

# Best Practices in Strategic Information

## BEST PRACTICES SERIES 7

### Social Media Outreach for NSACP

*Technical Assistance support 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.**



MINISTRY OF  
HEALTH  
SRI LANKA



NATIONAL  
STD/AIDS  
CONTROL  
PROGRAMME



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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 "*Social Media Outreach for NSACP*" 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.

**Dr Rasanjalee Hettiarachchi,**

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

## 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,**  
Director Projects,  
The Voluntary Health Services (VHS),  
Chennai/INDIA.

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
CSOs	Civil Society Organizations
DHIS 2	District Health Information System 2
EIMS	Electronic Information Management System
EMR	Electronic Medical Record
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, TB and Malaria
HIV	Human Immunodeficiency Virus
ICTA	Information Communication Technology Agency
I-NGOs	International Non-Governmental Organization
KP	Key Population
LIFE	Lanka Interoperability Framework
LFU	Loss to Follow Up
LIMS	Laboratory Information Management System
M & E	Monitoring and Evaluation
MSM	Males who have sex with males
NGO	Non-Government Organization
NSACP	National STD/AIDS Control Programme
NSP	National Strategic Plan
PLHIV	People Living with HIV
PMS	Pharmacy Management System
PMTCT	Prevention of Mother to Child Transmission
SI	Strategic Information
SIMU	Strategic Information Management Unit
SMO	Social Media Outreach
SOP	Standard Operating Procedure
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TA	Technical Assistance
TB	Tuberculosis
TI	Targeted Intervention
UNAIDS	Joint United Nations Program on HIV/AIDS
VHS	Voluntary Health Services
WHO	World Health Organisation



# Social Media Outreach for NSACP

## EXECUTIVE SUMMARY

**Introduction:** Social media is an umbrella term that describes websites and apps that connect people and involve user generated content. Social Media gives us the ability to connect with almost anyone, anywhere at any time. Social Media is an easy and effective way to increase the reach and the impact of our initiatives. Social Media makes more people aware of our services, programs, achievements, best practices, innovations etc.

**Role in NSACP:** The current NSACP website has been identified as a functional best practice with a lot of aspects that are highly user friendly and serve the purpose of wider dissemination of information. However, a need was felt to further enhance its reach, impact and utility for a larger segment of population by integrating it with social media channels. Face Book, Twitter, LinkedIn, Instagram, Pinterest, YouTube, WhatsApp and others have been identified as key social media channels that can be explored for integration.

**Activity Plan:** A social media outreach plan is envisaged considering the possible opportunities to reach out to the audiences at International and National level for continued effective dissemination and update. Developing a social media outreach (SMO) plan includes - Creating social media outreach objectives, Conducting a social media audit, Creating & improving social media accounts, Creating a content outreach plan and a social media content calendar and evaluating and adjusting social media outreach plan. SIM unit of NSACP, with the technical support from VHS-CDC Project, Chennai aims to integrate the existing website with strategically important social media channels and evolve it into a best practice in the area of strategic information.

## INTRODUCTION

Social media is a collection of websites or apps that let people interact with one another by creating and sharing images, text, videos and even GIFs. There are a variety of social media platforms, from Face book, Twitter and WhatsApp to YouTube and LinkedIn.

Social media has completely changed the way a business can reach its customers. From small start-ups with five team members to large corporate with 50,000 employees, companies are using social media to reach and inspire people all over the world. It offers a huge amount of opportunity to really get to know your customers and to build relationships with them. It's an exciting way to share information and promote strategies under social and health sector.

Social media is an umbrella term that describes websites and apps that (1) connect people and (2) involve user generated content. User generated content is the hallmark of a social media site versus a traditional website. This model contrasts with the editorially controlled style of old media. Social media is sometimes called Web 2.0.

Some specific benefits of social media are as follows:

- Social Media gives us the ability to connect with almost anyone, anywhere at any time.
- Social Media is having a huge impact.
- Social Media is a real time communication without any disruption.
- Social Media promotes new partnerships, loyalty by engaging marketing activities
- It is simple, cost effective, and immediate and ensures maximum reach.
- Organisations are using Social Media to reach and inspire people all over the world.
- Using Social Media by small start-up to big companies including CSOs, Government, Donors, key stake holders, Research agencies, Academic Institutions and others
- SM Connect with our targets /audience through online.
- Social Media offers a business the potential to reach millions of people all over the world in a targeted and personalized way.
- It helps to reach new customers quickly.
- Social Media is an easy and effective way to increase the reach and the impact of our initiatives
- Social Media makes more people aware of our services, programs, achievements, best practices, innovations etc.
- Social Media ensures real time communication and allows our products are accessible and available at any time.
- Online community people shares the recommendations, opinions and news about our products, initiatives, best practices etc. This helps in enhancing customer's loyalty and potential dissemination opportunities.

