NATIONAL HIV MONITORING & EVALUATION PLAN - SRI LANKA

2013-2017

Prepared by
Strategic Information Management Unit
National STD and AIDS Control Programme, Sri Lanka

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Ministry of Health
Sri Lanka

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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinics
ARV	Antiretroviral treatment
BCC	Behavioural Change Communication
BSS	Behavioural Surveillance Survey
CBO	Community Based Organisation
DAC	District AIDS Committee
DHS	Demographic and Health Survey
DU	Drug Users
FBO	Faith based Organisation
FGD	Focussed Group Discussion
FSW	Female Sex Worker
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
HRA	High Risk Activity
MOH	Ministry of Health
MOL	Ministry of Labour
HIMS	Health Information Management System
M&E	Monitoring and Evaluation
MARP	Most at Risk Population
MSM	Men having sex with Men
NAC	National AIDS Committee
NBTS	National Blood Transfusion Service
NIE	National Institute of Education
NGO	Non Governmental Organisation
NSACP	National STD and AIDS Control Programme
NSP	National Strategic Plan
OI	Opportunistic Infections
OVI	Objectively Verifiable Indicators
PLHIV	Persons Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
SIM	Strategic Information Management
SNAP	Situational Needs Assessment & Planning
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

NATIONAL STD/AIDS CONTROL PROGRAMME, SRI LANKA

The National STD/AIDS Control Program (NSACP) of the Ministry of Health was established in 1985. In addition, the National Blood Transfusion Services (NBTS) and the National Programme for Tuberculosis and Chest Diseases (NPTCCD) are strengthening the Sri Lankan responses to reduce transmission and prevent further spread of HIV. The NSACP in collaboration with the provinces has undertaken HIV prevention activities and provides care and treatment to people living with HIV. ART Centres, STD clinics and general hospitals are among the stakeholders who provide the care, treatment and support to people living with HIV.

It is estimated that currently there are 4200 people living with HIV and the prevalence among adults (15-49 years) is less than 0.1% (2011). Sentinel surveillance data observes that even among individuals considered at higher risk of infection (FSW and MSM, DU, STI patients) on the basis of their occupation, behaviours and practices, the HIV prevalence is below 1% up to end of 2011. As at end 2012, a cumulative total of 1649 HIV persons were reported to the National STD/AIDS Control Programme (NSACP). The main mode of transmission is unprotected sex between men and women (82.8%). Men who have sex with men have accounted for 11.2% of the transmission while mother to child transmission was 5.4%. Transmission through blood and blood products was 0.4%. Injecting drug use in Sri Lanka is not a common phenomenon. However, certain socioeconomic and behavioural factors which are present in the country may ignite an epidemic in the future the presence of a large youth population, internal and external migration, clandestine but flourishing sex industry, low level of condom use, concurrent sexual relationships among most-at-risk-populations (MARP) are some such factors. Low level of sexually transmitted infections (STI), availability and accessibility to free of charge health services from the state sector, high literacy rate, low level of drug injectors, are factors considered to be protective.

It is estimated that there are around 41,000 female sex workers and around 31,000 men who have sex with men in Sri Lanka (2010). Since 1990 sentinel sero surveillance was conducted annually and from 2007 onwards it is being conducted once in two years. The routine survey which was carried out in 2011 including female sex workers, MSM, drug users continued to observe the low prevalence of HIV. During 2010, a sero-survey was conducted among prison inmates showed zero HIV prevalence for HIV.

THE NATIONAL STRATEGIC PLAN FOR HIV/AIDS 2013-2017

The National strategic plan of 2013-2017 guides the NSACP in prevention efforts with multi-sectoral collaboration and coordination.

The goals of the program are

a. To maintain the current low level of HIV prevalence among the Key populations and General population.
b. To improve the quality of the people infected or affected by HIV

Strategic directions of the Plan 2013-2017

The National strategic plan has 5 strategic directions to achieve the objectives in the specified time period.

