection room procedure
	• Contact tracing and counselling
	• Introduction to Moodle (e-Learning platform)
	• Summing up & next steps-quarterly returns/ Adhoc data extraction
	
	(Supported with hands-on training)

• Epidemiologist
• Microbiologist
• MO/Lab
• PHLTs
• MLTs
• Pharmacist
	• Introduction to EIMS workshop
	• Introduction to users and user groups
	• Difference between Microscopy and Serology
	• Introduction to EIMS laboratory module work-flow
	• Introduction to EIMS Epidemiology module workflow
	• Introduction to EIMS Drugstore / pharmacy module workflow
	• Introduction to standards in EIMS in central and regional clinics
	• EIMS technical requirements and changes
	• Introduction to OS, storage and HW devices / peripherals
	• EIMS technical support
	• Role Play: Microscopy Section
	   o Doctor (Few microscopy tests, register slides and collect samples)
	   o PHLT (Receives slides, update results, validate results, generate and print reports)
	   o MOLAB/Consultant Microbiologist (Clinical verification,

Group	Contents

	generated and print reports)
	• Role Play: Serology Section
	    o Doctor (Order few serology tests)
	    o Bleeding room: (Collect samples and update information, produce labels and stick on the containers)
	    o MLT (in receiving and distributing counter) (Receive or reject internal samples, register external single and bulk samples and produce sample ID labels)
	    o MLT (in laboratory) (Receive or reject samples, create interactive worksheet, load samples and update results, validate results, generate and print reports)
	    o MOLAB/Consultant Microbiologist (Clinical verification, generate and print reports)
	• Introduction to e-Learning: Moodle platform, course structure and dashboard, score and assessment
	• Q&A Session and future development
	
	(Supported with hands-on training)

Consultant-Venereologists / Medical Officers and ICT – NSACP & Peripheral	• Introduction to EIMS
	• Patient registration (STD and HIV) /creating appointments/ searching a patient from the data base
	• STD/HIV-History examination – 1st visit and follow up visit
	• STD & HIV -Investigation
	• Management, Referrals, Prescription and arranging follow up
	• Injection room procedure /Bleeding room
	• Contact tracing and counselling
	• Quarterly report (STD and ART) reporting system
	• Pharmacy stock management and dispensing
	• Introduction to hardware utilized for EIMS
	• Receiving samples at sample reception
	• Serology and Cultures section
	• Microscopy section
	• Role Play:
	    o Patient registration, appointment
	    o Appointment for pre-employment
	    o Doctor's home page
	    o Sample collection room
	    o Pharmacist dispenses
	• Report generation
	• Epidemiology reporting of HIV
	• Introduction to e-Learning
	(Supported with hands-on training)

Feedback by the participants:

"The training on EIMS has helped us to understand the EIMS software, programs, need and importance of using EIMS, how to enter the data pertaining to the respective program component, etc. This training has also generated interest to use EIMS and prepare myself to transition from paper-based. This training has helped us to clear all the doubts, issues and apprehensions related to EIMS and encouraged me to become tech-enabled person. I am confident that, myself and my team at clinic level will use EIMS very systematically and contribute for the effective data reporting, analysis and overcoming the gaps. Overall training methodologies was very good including technical sessions, experience sharing, hands-on training, training facilities, etc."

- Ms K K N Ranaweera, Nursing Officer, NSACP

"Overall, this training was good. This training provided opportunity to gained practical knowledge and understanding. The patient registration, STD/HIV history, examination, investigation, prescriptions, bleeding room/ injecting room and related information were provided in one platform. Overall, training methodology, content, opportunity provided to undergo hands-on training, etc., was very good and very useful. Our clinic will use EIMS based reporting properly by ensuring all the guidelines."

- Dr Hemantha Weerasighe, Medical officer In-charge, NSACP

"Contents at this EIMS training is relevant and very useful. Venue, logistics arrangements, seating arrangements, resource kit, etc., are also very satisfactory. This training helped to understand the EIMS software pertaining to the NRL and how to enter data by using EIMS. Thanks for the opportunity."

- Ms Rushanthi Madurawala, MLT, NSACP

"Content of the training was very useful, appropriate, relevant and need of the hour. Training imparted with multiple methodologies including supported with hands-on training. Participants has been provided opportunity to undergo practical exercises. This training is the first attempt towards transitioning from paper-based to EIMS. Seek continued guidance from SIMU to overcome the difficulties if encountered. Thanks to VHS-CDC team, SIMU and NSACP team for the training programs."

- Dr Geethani Samaraweera, Venereologist, NSACP

"The training on EIMS was very useful. Overall, content, presentations, explanations, demonstrations, environment, resource kit, etc., was very good and complemented the training program. As we have started using EIMS at our clinic, the training was very useful for execution of EIMS in a proper, systematic and meaningful manner. I will also work closely with my team at clinic level in ensuring submission of data through EIMS. This training developed needful understanding, exposure, knowledge, skills and confidence to use EIMS."

- Dr H P S P Somawardhana, Venerologist, Kurunagala.

4.1.8. Capacity building support initiatives

a)   Capacity building of district health officials on SI

VHS-CDC project has considered the need and request from SIMU-NSACP and included the District/ Regional health officials in undergoing training on Scientific Writing. This capacity building efforts were very much useful for understanding the efforts being undertaken by district health team and undertaking scientific writing initiatives at health department in the respective regions. This training has been integrated as a part of the regular training planned for the SI team.

b)   Engaging in-country experts in conducting training programs and providing mentoring (use of in-country expertise)

VHS-CDC project has enhanced the capacities of SIMU team on Operational Research, Scientific Writing, Data Management, DHIS 2, EIMS, etc. The trained team was engaged in conducting/ facilitating training sessions, providing hands-on training, providing follow-up mentoring and other needful support. This process has helped in ensuring sustained capacitated in-country team for further enhancing the capacities of SI reporting team.
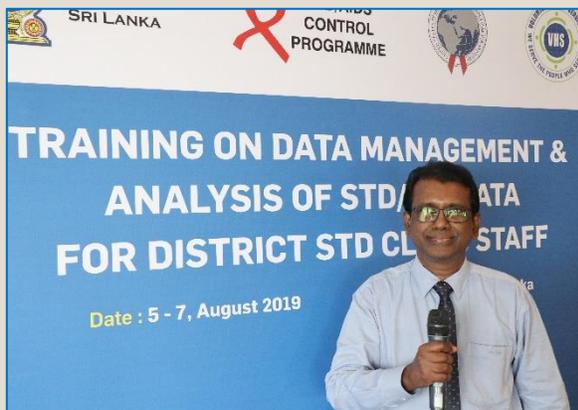
c) Visits to STD clinics and labs for follow-up mentoring

With the discussions and guidance of SIMU-NSACP, VHS-CDC project team and CDC team has undertaken visits to STD clinics and labs in different regions in the entire country. VHS-CDC project team with the involvement of SIMU-NSACP has undertaken field visits to STD clinics and labs for undertaking exploratory visits, understanding the strategic information system at the reporting unit level, identifying the needs and expectations, providing follow-up technical assistance on execution of research proposals, abstract development, data management, etc. This process has helped in understanding the real needs, capacity building, facilitating experiences, providing strategic TA in roll-out of the effective data management and reporting. The team has undertaken field visits to more than 20 STD clinics in the entire country. In addition to the follow-up visits, the project has also facilitated follow-up interactions and experience sharing meeting with the personnel undergone training on Operational Research, Scientific Writing and Data Management.

d) National networking of capacitated SI team

VHS-CDC project in consultation with SIMU-NSACP has formulated e-groups for each training program organized jointly by VHS-CDC project and SIMU. The purpose behind the e-group formation was:

- For providing briefing about the training program.
- For sharing soft copy of the presentations, exercises, additional reading materials, etc.
- For sharing the additional reference materials during and after the training program.
- For providing needful strategic technical update and follow-up support three e-groups.
- For encouraging and facilitating interactions, experience sharing, clarifications and discussions between the facilitators and participants, between SIMU and participants and between participants.

This e-group was very much useful in providing unified communication, ensuring the sharing of soft copy of the resource materials, presentations, providing follow-up support and facilitating experience sharing.

Presently, the e-group has been formed for respective training and the same can be formed as one e-group by networking all the trained participants by combining officials from SIMU, STD clinic team and others for sustained coordinated communication and continue to enhance the knowledge and skills.

4.1.9. Consolidated summary on details of training and participants

VHS-CDC Project has conducted 8 training programs based on the FOIT activity plans and training needs identified. Through these eight training programs, overall, the project has capacitated 225 participants which includes 131 (58.22%) female participants and 94 (41.78%) male participants. VHS-CDC project with the support of CDC in partnership with NSACP has contributed for enhancing the capacities of 225 participants which includes 199 from STD Clinics; 21 from SIMU; and 5 from NSACP/ MoH. This number of participants will include the cumulative number of participants undergone in each training.

Name of the training	Date	No. of days	No. of participants			Category of participants			
			Male	Female	Total	SIMU	NSACP/ MoH	STD Clinics	Total
National Capacity Building Workshop on Operational Research in HIV/AIDS	28-30, March 2019	3	12	17	29	5		24	29
National Training on Scientific Writing in HIV/AIDS	25-27, May 2019	3	9	8	17	4	3	10	17
International Training on Data Management and Analysis of HIV/AIDS Data	16-18, June 2019	3	7	8	15	5	2	8	15
Training on DHIS 2 (District Health Information Software 2) Design and Customization Academy	22-27, July 2019	6	7		7	7			7
Training on Data Management & Analysis of STD/HIV Data for District STD Clinic Staff	5-7, August 2019	3	24	4	28			28	28
Training on Data Management & Analysis of STD/HIV Data for Consultant-Venereologists & Medical Officers (Batch 1)	21-23, August 2019	3	9	18	27			27	27
Training on Data Management & Analysis of STD/HIV Data for Consultant-Venereologists & Medical Officers (Batch 2)	2-3, December 2019	2	3	22	25			25	25
National training on transitioning from paper-based to an Electronic Information Management System (3 batches)	4-7, December 2019	4	23	54	77			77	77
Total		**27 days**	**94**	**131**	**225**	**21**	**5**	**199**	**225**

Participants gender classification - Cumulative

Female: 131 (58.22%)

Male: 94 (41.78%)
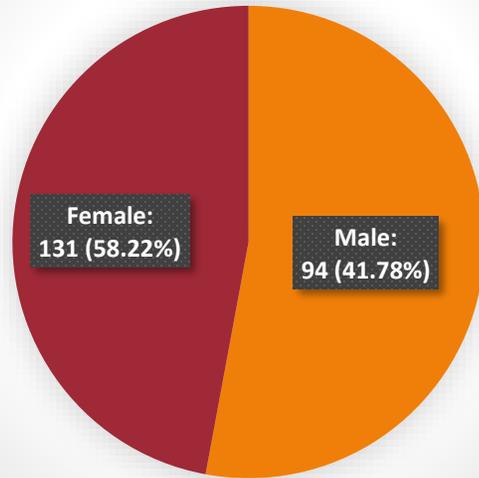
Total number of persons capacitated : 225

Classification of participants capacitated and represented in Eight trainng programs - Cumulative

Category	Value
NSACP/ MoH	5
SIMU	21
STD Clinic	199
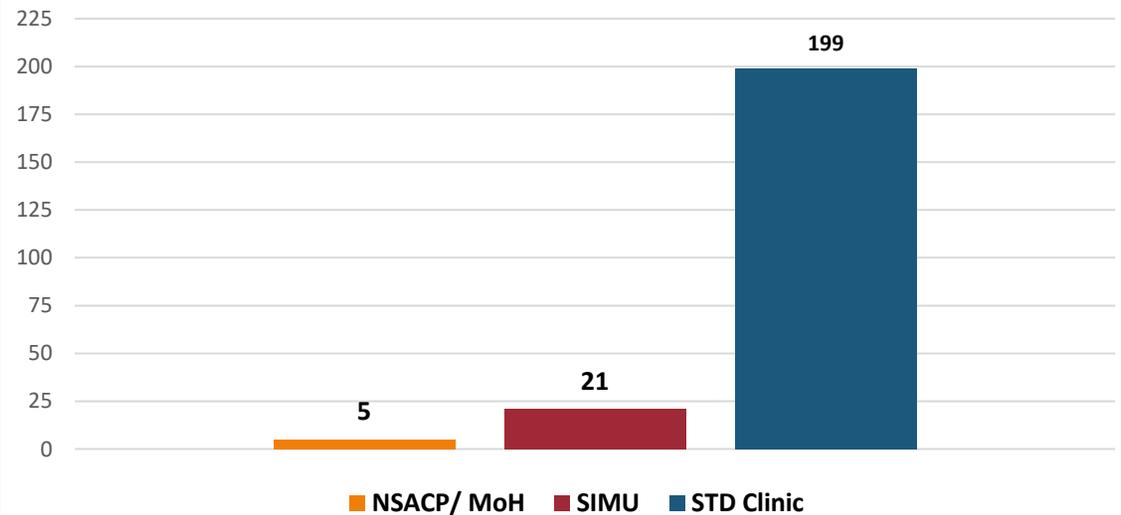
4.1.10. Overall key highlights/ outputs in capacity building

- **Capacitated:**
  - 29 officials on Operational Research.
  - 17 officials on Scientific Writing.
  - 95 officials on Data Management.
  - 7 officials on DHIS 2.
  - 77 officials on transition from paper-based to EIMS
- **Facilitated exposure visit for 15 officials.**
- **Developed Resource Books on Data Management and Operational Research.**
- **Developed 8 training reports and shared.**
- **Formed 8 e-groups and facilitated in sharing resource materials and follow-up.**
- **Conducted 3 follow-up meetings with the trained team for experience sharing and technical guidance.**
- **Developed 6 proposals by forming 6 teams for undertaking Operational Researches.**
- **Facilitated in developing 11 abstracts during the training on Scientific Writing.**
- **Capacitated 34 STD clinics available in the entire country on enhancing SI systems.**
- **Overall capacitated 225 officials/ STD clinic team through 8 training programs.**
- **Overall conducted 27 days of the training program covering the respective components.**

4.1.11. Follow-up interactions and mentoring

The project integrated follow-up support along with each training program conducted. The follow-up support will include:

- Sharing of all soft copy of the presentations/ exercises/ case studies for reference.
- Sharing of additional reading/ resource materials through e-groups.
- Follow-up communications with participants by SIMU and NSACP.
- Need based clarifications to the individual participants/ groups through email/ WhatsApp calls.
- Follow-up cum experience sharing meet with trained participants (thematic).
- Integrated review by SIMU during field visits, review meetings, etc.
- Encouraged interactions between the team members trained.
- And other approaches.

