Best Practices in Strategic Information

BEST PRACTICES SERIES 3

**Data Archiving and Dissemination Practices under NSACP
- A Model for the South East Asia**

MINISTRY OF HEALTH SRI LANKA

NATIONAL STD/AIDS CONTROL PROGRAMME

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Best Practices in Strategic Information

Best Practices Series 3

Data Archiving and Dissemination Practices under NSACP
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Foreword

HIV/AIDS response globally has been a fountainhead of innovations and best practices that were evolved to customise the program and match the needs of the epidemic. Last three decades of HIV programming has seen several systems and initiatives that evolved to be called global best practices. A few efforts have been made to systematically document such best practices in HIV/AIDS response so that the lessons learnt from them can benefit the other programs or other areas or countries. These best practices span the entire spectrum of the HIV/AIDS program primarily focussing on prevention and treatment strategies, service delivery, community participation, multi-stakeholder response, financial systems and supply chain. However, there are very limited instances of documenting best practices in Strategic Information Management related to HIV/AIDS.

National STD/AIDS Control Programme of Sri Lanka has evolved robust Strategic Information Management systems over the decades, upon the foundations of the much stronger STD control program in the country. STD surveillance system, HIV case reporting system, HIV cohort tracking system and data dissemination practices are some shining examples of best practices in Strategic Information for HIV/AIDS that NSACP has developed over years. An exercise has been carried out to systematically review such initiatives from the lens of documenting best practices and this publication is an outcome of such an effort. I sincerely hope that this publication will not only highlight the achievements and lessons learnt from the past experiences, but also show us the way forward in further strengthening them.

In preparation of these best practices, we thank Dr Ariyaratne Manathunge, Consultant-Venereologist and Coordinator-SIMU, NSACP for his leadership and coordinating the technical assistance to NSACP as nodal officer for SIMU-NSACP. His strategic guidance in developing and bringing out the best practices document (book on best practices, best practices series and book of abstracts on best practices) covering both existing and emerging is highly appreciable. As a part of this, VHS-CDC Project in partnership with NSACP is bringing out "Best Practices Series" covering one book on each best practice on Strategic Information. In this regard, this book on best practice titled *"Data Archiving and Dissemination Practices under NSACP - A Model for the South East Asia"* has been developed for effective dissemination. We also appreciate the contributions made by SIMU team, all the NSACP senior officials, key stakeholders and peripheral STD clinic team members in developing these best practices.

We appreciate the technical support being extended by VHS-CDC Project with the support of Centers for Disease Control and Prevention (CDC-INDIA) in planning and conducting this study in a participatory manner for introducing evidence based comprehensive capacity building plan for the Strategic Information Management team.

We would like to thank The Voluntary Health Services (Cooperative Agreement Implementing Partner of CDC) for their contribution in bringing out this publication on 'Best Practices in Strategic Information under NSACP' with the review and suggestions from NSACP.

We acknowledge and thank the VHS-CDC Project team for their immense support in ensuring partnerships and continue to provide strategic technical support to NSACP on Strategic Information and serving as instrumental in bringing out this document. We appreciate and acknowledge the technical support extended by VHS-CDC Project and their team in identifying, collecting, documenting and bringing out these best practices. These best practices will be of very much useful for dissemination at national and international level.

We thank United States President's Emergency Plan for AIDS Relief (PEPFAR), Centers for Disease Control and Prevention (CDC/DGHT-India) and their team for their support in this model inter-country initiatives and contribution in evolving a comprehensive TA plan and coordination mechanism. We greatly appreciate and acknowledge PEPFAR and CDC/DGHT-India for their financial and technical support and providing strategic technical assistance. Also thank for the support extended in bringing out this document.

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Acknowledgements

Voluntary Health Services – Centers for Disease Control & Prevention (VHS-CDC) Project is pleased to bring out this special document on 'Best Practices in Strategic Information under National STD/AIDS Control Programme, Sri Lanka'. This is a unique endeavour made in close collaboration with and guidance of Strategic Information Management unit of NSACP to systematically document the best practices in Strategic Information of HIV/AIDS in Sri Lanka. This exercise aimed to look at the existing and emerging SI initiatives from the lens of a best practice assessment and bring out the operational details, historical perspective, lessons learnt, potential for further development and recommendations for action. The methodology adopted and implemented with rigour ensured that it followed the globally recommended approaches while customising it to the context of Sri Lanka's program.

