Strategic Information Management
Operational plan for NSACP
Sri Lanka

Overview

Sri Lanka is experiencing a low level HIV epidemic. The current HIV prevalence is less than 0.1%. It is reported that 1196 HIV positive cases were are living in Sri Lanka and out of them 202 were initiated on ART. The Govt. of Sri Lanka has developed a National Strategic plan 2007 – 2011 to maintain the low level of the epidemic among both high risk and general population. The National Strategic plan ensures the provision of quality services for better quality of live of the HIV infected individuals.

The National STD/AIDS control program implements the National HIV/AIDS Strategic plan in Sri Lanka.

The goals of the program are

a. To maintain the current low level of HIV prevalence among Most At Risk Populations (MARP) and General population.
b. To improve the quality of the people infected or affected by HIV

The strategic plan has 6 objectives. They are

1. Increased coverage and effectiveness of prevention interventions.
2. Increase coverage and effectiveness of care, support and treatment interventions.
3. Improved generation and use of information for planning and policy development.
4. Increase involvement of relevant sectors and levels of government in the response.
5. More supportive public policy and legal environment for HIV/AIDS control.
6. Improved management and coordination of the response.

The strategic plan has 6 strategies to achieve the objectives in the specified time period.

Strategy 1: Prevention

- Increased scale and quality of comprehensive interventions for MARP: FSW & clients, MSM, (injecting) DU and prisoners.
- Increased scale and coverage of HIV communication interventions for general population and lesser risk populations (youth, migrant workers, etc.)
- Increased quality and coverage of STI services.
- Increased quality and coverage of PPTCT services.
- Increased quality of blood transfusion services.
- Reduced HIV transmission in the healthcare settings.

Strategy 2: Care, treatment and support

- Increased quality and use of VCT services.
- Increased quality and coverage of HIV and AIDS treatment services.
- Increased quality and coverage of home and community based care for PLHIV

Strategy 3: Generating and using strategic information

- National integrated behavioural and biological surveillance (IBBS) implemented, documented and disseminated.
- Formative and operational research implemented, documented and disseminated.
- HIV/AIDS related services monitored, documented and disseminated through national progress reports.

Strategy 4: Multisectoral involvement and decentralization

- Increased engagement and capacity of NGOs in prevention, care and policy development.
- Increased engagement and capacity of key ministries/departments.
- Increased engagement and capacity of local governments (municipal, provincial and district).
- Increased engagement and capacity of the “world of work”.

Strategy 5: Policy development and legislation

- Supportive National HIV/AIDS policy passed.
- Sectoral HIV/AIDS policies developed in accordance with the NAP.
- Compassionate and supportive attitudes improved among lawmakers, advocates, law enforcers etc

Strategy 6: Strengthening national coordination and management capacity

- Increased institutional and human capacity at the NSACP.
- Effective functioning of NSACP coordination mechanisms.
- Increased financial management and procurement capacity NSACP.
- Resource needs monitored and resources mobilized.

Program implementation

National STD/AIDS control programme consists of Colombo main administrative complex including its clinical and laboratory services and around 30 peripheral STD clinics situated in the Island. The following programs are being implemented by the National STD/AIDS control programme. The consultants assigned by the program coordinate various programme areas.

1. Planning and coordination
2. Capacity building and training
3. STD care
4. PMTCT
5. HIV Care and treatment
6. Multisectoral coordination
7. Counselling and testing
8. IEC and condom promotion
9. Laboratory services
10. Strategic information management
    a. Monitoring and evaluation
    b. Surveillance
    c. Research
11. Financial management
12. Administration

National Strategic Information Management plan 2007 – 2011

In order to measure the implementation of the objectives A National Strategic information management plan 2007 – 2011 was developed by the National AIDS Control program

- The strategic information management plan has 19 core indicators and areas where the information for the indicators will be developed. This plan was developed under the light of "Three ones principle"(**One** agreed HIV/AIDS Action frame work, **One** Coordinating Authority and **One** Monitoring and Evaluation System.)
- Built on the existing system
- The data collecting mechanisms, Data flow and usage of data has been clearly tabulated in the report.

The capacity building programs and evaluation of the SIM unit was well mentioned in the document.

HIV/AIDS Programs implemented in Sri Lanka

There are many stakeholders working in Sri Lanka for the control of HIV/AIDS on various activities. The prevention activities among the Most at Risk Population (MARP) are implemented by the civil society organizations, private sector and governmental partners. The clinic related services are provided by the Government institutions.

Information Flow at present

The Strategic Information Management (SIM) Unit of NSACP is managing data and reporting activities of NSACP. The data flow to the unit as follows

- Quarterly returns from the STD clinics
    - STI treatment
    - VCT
    - Outreach
    - Lab return
- MCH information as & when required for reporting
- Blood safety Information received on demand
- HIV/AIDS Surveillance by Epidemiologist
- The information required by the SIM unit for report generation purposes are being obtained from concerned consultants on request.