4.1.12. Key products developed for capacity building

a)   Resource kit

Resource Book on Operational Research

Resource Book on Data Management
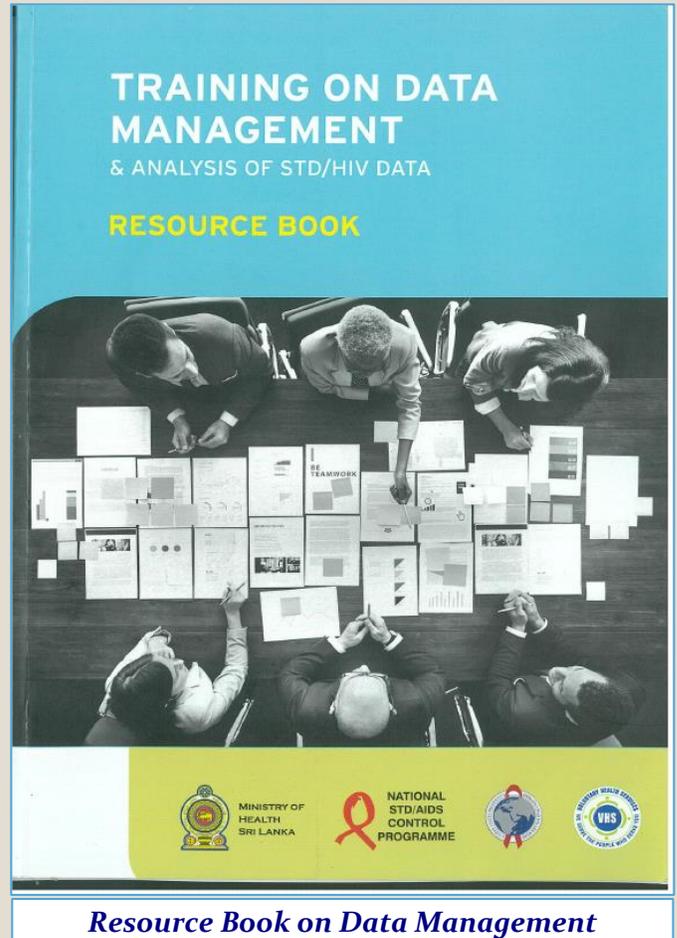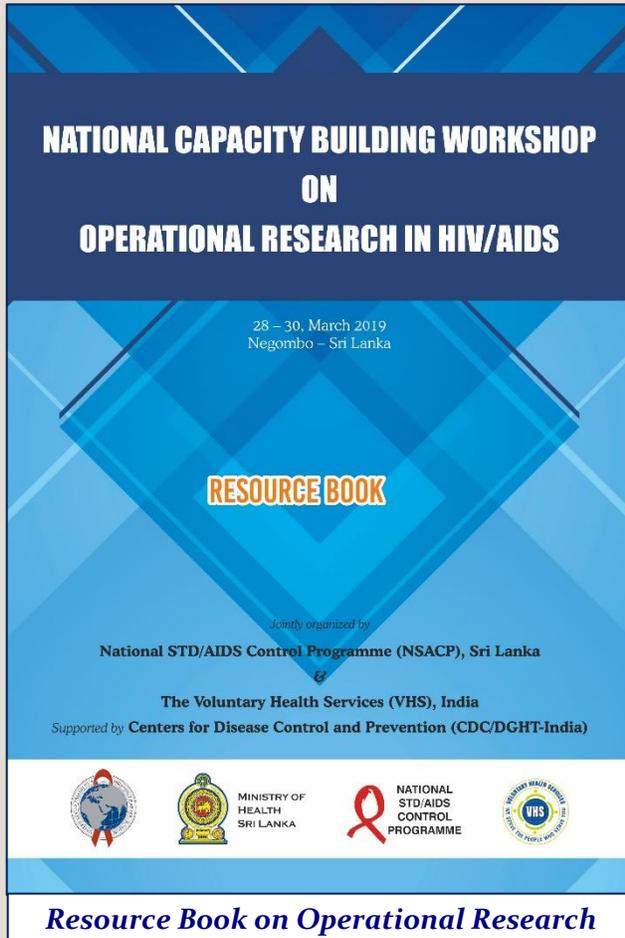
Resource kit with soft copy of the presentations, resource materials, further reading materials, etc.

b)   Training reports

TRAINING REPORT

Training on
Data Management & Analysis of STD/HIV Data for
District STD Clinic Staff

5-7, August 2019
Galle Face Hotel, Colombo, Sri Lanka

Jointly organized by

National STD/AIDS Control Programme (NSACP), 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 | VHS

Training Report

Training on
Data Management & Analysis of STD/HIV Data
for Consultant-Venereologists & Medical Officers

21-23, August 2019 | Colombo, Sri Lanka

Jointly organized by

National STD/AIDS Control Programme (NSACP), 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 | VHS

Training on
Data Management & Analysis of STD/HIV Data
for
Consultant-Venereologists & Medical Officers
- Batch II

TRAINING REPORT

2-3, December 2019 | Colombo, Sri Lanka

Jointly organized by
National STD/AIDS Control Programme (NSACP), 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 | VHS

Technical Assistance to NSACP on Strategic Information

National training on transitioning from paper–based
to
an Electronic Information Management System

TRAINING REPORT

Jointly organized by
National STD/AIDS Control Programme (NSACP), Sri Lanka
&
The Voluntary Health Services (VHS), India
Supported by Centers for Disease Control and Prevention
(CDC/DGHT-India)
(VHS-CDC Project)

4–7, December 2019 | Colombo, Sri Lanka

MINISTRY OF HEALTH SRI LANKA | NATIONAL STD/AIDS CONTROL PROGRAMME | NSACP EIMS SRI LANKA | VHS

C) Presentations

Training on Data Management and Analysis of HIV/AIDS Data for Consultant-Venereologists & Medical Officers — An Introduction
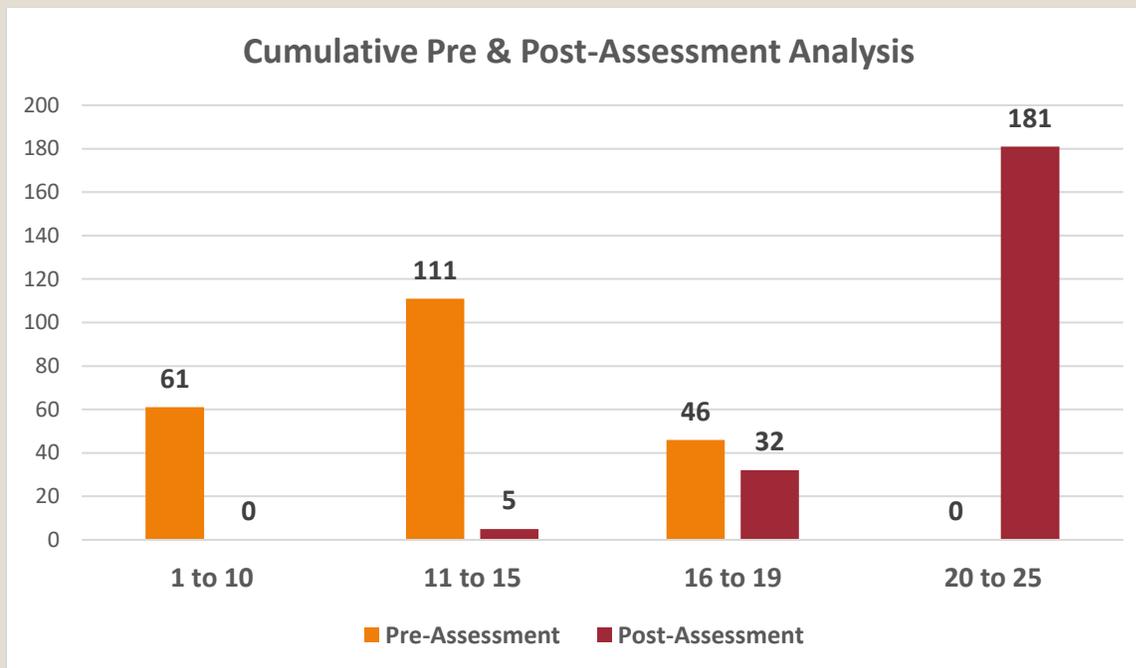

Electronic Information Management System of NSACP

4.1.13. Cumulative Analysis of Pre & Post Training Assessment of Seven Training Programs – an overview

As a part of the training, pre & post assessment was conducted with the participants in all the seven training programs (other than DHIS2 training program). Overall, 225 participants undergone the training program and 218 participants submitted the pre & post-training assessment forms (excluding seven [07] officials undergone training on DHIS2). The overall comparison on the pre & post assessment is given below in table and graph:

Name of the training	Pre-Assessment				Post-Assessment			
	1-10	11-15	16-19	20-25	1-10	11-15	16-19	20-25
National Capacity Building Workshop on Operational Research in HIV/AIDS		25	4				5	24
National Training on Scientific Writing in HIV/AIDS	4	12	1				3	14
International Training on Data Management and Analysis of HIV/AIDS Data	5	9	1				2	13
Training on Data Management & Analysis of STD/HIV Data for District STD Clinic Staff	12	10	6				5	23
Training on Data Management & Analysis of STD/HIV Data for Consultant-Venereologists & Medical Officers (Batch 1)	8	18	1				4	23
Training on Data Management & Analysis of STD/HIV Data for Consultant-Venereologists & Medical Officers (Batch 2)	10	11	4				3	22
National training on transitioning from paper-based to an Electronic Information Management System	22	26	29			5	10	62
Total	**61**	**111**	**46**			**5**	**32**	**181**

Cumulative Pre & Post-Assessment Analysis

Bar chart showing Pre-Assessment and Post-Assessment values across score categories:
- 1 to 10: Pre-Assessment 61, Post-Assessment 0
- 11 to 15: Pre-Assessment 111, Post-Assessment 5
- 16 to 19: Pre-Assessment 46, Post-Assessment 32
- 20 to 25: Pre-Assessment 0, Post-Assessment 181

Pre-Assessment: In the pre-assessment,

- Overall 27.98% (61) of respondents has fallen in the category of scoring 1-10 against the overall scoring of 25;
- 50.92% (111) of the respondents has fallen in the category of scoring 11-15; and
- 21.10% (46) of the respondents has fallen in the category of scoring 16-19.
- None of the respondents has secured/ fallen into the category of 20-25 marks.

Post-Assessment: In the post-assessment,

- Overall 83.03% (181) of the respondents has secured the scoring of 20-25; and
- 14.68% (32) of the respondents has fallen into the category of 16-19 scoring.
- Only 2.29% (5) of the respondents has fallen into the category of 11-15 marks.

Overall, more than 97.71% (213) of the respondent has scored more than 16 and above. Amongst the participants scored between 16-25 (213 respondents), 83.03% (181) of the respondents has fallen in the category of 20-25 marks. While analyzing the pre & post assessment scoring, the respondents has gained right knowledge through the training program. This shows the training has created effectiveness in providing needful knowledge and skills among the participants.

4.1.14. Comprehensive Analysis of Post Training Evaluation of Seven Training Programs – an overview

S. No.	Evaluation areas	Exemplary	Very Good	Good	Average	No Comments	Total	Total of 4 & 5	Overall %
		5	4	3	2	1			
	Course content								
1	I understood the learning objectives well.	166	48	4			218	214	98.17
2	The course content met my expectations & was in line with the learning objectives.	176	40	2			218	216	99.08
3	I found the course material (slides, handouts, exercises, etc.) useful & easy to follow.	195	23				218	218	100.00
4	Training received was adequate for my position/ experience.	168	26	24			218	194	88.99
5	The course will directly or indirectly improve the performance of my duties.	196	21	1			218	217	99.54
6	I am clear about where to find answers to questions that I have about the contents.	145	40	33			218	185	84.86
	Structure & process of training								
7	The training sessions are well structured & appropriately scheduled.	168	45	5			218	213	97.71
8	Instructional methods are effective during training.	158	30	30			218	188	86.24
9	Participation and interaction were encouraged during the sessions.	199	19				218	218	100.00
10	The speed/ pace at which the training was conducted was appropriate.	196	18	4			218	214	98.17
11	I was comfortable with the length of the sessions & length of the workshop.	186	24	8			218	210	96.33

S. No.	Evaluation areas	Exemplary	Very Good	Good	Average	No Comments	Total	Total of 4 & 5	Overall %
		5	4	3	2	1			
12	Group works/ hands-on exercises are well structured with clear instructions.	178	34	6			218	212	97.25
13	Guidance & mentoring support was adequately provided during group works/exercises.	182	27	9			218	209	95.87
14	Adequate chance was given for participants to ask questions and resolve doubts.	188	26	4			218	214	98.17
15	There was ample opportunity to practice the skills I am supposed to learn.	173	36	9			218	209	95.87
16	I received adequate feedback from the facilitators during the practice sessions.	192	21	5			218	213	97.71
	Trainers & Mentors – Knowledge & Delivery Style								
17	The facilitators were knowledgeable on the subject matter.	181	20	17			218	201	92.20
18	The facilitators explained the concepts clearly and in an understandable way.	197	21				218	218	100.00
19	The facilitators effectively handled the questions that were asked.	174	24	20			218	198	90.83
20	The examples & experiences quoted by the trainers were relevant & apt to my situation.	193	23	2			218	216	99.08
21	I was well engaged during the sessions/ The sessions were kept alive, interesting & interactive.	165	30	23			218	195	89.45
22	How would you rate their facilitation skills overall, on a scale of 5?	172	39	5	2		218	211	96.79

S. No.	Evaluation areas	Exemplary	Very Good	Good	Average	No Comments	Total	Total of 4 & 5	Overall %
		5	4	3	2	1			
	Facility & Amenities								
23	The venue and seating arrangement were comfortable and suitable for the training.	193	22	2	1		218	215	98.62
24	The environment was free from distractions and conducive to learning.	188	30				218	218	100.00
25	The audio-visual set up was good and clear.	198	20				218	218	100.00
26	The quality of food was good.	175	41	1	1		218	216	99.08
	Overall								
27	How will you rate training, overall, on a scale of 5?	176	20	22			218	196	89.91
28	I am satisfied with the training course.	192	26				218	218	100.00
29	I will recommend this course to others.	186	9	23			218	195	89.45

Overall training evaluation has conducted in 5 key areas with 29 questions by applying 5-point scale for each of the question. The above table reveals the effectiveness of the training program and evaluation of the training program in the perspectives of the participants undergone the training program (218 participants). Amongst 29 categories of questions, 79.31% (23) questions/ evaluation criteria has scored between 90-100% in all aspects. In this, 20.68% (6) category of questions has scored 100% in all aspects. Further, it is worth mentioning that, 218 participants has provided scoring in all category/ all questions more than 80 and above. It shows, in all aspects the participants reviewed, scored and provided very good and exemplary on the conduct of the training program. This shows the course content, structure and process of training, trainers and mentors knowledge and delivery style, facility and amenities for conducting the training program in a conducive atmosphere and overall rating was exemplary and good in all aspects. The training has provided ample opportunities for learning and gaining needful knowledge and skills.

4.1.15. Outcomes & Impact

The capacity building programme that was executed over a period of one year involving SIM unit staff, Medical Officers & Venereologists, nursing staff, public health inspectors, senior registrars etc. has created a strong foundation of evidence-based programming under NSACP.

All the participants could significantly appreciate how every aspect of SI has an impact on the shaping of programme response, and hence appreciate the value and need for quality in SI. Some medical officers immediately redesigned the SI work at their clinics to enhance data collection procedures, data quality and reporting. Many of them started regularly reviewing their data and identifying issues so that they are addressed in a timely manner.