We wish to highly appreciate and acknowledge the leadership, support and guidance being extended by the Director, NSACP, Sri Lanka in the entire process of technical collaboration and bringing out this report.

We sincerely acknowledge and appreciate the critical leadership and guidance provided by Dr Ariyaratne Manathunge, Consultant-Venereologist and Coordinator-SIMU, NSACP, Sri Lanka in planning, execution, providing strategic guidance, sharing experiences and coordination of the entire process of development and finalisation of the document on best practices.

We also acknowledge the contributions of the entire SIM unit of NSACP. Further, we appreciate and thank contributions made by the key stakeholders: senior officials-NSACP, SIMU team, EIMS development team, website development team, consultants-Venereologist from various STD clinics, SI team members working at peripheral STD clinics and all those who has contributed for this documenting the best practices.

We would like to appreciate the strategic guidance and coordination extended by Dr T Ilanchezhian, Senior Technical Advisor, VHS-CDC Project in planning and completion of the entire document and providing needful technical support in bringing out this document by adopting a participatory process.

We acknowledge the contributions of Dr Yujwal Raj, Technical Advisor-SI, VHS-CDC Project for his technical expertise in developing the best practices and contributing in development of this document in a more meaningful manner.

VHS-CDC Project has undertaken efforts to bring out publications in the form of: book on best practices, best practices series and book of abstracts for dissemination by NSACP at national and international level. As a part of this technical cooperation initiatives, VHS-CDC Project in partnership with NSACP has also developed "Best Practices Series" on seven titles as one Best Practice book on each title.

VHS-CDC Project and VHS place on record our sincere thanks and gratitude to Dr Timothy Holtz, Country Director, CDC/DGHT-India for his dynamic leadership and strategic guidance being extended in providing Technical Assistance to NSACP, Ministry of Health, Nutrition & Indigenous Medicine, Govt. of Sri Lanka and Mr Lokesh Upadhyaya, Associate Director for Management and Operations and Ms Srilatha Sivalenka, Public Health Specialist, CDC/DGHT-India and CDC team for their ongoing technical guidance and support in this technical assistance initiative.

We also thank Ms T Sudha, Senior Program Associate, VHS-CDC Project for her support in ensuring communication and coordination.

We trust that, these documents will be of more useful to the readers for understanding the best practices for adoption and replication.

Once again, we acknowledge the support extended by SIMU unit-NSACP, NSACP and CDC in providing technical assistance to NSACP on SI related initiatives.

Dr Joseph D Williams,
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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
DIC	Drop in Centre
EIMS	Electronic Information Management System
EPI	Epidemiology
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, TB and Malaria
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KP	Key Population
LFU	Loss to Follow Up
MSM	Males who have sex with males
NGO	Non-Government Organisation
NRL	National Reference Laboratory
NSACP	National STD/AIDS Control Programme
NSP	National Strategic Plan
PHI	Public Health Inspector
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
SI	Strategic Information
SIMU	Strategic Information Management Unit
SMO	Social Media Outreach
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV/AIDS
VHS	Voluntary Health Services
WHO	World Health Organisation

Data Archiving and Dissemination Practices under NSACP - A Model for the South East Asia

EXECUTIVE SUMMARY

Background: One of the key strengths of National STD/AIDS Control Programme is the strong data archiving, sharing and dissemination practices through a creative, organised & regularly updated website, comprehensive annual report & regular program publications.

Objectives: To systematically analyse, disseminate updated programmatic data to a wider audience at regular intervals and to archive all the past information in an easy-to-access manner

Implementation Highlights: Strategic Information Management unit of NSACP is responsible for the dissemination of program data through website and annual reports. The program data is disseminated through a dynamic, well-designed, constantly updated website that is one of the best in the region, and a highly analytical comprehensive annual report, besides publications from time to time. NSACP captures & shares the longest historical data/information related to STD/HIV/AIDS in the region on its website making it the most resourceful online repository. Data is regularly shared with NSACP program managers for timely programmatic decision making, as well as with GFATM, WHO, UNAIDS for international reporting.