Gaps in the system

a. The operational plan for the SIM unit has to be prepared. Some of the programs envisaged in the National Strategic plan were not yet fully operationalised.
b. Data flow not clearly outlined or streamlined.
c. STD clinic & ANC data on HIV from DMH is routinely coming to the SIM unit
d. Most of the indicators currently used are UNGASS indicators. No indicators have been identified on process monitoring
e. Relevant indicators still to be adopted by NSACP
f. Dashboard indicators should be created.
g. Standard Formats for many programs were not yet prepared
h. Feedback system was not established.
i. Job descriptions for people working in SIM unit not fully described.
j. Many funding agencies are working in HIV and they are requesting reports independently
k. Manpower and capacity of SIM unit. Only one technical person with relevant expertise is the coordinator for the SIM unit and other two technical persons are temporarily posted. In addition an epidemiologist and one technical person is working in HIV/AIDS surveillance area.
l. The following are the expectations of peripheral STD clinics from the Colombo head quarters of NSACP on M&E area.
    i. Periodic training of staff particularly when new person joins
    ii. Adequate Supervisory visits
    iii. Regular feedback system
    iv. Quarterly reviews to be conducted at National level
m. The following issues of data quality were found
    i. Data quality control to be improved at SIM unit
    ii. Onsite verification of data is not existing

iii. There are no printed registers at the STD clinic level.
iv. When the PHI is on outreach work the registers are filled by the other person who may be an untrained person.

Objectives of the current M & E Plan

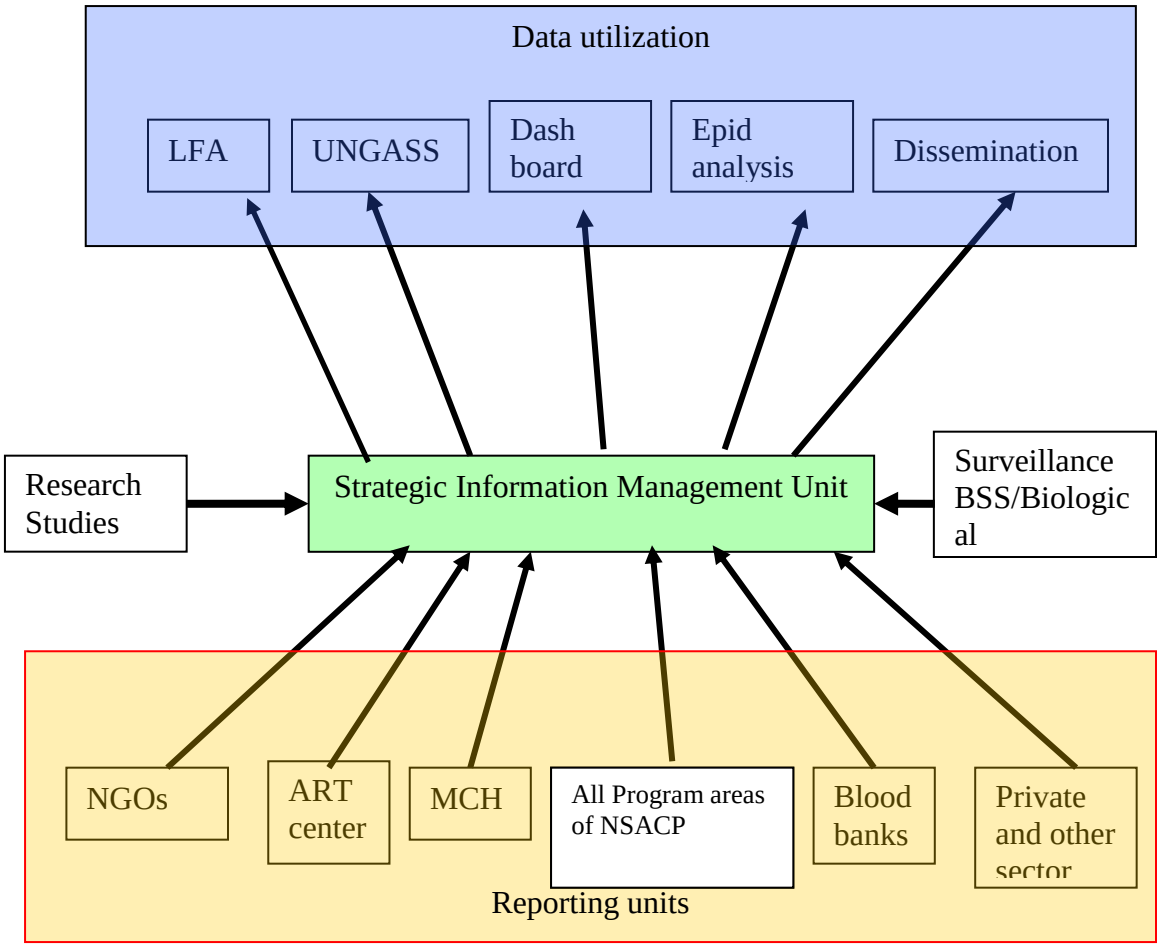
In order to address the above mentioned gaps an operational M&E plan is developed. Some of the essential components of the M & E plan are.