Since all the staff at the STD clinic were trained, it enabled a team approach to bringing improvements in data management at their clinics. SIM unit has introduced a regular system of data quality assessment of all quarterly returns as well as ART cohort data as a result of the workshops. Many developed interests in using MS Excel and started making a better use of it for improving efficiency in their day to day work. In some cases, these workshops also helped in improving the thesis work and making conference presentations on programmatic topics for several practicing doctors.

Since all the staff of all STD clinics in the country were capacitated and since STD clinics are the nodal points for the entire service delivery in HIV/AIDS programme in Sri Lanka, this capacity building initiative has a wide-ranging long-term programme level impact.

4.2. System strengthening

VHS-CDC Project with the support of CDC provided TA to NSACP on SI for System Strengthening. The key strategic technical assistance provided/ undertaken will be:

4.2.1. Situational Assessment of Strategic Information Management System & Strategies and Approaches of Technical Assistance to SI under NSACP

The Voluntary Health Services (VHS) has undertaken efforts to bring out the report 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.

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. This document has been developed based on the 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.

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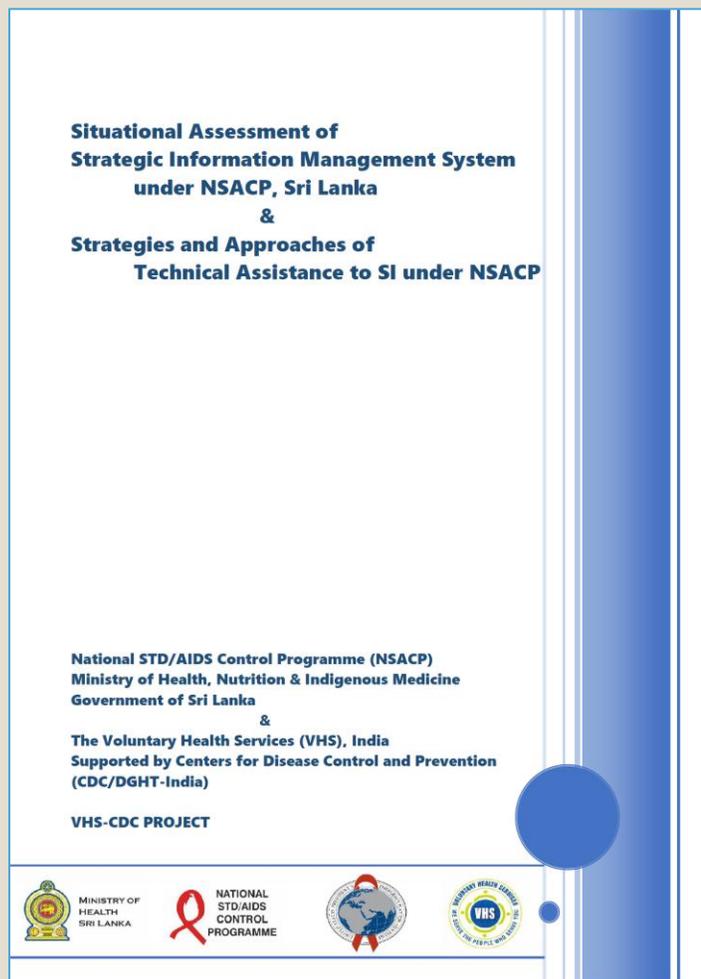
"This document will be of more useful for SIMU / NSACP team, VHS-CDC Project, CDC and other key stakeholders associated with providing TA on SI for NSACP. This document will enable the stakeholders to understand the situation; evolve evidence-based plans and provide strategic TA to Strategic Information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

- Director, NSACP, Sri Lanka (Foreword)

This situational assessment of SIMS under NSACP, Sri Lanka is being used as a reference document for all key stakeholders involved in STD/AIDS to contribute to enhance the systems and achieve the overall goal of NSACP.

4.2.2. Comprehensive Dashboard Indicators on STD/HIV/AIDS

Dashboard indicators are meant to be the core indicators that capture all the critical aspects of program implementation and present them to the program managers at higher levels for their immediate attention and quick action. On the request of SIMU-NSACP and as per the FOIT activity plan, VHS-CDC Project with the support of CDC in partnership with NSACP has contributed for developing a technical report on *"Comprehensive Dashboard Indicators on STD/HIV/AIDS"* has been developed for NSACP by adopting systematic process including greater engagement of key stakeholders.
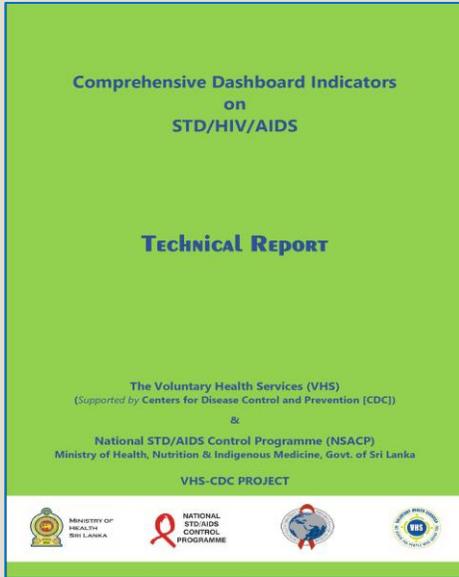
National Workshop on developing Comprehensive Dashboard Indicators on STD/HIV/AIDS – consultation meeting with key stakeholders

Process adopted for developing dashboard indicators:

Review of the existing core indicators under NSACP and their data sources

↓

Review of the current SI system under NSACP to identify the potential sources of data on various key program areas

↓

Review of various published documents and reports on NSACP website including annual reports, NSP, M&E plans, etc.

↓

Review of published HIV/AIDS dashboards of various South East Asian countries

↓

Review of international guidelines and recommendations from WHO, UNAIDS, CDC, The World Bank and The Global Fund on core indicators to be reported.

↓

Review of reports of exploratory visits by VHS-CDC delegations to Sri Lanka

↓

Discussions with VHS-CDC Project experts and consultants

↓

Discussions with NSACP SIMU team and other program officers at NSACP

↓

Coordination meeting with FHI 360 for developing comprehensive dashboard indicators and avoid duplications

↓

National Workshop on developing dashboard indicators and evolving plans for enhancing website with all key stakeholders, senior management team at NSACP, consultant venereologists from various STD clinics, Strategic Information Management Unit, Epidemiology Unit, Family Health International (FHI360), Family Planning Association of Sri Lanka (FPASL), website development agency, agency developing EIMS and other partner organisations.

↓

Review and finalization of technical report on comprehensive dashboard indicators on HIV/AIDS

Structure of the report:

- Presents the proposed dashboard indicators in line with the current strategies and indicators under NSACP as outlined in the latest National Strategic Plan 2018-22.
- Aligned with the international reporting requirements.
- Presents the indicators proposed, detailed definition and data sources.

<div style="border:1px solid #a0522d; padding:10px">

Categorization of Dashboard Indicators:
- *Indicators of need*
- *Impact indicators*
- *Outcome indicators*
- *Output indicators*
- *Process indicators*
- *Input indicators*

</div>

- Presented by the program area and are categorized as outcome/impact indicator, output indicator, process indicator and input indicator. Appropriate level and criteria of aggregation/ dis-aggregation have also been indicated for each indicator, along with proposed frequency of reporting and possible sources of data.
- Proposed dashboard indicators for NSACP has been developed in the areas of:
  - Overall Program Impact Indicators;
  - Prevention: STI Management;
  - Prevention: Key Population (KP) Interventions;
  - Prevention Of Mother To Child Transmission Of HIV & Syphilis (PMTCT);
  - HIV Diagnosis, Treatment & Care; and
  - Laboratory Management.
- Presents the proposed ways of data visualization for these dashboard indicators on the electronic format and the proposed means of communicating the same to the national and provincial program managers on a real time basis.
- Useful as a ready reckoner for M&E personnel at all levels to understand and apply the data on core indicators.
- Helps in improving the existing indicators and developing new indicators.
- Helps in evolving a comprehensive set of indicators in place that can be planned as an outcome of EIMS and be used for upgradation of NSACP website
- Set of dashboard indicators with appropriate visualizations will greatly enhance the efficiency and effectiveness of program managers at all levels of NSACP.

<div style="border:1px solid #a0522d; padding:10px">

This technical report presents the proposed dashboard indicators that may be monitored at various level of NSACP in Sri Lanka. The selection of indicators has been done keeping in mind of the:
- *Current and proposed program strategies under NSP 2018-2022.*
- *Key epidemic priorities of Sri Lanka.*
- *Aligning with the international reporting requirements to the Global Fund and the UNAIDS Global AIDS Monitoring frameworks.*

</div>

4.2.3. TA for development, roll-out of EIMS and strengthening reporting

SIMU with the support of Global Fund has undertaken the process of developing EIMS for transitioning from paper-based to electronic-based reporting. For facilitating this process, VHS-CDC project has provided TA and facilitated knowledge sharing on the following:

- ***Sharing of India experiences on PALS and IMS with SIMU and EIMS for comprehensive EIMS development:*** Sharing of India experiences on PLHIV-ART Linkage System (PALS)- software developed and experiences on use of IMS and integration. These experiences were presented, demonstrated, shared best practices and learnings. This process has enabled the SIMU team and EIMS development team to understand the unique features available in PALS and EIMS. This has contributed for integration of new ideas into the EIMS development and converting the patient record system to comprehensive reporting system through EIMS. VHS-CDC project provided strategic TA in a timely manner for systematic planning and development of software.
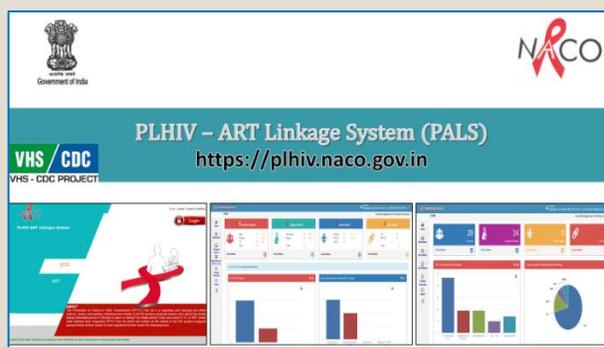
- ***Exposure visit to STD clinics and ART centers:*** The project supported the Coordinator-SIMU for an exposure visit to STD Clinic and ART centers in other countries to identify the best practices in the electronic-based reporting, identifying possible areas for improvement in EIMS and integration into EIMS.

- ***TA for integration of Dashboard Indicators in EIMS:*** Shared comprehensive Dashboard Indicators on HIV/AIDS with SIMU and EIMS development team for including the needed indicators in the reporting system through EIMS. This has provided opportunity for identifying the new indicators and the EIMS development team has included the indicators for evolving comprehensive dashboard indicators and dissemination through infographics.

- ***TA for capacity building of SIMU, NSACP and District STD Clinic Team on EIMS:*** The EIMS system is expected to replace the paper-based system in order to carry out better and more efficient method of monitoring and evaluation. With the support of Global Fund, SIMU-NSACP has undertaken efforts and developed EIMS through a process. On the request of SIMU-NSACP, based on the training needs identified and as per the FOIT activity plan, VHS-CDC project has contributed and provided strategic support in enhancing the capacities of SIMU, NSACP and District STD Clinic team focusing on introduction of EIMS software, modules in EIMS, hardware in EIMS, how to use EIMS by

the respective category of staff, guidelines, challenges and plans to overcome, etc. Through the process, VHS-CDC has contributed for capacitating 95 participants covering the entire SI reporting team in the entire country. This capacity building on EIMS will help in roll-out of EIMS, evolving uniform understanding and reporting, strengthening to carry out the monitoring and evaluation methods including use of DHIS2.

4.2.4. Feasibility Assessment Report on development of NSACP Dashboard

In continuation of the comprehensive dashboard indicators developed on STD/HIV/AIDS, VHS-CDC Project has undertaken efforts in providing TA to SIMU for developing web-based Dashboard Indicator graphs (DBI), animated analytic graphs, infographics, etc., incorporating to the existing NSACP website. As a first step, VHS-CDC Project provided TA in undertaking feasibility assessment report to assesses the potential solutions to the problem or opportunity and determines which of these are viable for further analysis. The purpose of the feasibility assessment report is to present the project parameters and define the potential solutions to the defined problem, need or opportunity.

The feasibility assessment report on development of dashboard refers to the requirements of end users and technical feasibility of the project. Main intention of this feasibility assessment is to identify key indicators, data sources, data visualization and identify technical capacity which is required to develop the end product. Further, this feasibility assessment report will provide a set of recommendations on technical and data visualization aspect which will be helpful to operationalize the planned initiatives on development of dashboard.

The process adopted for undertaking feasibility assessment study will include: planning meeting with SIMU; development of ToR; briefing on dashboard indicators to the web agency and SIMU; undertaking review in discussions with the SIMU and key stakeholders; primary discussions with SIMU team; development of feasibility assessment report; presentation with VHS-CDC Project, SIMU and NSACP; incorporation of suggestions and development of next steps.

The content of the feasibility assessment report are:

- PROPOSED NSACP ONLINE DASHBOARD:
    - Solution Overview
    - Proposed System Architecture
    - Main Processes of the proposed dashboard
        - User Access Control Process
        - Data Uploading Process
        - Data Downloading Process
        - Alert Management Process
    - Visualizing data on the NSACP dashboard
        - Key Indicators
        - Wireframes for the proposed visualizations
    - Alert management for each indicator
- TECHNOLOGY AND SYSTEM FEASIBILITY:
    - Software feasibility
    - Feasibility of Security Features and Encryption of Data
    - Data upload and user interface for online dashboard

- o Data download facility
- o Hosting environment
- o Data validation
- o Future enhancements of the proposed online dashboard

Conclusion: This report was created as a result of detailed study for the development of NSACP dashboard project. According to the study and identified facts, developing the NSACP dashboard is technically feasible as per mentioned details in the document.

The feasibility assessment report has been presented with SIMU and NSACP. Based on the recommendations of the study, roadmap has been evolved for execution of the development of the dashboard. In accordance with the comprehensive dashboard indicators developed and recommendations of the feasibility assessment report evolved operational plan, timelines, role of stakeholders, support required during the execution of the study, envisaged challenges and plans to overcome, etc.