Conclusion & Lessons Learnt: NSACP's transparency and open data policy is worth emulating by many other countries. The reach and impact of these practices can be further strengthened through comprehensive dashboard and strong social media outreach plan.

BACKGROUND AND RATIONALE

One of the key strengths of the National STD/AIDS Control Programme of Sri Lanka is the strong data archiving, sharing and dissemination practices. All the program management data from STD/HIV clinics is received, verified and analysed by Strategic Information Management unit of NSACP on quarterly basis. The reporting process is excel-based and standardised through comprehensive quarterly returns. The analysed data is disseminated through a dynamic, well-designed, constantly updated website that is one of the best in the region, and a highly analytical comprehensive annual report, besides publications from time to time.

Epidemiological data is published through quarterly epi updates. NSACP captures & shares the longest historical data/information related to STD/HIV/AIDS in the region on its website making it the most resourceful online repository. Data is regularly shared with NSACP program managers for timely programmatic decision making, as well as with GFATM, WHO, UNAIDS for international reporting. Thus, it is important to document these practices as one of the best practices under SI.

OBJECTIVES

The data dissemination and archiving practices have been developed by SIM unit of NSACP with the following objectives.

1. To systematically analyse and disseminate updated programmatic data related to service delivery, case tracking, HIV estimations, behavioural and other surveys, guidelines and policies, etc. to wider audience at regular intervals
2. To systematically archive all the old publications, reports, analysis and data through the website of NSACP that acts as an easy-to-access, one-stop-shop resource centre for all information on HIV/AIDS
3. To constantly update and provide the latest perspective on the program to general public, academia and program personnel

EVOLUTION

The current trilingual website of NSACP was developed and launched in 2013. The oldest annual report of STD control program available on NSACP website dates back to 1969. Scan copy of the type-written report is titled 'Administration Report of the Anti VD Campaign, Ceylon, 1969/70'. The report gives a detailed narrative of the problem of STDs at that time, organisation of anti-VD services, preventive and curative activities, laboratory work, surveys and international assistance available for the program. Starting from there, NSACP website provides annual reports/ administration reports of anti-VD campaign at periodic intervals and subsequently annual reports of NSACP for all the recent years. Serious efforts have been made to scan all the old reports and documents and make them available as electronic versions on the website. Similarly, various publications, reports, guidelines and policies relevant to the current program from earlier times have been made available through the website. Any new publication related to the program is immediately hosted on the website for easy access to one and all.
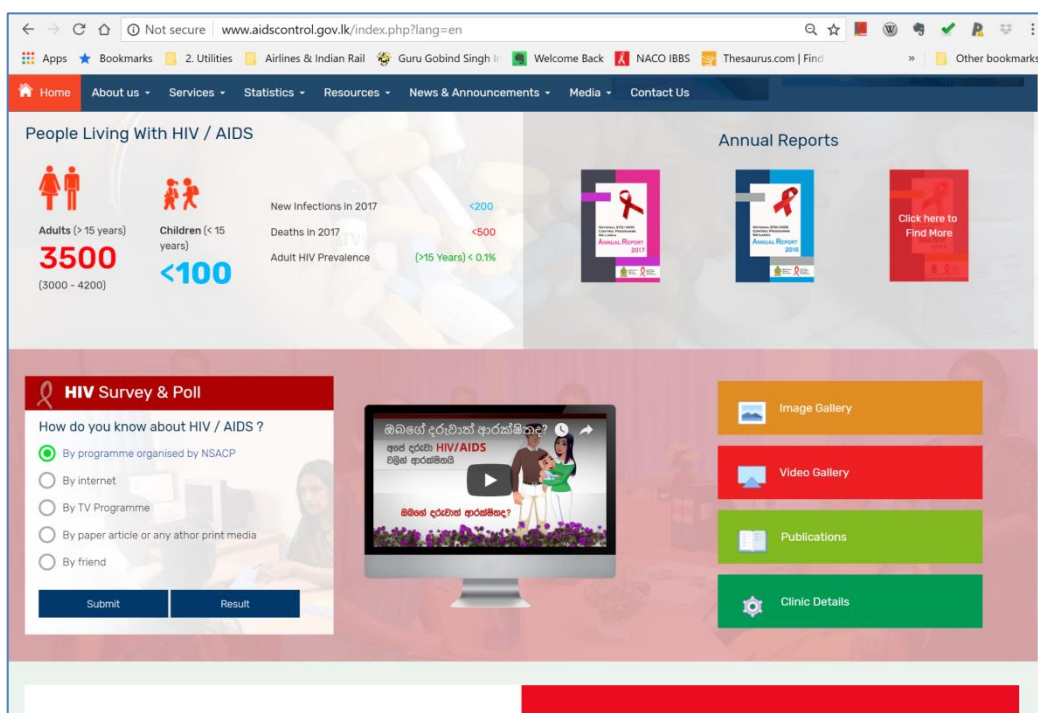