- Having an operational plan
- Accountability
- Data quality
- Feedback system
- Comprehensive indicators
- Capacity building plan

Strategic Information Management Structure

Under “The Three ones” Principle, the Sri Lanka National STD/AIDS Control Programme is the coordinating authority for all the HIV/AIDS related activities in the country. The National Strategic Information Management Plan is the common M&E framework for the country. All the data related to HIV/AIDS activities will be routed through the Strategic Information Management unit of the National STD/AIDS Control Program.

The Reporting system of NSACP has two levels of reporting. First level is the reporting units and the second level is the Strategic Information management unit of NSACP.



At the Central level the SIM unit of the NSACP will be responsible for the following

- Develop and implement the National Strategic Information Management Plan
- Nodal unit for all the information about the HIV and STD related activities in the country
- Provide data for planning and monitoring
- Share the data to the relevant development partners
- Prepare reports for the reporting international requirements such as UNGASS,
- Prepare the periodic reports
- Capacitate and guide the reporting units in the field on collection, validation and analysis of data of their own.
- Coordinate with the reporting units to get quality data and Carry out data quality audits
- Develop and implement the Operation Research with other institutions/ consultants such as client satisfaction, quality of service etc
- Triangulation data at National Level
- Design and Carry out biological and behavioral surveillance
- Design and carry out specific evaluation studies
- Provide feed back to the reporting units on data quality and performance
- Dissemination of data and relevant research funding

At the reporting unit level(STD clinics) the Medical officer/STD are responsible for collecting and sending the reports in the treatment facilities, In the Non Governmental organizations the Project Coordinator and in the other institutions respective head of these institutions are responsible for sending the data.

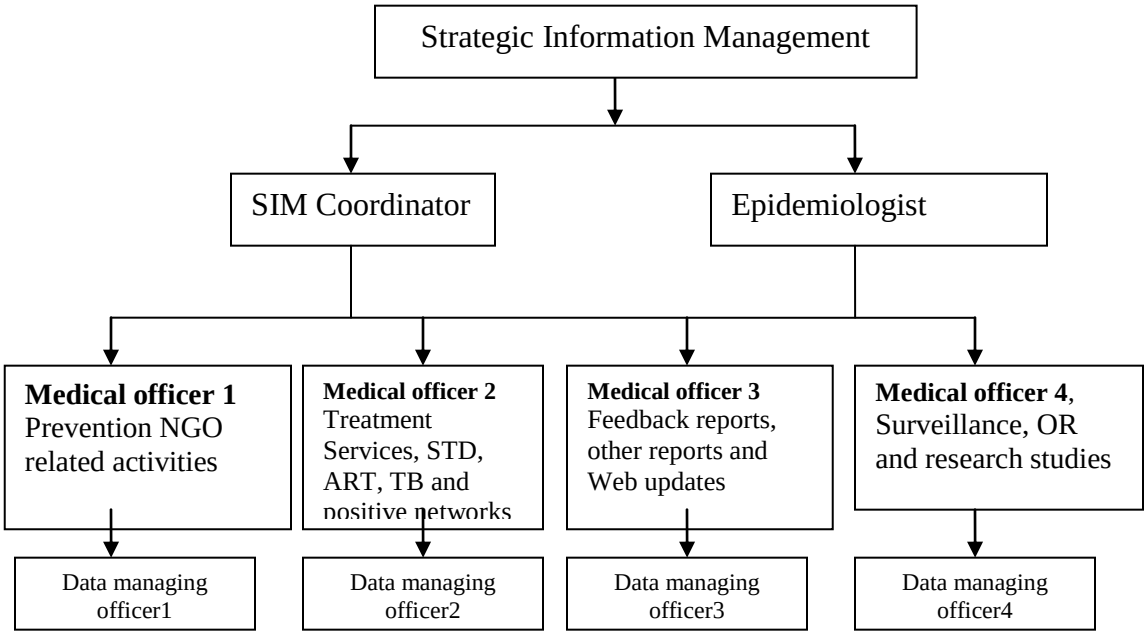
The responsibilities of the reporting units are to

- Record the details of the patients/clients/Services offered in the specified registers in the specified formats
- Maintain the registers
- Submit the registers for periodic quality assessment
- Verify and validate the data and avoid double counting
- Periodic backup of data from the computers if the records are computerized every week /month.
- Prepare and send the reports to SIM unit of NSACP in the specified time frame.
- Analyze the data from the reporting unit (NGO) and submit to area MO/STD

Organizational structure of SIM unit of NSACP

The Strategic Information Management unit is headed by a Coordinator who is the Consultant level officer in the hierarchy of the Health System of Sri Lanka. HIV/AIDS Surveillance area is managed by a consultant Epidemiologist. These two consultant coordinators are supported by 4 assistant coordinators who in the Medical officer rank

Organizational Structure of Strategic Information Management System



These Medical Officers are responsible for

- Report tracking
- Data validation / Quality control /Supervision
- On site verification of data
- Data analysis
- Report generation
- Preparation of dash board report/training
- Organizing review meetings
- Participating review meetings organized by other partners/department/Ministry
- Maintenance of website