Development of NSACP Dashboard

FEASIBILITY ASSESSMENT REPORT

Prepared By

PROCONS

PROCONS INFOTECH (PVT) LTD
171 2/1, NAWALA ROAD, NUGEGODA, SRILANKA
T: +94 11 2109555 F: 94 11 4200555
E: info@procons.lk W: www.proconsinfotech.com
Document Version - V1.2
Last edited: 3rd of July

Submitted To

National STD/AIDS Control Programme
No 29, De Saram Place,
Colombo 10
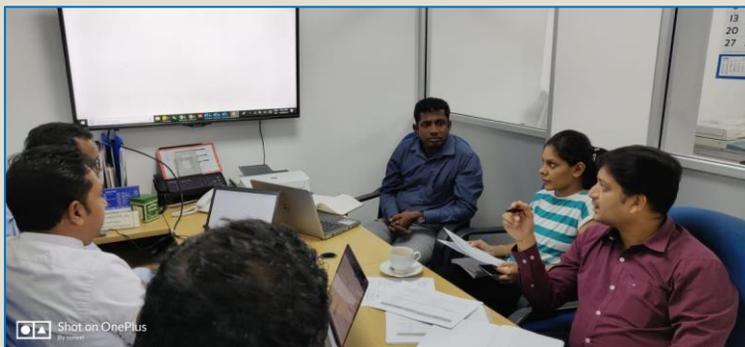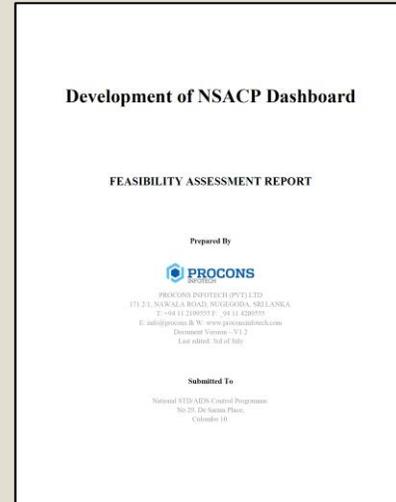
The project evolved plans for providing TA for execution of the development of dashboard based on the feasibility assessment study. Considering the time limit of the project period, the project shared all the related information for undertaking follow-up efforts with the support of the domestic resources or mobilizing resources from other key stakeholders/ donors.

This TA on development of dashboard enabled the developers of the EIMS as well as the SIM unit of NSACP to structure and develop their future dashboards to emerge as efficient tools for programmatic decision making.

4.2.5. TA for evolving plans for enhancing NSACP website

VHS-CDC Project had discussions with NSACP and undertaken secondary review of the existing website and analyzed the core strength of the features in the existing website and evolved suggestive plans for further enhancing the website through a process. In this regard, VHS-CDC Project with the support of CDC and in partnership with NSACP organized a national workshop on evolving plans for enhancing the website in 2018.

In this workshop, VHS-CDC Project presented the core **strengths** identified as follows:

- Comprehensive, one-stop shop for all information related to STD/HIV/AIDS
- Clean and aesthetic design without any clutter
- Enhanced appeal with pictorial and colorful depiction
- Regularly updated with latest information
- Shares the historical data in a systematic manner
- Recently improved and updated the Website with the support of GFATM
- Evolved systems for Updating the data, publications, Video films, Power point presentations, IEC materials etc.
- Downloading Options for Publications, Presentations, IEC materials, Photos etc.
- Incorporated the provision for posting requests and sharing feedback
- SIMU is equipped with experienced team in managing the website

In the national workshop, VHS-CDC Project has facilitated interactions and brainstorming on the possibilities of improving the website. Also provided strategic technical guidance in evolving innovative ideas and suggestions for developing the website as a very comprehensive one for effective dissemination of data/ study findings at national and international level.

Some of the **suggestions emerged for improving the website** through the process will include:

- Specific boxes on the homepage for target audience with a ready list of links to relevant pages of website in one place – General Public; Student/ Researcher; Programme Personnel; Donors; Doctors; Key Population; STD clinic attendees; Pregnant women; PLHIV; etc.
- Integration with social media channels backed by a strong Social Media Outreach plan
- Latest presentations and publications highlighted on the homepage
- Link to the dashboard data visualisations, with restricted access to various levels of programme personnel
- Enhance geo-specific information on services, data and feedback
- Link to a blog to share articles and experiences documented by programme personnel from all levels
- Discussion fora on specific topics may be added, aimed at scientific community as well as KP/PLHIV communities
- Highlight best practices and unique features of the programme
- Self-risk assessment tools for people with high risk behaviours
- Information on services for availing counselling testing for high risk persons (SMS alert-if requested)
- Preventive messages (for low risk persons)
- Officials/Celebrity/Faith leader messages & endorsements
- Comprehensive FAQs
- One touch district data search (comprehensive information) avoiding searching in the respective sections –Pin code/District wise

Social Media Outreach Plan (SMO):
In addition, VHS-CDC Project and SIMU facilitated interactions and evolved plan on the introduction and use of social media outreach by NSACP. The social media outreach plan developed through the process will include:

- Website can be effectively linked up with various social media channels to:
    - Enhance the dissemination of info
    - Make the info reach the right audience
    - Ensure real time sharing of important updates
    - Improve the reach & effectiveness of interventions
    - Improve the involvement of various stakeholders
    - Open up channel for receiving feedback from a diverse segment
- Best Social Media Channels:
    - Facebook, Twitter, LinkedIn, Instagram, Pinterest, YouTube, WhatsApp

> *Developing SMO:*
> - *Create social media outreach objectives*
> - *Conduct a social media audit*
> - *Create or improve your social media accounts*
> - *Create a content outreach plan and a social media content calendar*
> - *Test, evaluate, and adjust your social media outreach plan*

VHS-CDC Project has contributed for developing a comprehensive strategic suggestions and plan for enhancing the website and introduction of social media outreach by NSACP. Also, shared the above guidelines with SIMU-NSACP for needful follow-up.

4.2.6. TA for development of draft ToR for all SI reporting team in the context of emerging responsibilities

VHS-CDC project has facilitated in identifying the existing roles and responsibilities of SIMU and District STD Clinic team, identified the envisaged roles and responsibilities in the context of emerging responsibilities and provided support in development of draft ToR for each category of staff in SI reporting unit in the context of emerging responsibilities. This ToR development has been undertaken as a part of training need assessment and shared the same for needful adoption.

4.2.7. Overall key highlights/ outputs in System Strengthening

- **Developed Situational Assessment report of Strategic Information Management System & Strategies and Approaches of Technical Assistance to SI under NSACP.**
- **Provided TA and brought out a report on Training Needs Assessment and Training Plan for Strategic Information at NSACP - Accelerating Strategic Information Management Capacity (ASIMaC) supported with comprehensive training plan considering the existing and emerging needs, development of ToR for the SI team, mapping of resources on trainers and training institutions, etc.**
- **Developed technical report on Comprehensive Dashboard Indicators on STD/HIV/AIDS for standardizing the indicators, developing EIMS and use by other stakeholders for developing dashboard on prevention.**
- **Provided TA and completed Feasibility Assessment Report on development of NSACP Dashboard.**
- **TA for development of EIMS by sharing India experiences on software development including PALS and IMS for evolving comprehensive EIMS and strategic TA and capacity building of SI team on transitioning from paper-based EIMS for roll-out of EIMS and strengthening reporting.**
- **Capacitated the SIMU team on DHIS2, contributed for development of DHIS2 in the context of Sri Lanka with local specific indicators and started analyzing the data. As an outcome of the training, one of the trained personnel is emerging as an International Trainer on DHIS2.**
- **Provided strategic TA in reviewing the website and provided comprehensive plan for enhancing the NSACP website for integrating social media outreach, dissemination, etc.**
- **TA for development of draft ToR for all SI reporting team in the context of emerging responsibilities as a part of Training Need Assessment study.**

4.3. Documentation and dissemination

VHS-CDC Project with the support of CDC, provided strategic technical assistance in documentation and dissemination in the form of:

```
                    TA in
                 documentation
                 & dissemination
   ┌──────────────────┬──────────────────┐
Documentation   National level    International
                dissemination        level
                                  dissemination
```

Documentation
- **1. Existing and emerging best practices**
- **2. Abstracts on best practices**
- **3. Best Practices series publications**

Regional Best Practices on South East Asia

National level dissemination

Symposium on Strategic Information of NSACP and Dissemination of best practices at national level

International level dissemination
- **1. Australasian sexual health and HIV/AIDS conference**
- **2. Chennai ART Symposium – CART 2018**
- **3. International Training on DHIS2 Design and Customization Academy**

4.3.1. Documentation

a) Documentation of existing and emerging best practices in SI under NSACP

VHS-CDC project has provided strategic TA in documentation of existing and emerging best practices in SI by adopting methodologies such as: National consultation with key stakeholders to brainstorm on the best practices; secondary review of registers & reporting formats; secondary analysis of last one year database of relevant data; review of the software involved; and primary data collection in the form of Group Discussion (GD) & In-depth Interviews (IDI) of key stakeholders from national to facility level. The objectives of documentation of best practices are:

- To identify & systematically document the best practices in Strategic Information under NSACP in Sri Lanka
- To understand the contribution of the SI best practices in overall achievements of NSACP
- To capture & learn from the past experiences of a wide range of stakeholders involved in the development & implementation of the best practices for further improvements
- To showcase the key processes and achievements in SI to the larger public, national and international scientific communities, and other social or health programmes.

National meeting on presentation of best practices and handing over of the best practices series

VHS-CDC project has documented the following best practices through a consultative process by engaging different key stakeholders:

Existing Best Practices	Emerging Best Practices
1. STI Surveillance and Program Monitoring under NSACP - An Indigenously evolved best practice in Strategic Information 2. HIV Case Tracking and Management System under NSACP - Gearing up for End of AIDS 3. Data Archiving and Dissemination Practices under NSACP - A Model for the South East Asia 4. Cohort tracking of PLHIV on ART in Sri Lanka	1. Electronic Information Management System (EIMS) – An effective case & programme management tool for HIV/AIDS 2. Comprehensive Dashboard for Effective Programmatic Decision Making 3. Social Media Outreach for NSACP

b)   Best practices series publications on best practices in SI under NSACP:

Book on Best Practices

Book of Abstracts

Best Practices Series
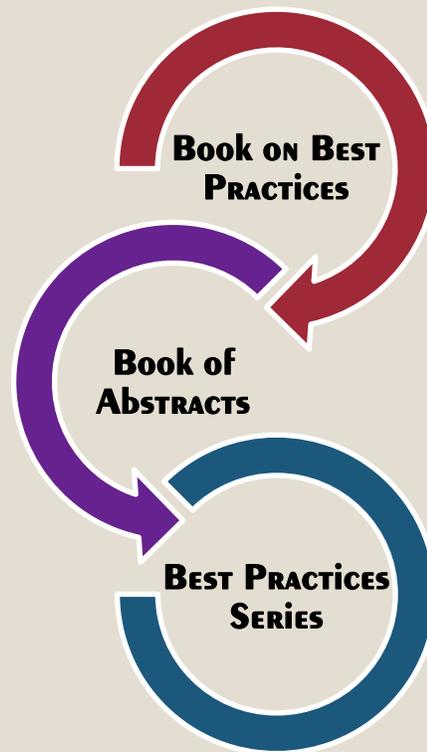
"VHS-CDC project TA on documentation of best practices, is really a useful initiative. It captured the best practices based on the significant work what we have done but not realized as best practices.

This will be a very meaningful product for SIMU unit and appreciate the efforts undertaken. It is also a good move at right time".

- Dr. Lilani Rajapakse,
Director, NSACP, Sri Lanka
(September 2018)

i. ***Comprehensive Book***: Overall, finalized seven (07) best practices in the form of comprehensive book titled "Best Practices in Strategic Information" and submitted to SIMU and NSACP through a process.

ii. ***Development of abstracts on best practices in SI under NSACP:*** The project provided TA in enhancing the capacities of the SIMU team and contributed for development of seven abstracts on each of the best practices documented. These abstracts will be used by SIMU for submission in national and international conferences.

iii. ***Best Practices Series:*** Developed best practices series on seven titles as given below:
1) *STI Surveillance and Program Monitoring under NSACP - An Indigenously evolved best practice in Strategic Information.*
2) *HIV Case Tracking and Management System under NSACP - Gearing up for End of AIDS.*
3) *Data Archiving and Dissemination Practices under NSACP - A Model for the South East Asia.*
4) *Cohort tracking of PLHIV on ART in Sri Lanka.*
5) *Electronic Information Management System (EIMS) – An effective case & program management tool for HIV/AIDS.*
6) *Comprehensive Dashboard for Effective Programmatic Decision Making.*
7) *Social Media Outreach for NSACP.*
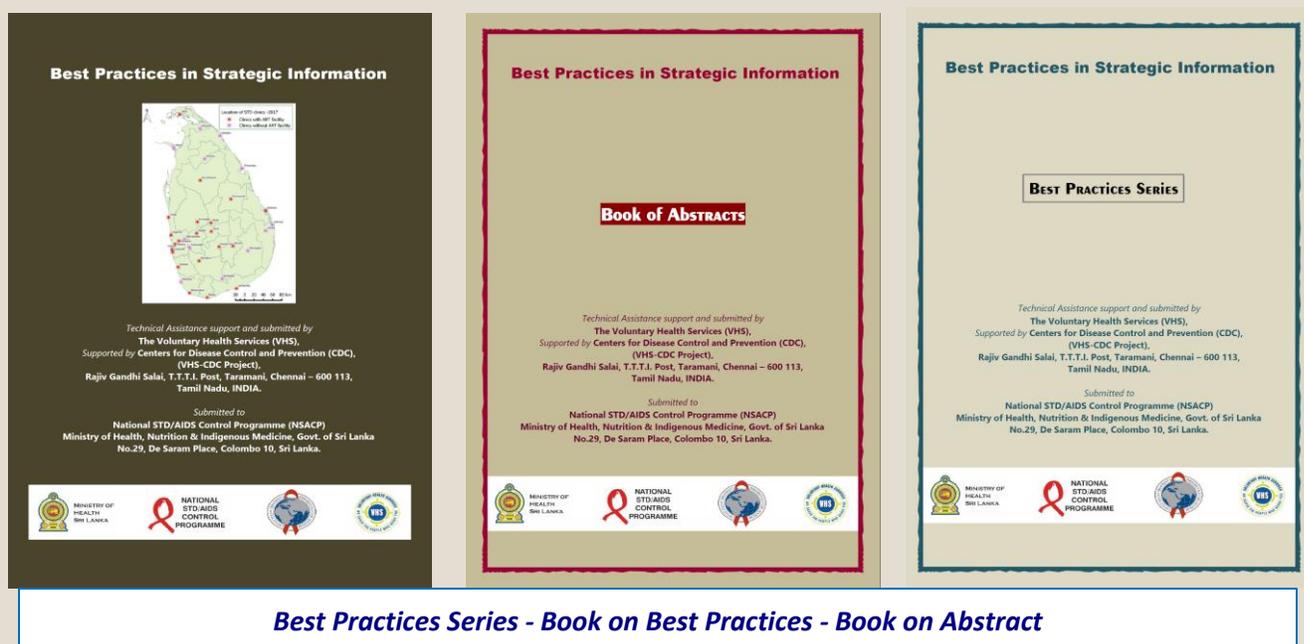
Best Practices Series - Book on Best Practices - Book on Abstract

c)   Documentation of Regional Best Practices on South East Asia

NSACP requested VHS-CDC project to extend support in documenting the Regional Best Practices based on South East Asia experiences on M&E in the context of Sri Lanka and requested to disseminate the same in the scientific session for disseminating with delegates participating in the program. Considering the need and importance of knowledge sharing, the project has developed Regional Best Practices on M&E on South East Asia in Power-Point and shared with NSACP.
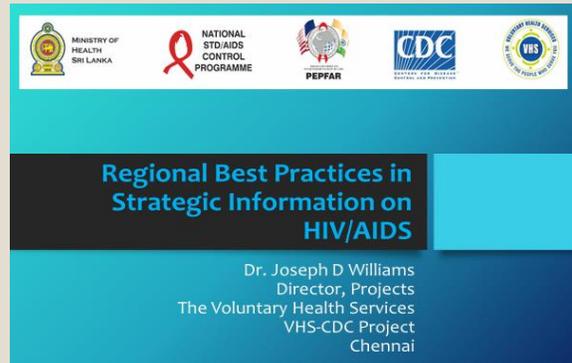
4.3.2. Dissemination

a)   National level dissemination

Symposium on Strategic Information of NSACP and Dissemination of best practices at national level: VHS-CDC project in collaboration with SIMU-NSACP with the support of CDC jointly organized a *"Symposium on Strategic Information of NSACP and facilitated dissemination of best practices in the 23rd Annual Scientific Session of Sri Lanka College of Sexual Health and HIV Medicine (SLCoSHH)"* on 5th October 2018 at Sri Lanka. The project and NSACP jointly coordinated in facilitating the dissemination of best practices. Dr. Iyanthi Abeywickrama & Dr. T. Ilanchezhian jointly chaired and facilitated the dissemination of best practices.