DETAILS OF IMPLEMENTATION

Website of NSACP is the chief repository of information as well as the primary mechanism of dissemination of information on HIV/AIDS. Some of the key features of NSACP Website that make it a best practice are summarised below:

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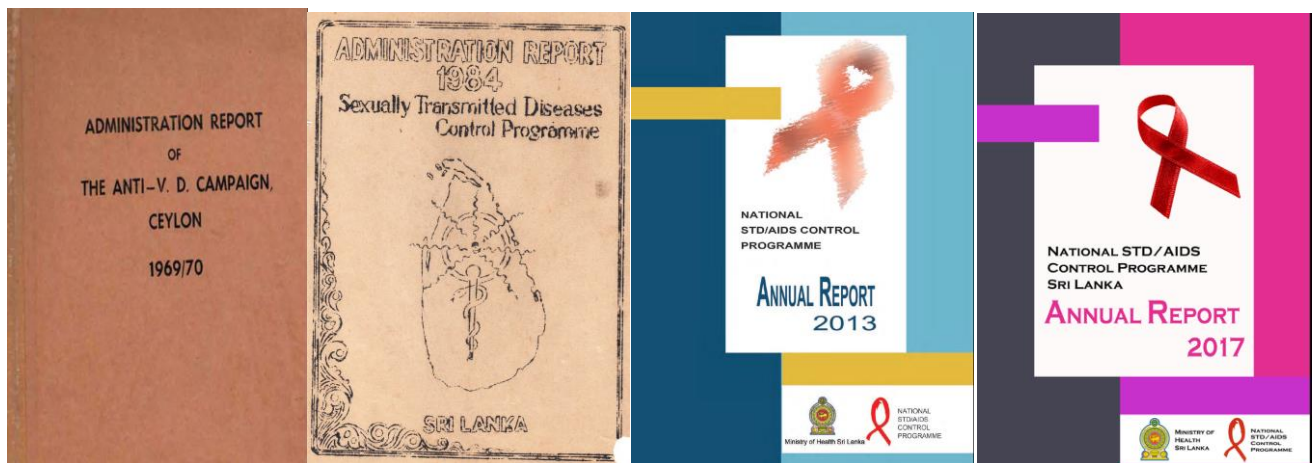
- Downloading Options for Publications, Presentations, IEC materials, Photos etc.
- Incorporated the provision for posting requests and sharing feedback

SIMU is equipped with experienced team in managing the website. Basic technical maintenance is done by a vendor while content management is done by an IT officer posted in SIMU. Currently, the system is using Jhoomla as the content management system. All the content to be uploaded and updated on the website are scrutinised by the SIMU. With the help of the website maintenance agency, the new information is presented in an attractive and useful manner.

Comprehensive and in-depth analysis presented in the annual reports is the second most important data dissemination mechanism adopted by NSACP. Preparation of NSACP Annual Report is completely done by the SIM unit based on detailed analysis of the program data. The report is structured in a way to present every small aspect of the program, capturing the latest available data. An elaborate data verification and quality checks exercise is done before using the data for annual report. Wherever clarifications or corrections are required, they are referred back to the respective peripheral clinic and revised data is updated.