Data flow, Review and feedback mechanism

There will be three sources of data will be made available to the Strategic Information Management unit of NASCP. They are

a. Reports from Clinical Units
b. Reports from NGO
c. Reports from other Department and other ministries

a. Reports from the clinical units

The clinical services for are provided by STD clinics established across the country. The services include

i. STD diagnosis and treatment
ii. Laboratory investigations
iii. Voluntary Counseling and testing services
iv. Anti Retroviral Therapy (in Some STD Clinics)
v. Outreach activities, IEC activates
vi. Condom promotion
vii. Training

The Public Health Inspectors will maintain the registers specified by the Strategic Information Management unit. Quarterly reports will be extracted from the registers, which contain all the functions of the STD clinic and submit to the Medical Officer in charge of the STD clinic. The medical officer will conduct the quarterly review meetings to assess the performance of the clinic and quality of the report prepared by the Public Health Inspector. This report will be sent to SIM Unit of NSACP Quarterly.

The preparation of the reports and timely sending the reports to the required unit is the responsibility of the MO/STD in the STD clinics.

All the confidential information such as name and disease status will be under the lock and key. The Public Health Inspector and the Medical Officer in charge are responsible of the confidentiality of the data.

The performance of the clinics will be assessed by the following process indicators

STD clinic

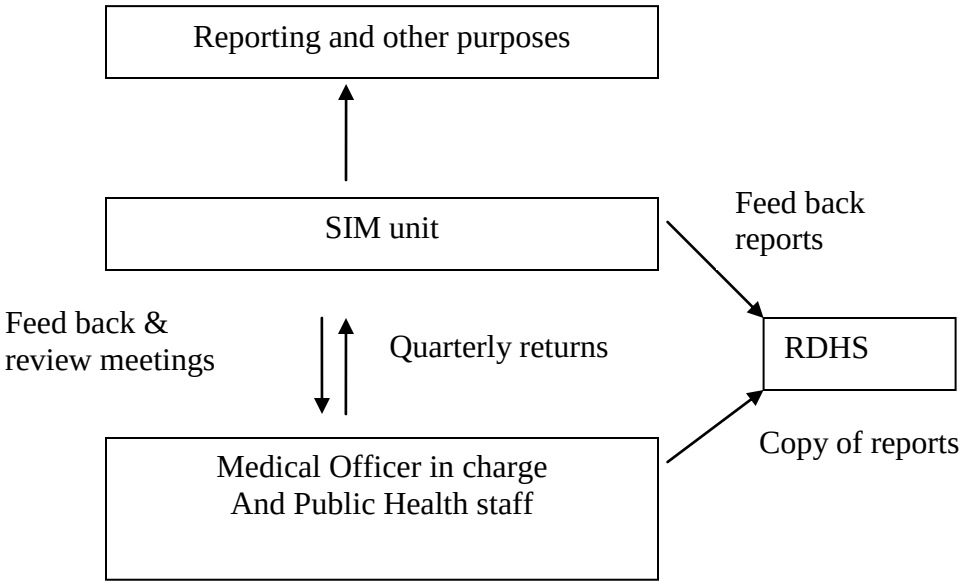
i. Patient /client attendance /Trend and actual numbers
ii. Disease rates
iii. Number of tests done. Positivity rates for the STDs
iv. Trend of VCT attendance
v. Status of logistics (drugs, reagents, gloves)
vi. QC report received from Central Lab
vii. Outreach programs conducted(teaching, lectures, exhibitions)
viii. Condom**s** distributed
ix. Persons attending HIV care