In this symposium, the following presentations were made and facilitated dissemination by VHS-CDC project & NSACP:

Title	Presenter
Overview and best practices in Strategic Information Management for HIV in Sri Lanka	Dr Ariyaratne Manathunge, Consultant-Venereologist / Coordinator-SIMU, NSACP, Sri Lanka.
STI Surveillance and program monitoring under NSACP – An Indigenously evolved best practice in Strategic Information	Dr Yujwal Raj, Technical Advisor – Strategic Information, VHS-CDC Project.
Regional best practices in HIV/AIDS Strategic Information in South East Asia	Dr Joseph D Williams, Director Projects, VHS-CDC Project.
Key highlights of Integrated Biological and Behavioural Surveillance 2018 among Key Population	Dr S Beneragama, Consultant – Epidemiologist, NSACP, Sri Lanka

With the Technical Assistance from VHS-CDC project, contributed for development of four e-posters based on the best practices documented through a process. VHS-CDC extended strategic support for display and dissemination of the following four e-posters in the SLCoSHH:

1. Evidence based capacity building on Strategic Information for ensuring data quality and programmatic decision-making
2. HIV Case Tracking & Management System under NSACP - Gearing up for End of AIDS
3. Data Archiving & Dissemination Practices under NSACP - A Model for the South East Asia
4. Comprehensive Dashboard for Effective Programmatic Decision Making - An Emerging Best Practice under NSACP

The project and NSACP facilitated in disseminating with 250 delegates including Medical Officers involved in sexual health and HIV medicines from different ministries, policy makers, key stakeholders, NSACP officials.

Overall, through this symposium and participation in the conference, VHS-CDC project facilitated in disseminating six best practices on SI management based on the best practices documented. On the request of NSACP, VHS-CDC project has extended strategic support in sharing soft copies of the best practices document, oral presentations and poster presentations with the participants for reference and needful further dissemination. Overall, this strategic Technical Assistance has enabled the NSACP to develop skills in developing abstracts, dissemination of best practices at national level, understanding the regional best practices and demonstrated systems for dissemination of best practices at different levels.

President:
Dr. D.O.C. de Alwis
Tel: 0715928696 (M)

President Elect:
Dr. Geethani Samaraweera
Tel: 0714934505 (M)

Vice President:
Dr. Darshanie Mallikarachchi
Tel: 0718672995 (M)

Immediate Past President:
Dr. Darshani
Wijayawickrama
Tel: 0774566742 (M)

Secretary:
Dr. Piyumi Perera
Tel: 0772352785 (M)

Treasurer:
Dr. Nimali Jayasuriya
Tel: 0777483287(M)

Editor-in-chief:
Dr K.A.M. Ariyaratne
Tel: 0777078443 (M)

Asst. Secretary:
Dr. Damindu Jalath
Thanthree
Tel: 0713216647 (M)

Council

Past Presidents – Ex Officio
Dr. Lucian Jayasuriya
Dr. Iyanthi Abeyewickreme
Dr. Kulasiri Buddhakorale
Dr. Lilani Rajapaksa
Dr. Chandrika
Wickramasuriya
Dr. G. Weerasingha
Dr. Neelamani Punchihewa
Dr. Jayadarie Ranatunga
Dr. Himali Perera
Dr. Ajith Karawita

Council Members:
Dr. Nalaka Abeygunasekara
Dr. H.A.C.W. Hathurusinghe
Dr. Lasanthi Siriwardena
Dr. Gayani Nanayakkara
Dr. D.V.V. Kaluaarachchi
Dr. Iresh Jayaweera
Dr. Piyumika
Godakandaarachchi
Dr. Waruni Pannala
Dr. P.I.M. Jayawardane
Dr. Rahal Fernando
Dr. P.H.M. Colambage

18.10.2018
Dr. Joseph D Williams,
Director Projects,
VHS-CDC project,
Chennai.

Dear Dr. Joseph D Williams,

Appreciation for supporting the symposium on M&E, Dissemination of best practices and Resources provided for 23rd Annual Scientific Sessions of Sri Lanka College of Sexual Health and HIV medicine

Sri Lanka College of Sexual Health and HIV medicine (SLCoSHH) wish to appreciate and acknowledge the support extended by VHS-CDC project in sponsoring the symposium on Monitoring and Evaluation at our 23rd Annual Scientific Sessions.

We wish to express our appreciation for the support extended (Including technical support) in organizing this symposium by:

- Presenting four (4) oral presentations including two (2) on best practices.
- Presenting four (4) posters along with the best practices for dissemination.
- Support extended in disseminating Regional Best Practices on M&E.
- Co-chairing the symposium.
- Participating in the pre-congress and conference.

Overall, this symposium was very useful and helped in disseminating Sri Lanka Best Practices on M&E based on NSACP experiences and Regional Best Practices on M&E.
We wish to acknowledge the support extended by VHS-CDC in printing and supplying the following products / resource materials for complementing the conference and supporting the symposium efforts:

- Abstract book – proceedings : 175 copies
- Program posters : 110 copies
- Printing of dockets : 175
- Handouts: 175
- "Pen-drives" for providing resource materials including Best Practices: 150

We appreciate your timely and systematic support on the above.

We also acknowledge the lunch sponsored for 150 participants on the day one of the conference (5th Oct' 2018) at the Galle Face Hotel, Colombo.

We already shared soft copies of photos taken during the conference. Further, as agreed, we have provided free registration for three (3) NSACP officials and three (3) VHS-CDC officials for participation in the conference.

As requested by NSACP and VHS-CDC, we have included the Best Practices document and all the oral presentations of symposium on M&E best practices in the pen-drive and shared with all the participants.

We greatly acknowledge the support extended by VHS-CDC project; technical support and strategic guidance extended in conducting the symposium by Dr. Joseph D Williams, Director Projects and Dr. T. Ilanchezhian, Senior Technical Advisor in planning and in the entire execution of the symposium. Further, we acknowledge the support extended by Dr. K A M Ariyaratne, Consultant-Venereologist and Coordinator-SIMU, NSACP for his systematic efforts in facilitating partnerships, coordination of the symposium and guidance extended.

We acknowledge the oral presenters; Dr. Ariyaratne, Dr. Williams, Dr. Beneragama, Dr. Yujwal and the Co-chair Dr. T. Ilanchezhian and poster presenters. We wish to acknowledge the logistics support extended in printing and sharing materials by Mr. Sathyaraju, Associate Manager-Finance and the VHS-CDC team. Also thank Ms. T. Sudha, Senior Program Associate for her support in coordination of the same.

Kindly convey our sincere thanks for the great support extended by CDC through The Voluntary Health Services (VHS) in disseminating Best Practices.

Finally, we acknowledge the support extended in making the symposium as meaningful and contributing for the success of the conference. We wish to maintain this partnership and continue to work with you in future.

Thank you,

Dr D.O.C. de Alwis

President - SLCoSHH

CC to:

Dr. Ariyaratne, Consultant-Venereologist and Coordinator-SIMU, NSACP
Dr. T. Ilanchezhian, Senior Technical Advisor, VHS-CDC Project
Mr. Sathyaraju, Associate Manager-Finance, VHS-CDC Project

Annexure 1: Scanned copy of the attendance sheet
Annexure 2 – Word document with the names of the participants

Acknowledgement letter for the technical collaboration on Symposium on M&E Best Practices

### b)   International level dissemination

On the request of SIMU-NSACP and considering the overall project priorities, VHS-CDC Project with the support of CDC has extended support for SIMU Coordinator for participation in the international conferences/ meets and facilitated for sharing Sri Lanka experiences with other countries and learn other country experiences such as: Australasian sexual health and HIV/AIDS conference; Chennai ART Symposium – CART 2018; and International Training on DHIS2 (District Health Information Software 2) Design and Customization Academy.

c)   Products uploaded in NSACP website for dissemination

VHS-CDC Project has shared the products developed through the project initiatives on TA to NSACP on SI. SIMU and NSACP appreciated the efforts and uploaded all the products in the NSACP website for dissemination at national and international level.

The same is available in:

https://www.aidscontrol.gov.lk/index.php?option=com_content&view=article&id=19&Itemid=139&lang=en#cdc-vhs-project-documents
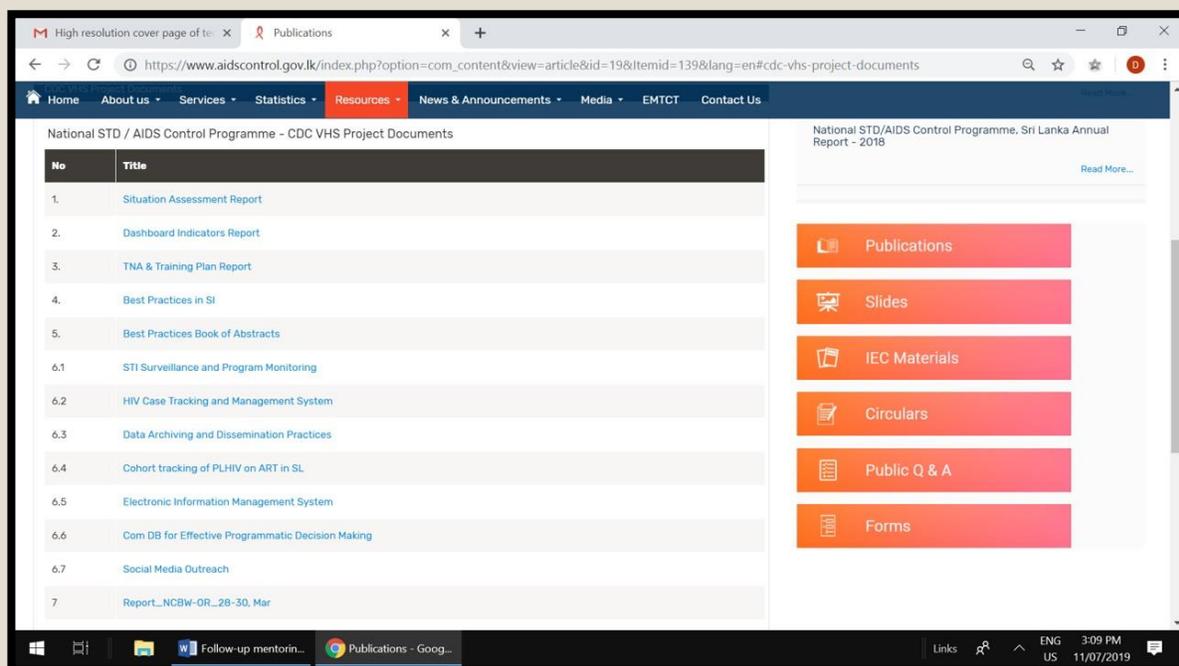
Products of VHS-CDC Project uploaded in NSACP website - screenshot of the web page

4.3.3. Overall key highlights/ outputs in Documentation and Dissemination

Documentation and Dissemination
- **Provided TA and contributed for:**
    - **Documentation of existing and emerging best practices in SI under NSACP (7 best practices).**
    - **Brought out best practices series publications on best practices in SI under NSACP (7 separate publications).**
    - **Strategic support for development of 18 abstracts including 7 abstracts on best practices.**
- **Provided TA and documented the Regional Best Practices on South East Asia in the context of Sri Lanka and disseminated.**
- **Provided TA and conducted symposium on best practices in SI and facilitated in dissemination of best practices through oral and e-posters by NSACP.**
- **Provided TA and support for presenting the best practices on SI in two international forums and facilitated dissemination at international level.**
- **Documented and contributed for development of 16 products including 6 technical reports, 8 training reports and 2 resource books which will be of permanent reference materials and provided to the libraries.**
- **NSACP has adapted all the products and uploaded the products in NSACP website for dissemination with ownership.**

CHAPTER V: OVERALL KEY HIGHLIGHTS - SUMMARY

5.1. Capacity Building

- Capacitated:
    - 29 officials on Operational Research.
    - 17 officials on Scientific Writing.
    - 95 officials on Data Management.
    - 7 officials on DHIS 2.
    - 77 officials on transition from paper-based to EIMS
- Facilitated exposure visit for 15 officials.
- Developed Resource Books on Data Management and Operational Research.
- Developed 8 training reports and shared.
- Formed 8 e-groups and facilitated in sharing resource materials and follow-up.
- Conducted 3 follow-up meetings with the trained team for experience sharing and technical guidance.
- Developed 6 proposals by forming 6 teams for undertaking Operational Researches.
- Facilitated in developing 11 abstracts during the training on Scientific Writing.
- Capacitated 34 STD clinics available in the entire country on enhancing SI systems.
- Overall capacitated 225 officials/ STD clinic team through 8 training programs.
- Overall conducted 27 days of the training program covering the respective components.

5.2. System Strengthening

- Developed Situational Assessment report of Strategic Information Management System & Strategies and Approaches of Technical Assistance to SI under NSACP.
- Provided TA and brought out a report on Training Needs Assessment and Training Plan for Strategic Information at NSACP - Accelerating Strategic Information Management Capacity (ASIMaC) supported with comprehensive training plan considering the existing and emerging needs, development of ToR for the SI team, mapping of resources on trainers and training institutions, etc.
- Developed technical report on Comprehensive Dashboard Indicators on STD/HIV/AIDS for standardizing the indicators, developing EIMS and use by other stakeholders for developing dashboard on prevention.
- Provided TA and completed Feasibility Assessment Report on development of NSACP Dashboard.
- TA for development of EIMS by sharing India experiences on software development including PALS and IMS for evolving comprehensive EIMS and strategic TA and capacity building of SI team on transitioning from paper-based EIMS for roll-out of EIMS and strengthening reporting.

- Capacitated the SIMU team on DHIS2, contributed for development of DHIS2 in the context of Sri Lanka with local specific indicators and started analyzing the data. As an outcome of the training, one of the trained personnel is emerging as an International Trainer on DHIS2.
- Provided strategic TA in reviewing the website and provided comprehensive plan for enhancing the NSACP website for integrating social media outreach, dissemination, etc.
- TA for development of draft ToR for all SI reporting team in the context of emerging responsibilities as a part of Training Need Assessment study.