### **ROLE OF SOCIAL MEDIA UNDER NSACP DATA & INFORMATION DISSEMINATION**

The current NSACP website has been identified as a functional best practice with a lot of aspects that are highly user friendly and serve the purpose of wider dissemination of information. NSACP website acts as single point resource centre for any information on HIV/AIDS for a wide range of stakeholders. However, a need was felt to further enhance its reach, impact and utility for a larger segment of population by integrating it with social media channels.

'The National Workshop on Developing Dashboard Indicators & Evolving Plans for Enhancing NSACP Website' was jointly organised by the National STD/AIDS Control Programme (NSACP), Sri Lanka and the Voluntary Health Services, Supported by Centers for Disease Control and Prevention (VHS-CDC Project) at **NSACP Conference Hall**, NSACP, De Seram Place, **Colombo** on **27 Aug 2018**. The idea of integrating NSACP website with various social media channels has been discussed at length at the consultation.

## KEY SOCIAL MEDIA CHANNELS

Face Book, Twitter, LinkedIn, Instagram, Pinterest, YouTube, WhatsApp and others have been identified as key social media channels that can be explored for integration.

## OBJECTIVES

Website can be effectively linked up with various social media channels to

- ✓ Enhance the dissemination of information
- ✓ 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

## TARGET AUDIENCE FOR NSACP SOCIAL MEDIA OUTREACH PLAN

The social media outreach is envisaged considering the possible opportunities to reach out to the following audiences at International and National level for continued effective dissemination and update.

### International Level Audience

- Donors
- UN agencies
- Key stakeholders involved in Health, HIV and other related fields
- TA Agencies
- Training and Academic Institutions
- Research Agencies/Organisations
- Policy influential Groups/Individuals/Organisations
- I-NGOs
- Advocacy and Networking Groups/Organisations
- Research Scholars/Students
- International Libraries/Repositories
- Individual experts, consultants, Professionals, etc

### National Level Audience

- Health and other Ministries
- Policy makers
- Parliamentarians
- Faith leaders
- Provinces and District Authorities
- GFATM and other Supporting Donors
- UN Agencies –based in Sri Lanka

- Embassies
- Technical Assistance agencies
- Academic and Research Institutions
- PR<sub>1</sub> and PR<sub>2</sub> involved in HIV prevention among key and vulnerable population with the support of GFATM
- Reporting units (STD Clinics/ART Centres)
- Private Sectors /Corporate /Hospitals
- Medical associations, Professional Doctors Guild/Forums
- CSOs
- Researchers/Students
- Individuals
- Press and Media
- High Risk Population (not enrolled in TI)

### **DEVELOPING A SOCIAL MEDIA OUTREACH PLAN**

Developing a social media outreach (SMO) plan includes the following.

- ✓ 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

### **PROCESS FOR DEVELOPING SMO**

- ✓ Secondary Review and Presentation of Plan with NSACP/SIMU, Consultation Meeting with NSACP and SIMU Team, Needs Assessments
- ✓ National Level Consultation Meeting
- ✓ Developing Social Media Outreach Strategy & Plan
- ✓ Engaging consultants/Agency for enhancing the site/SMO
- ✓ Consultant/Agency interaction with NSACP/SIMU team (sharing of information required, arriving at plans)
- ✓ Development of Website /Opening Social media Accounts, in consultation and coordination with SIMU team
- ✓ Presentation/Demonstration with SIMU team
- ✓ Pre-testing and obtaining feedback
- ✓ Incorporating the suggestions/feedback and improving
- ✓ Piloting / incorporating suggestions
- ✓ Finalization of Website development/SMO
- ✓ Follow-up TA to SIMU team (both by the consultant / agency and VHS-CDC Project team)

## **CHALLENGES IN SOCIAL MEDIA OUTREACH**

- Proliferation of digital channels. Consumers use multiple digital channels and a variety of devices that use different protocols, specifications and interfaces – and they interact with those devices in different ways and for different purposes.
- Intensifying competition. Digital channels are relatively cheap, compared with traditional media, making them within reach of practically every business of every size. As a result, it's becoming a lot harder to capture consumers' attention.
- Exploding data volumes. Consumers leave behind a huge trail of data in digital channels. It's extremely difficult to get a handle on all that data, as well as find the right data within exploding data volumes that can help you make the right decisions.

## **CONCLUSION**

SIM unit of NSACP, with the technical support from VHS-CDC Project, Chennai aims to integrate the existing website with strategically important social media channels and evolve it into a best practice in the area of strategic information. This emerging best practice may be rolled out over the next year.