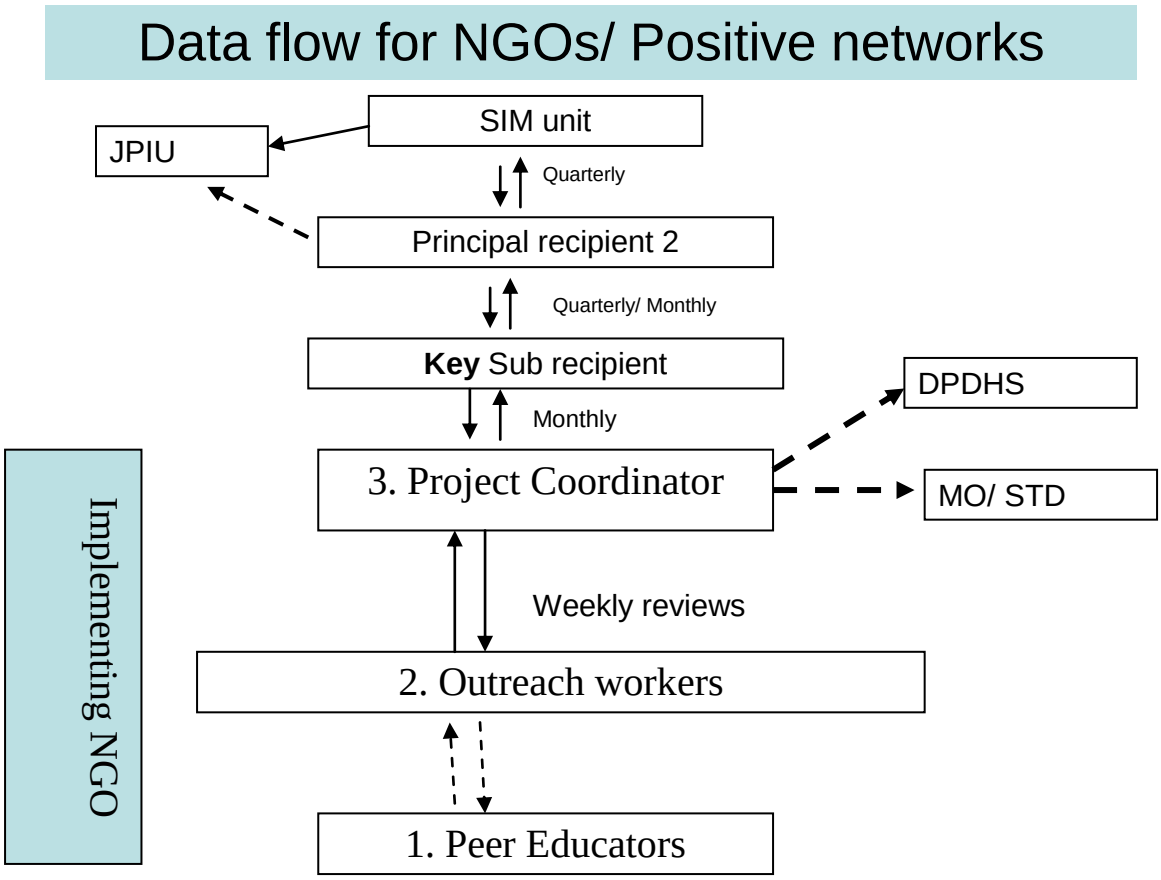
ART centers

i. The PLHIV attending the ART centers
ii. No. initiated on ART
iii. No. and proportion of lost to Follow up
iv. Deaths Missed doses
v. Stock position of Drugs and consumables
vi. Adverse drug reactions

The SIM unit will undertake the data quality assurance and assess the performance and issues related to the clinic. The issues related to the performance, data quality and other issues will be addressed during the quarterly review meetings of the Medical officers.

Data flow and feed back mechanisms – Clinical services





b. NGO and Positive networks

The data flow in the NGO monitoring system involves multiple levels. The primary responsibility of monitoring the data from the NGOs will be the responsibility of the SIM unit.
Positive networks report directly to PR (principal recipient)
All the confidential information such as Names, address and disease status will be under the custody of the NGO project Coordinator. The NGO and umbrella NGO should nominate a person who should handle the confidential data. In case of breach of confidential information the NGO /Umbrella NGO will be held responsible

i. Outreach workers/Field officers

They are the primary contact with the target group i.e. MARP or the positive networks. They will record their activities in the registers assigned to them. They will compile report weekly and submit to the Project coordinator.

The performance of the outreach workers will be assessed by the following parameters.

- No of new MARP reached – (Never enrolled earlier in the master register and now accepted to get services from NGO)
- No. of hot spots identified
- No. of hot spots reached
- No of follow up interaction done
- No. of Follow up MARP met
- Average no of interaction per day
- No. of IEC Events conducted
- No of condom distributed
- No. of Condom demonstration done (repeat condom demonstration done by the MARP)
- No. of secondary Stakeholders met
- Recruitment of peer educators
- No of MARP referred to STD clinic for STD care /HIV testing

ii. Project coordinators

The Project Coordinator is the responsible officer for implementing and reporting the data to the NSACP/Key SRs. The Project Coordinator will do the following monitoring activities and reporting responsibilities.

- Field visit to validate the information from Outreach workers
- Carry out onsite validation of mapping information
- Data review with the outreach workers
- Provide feedback to Outreach workers.
- Preparation of report and send to SIM unit / Key SR quarterly
- Elimination of duplicate entries in registers
- Make Periodic backup of the database if the information is computerized
- Provide records and registers for data quality audit

The performance of the NGO will be assessed through

- Percentage of target population reached
- Percentage of peer educators recruited and trained
- No. of target population escorted to STD clinics for checkup and STD care
- Proportion of target population tested for HIV
- No. of IEC programs conducted
- No. of field visit made to supervise the outreach workers
- Number of visits made to check IEC programs.
- No. of condom distributed against the target.
- Carryout site validation
- No. of review meeting conducted
- No. of Advocacy meetings among secondary stakeholders conducted
- No of outreach workers

iii. Key SR/SIM unit

In this level reports are received on quarterly. The following data related activities will be done at this level.

- Compilation of data
- Report tracking and report validation
- Performance assessment of NGO
- Review and Feed back to the NGO
- Onsite validation and data quality control
- Process monitoring and monitoring of quality of services
- Preparation of reports

The performance of the PR will be assessed by

- No. of NGOs are in place out of total number of NGOs required by MARP
- Percentage of Target population covered
- No. of Target population escorted for STD care and STD screening
- No. of Target population undergone HIV testing
- No. of peer educators in place
- No. of trainers of trainers (TOT) trained
- No. of NGOs performing satisfactorily according to the present target (the term satisfactory has to be defined)
- No of review meetings conducted.
- No of sites completed mapping

C. *Reports from health institutions and the other departments*

The Medical officer at SIM unit in charge of relevant department will collect the information in a predefined format in consultation with the consultant in charge of the component e. g Prison department. The SIM unit will compile the information and use the information for report generation as well as triangulation purposes. The periodicity of these reports will be either quarterly or annually.