5.3. Documentation and Dissemination

- Provided TA and contributed for:
    - Documentation of existing and emerging best practices in SI under NSACP (7 best practices).
    - Brought out best practices series publications on best practices in SI under NSACP (7 separate publications).
    - Strategic support for development of 18 abstracts including 7 abstracts on best practices.
- Provided TA and documented the Regional Best Practices on South East Asia in the context of Sri Lanka and disseminated.
- Provided TA and conducted symposium on best practices in SI and facilitated in dissemination of best practices through oral and e-posters by NSACP.
- Provided TA and support for presenting the best practices on SI in two international forums and facilitated dissemination at international level.
- Documented and contributed for development of 16 products including 6 technical reports, 8 training reports and 2 resource books which will be of permanent reference materials and provided to the libraries.
- NSACP has adapted all the products and uploaded the products in NSACP website for dissemination with ownership.

Chapter VI: Feedback, Quotes, Appreciation and acknowledgement from NSACP

6.1. Feedback/ quote by NSACP on the experiences of TA

CDC's strategic TA to SIMU – an experience

Strategic Information Management Unit (SIMU) of the National STD/AIDS Control Programme (NSACP) and is very happy and proud to be part of the Technical Cooperation Initiative and gained support from technical and financial support from CDC/DGHT-India through its implementing partner VHS-CDC Project. This technical collaborative initiative has been undertaken through signing of Letter of Intent between CDC and MoH, Govt. of Sri Lanka. The CDC and VHS-CDC Project has provided strategic Technical Assistance on capacity building initiatives, system strengthening, documentation and dissemination for further enhancing SI systems in NSACP.

Key strategic support extended on capacity building included: evidence-based training plan based on the training needs, capacitated the SIMU and District STD Clinic team on operational research, data management, scientific writing, DHIS2 and on EIMS. This capacity building has contributed for enhancing the quality of data management, timely reporting, analysis of data and use of data for programmatic decision making at national and peripheral levels. The capacity building efforts were very strategic, technical, professional, methodological and in the context of Sri Lanka and participant needs.

Strategic Technical Assistance provided on System Strengthening included but not limited to: situational assessment study, development of technical report on comprehensive dashboard indicators on STD/HIV, feasibility assessment study for development of NSACP dashboard, timely technical support in capacity building of the entire Strategic Information Management team in the country for roll-out of EIMS for moving from paper-based to EIMS and other supports.

In addition to the professional Technical Assistance extended on capacity building and system strengthening, this collaboration has also contributed for further enhancing systems and skills on documentation of best practices, development of abstracts, dissemination of best practices through conferences and websites at national and international level, etc.

In the areas of documentation, VHS-CDC project and CDC enhanced needful knowledge and skills including in-country expertise for identifying and documentation of best practices, dissemination at national and international levels, inculcating the systems for abstract development, development of posters, use of infographics in presentation of data and many more.

Some of the key contributes of the technical collaboration with the support of CDC and VHS-CDC included:

- Contributions for enhancing the quality of data in reporting which has contributed for successful completion of the WHO validation process for elimination of mother to child transmission of (EMTCT) of HIV and syphilis infections as the 4th country in Asia.
- Development of EIMS with the sharing from India experiences, integration of indicators and capacity building of SI team for timely roll-out and transitioning from paper-based EIMS.
- Capacitated SIMU team on DHIS2 and contributed for development of customized DHIS2 and use of DHIS2 for data collection and report generation.
- Established groundworks for development of dashboard by completing the comprehensive HIV/AIDS dashboard indicators, feasibility assessment study for development of dashboard indicators, etc.
- Also, contributed for inculcating scientific writing, abstract development, documenting best practices, undertaking operational research and dissemination.
- The support in conducting atraining needs assessment & development of training plan was useful in integrating capacity building systems as a part of TA to NSACP.
- Data management training has contributed for introduction of regular data quality assessment, system for checking quality of STD/ART quarterly returns and HIV cohort data. This training with team approach has also contributed for bringing about improvements in data management at clinic level.

"Overall, the structured and well-coordinated activities undertaken through VHS-CDC project has contributed to strengthening of Strategic Information (SI) systems and promoting effective use of data for programmatic decision making under NSACP."

This technical collaboration/ partnership has contributed for achieving the desired objectives and strengthening SI systems in the entire country. This TA provided by CDC and VHS-CDC project will also contribute for achieving the ending AIDS by 2025.

We are confident of continuing & sustaining with integration & systematic follow-up.

Overall, the entire SI team in the country has been capacitated and contributed for quality, complete and timely reporting along with data analysis at facility level, provincial level and at national level for overcoming field level/ programmatic challenges and undertaking programmatic decisions.

This technical collaboration initiative was very much contributory through systematic, strategic, supportive, professional relationship with the principle of working with NSACP

On behalf of Ministry of Health, NSACP and SIMU, we thank and acknowledge the generous technical and financial support of CDC/DGHT-India, PEPFAR and VHS-CDC project in providing Technical Assistance to NSACP.

- Dr Ariyaratne Manathunge | Coordinator-SIM Unit, NSACP
7th December 2019

6.2. Case study

Case Study 1: Enhanced professionalism for efficient SI systems and promoting effective use of data for programmatic decisions

I am Dr S Muraliharan, working as a Medical Officer/ Planning at SIM Unit since 2017 and my core responsibilities at SUM Unit will include: EIMS Coordinator; development of annual plan; collecting data from STD clinics; compiling analysis of data; computation, consolidation & cohort analysis of data; reporting to UNAIDS; contributions for development of annual report/ sharing for dissemination; partly contributing for updating the data in coordination with ICT officer; etc.

Earlier I have joined in 2009 in Government service and served in various categories as District Tuberculosis Control Officer, Medical Officer of Health, Medical Officer of Maternal and Child Health, Regional Epidemiologist, etc.

I am closely associated with this technical collaboration initiatives during the entire process. I have gained knowledge and skills through capacity building in the areas of DHIS2, Scientific Writing, Operational Research and Data Management. Overall, this training enhanced my motivation, knowledge and skills to perform efficiently my job responsibilities, introduced new systems, enhance quality and emerging as a in-country expert for conducting similar trainings as per requirements.

Sharing strategic inputs for development of EIMS and timely roll-out of EIMS: I am serving as a Coordinator for EIMS. The support extended by VHS-CDC project through experience sharing on PALS and IMS, development of dashboard indicators, exposure visit to STD clinics and ART centers, has contributed for development of comprehensive EIMS instead of patient record system. VHS-CDC project has also strategically contributed in capacity building of all the SI team in the entire country on use of EIMS which is helpful in timely roll-out of EIMS in the entire country and moving from paper-based to EIMS. Based on these experiences, SIMU-NSACP initiated for planning for development of EIMS for STD/HIV prevention.

Some of the other specific benefits received and contributed will include:

- *Developed skill in abstract development and dissemination:* Based on the Scientific Writing workshop attended, developed abstract on "Is Sri Lanka ready for Elimination of Mother to Child Transmission of HIV and Syphilis?" and presented the same in International Medical Conference in India in association with The Tamil Nadu Dr MGR Medical University, Tamil Nadu Medical Council and other organizations. The skill on abstract development and presentation developed through the capacity of VHS-CDC project and CDC/DGHT-India.

- *Enhanced quality through Data Management training:* Training on data management has contributed for uniform understanding in reporting, submission of report in a quality manner, timely submission of report, etc. This has also contributed for reducing errors in quality returns. The peripheral STD clinics started analyzing the data and strengthening the programs. SIMU has also introduced systems on analyzing the data and providing feedback to the STD clinics for improving data.

- ***Elimination of EMTCT:*** NSACP has contributed for development of proposal/ format covering four domains such as: HIV treatment and care, laboratory, human rights and data management. SIMU team has contributed for development of domain on data management. The SIMU has contributed effectively in presentation of data based on the training on data management provided by VHS-CDC project. This has contributed for preparation of data, submission of analytical data, ensured field level data, acceptability of data, etc. Also, we were able to present the EMTCT data in an analytical manner by using infographics to WHO for validation. The contributions of data management has helped in enhancing data system, presenting data and achieving the validation certificate for EMTCT.
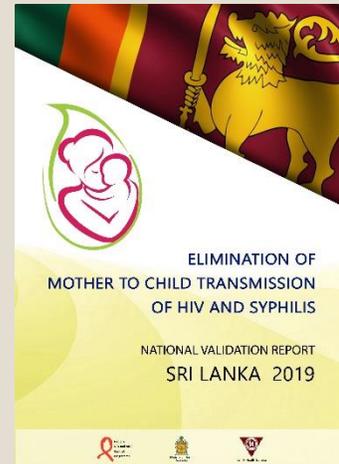
- ***Introduction and use of DHIS2:*** DHIS2 is one of the data analysis tool for EIMS. This has been integrated and installed as a part of EIMS. The entire SIMU team including me was trained on DHIS2. This has helped in development of customized DHIS2 for the country and started using data analysis for making dashboard. The comprehensive system on DHIS2 usage will be in place during 2nd quarter of 2020. Myself and Dr Lahiru jointly handled the DHIS2 analysis. Efficient management of DHIS2 is in place with the support of VHS-CDC project and CDC through the training imparted.

SIMU will integrate the review system as a part of bi-annual and annual STD review meetings being conducted at NSACP level. Implementation of EIMS, data analysis and dissemination related aspects will be integrated as a part of National Strategic Plan for revision in 2022.

Overall, VHS-CDC project and CDC enabled me to gain needful knowledge and skills for efficient performance of job responsibilities and contributing for the system strengthening of SI at national level.

Thanks to NSACP, SIMU, VHS-CDC project and CDC/DGHT-India for the strategic technical support on SI and contributions made.

- Dr S Muraliharan, Medical Officer/ Planning, SIMU-NSACP.
7th December 2019

Case Study 2: Developed DHIS2 for SIMU, mainstreaming DHIS2 with Ministry of Health and emerging as International Trainer

I am working with SIMU as a Medical Officer/ Medical Informatics and contributing for enhancing technology enabled system at SIMU-NSACP. I had a privilege of undergoing International Training on DHIS 2 (District Health Information Software 2) Design and Customization Academy conducted by University of Oslo and HISP Tanzania at Tanzania with the support of VHS-CDC project and CDC. This training was very useful. As a follow-up of this training, we have undertaken efforts to develop DHIS2 software in the context of Sri Lanka by integrating required indicators.

Based on the contributions made in the training program, achievement demonstrated during the training program and considering the introduction of DHIS2 software as a follow-up of the training, the training institution University of Oslo and HISP Tanzania has identified me as an international trainer and designated me as a nodal officer for conducting similar training in Sri Lanka.

I have shared the experiences on DHIS2 with Ministry of Health, Govt. of Sri Lanka. Based on this, MoH has agreed and firmed up for conducting training on DHIS2 for health ministry officials in collaboration with University of Oslo and HISP Tanzania.

On completion of this training, as a facilitator, I will be elevated and recognized as an international trainer for conducting training on DHIS2 in any of the countries.

I have contributed for DHIS2 development, use of DHIS2, sharing experiences and mainstreaming DHIS2 for use by MoH, facilitating for capacitating MoH officials to get trained on DHIS2 and emerging as an international trainer.

> *Thanks to VHS-CDC project, CDC/DGHT-India and NSACP for the great opportunity provided to emerge as a trainer and introduce DHIS system in SIMU and beyond SIMU including in MoH, Govt. of Sri Lanka.*

Dr Lahiru Rajakaruna, Medical Officer/ Medical Informatics, SIMU-NSACP
7th December 2019

6.3. Appreciation from NSACP

Dr. Ilanchezhian Thangaraj <dric@vhsprojects.org>

Good news on WHO EMTCT validation certification !
2 messages

ariyaratne manathunge <ariyaratne1@gmail.com>   Wed, Nov 27, 2019 at 3:44 PM
To: "Dr. Ilanchezhian Thangaraj" <dric@vhsprojects.org>, Joseph Williams <williams@vhsprojects.org>, Sathyaraj Sivaraj <sathya@vhsprojects.org>, Kamalakar Bysani <kamalakar@vhsprojects.org>, Sudha Arun Kumar <sudha@vhsprojects.org>, Yujwal Raj Pinnamaneni <yujwalraj@gmail.com>, "Sivalenka, Srilatha (CDC/CGH/DGHA)" <hno5@cdc.gov>
Cc: Muraliharan Dr NSACP <vmsmurali@yahoo.com>, Mr Lakshan Fernando - NSACP <lakshanlsf@gmail.com>, Chandrani Rajakaruna <jayanaka123@gmail.com>, Chandima Nimali Perera SIM Unit <pereranimali12@gmail.com>, Lahiru Rajakaruna <lahirurajakaruna@gmail.com>, "lilanirajapaksa2@gmail.com" <lilanirajapaksa2@gmail.com>, Dr Rasanjali Hettiarachchi Director/NSACP <hrasanjalee@yahoo.com>

Dear all,
Happy to inform you that today WHO officially informed us that Global Validation Committee has given Sri Lanka the validation certification as a country that has eliminated of mother to child transmission of HIV and syphilis.
Data management is one of the four important domains of this validation process. Thank you for your support to improve our data management capacity in our STD clinics.

Best Regards,

Ariyaratne

=====================================
Dr Ariyaratne K.A. Manathunge MBBS, MSc, MD
Consultant Venereologist | Coordinator Strategic Information
National STD/AIDS Control Programme,
29, De Saram Place, Colombo 10,
Sri Lanka.

Appreciation from NSACP for the support in training the Health Staff for the successful completion in the evaluation of the EMTCT program

Telephone | 011 2667029 / 011 2667163

Director | 011 2695183

Office | 011 2696433

Fax | 011 5336873

Email: dnsacpmohsrilanka@gmail.com / info@aidscontrol.gov.lk
Web: www.aidscontrol.gov.lk

ජාතික ලිංගාශ්‍රිත රෝග හා ඒඩ්ස් මර්දන වැඩසටහන
தேசிய பாலியல் நோய்/எயிட்ஸ் தடுப்பு வேலைத்திட்டம்
National STD/AIDS Control Programme

29 ද සේරම් පෙදෙස කොළඹ 10 (ශ්‍රී ලංකාව)
29 டி சேரம் இடம், கொழும்பு 10, இலங்கை
29 De Saram Place, Colombo 10, Sri Lanka

My No: VHS/Ext./2019/2

Your No:

Date: 18/9/2019

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

Dear Dr Williams,

Re: Invitation to the Sub-Committee on Strategic Information as a Special Visiting Member.

Thank you for extending Technical Assistance on Strategic Information for SIMU through VHS-CDC Project with the support of CDC and working closely with SIMU team and NSACP.

We wish to inform that, NSACP has been convening a Strategic Information subcommittee of the National AIDS Committee for guiding and coordinating matters relevant to Strategic Information management of HIV epidemic in the country. This Sub-Committee meets once in three months for evolving guidance, ensuring coordination, identifying & evolving plans for overcoming the gaps/ challenges and strengthening Strategic Information system by ensuring coordination with all the program units in NSACP for achieving the HIV/AIDS agenda and goals.