Key data is presented extensively in the form of tables, graphs and maps. This extensive analysis and user-friendly presentation of the data up to the district level is what brings very high value to the annual report. The report is also enriched with several photos showcasing the activities taken up by the program in the previous one year. The annual report also provides the contact details of all the STD clinics in the country for the benefit of general public. Annual reports of several previous years are archived and are made available on the website for wider use.

Capacity building initiatives: While basic orientation is provided to STD/HIV clinic staff on analysis and dissemination of data during the review meetings and supervisory visits, there is an identified need for strong capacity building of the peripheral staff in data analysis, presentation, review and dissemination among the staff as well as to the beneficiaries.

Stakeholder collaboration: Data archiving and dissemination is a centralised function. However, there can be a greater engagement of peripheral STD clinic staff as well as communities at large in the process of development of knowledge products as well as in their dissemination. There is further scope for improvement in the methods of dissemination of annual analysed data, as a reflection of what was achieved in the program and what is required to be done. This sort of reflection involving all the program personnel every year or quarter will go a long way in empowering them, making them take greater ownership and be more accountable to the goals of the program.

Community participation: Direct participation of end beneficiaries in data archiving and dissemination practices is limited. Specific dissemination programs presenting and sharing the program data to the communities of key population, PLHIV, etc. may be introduced and strengthened as a strong mechanism of enhancing community participation and ownership towards the program.

Ethical Soundness: Commitment to protection of privacy, confidentiality and rights of beneficiaries and communities is very high in the program and in all its data dissemination practices. Personal details of the patients or beneficiaries are completely hidden from any form of communication of program data. On the other hand, the website is an empowerment tool for the communities where they can solve their queries, undertake their self risk-assessment and contact any person in the program for seeking guidance.

Institutional support mechanisms: The entire system of website maintenance, development and release of annual report and other publications is managed by the SIM unit of NSACP. The system is thoroughly institutionalised within the program. External institutional support is sometimes solicited for carrying out advanced analysis or in development of certain technical reports. National and international donor support from CDC, WHO, UNAIDS, Global Fund, etc. in the form of technical consultant support is in-sourced for such tasks.

Costing & funding arrangements: The Strategic Information Management component of NSACP is fully funded by the Government of Sri Lanka, including the maintenance of website and publication of annual report. The Global Fund has supported one of the recent rounds of updating and enhancement of website. VHS-CDC Project also aims to support NSACP in further enhancing the website. SIM unit mobilises the support of international donors from time to time to carry out specific advanced analysis as well as for the publication and dissemination of annual report. It is a very cost-effective intervention as the primary investment is in the form of time of personnel involved.

KEY HIGHLIGHTS AND CONTRIBUTION TO THE PROGRAM

1. Regular, systematic, standardised mechanisms for data dissemination and archiving are in place under NSACP, that are rigorously followed and implemented, with constant innovation and updation from time to time.
2. NSACP captures & shares the longest historical data in the region, be it on overall service delivery in the form of annual reports, or epidemiological data through cumulative data tables or HIV surveillance data from the earliest data generation efforts over two decades ago. This provides a rich legacy to the entire program and all the new staff inducted into the program and are currently working take pride in the fact that they are working in a program that has great historical legacy.

3. Dynamic, well-designed, constantly updated website is the hallmark of the program that showcases the historical data in neatly organised archives on one side and the most updated program and epidemic information on the other.

4. Comprehensive Annual Report with in-depth analysis, graphical presentation of trends, detailed portrayal of service delivery and epidemic statistics along with vivid sharing of programmatic activities is the significant feature of NSACPs recent annual reports. This has received wider appreciation from various international experts visiting the country as well.

STAKEHOLDER PERSPECTIVES & EXPERIENCES ON THE BEST PRACTICE

As noted above, the program personnel working at NSACP take pride in the fact that they work in a program that has a rich historical legacy, standardised and delivering well on the stated targets. This perspective is created among the program managers not only by their training and the organisation culture, but also through the strong data and information sharing mechanisms in place under NSACP.

"We can obtain any guideline, format, training material, etc. on our website. We don't need to write to NSACP to send documents from time to time", remarked a consultant Venereologists working at a peripheral STD clinic. *"The richness of our program lies in its strong foundations. Without understanding the roots and evolution of the program, no one can contribute positively to it. Our website provides a good insight into the legacy of our program,"* said the medical officer working at NSACP.