Data quality assessments and Data validation

The SIM Plan has in-built system of data quality. In order to maintain the data quality the SIM unit will use specific and standard definitions for the service delivery units for recording data across the country and adequately train all the staff who is involved in the data management and recording. The data quality will further be maintained by a data validation and avoidance of double counting.

The data validation of Clinical services will be done at two levels

a. At the Medical officer in charge of the facility
b. At SIM unit.

The Data validation of NGOs will be done at multiple levels

a. Project coordinator will check the data with the Outreach workers
b. Umbrella NGO will validate the data with NGO
c. The SIM unit will validate for quality at all the levels

The data quality assessment and validation has both onsite and offsite process. The reports will be checked for missing data and inconsistencies in the report on receipt. With in three days after receiving the report, the reports will be will be validated and those reporting units who have sent the incorrect report will be called and error will be rectified by the receiving unit. The periodic supervisory visits will ensure the data quality. The consultants may be the program officers, national or international consultants.

Double counting

The double counting is avoided in ART services by maintaining a skeletal file for all the PLHIV on ART at the central level.

The elimination of duplication with in the service delivery outlets will be the responsibility of the Public Health Inspector at the clinical facility and Project Coordinator the NGO/ Positive networks. There will be a unique ID no is given to all the clients attending to the particular service facility. The same number will be referred to all the purposes the client visits to the service outlet.

Elimination of double counting between the service units will be done through the supervisory visits and periodic cross verification of master registers of the NGOs and main registers of the STD clinic.

Backup systems

The records of the NSACP will be maintained as per the Government regulations. The computerized records will be backed up every week/ Month according to the size of the data base. The weekly/Monthly back up will be under custody of the Medical officer in charge of STD Clinic. The annual backup will be stored at SIM unit of NSACP.

Capacity building

As the data management is the back bone of the program it is essential to get quality data from the service units as well as the system has to be equipped to handle the data.

- All the relevant staff in the STD clinics will be trained on Data management during their induction training within a month's time of appointment in the STD clinic for three days by NSACP

- The Medical officers will be trained during the induction training about the registers, reports, data quality and review process for two days by NSACP

- The Project Coordinator and outreach workers will be trained on the registers and reports before they actually go to the field or within a month's time of joining the duty for three days by NSACP

- The relevant staff of SIM unit will be trained to carry out the functions described in the manual for 5 days by an external consultant.

Surveillance

The NSACP of Sri Lanka will do both Biological and behavioral surveillance of HIV under the guidance of Epidemiologist of the NSACP. The HIV sentinel surveillance will be conducted once in two years as the prevalence of HIV in Sri Lanka is very low and it was observed that the expected change in the behavior of the MARP is not dramatic in the country. The Epidemiologist will also carry out the HIV/AIDS case reporting

The NSACP will Conduct STI surveillance through the network of STD clinics in the country. This surveillance will provide information about the trend and prevalence of STI in the country. This STI surveillance will be the ongoing activity and this will be analyzed quarterly by the SIM unit.

Assessment of Quality of services

The quality of services provide by the NSACP will be maintained and assessed by the following methods.

i. The standard operating procedures/guidelines have been established for service delivery
ii. Onsite assessment of the service delivery process by the consultants
iii. Client satisfaction surveys
iv. Pre and post test evaluation of training programs
v. Independent evaluation.

The quality of services will be assessed at least once in a year for the service delivery outlets as well as the program.

Impact assessment

Impact assessments will be done through the IBBS and other special studies. These studies are aimed to provide the status of the overall goal of the National

HIV/AIDS strategic plan and well as to guide the future course of action for the National HIV/AIDS strategic plan.

Operation research and special studies

The operation research and special studies will be conducted on the basis on need and demand. The Strategic Information Management sub committee of NAC will do a need assessment and prioritizing research needs of the country in consultation with relevant technical experts

Data dissemination methods

The Strategic Information Management unit will maintain a pool of database which has the details of the various HIV related activities across the country. The SIM unit will analyze the data and prepare reports to meet the requirements of the Government and funding agencies. The reports will also be prepared to disseminate the information to general population and technical community in Sri Lanka and abroad. The SIM unit will maintain a data base which is accessible to those who in need of data for planning and implementation of Health related activities in Sri Lanka.