We are happy to inform you that, NSACP has selected and inviting the following officials to serve as a special invitee/member in the Sub-Committee on Strategic Information, National STD/AIDS Control Programme (NSACP), Ministry of Health, Nutrition and Indigenous Medicine, Govt. of Sri Lanka:

- Dr Joseph D Williams, Director Projects, VHS, Chennai/INDIA.
- Dr T Ilanchezhian, Senior Technical Advisor, VHS-CDC Project, Chennai/INDIA.

This membership in the Sub-Committee on Strategic Information will be of much useful in evolving comprehensive plan to continue to provide strategic TA for further strengthening the Strategic Information system, facilitate in sharing Regional Best Practices in the context of Sri Lanka and providing sustained follow-up TA initiatives in coordination with SIMU team. We wish to inform that a letter of Invitation for the Sub-Committees will be sent separately along with the agenda.

We request to accept this special invitation membership and contribute for achieving the overall Terms of Reference of Sub-Committee on Strategic Information of NSACP.

With regards,

Director/Programme Manager
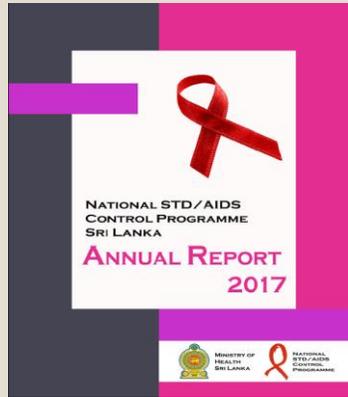National STD/AIDS Control Programme
Dr Rasanjalee Hettiarachchi 29, De Saram Place,
Director, National STD/AIDS Control Programme (NSACP),
Sri Lanka.

CC to:
- Dr Ariyaratne Manathunge, Consultant-Venereologist & Coordinator-SIMU, NSACP
- Dr T Ilanchezhian, Senior Technical Advisor, VHS-CDC Project

Invitation for VHS-CDC project team as a member in sub-committee on Strategic Information - NSACP

දුරකථන අංක:
தொலைபேசி
Telephone   011 2667029
011 2667163

අධ්‍යක්ෂ
அத்தியட்சர்
Director   011 2695183

කාර්යාලය
காரியாலயம்
Office   011 2696433

ෆැක්ස්
பக்ஸ்
Fax   011 5336873

Email: dnsacpmohsrilanka@gmail.com
info@aidscontrol.gov.lk
Web: www.aidscontrol.gov.lk

ජාතික ලිංගාශ්‍රිත රෝග හා ඒඩ්ස් මර්දන වැඩසටහන
தேசிய பாலியல் நோய்/எயிட்ஸ் தடுப்பு வேலைத்திட்டம்
National STD/AIDS Control Programme

29 ද සේරම් පෙදෙස කොළඹ 10 (ශ්‍රී ලංකාව)
29 டி சேரம் இடம், கொழும்பு 10, இலங்கை
29 De Saram Place, Colombo 10, Sri Lanka

මගේ අංකය:
எனது இல:
My No: VHS/Ext./2019/2

ඔබේ අංකය:
உமது இல:
Your No:

දිනය:
திகதி:
Date: 18/9/2019

Dr Joseph D Williams,
Director Projects,
The Voluntary Health Services,
Chennai – 600 113.

Dear Sir,

Sub.: Technical Assistance on Strategic Information for SIMU-NSACP – Appreciation for the Technical Assistance provided and contributions – reg.

In continuation of the Letter of Intent (LoI) signed between Centers for Disease Control and Prevention (CDC/DGHT-India) and Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka, CDC's Cooperative Implementing Partner - The Voluntary Health Services (VHS-CDC Project) with the support of CDC/DGHT-India is providing Technical Assistance (TA) to National STD/AIDS Control Programme (NSACP) on Strategic Information (SI). This cross-national collaboration between India and Sri Lanka is to facilitate mutual learning, knowledge sharing and co-creation of innovative approaches. As part of this technical cooperation initiatives, VHS-CDC Project is providing TA on capacity building, system strengthening and documentation & dissemination by adopting strategic approaches in consultation, coordination and partnership with SIMU team and NSACP by ensuring professional relationship.

We wish to mention that, this inter-country technical cooperation initiatives are very much valuable & meaningful initiative and contributed for strengthening SI systems. This technical cooperation and technical assistance initiatives was very much strategic, beneficial and contributed for further strengthening strategic information in the country.

We wish to firmly state that, this technical cooperation, technical assistance and support being extended by PEPFAR-CDC and VHS-CDC Project is very much professional, evidence-based, participatory, contributory and supported with best technical expertise at all times. The project team is practiced the system of working with SIMU in the context of Sri Lanka. Overall, the SIMU and NSACP is continue to benefiting through this technical cooperation initiatives. We also acknowledge the strategic technical guidance and support being extended by CDC team during the entire life time of the project.

VHS-CDC Project in partnership with SIMU has accomplished the major activities in accordance with Focused Outcome and Impact Table (FOIT) arrived at and agreed upon. Some of the major activities

accomplished will include but not limited to: undertaking research studies; conducting training programs for SIMU and SI team (Operational Research, Scientific Writing, Data Management and DHIS 2); documentation and dissemination of best practices; sharing regional best practices on SI in the context of Sri Lanka; development of technical report on dashboard; developing plans and systems for development of dashboard; facilitating exposure visits and participation in the conferences; knowledge transfer; and other key initiatives supported with technical guidance, mentoring & follow-up. The TA is being provided by CDC and VHS-CDC Project is also supported with systematic planning, coordination, development of resource materials, guidance, mentoring, documentation, follow-up and consistent efforts, etc.

We wish to inform that, VHS-CDC Project has evolved systematic plans, initiated the activities and the activities are in the process will include: development of dashboard; update M&E plan aligning with National Strategic Plan; development of reports for stakeholders (development of fact sheets/ ready reckoner for policy makers and program managers); training on transition from paper-based to EIMS (for roll-out of EIMS/ TA to Post-EIMS development); process documentation on the expériences of TA to NSACP; and dissemination with SIM Unit/ NSACP and way forward along with follow-up technical assistance on the accomplished activities.

We seek the TA of VHS-CDC Project with the support of CDC on a continuous basis. From our end, SIMU and NSACP will assure our best support during this period and extended period in availing benefits through this technical cooperation initiatives for strengthening systems on SI.

We sincerely acknowledge the financial support and guidance extended by PEPFAR, CDC and the entire CDC team.

We appreciate, acknowledge and thank The Voluntary Health Services (VHS) for leading, providing strategic TA and contributing through this technical cooperation initiatives. Our special thanks to Dr Joseph D Williams, Director Projects, VHS and the entire VHS-CDC Project team for their involvement, contributions and support extended in roll-out of planned activities.

We wish to mention that, overall this technical cooperative initiative is very much contributory and meaningful initiative.

Request to undertake such good initiatives in a continuous manner.

With regards,

Director/Programme Manager
National STD/AIDS Control Programme

Dr Rasanjalee Hettiarachchi, No.29, De Saram Place,
Director, National STD/AIDS Control Programme (NSACP), Colombo-10.
Sri Lanka.

CC to:
- Dr Ariyaratne Manathunge, Consultant-Venereologist & Coordinator-SIMU, NSACP
- Dr T Ilanchezhian, Senior Technical Advisor, VHS-CDC Project

Letter of Appreciation and Acknowledgement on the accomplished and the proposed activities - provided by NSACP in Sep'19

6.4. Acknowledgement for PEPFAR/CDC's support to NSACP on SI

As a part of the LoI signed between CDC and MoH-Sri Lanka, the implementing partner VHS has facilitated the partnership and cooperation with SIMU-NSACP at every stage of the technical assistance initiatives. VHS has adopted the following approaches as a part of coordination, monitoring and management:

- Undertaken *Regular Planning Meetings (RPM)* between VHS-CDC project and SIMU team for sharing the key activities undertaken, status of the activities, plans proposed, support needed and evolving plans to overcome the challenges if any.
- Facilitated *concalls* between CDC, SIMU-NSACP and VHS-CDC project for sharing experiences, understanding the status of the activities, activities proposed, suggestions for effective planning and execution of the planned TA activities, etc.

- Development of *activity plan* including FOIT based activity plan, quarterly/ monthly plans and sharing with SIMU-NSACP and CDC.
- Development of *Monthly Report cum Monthly Plan (MR/MP)* on the key activities undertaken along with monthly plan and submission to CDC as per the pre-requisite and for ensuring coordination.
- Conducting special *Technical Cooperation Coordination Committee (TCCC)* for the purpose understanding the progress, plans, ensuring coordination among the agencies/key stakeholders to accomplish the planned activities, etc., in accordance with the FOIT activity plan.
- VHS-CDC project under the leadership of Principal Investigator has ensured *project level monthly review meeting* on regular basis at project level with entire VHS-CDC team for sharing the key accomplishments and plans, facilitate experience sharing, elicit suggestions from the other team members and evolve systematic and strategic plans for achieving the overall objectives of the partnership initiatives.
- The project has undertaken efforts in *sharing of products* including technical reports, publications, training reports, guidelines, etc., for review, feedback and dissemination.
- The project facilitated in *sharing the minutes* of all the meetings, important concalls, discussions with NSACP for needful review, monitoring and follow-up.
- The *progress report* on CDC support to SI – NSACP has been integrated as a part of annual report for dissemination at NSACP, with Ministry and with other stakeholders at national and international level.

VHS-CDC project has ensured effective communication with all key stakeholders, undertaken consultations, shared activity plans, progress reports, obtain feedbacks for ensuring cordial relationship and successful implementation of the planned TA activities.

Chapter VIII: Products developed through TA initiatives

Products
Process Documentation:
• Approaches, Learnings, Experiences, Recommendations and Triumphs of Technical Assistance to NSACP on Strategic Information [ALERT of TANSI]
Technical Reports:
• Situational Assessment of Strategic Information Management System under NSACP, Sri Lanka & Strategies and Approaches of Technical Assistance to SI under NSACP • Comprehensive Dashboard Indicators on STD/HIV/AIDS • Accelerating Strategic Information Management Capacity (ASIMaC) - Training Needs Assessment and Training Plan for Strategic Information at NSACP • Feasibility Assessment Report on NSACP Dashboard
Best Practices:

• Best Practices in Strategic Information under NSACP – Report
• Best Practices in Strategic Information under NSACP - Book of Abstracts
• Best Practices in Strategic Information under NSACP - Best Practices Series
    o STI Surveillance and Program Monitoring under NSACP - An Indigenously evolved best practice in Strategic Information
    o HIV Case Tracking and Management System under NSACP - Gearing up for End of AIDS
    o Data Archiving and Dissemination Practices under NSACP - A Model for the South East Asia
    o Cohort tracking of PLHIV on ART in Sri Lanka
    o Electronic Information Management System (EIMS) – An effective case & program management tool for HIV/AIDS
    o Comprehensive Dashboard for Effective Programmatic Decision Making
    o Social Media Outreach for NSACP

Resource Books:
• Resource Book on National Capacity Building Workshop on Operational Research in HIV/AIDS • Resource book on Data Management & Analysis of STD/HIV Data
Training Reports:
• Report on National Capacity Building Workshop on Operational Research in HIV/AIDS • Report on National Training on Scientific Writing in HIV/AIDS • Report on International Training on Data Management and Analysis of HIV/AIDS Data • Training report on DHIS 2 (District Health Information Software 2) Design and Customization Academy • Report on Training on Data Management & Analysis of STD/HIV Data for District STD Clinic Staff

- Report on Training on Data Management & Analysis of STD/HIV Data for Consultant-Venereologists & Medical Officers (Batch 1)
- Report on Training on Data Management & Analysis of STD/HIV Data for Consultant-Venereologists & Medical Officers (Batch 2)
- Report on National training on transitioning from paper-based to an Electronic Information Management System (3 batches)

Other Reports:

- Pre-planning visit to Sri Lanka
- Interagency Exploratory visit to Sri Lanka on HIV/AIDS by PEPFAR delegation
- PEPFAR interagency delegation visit to Sri Lanka (Lab System Strengthening)
- CDC Delegation visit to SL (Strategic Information)
- Technical Report on the participation of Australasian sexual health & HIV/AIDS conference and visit to the Clinic 275 of South Australia

CHAPTER IX: KEY CONTRIBUTIONS OF THE PROJECT – AT A GLANCE

9.1. Key Contributions of VHS-CDC Project to Strengthening SI under NSACP

- **Introduction of data quality assessment:** Based on the learnings and technical guidance from VHS-CDC project initiatives, SIM unit has introduced a regular data quality assessment system for checking quality of STD & ART Quarterly Returns and HIV cohort data. This in turn helps SIM unit in smooth & effective monitoring of the programme.
- **EMTCT Validation:** The quality processes adopted in the programme helped in fulfilling the essential process criteria set by WHO for validation of EMTCT. This has led to successful certification of Sri Lanka by WHO for EMTCT.
- **EIMS Development & Roll out:** TA provided under the project supported the development of EIMS at various stages. Especially, the dashboard indicators developed by VHS-CDC project contributed to the visualisation of the analytics and dashboards of EIMS. The project also supported the orientation and training workshops to orient the STD clinic personnel in EIMS modules. All the peripheral staff were given hands-on training on EIMS in multiple batches.
- **Documentation & dissemination of best practices** (existing and emerging) in SI under NSACP helped in systematically consolidating the robust practices and systems of M&E in place under NSACP and boosted the morale of all those involved in it. Besides, it also highlighted the areas where further improvements can be made and enabled SIM unit to take necessary steps.
- The project's support to development, publication and presentation of **abstracts and scientific papers** enabled the SIM unit to disseminate their best practices to a wider scientific community.
- The project has enhanced capacities of the SIMU team on **development of DHIS2 and analysis of data** at national level as a part of EIMS. The SIMU has developed customized DHIS2 and started using data analysis for making dashboard.
- The project contributed for **development of comprehensive dashboard indicators on HIV/AIDS (technical report) and feasibility assessment study** for development of NSACP dashboards along with the plans for execution. The development of dashboard with infographics can be undertaken based on the system generated.
- The **Training Need Assessment and Training Plan study** has contributed for comprehensive training plan development, identification of resources for conducting training programs, etc., for coordinated and integrated capacity building system. This report also has contributed for **development of draft ToR for SI reporting team** in the context of emerging responsibilities for needful adoption and execution.
- The capacity building initiatives has contributed for **development of in-country experts** who will be of permanent resources for conducting training on SI related aspects and on the emerging areas.
- The project has contributed for evolving **plans for enhancing the NSACP website**, **undertaking social media outreach** and shared the same for integration and use.

- The publications, technical reports and other reports developed as a part of technical collaboration initiatives has been **uploaded in the NSACP website and disseminated**.
- The technical assistance provided **value addition to the ongoing GFATM** and other donor supported activities for evolving comprehensive system.
- Overall, the structured and well-coordinated activities undertaken through VHS-CDC project has contributed to strengthening of SI systems and promoting effective use of data for programmatic decision making under NSACP.