Director, NSACP shared her pleasure in quoting that, *"Many international experts who visited us recently as a part of GFATM or WHO/UNAIDS or CDC delegations have been appreciating our website and our annual report. We feel proud of them and they need to be made better."* *"We make every possible effort to make our website the best and the most updated all the time. We are always open to newer ideas. Similarly, annual report is not just a formal program document, but a lens into the workings of the program for larger public and technical audience. So, we give utmost seriousness to making them error-free, insightful and readable,"* remarked the Coordinator, SIM unit that is responsible for both, website maintenance and annual reports, under NSACP.

LESSONS LEARNT – CONTRIBUTING FACTORS, SCALE UP/ REPLICABILITY, LIMITATIONS & RECOMMENDATIONS

Some of the **key contributory factors** that led to the institutionalisation of the best data dissemination practices under NSACP are as follows.

1. Deep rooted culture of systematic documentation of program data right from the historic times

2. Strong evidence-based approach of the program that requires data to be analysed, presented and shared widely at regular intervals

3. A keen and passionate SIM unit that has a high level of commitment to this function of data dissemination
4. Stable and long-standing leadership at SIM unit of NSACP with a vision for gradual development and betterment of data dissemination practices
5. Greater use of both website and annual report by a wide range of stakeholders, within and outside the program

Some **areas where further improvements** can be brought in with respect to data dissemination practices under NSACP are as follows.

1. Besides the website, formal dissemination meetings may be conducted from time to time for the program personnel up to the peripheral facility level as well as for the communities. This will further enhance collaboration and ownership.
2. Peripheral clinic staff may be provided capacity building in data analysis and dissemination practices.
3. The reach and impact of the website may be enhanced through strategic social media outreach plan.
4. Discussion on specific topics may be added to the website, aimed at scientific community as well as KP/PLHIV communities to enhance their engagement with the program
5. Website is an area of creative development and as such, has always scope for further refinements and improvements. Some of the suggested ideas in which website can be improved further are as below:
   - Specific boxes on the homepage for target audience with a ready list of links to relevant pages of website in one place – General Public; Students; Researchers; Program managers; 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 program personnel
   - Enhance geo-specific information on services, data and feedback

CONCLUSION

NSACP's transparency and open data policy, the importance given to the element of data sharing, seriousness and meticulous care given to minor details to ensure readers' or audience appeal and ease make the data archiving and dissemination practices under NSACP, a best practice in Strategic information. The highlights of the website and annual reports are worth emulating by many other countries. The reach and impact of these practices can be further strengthened through comprehensive dashboard and strong social media outreach plan.

The **Qualitative Best Practice Scorecard** applied to the data archiving and dissemination practices under NSACP is presented below. The area is of high relevance to the program and gives the required visibility to the programmatic efforts and knowledge. Community participation in data dissemination efforts is low. There is scope to improve the stakeholder collaboration in data analysis and sharing, hence rated moderate. Data confidentiality and ethical soundness in the system is high. Replicability in other programs and countries is high as NSACP sets an example in this area. Compared to the value the website and annual report bring to the entire program showcasing it in the best light to the wider audience, the amount of time and efforts spent by the SIM unit can be considered efficient. Effectiveness is high since the system appropriately serves its intended purpose of ensuring wider access to data and information from the program in a user-friendly manner. Sustainability is not an issue in view of the committed resources available both from the government as well as international partner/ donor agencies for this area of data analysis and dissemination.

Qualitative Best Practice Scorecard

Category	Criteria	Rating
Context	Relevance	High
Process	Community Participation	Low
	Stakeholder Collaboration	Moderate
	Ethical Soundness	High
	Replicability	High
Outcomes	Efficiency	High
	Effectiveness	High
	Sustainability	High

KEY HIGHLIGHTS OF THE BEST PRACTICE
➥ **Regular, systematic, standardised**
➥ **Captures & shares the longest historical data in the region**
➥ **Dynamic, well-designed, constantly updated website**
➥ **Comprehensive Annual Report & Quarterly Epi Report**
➥ **Internal program dissemination**