The data will be disseminated in the following ways

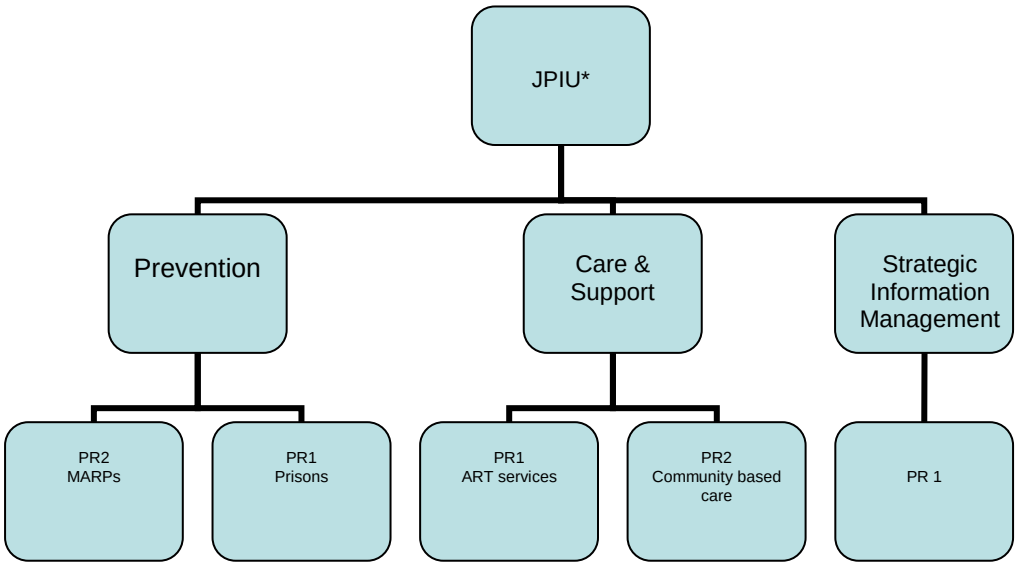
a. Annual report
b. UNGASS and UA reports
c. Quarterly reports/feedbacks
d. Regular feedback and review meetings
e. Reports of surveillance and other studies
f. Dissemination workshops

The reports will be disseminated through the printed copies as well as through the website of the NSACP Sri Lanka.

Annexure:

Specific plan for NGO Monitoring for Global fund Round – 9

The Global fund R- 9 the NGO implementing intervention program will be executed by the Principal recipient who is also an NGO. The Execution plan for Round 9 as follows.

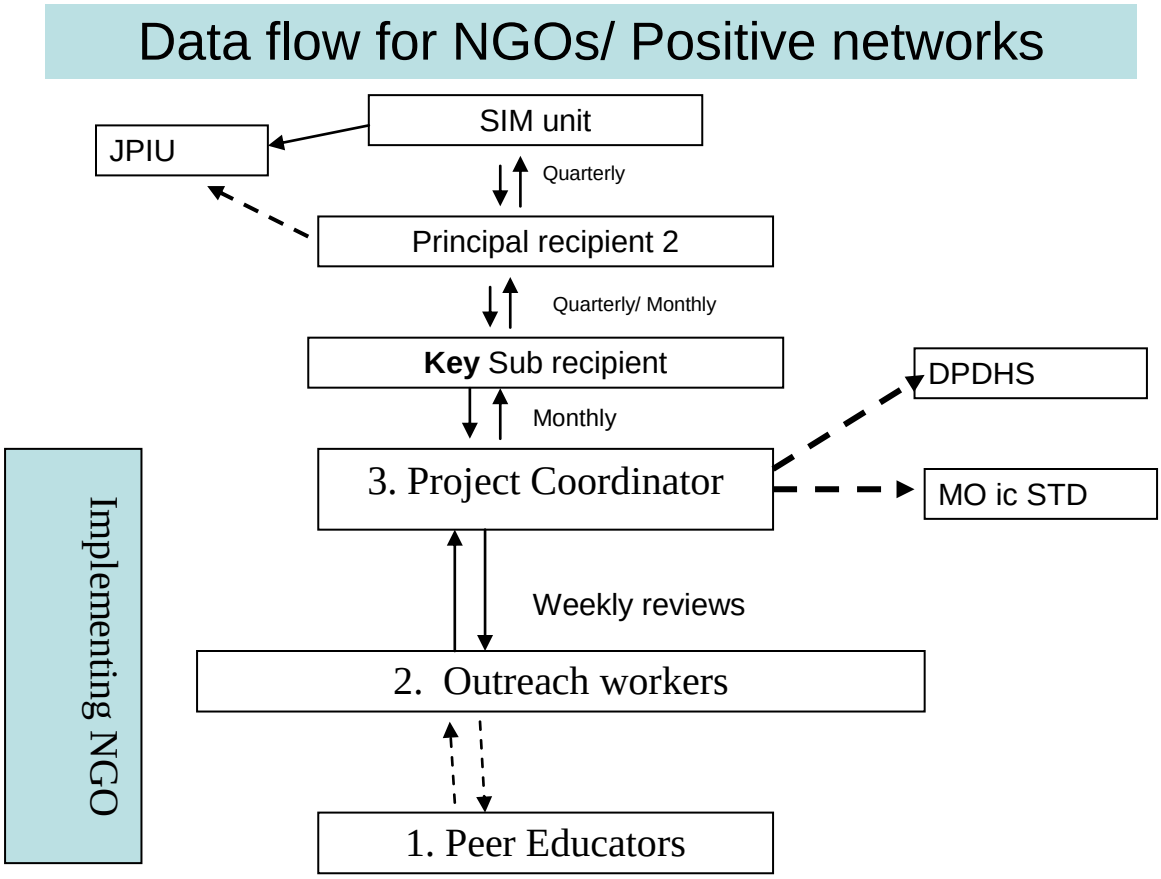


*JPIU-Joint Project Implementation Unit [DDG (PHS), PR1 (D/ NASCP), PR2, Key SRs x 3 and relevant NSACP officials x 4]

The Principal Recipient 1 will be Ministry of Health and Nutrition. The monitoring activities related to the programs implemented by PR 1 will be as in the national plan.