CHAPTER X: LEARNINGS, RECOMMENDATIONS, LIMITATIONS and CONCLUSION

10.1. Learnings

Technical collaboration between CDC and MoH, Govt. of Sri Lanka provided great opportunity to benefit, enhance system, strengthening repositories, provided value addition to the other donor funded programs and contributed for overall SI system. Some of the learnings will include but not limited to:

- The technical collaboration contributes for enhancing systems, capacitating the human resources and contribute for newer initiatives with interest.
- This collaborative initiative has provided new insights to identify best practices, facilitate in documenting and disseminating. Also, this process helps in identifying and realizing the inner talents and upscale on the same.
- The equal importance and coordinated efforts for capacity building, system strengthening and documentation & dissemination has provided equal opportunities to strengthen overall SI system.
- Technical assistance contributes for upscaling the program, enhancing quality, introducing innovations, etc. The technical assistance also contribute for effective roll-out of activities planned with various donors.
- This technical collaboration was very timely and contributed for strengthening SI system for continue to sustain low prevalence as a model.
- Learnings from other countries enabled for cross learning and in integrating & adopting newer approaches into the existing system.
- Use of expertise with the understanding on context of Sri Lanka was very much relevant, useful and benefited.
- Development of products and reports will be of permanent in use and such system will be adopted by SIMU in the upcoming events, trainings, etc.
- Systematic multiple approach adopted such as: exploratory visits, inter-agency visits, field visits, interactions, consultations with stakeholders, secondary review and other approaches adopted for identifying the TA needs was very proven and useful. Such approaches may be adopted for evolving similar technical collaborations.
- The communication and coordination between CDC, VHS-CDC Project and NSACP was always very transparent and healthy at all times. Such communication and coordination will be of very much important for inter-country collaborations and ensuring cordial relationship.
- Efforts undertaken to enhance in-country capacity and use of in-country capacity is very much useful than depending upon the other country resources on capacity building.
- Based on these experiences, NSACP is keen on inviting, engaging and benefiting through such collaborative initiatives in future.

10.2. Recommendations

Based on the experiences of working with NSACP, consultations held and suggestions emerged, the following recommendations & follow-up plans may be considered for sustaining & scaling up:

1. Formation of National level Training Coordination Committee (NTCC) for need based training plan, conducting training, ensuring follow-up for the trained personnel, etc.
2. The technical reports and products developed and shared may also be provided to all the libraries/ STD clinics for access for information, reference and follow-up.
3. The SIMU team and other members trained on Scientific Writing may continuously be mentored and motivated for sustaining the skills and contributing for the development of abstracts for dissemination at national and international level.
4. The integration of usefulness of data management training, data analysis practice, how the data was used for programmatic decisions, etc., may be integrated as a part of bi-annual STD clinic review meeting for sustaining, continued follow-up and ensuring integration.
5. SIMU may designate one nodal officer for each theme of training to provide needful follow-up TA, technical update, mentoring, sharing resource cum reading materials, facilitating experiences, etc., by using the existing e-groups developed for each training.
6. Undertake efforts for integrating the key elements of SI in the proposed National Strategic Plan in 2022.
7. Develop systems for use of DHIS2, EIMS data & other study data for continuous dissemination through development of abstracts, scientific papers, posters, presentations and articles in peer reviewed journals for sharing country experiences, best practices, etc., with other countries.
8. The dashboard development on HIV/AIDS (other than prevention) may be undertaken based on the comprehensive dashboard indicators and HIV/AIDS developed and considering the recommendations of the feasibility assessment study conducted on development of dashboard by mobilizing resources from GFATM, WHO, World Bank, UNAIDS and other organizations.
9. The core team involved in providing strategic TA for NSACP may be contacted for further details, technical update, guidance, etc., as and when required.
10. Develop network/ pool of in-country experts on each programmatic area for providing needful technical guidance, conducting trainings and provide other support.
11. Exploring on the possibilities of introducing virtual method or distance learning series for continue to enhance the knowledge and skills of the SI team, facilitate experiences, provide clarifications, etc.
12. The website may be further enhanced and social media outreach plan may be introduced based on the strategic recommendations and plans developed and shared by mobilizing domestic or international resources.
13. Exploring on the possibilities of motivation and recognition for the SI team on best performances, quality reporting, use of data, etc., on annual basis.
14. Introducing hotline or helpline to enable peripheral STD clinics to clarify operational issues on reporting through EIMS (need based).
15. Introducing e-newsletter or blog for facilitating for sharing of best practices, new initiatives, innovative approaches, etc., may be undertaken for introducing cross learning.
16. Continue to strengthen the systems for data analysis and use of program data for programmatic decision making.

10.3. Limitations

- The effectiveness, results or impact of the technical assistance may be assessed over a period only and not immediately.
- The SIMU and District STD Clinic team has necessitated to attend to their ongoing prioritized activities and this has concerned on undertaking follow-up initiatives on agreed follow-up plans.
- The operational research proposals have been developed and the team is equipped and mentored to undertake such studies. However, the process involved in mobilizing resources for the study or due to non-availability of immediate resources has contributed for delay in accomplishing the planned studies.
- The TA on post-EIMS was limited considering the EIMS in place during fourth quarter of 2019.

10.4. Conclusion

Overall this collaboration has contributed for obtaining EMTCT validation certificate, roll-out of EIMS and transitioned from paper-based to electronic based reporting, introduction and use of DHIS2 for data analysis, introduction of Data Quality Audit at all levels, use of data for programmatic decision-making, documenting and disseminating best practices, integration of operational researches, development of training plan, etc., and capacitated the SIMU and SI team in the entire country. VHS-CDC project with the support and technical guidance of CDC has adopted innovative approaches, coordinate with NSACP by ensuring greater engagement of key stakeholders and achieved the desired objectives of technical assistance.

ANNEXURES

1. Key officials and key stakeholders met for identifying the TA needs and evolving technical cooperation
2. List of STD clinics benefited through this TA initiatives
3. FOIT activity plan and outcomes

Annexure I - Key officials and key stakeholders met for identifying the TA needs and evolving technical cooperation

PEPFAR, CDC and VHS-CDC team held discussions with following key officials in the process of identifying TA areas and evolving technical collaboration:

US Embassy to Sri Lanka:
- Mrs Rachna K, acting DCM
- Mr Thomas Bayer, USAID EXO
- Ms Susan Gonzalez, POC for PEPFAR at US Embassy Sri Lanka, USAID Program Office

Ministry of Health, Nutrition & Indigenous Medicine:
- Dr Palitha Maheepala, Director General, Health Services, Ministry of Health, Govt. of SL.

NSACP:
- Dr Sisira Liyanayage, Director / Program Manager
- Dr Ariyaratne Manathunge, Consultant-Venereologist
- Dr Lilani Rajpakse, Consultant-Venereologist
- Dr Jayanthi P Elwitgala, Consultant-Microbiologist
- Dr G Weerasingha, Consultant-Venereologist
- Dr Himali Perera, Consultant-Venereologist & Training Coordinator
- Dr Siriyakanthi Benaragama, Consultant-Epidemiologist

STD Clinic team:
- Dr Dharshini Wijewickrama, Consultant-Venereologist, Teaching Hospital, STD Clinic, Mahamodara.
- Dr. R.G.J.D. Ranatunga, Consultant Venereologist, Ragama STD clinic, Gampaha District.
- Dr. Nalaka Abey gunasekara, Venereologist, STI Clinic, Kalubowila, Colombo District

CSOs involved in HIV/AIDS intervention:
- Saviya Development Foundation (SDF), SSR-MSM & IDU interventions:
    - Mr Thushara Senanayake, Coordinator.
    - Mr Janaka Wijekoon, Project Coordinator.
    - Ms Wasanthi

- Samadhi Community Development Foundation (SCDF), SSR-Beach Boys intervention:
    - M Buddhika Pathirana, Chairman.
    - Dishan Buddhika

- Heart to Heart Lanka (H2H – CBO), SSR-MSM intervention:
    - Mr Umal, Chairman.
    - Ms Bhoomi Harendran.
    - Mr Saman Kumar.
    - Mr. W.A.P. Hemar.
    - Mr M Sivakumaran (Subesh).
    - Mr Sugeeshwara Mohottiarachchi, Admin Officer.

- Community Strengths Development Foundation (CSDF), SR-FSW intervention:
    - Mr Laksmanan, Executive Director.
    - Mr Kanthi, Technical Expert.
    - Mr Sudath.
    - Mr Chandana.

- Sri Lanka Red Cross Society (SLRCS), Kandy branch, SSR-Key Population groups (FSW, MSM, DU) intervention:
    - Mr Nalinda Nagolla, Branch Executive Officer.
    - Ms Manel Wijekoon, PCO (MSM).
    - Ms DT Dilrukshi Ambepidiya, PCO (FSW).

- Organisation for Environment and Child Rights Protection (OECRP) – Intervention among Beach Boys:
    - Mr Indika Fernando, Project Coordinator.
    - Mr Nalin Tissera, Peer Educator.
    - Mr Ranjan Fernando, Peer Educator.

Family Planning Association of Sri Lanka - Principal Recipient (PR) 2 under GFATM:
- Ms Thushara Ranasinhe, Executive Director
- Ms Madusha Dissanayake, Director – Advocacy & HIV/AIDS
- Mr Asitha, Project Manager
- FPA-SL team:
    - Mr N Narayakkara
    - Ms Nadika Fernando pulle
    - Mr Shalinda Wearasinghe
    - Ms Nadeesa Dharmasiri
    - Ms Mahesh Kumara
    - Mr Harsha Dissanayake
    - Ms S V Sepalika
    - Mr Suchitra Suranga
    - Mr Amal Bandara
    - Mr DumindaR ajakaruna

Country Coordinating Mechanism (CCM) - GFATM:
- Dr Mrs Sulochana Yoganathan, Focal Point, CCM
- Members, CCM

Global Fund:
- Gail Stechkley, Global Fund Regional Coordinator for South Asia
- Blanca Gil Antunano, Fund Portfolio Manager, Sri Lanka
- Marta Urrutxi Gallastegi, Public Health and Monitoring & Evaluation Officer, South and East Asia
- Soso Getsadze, Associate Specialist, Procurement and Supply Management, South and East Asia Team
- Adonis Sebolino, Program Officer, South and East Asia
- Dr S Samararkoon, Local Funding Agent

- C Sankara Kumaran, Local Funding Agent
- Dr Tobi Saidel, Consultant

Other organizations:
- Mr Dayanath Ranatunga, Country Manager, UNAIDS, Sri Lanka.
- Prof Vajira H W Dissanayake, President Health Informatics Society of Sri Lanka, University of Colombo.
- Positive Women's Network.

Delegation team:

CDC/DGHt-India: Dr Pauline Harvey, Country Director
Dr Timothy Holtz, Director
Mr David B Nelson, Deputy Director
Mr Daniel Rosen, Strategic Information Branch Chief
Mr Lokesh Upadhyaya, Management and Operations Specialist
Dr Sunita Upadhyaya, Sr. Lab Advisor
Ms Deepika Joshi, Public Health Specialist

USAID   :   Mr Xerses Sidhwa, Health Office Director, USAID/INDIA
Dr Melissa Freeman, Division Head – HIV/AIDS, USAID/INDIA

FHI 360   :   Dr Bitra George, Country Director
Ms Sumita Taneja, Director Programs

VHS-CDC   :   Dr Joseph D Williams, Director Projects
Dr T Ilanchezhian, Technical Expert
Mr K Pramod, Principal Investigator
Ms Sreela Sreedhar, Technical Expert
Dr Yujwal Raj, Consultant

Annexure II - List of STD clinics benefited through this TA initiatives

S. No.	Name of the Clinic	Province
1	Kandy STD Clinic	Central Province
2	Matale STD Clinic	
3	Nuwara Eliya STD Clinic	
4	Ampara STD Clinic	Eastern Province
5	Batticaloa STD Clinic	
6	Kalmunai STD Clinic	
7	Trincomalee STD Clinic	
8	Anuradhapura STD Clinic	North Central Province
9	Polonnaruwa STD Clinic	
10	Chilaw STD Clinic	North Western Province
11	Karunegala STD Clinic	
12	Jaffna STD Clinic	Northern Province
13	Kilinochchi STD Clinic	
14	Mannar STD Clinic	
15	Mullaitivu STD Clinic	
16	Vavuniya STD Clinic	
17	Kegalle STD Clinic	Sabaragamuwa Province
18	Rathnapura STD Clinic	
19	Embilipitiya STD Clinic	
20	Badulla STD Clinic	Uva Province
21	Monaragala STD Clinic	
22	Balapitiya STD Clinic	Southern Province
23	Galle STD Clinic	
24	Hambantota STD Clinic	
25	Matara STD Clinic	
26	Awissawella STD Clinc	Western Province
27	Colombo Central STD Clinic (NSACP)	
28	Gampaha STD Clinic	
29	Kalubowila STD Clinic	
30	Kalutara STD Clinic	
31	Negombo STD Clinic	
32	Ragama STD Clinic	
33	Wathupitiwala STD Clinic	

Source: NSACP Annual Report - 2018

Annexure III - FOIT activity plan and outcomes

#	Activity Description	FY19 Benchmark
1	1. Enhance SIM Unit capacity to utilize electronic and manual program data for decision making 1.1. Build capacity- Building technical capacity regarding M & E concepts, frameworks and system applications; Develop M & E data dashboards which highlight key HIV and STI program information 1.2. Develop operational plans: Document current M & E best practices within and outside Sri Lanka; Update M& E plan to align with 2018-2022 National Strategic Plan (NSP) 1.3. Electronic Information Management System (EIMS): Provide support for EMIS implementation; Post development of EIMS, develop M & E operational plan	1.1. SIM unit team trained; M&E data dashboard developed and in use 1.2. Dissemination of M&E best practices in SL; Updated M&E plan consistent with 2018-22 NSP 1.3. Effective use of EIMS by NSACP; M&E operational plan consistent with new EIMS
2	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 2.2. Develop reports for Stakeholders: Design analytic reports based on SI relevant to stakeholders 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; Training focused on use of social media for data dissemination	2.1. Training needs plan developed; SIM and local unit teams trained 2.2. Analytic reports and infographics designed to meet specific geographic and technical needs of stakeholders 2.3. Enhance features and increase data use on NSACP website; Increased use of NSACP website for data dissemination

#	Activity Description	FY19 Benchmark

3	3. Improve capacity of SIM Unit to conduct and disseminate results of operational research
	
	  3.1. Improve capacity to conduct research
	
	  3.2. Enhance capacity to write abstracts for presentation at international conferences
		
		3.1. Operations research projects planned and initiated
		
		3.2. Scientific writing workshops conducted; mentoring relationships established; Abstracts developed for poster and oral presentations at international conferences: Symposium carried out at SLCOSHHM annual meeting

4	4. Consultation with stakeholders on monitoring and documentation of accomplishments and sustainability plans
	
	  4.1. Monitoring and documentation of accomplishments: At least monthly teleconferences with stakeholders (NSACP, VHS, CDC) to review accomplishments with SIM unit
	
	  4.2. Consultation with stakeholders regarding technical assistance and sustainability planning: At least quarterly review by stakeholders (NSACP, VHS, CDC) to monitor technical assistance provided and facilitated program sustainability planning
		
		3.1. Teleconferences conducted at least monthly
		
		3.2. Reviews conducted at least quarterly