The Principal Recipient 2 is an NGO who will be implementing interventions related to MARP and community care of PLHIV. The monitoring plan of NGO will be done as in the National SIM plan.

A . Data flow



B. Responsibilities.

The following structures will be in the monitoring plan of the NGO

1. Peer educators
2. Outreach worker
3. Project Coordinator
4. Key Sub recipient
5. Principal recipient
6. SIM unit

The functions of the each of the units are detailed below

1. The peer educators

The peer educators are the people among the Community selected for providing services to fellow MARPs. They will be involved in

a. Identifying new MARPs
b. Interaction with MARPs and follow up
c. Demonstration and Distribution of Condoms
d. Referral services.

2. Outreach workers

They are the field implementers of the program. They will carry out the following activities.

a. Identifying new MARPs
b. Interaction with MARPs and follow up
    i. One to one interaction
    ii. Group interaction
c. Demonstration and Distribution of Condoms
d. Referral services.
e. Interaction with secondary stakeholders
f. Organizing IEC activities

In order to document these activities, the outreach workers will maintain the following registers.

a. Diary
b. MARP master register
c. Interaction register
d. Secondary stake holder register
e. Referral services register
f. IEC events register

Activities of the outreach workers will be monitored through the following indicators for a specific period.

a. No of new MARP reached – (Never enrolled earlier in the master register and now accepted to get services from NGO)
b. No. of hot spots identified
c. NO of hot spots reached
d. No of follow interaction done
e. No. of Follow up MARP met

f. Average no of interaction per day
g. No. of IEC Events conducted
h. No of condom distributed
i. No. of Condom demonstration done (repeat condom demonstration done by the MARP)
j. No. of secondary Stakeholders met
k. Recruitment of peer educators
l. No of MARP referred to STD clinic for STD care /HIV testing

3. Program Coordinator

The program Coordinator is the responsible person for implementing the intervention program in the defined geographical area. He will supervise the activities of the outreach workers and prepares the report for reporting to the higher ups.

The project coordinator will be equipped with counseling skills and provides the counseling services as and when required

The project coordinator activities are monitored through

a. No. of field visits made to supervise the outreach workers and IEC programs.
b. Carry out site validation
c. No. of review meetings conducted
d. No of counseling sessions done
e. No. of Advocacy meetings among secondary stakeholders conducted

4. NGO management

The recipient of the grant is the implanting agency for the specific intervention program in a defined geographical area. The NGO is responsible for the documentation, data recording and the quality of data.

The NGO management will review and assess the performance of their workers based on the activities and performance assessment parameters. The parameters will be fixed based on the targets and practical considerations.

5. The Sub recipient.

They are NGOs intermediate between the Principal recipient and the implementing NGOs. They are selected thematically and they will be made responsible for monitoring the implementing NGOs and reporting to the principal recipient.

The sub recipient is responsible for

a. Assisting the site validation

b. Monitoring the progress of the implementing NGOs
c. Process monitoring to ensure the quality of intervention
d. Data verification
e. Periodic onsite supervision
f. Technical Assistance as and when required by the implementing NGOs
g. Training of Staff of NGO and peer educators.
h. Compiling the reports from the implementing NGOs

The performance of the Sub recipient is assessed through
a. No of peer educators trained
b. No. sites completed for onsite validation
c. No. of New MARP reached
d. No. of Condoms distributed

6. Principal Recipient
The **Principal Recipient** is the responsible unit for the grant received from the Global Fund.

The **principal recipient** will carry out the following activities

a. Collection and compilation of data from the Sub recipients
b. Conducting the Mapping and size estimation
c. Training of trainers for NGO staff and Peer educators
d. Periodic field supervision
e. Review of key NGO(SRs) on quarterly basis based on the parameters of NGO and SR
f. Provide technical Assistance to the NGOs and SR

The performance of the PR is assessed by
a. No. of NGOs are in place out of total number of NGOs required by MARP
b. No of trainers of trainers trained
c. No. of key NGO(SRs) and NGOs performing satisfactorily according to the present target
d. No of review meetings conducted.

7. SIM unit

The SIM unit will receive reports from PR through a predefined format one in a quarter.

The SIM unit will analyze the report and provide feedback to the principal recipient.

The SIM unit will carry out/coordinate the in consultation with SIM-sub committee
a. special surveys

b. Research studies
c. Onsite supervision

SIM unit will undertake to validate the information and assess the needs for improvement as well as reporting to the JPIU. JPIU will submit the periodical reports as and when necessary to the Global fund and will satisfy other reporting requirements.

The SIM unit will send the consolidated report to the Joint Project Implementation Unit for necessary action.