I. Strategic Direction 1: Prevention

1.1: Prevention of transmission of HIV among key affected populations

Strategies:

Comprehensive interventions for FSW, MSM, PWUD/PWID and Beach Boys

- Improve access to HIV testing and counseling
- Condom programming
- Behaviour change modification through outreach and peer education
- STI prevention and diagnosis: testing, and treatment
- IEC through mass media, community awareness, radio and street plays etc.
- Community involvement and implementing a comprehensive program for People Who use drugs and people who inject drugs.

1.2: Prevention of transmission of HIV among vulnerable groups

Strategies:

- IEC and BCC programs on improving awareness among migrants
- Ensure diagnostic, treatment and care services for returnee migrants
- Provision of continuity for HIV treatment for prisoners, HIV related policy for prisoners
- IEC and BCC programs on improving awareness among military and police
- Implement a range of HIV preventive services for persons who are working in the hospitality sector

1.3: Prevention of transmission of HIV among general population including young people
Strategies:

- Awareness programmes among general population including young people
- Ministry of Education to expand life-skills education in schools, and include HIV and sexual health
- Expand HIV interventions in the workplace
- Expand and strengthen the provision of good quality STI services ensuring correct diagnosis based on laboratory testing or by syndromic approach

- Condom promotion programmes
- Improving access to HIV testing and counseling services

1.4: Prevention of mother to child transmission of HIV
Strategies:

- Primary prevention of HIV transmission among women in childbearing age
- Provision of HIV testing and counseling services so that all pregnant women could be informed of their HIV status
- Prevention of unintended pregnancies among women living with HIV through enabling them to make informed choices
- Early antenatal care (ANC) registration for universal screening of all pregnant women
- Prevent transmission of syphilis from mother to child and thereby eliminate the incidence of congenital syphilis
- Prevention of HIV transmission from women living with HIV to their children by promotion and integration/linkage of PMTCT with related services

1.5: Prevention of transmission through infected blood
Strategies

- Support and maintain efficient screening of donated blood, its rational use and assure quality to prevent transmission of infections (HIV, hepatitis viruses, and other infectious agents).
- Strengthen the implementation of secondary prevention measures such as post-exposure prophylaxis for occupational exposure to HIV among health care workers.

II. Strategic direction 2: Diagnosis, Treatment and Care

Strategies:

- Model of continuum of care to be developed, so that PLHIV is in the center and there is a continuum between the care facilities, community, home and other services
- Strong community involvement in planning, treatment adherence, complementary services that improve the quality of life of the infected and affected
- Scale up ART services to all PLHIVs included in the categories of sero-discordant couples, pregnant women and selected key population members, irrespective of their CD4 counts
- Strengthen prophylaxis, diagnosis and treatment for co-infections and co-morbidities in all treatment and care programmes
- Ensure HBV vaccinations availability to all persons at risk
- Scale up coverage, through the decentralization of HIV care services
- Increase awareness and implementation of good practices of health staff regarding issues related to PLHIV to reduce discrimination
- Strengthen the mechanisms for collaboration between HIV and TB activities to ensure that HIV positive TB patients are identified and treated appropriately, and to prevent TB among HIV positive persons

III. Strategic direction 3: Strategic Information Management Systems

Strategies:

- Implement the National Strategic Information Management Plan (National M&E plan)
- Improving the mechanisms of monitoring HIV related data from all sectors including civil society organizations.
- Strengthen HIV surveillance, second generation HIV and STI surveillance through capacity and systems strengthening
- Adapt the surveillance methods and activities to detect the potential for a rising epidemic among the key populations and bridge populations that can spread the HIV infection to general population.
- Mode of HIV transmission studies to be systematized and regularized.
- Integrated biological and behavioural data among key populations in the country to be scaled up, systematized and conducted
- Periodic national population-based surveys (e.g. demographic and health surveys);
- HIV and HMIS data integration
- Develop and implement research agenda particularly in areas where vulnerabilities are known but risks and prevalence are lesser known e.g. prisoners, military personnel, young people, etc.
- Build research capacity within Sri Lanka
- Regular mapping exercises for key affected populations.
- Strengthen drug resistance monitoring

IV. Strategic direction 4: Health Systems Strengthening

Strategies:

- Build capacities of existing health infrastructure to cater to all needs of counseling, testing and treatment for STI, HIV and OI.
- Build capacities of civil societies (NGO and community based organizations) to ensure access through demand generation and improve quality of services through monitoring and advocacy and to provide continuum of care.
- Strengthen laboratory support tool for the monitoring of antiretroviral therapy, diagnosis of HIV and associated infections and evaluation of response to therapy in the individual and various public health interventions.
- Strengthen management capacity in the health sector to ensure an adequate number of personnel with appropriate competencies are placed at all levels of the health system, and provide them with necessary management support systems and enabling working environments.
- Establish quality management systems to address clinical care, laboratory testing and workplace improvement whether in government or in private sector facilities.
- Develop national standard practices of employment in health care institutions to improve quality of work plan, establish occupational health and safety standards,

procedures and systems to reduce risk of contracting HIV and other blood borne diseases

- Review, development, implementation and adaptation of strategic policy frameworks, policies, legislation/regulations that create the environment for an effective response to HIV, and partnerships that contribute to a better response.

V. Strategic direction 5: Supportive environment

Strategies:

- Development and implementation of culturally sound and evidence-based campaigns that combat stigma and discrimination against PLHIV and promote positive examples of living positive
- Advocacy and capacity building of healthcare workers and social service providers to enhance access of services for PLHIV and marginalized groups like sex workers, men who have sex with men, drug users, migrant workers, etc.
- Support relevant ministries to develop supportive sectoral policies on the basis of the national AIDS law and national AIDS policy, for example the ministries of health, education, labour and social welfare
- Provide organizational and technical support to community-based organizations of marginalized groups and young people, so that they can contribute to the national response and advocate for their needs
- Reviewing, and where necessary, revising policies and programmes to reduce gender-based inequities, and ensuring human rights protection for key populations
- Leverage broad participation and collaboration of stakeholders through building coalitions and partnerships with a range of stakeholders which are essential for scaling up efforts towards universal access
- Strengthen collaboration between HIV and other health programmes to facilitate programme coordination and to align programme targets, guidelines, services and resources
- Advocate with local governments to ensure adequate funding for HIV programme at provincial and district levels under the decentralized health system
- Implement and monitor the programmes supported by internal and external funding sources for the maximum use of resources
- Social protection interventions targeted for PLHIV
- Strengthen policy to create an enabling environment for the national response to HIV and AIDS
- Involvement of police and other law enforcing agencies to create enabling environment for carrying out interventions for high risk and vulnerable populations

RATIONALE FOR NATIONAL LEVEL M&E PLAN

According to the National Strategic Plan, the strategic information management has been identified as one of the key result areas for effective understanding and response to HIV in the country. Furthermore, an external review of the national program in 2011 recommended the development of a national M&E framework and plan to strengthen generation, analysis and dissemination of strategic information to programme planners and policy makers. Clearly the national response for the 2013-17 has put specific emphasis on evidence based planning and performance management to ensure accountability and learning.

One of the four overarching lines of actions suggested by the external programme review is availability and usage of strategic information, including bridging the information gaps in identified areas. National response to HIV/AIDS in Sri Lanka needs strategic information related to the prevalence of HIV, STD and overall context of vulnerability and high risk behaviour in the country. The context related strategic information will guide the local programme design and targeting. The national programme also needs to know the coverage and outreach of prevention interventions, treatment and care of PLHIV, implementation quality and finally the effectiveness, impact and behavioural change. Monitoring and Evaluation is one of the ways to provide the necessary strategic information to the Programme. The other required means are formative and operational research, special studies. Clearly the programme information needs can not only be met through the routine data flow, therefore a comprehensive system, a National M&E system, has been developed. This will help in bringing together number of key stakeholders and institutions involved together, thereby improving co-ordination in generation and management of information across the national programme.

Who is the document for?

This document is for the M&E staff, key program implementers and their M & E officers, for development partners like UNAIDS, UNFPA etc. (program officers, strategic information specialists and M&E officers), funders (Global Fund, World Bank, etc). This document will be of particular use to partners from other government line departments like other units in the health department, education, tri-forces, police, foreign employment, tourism etc.

OBJECTIVES OF NATIONAL LEVEL STRATEGIC INFORMATION MANAGEMENT (SIM)

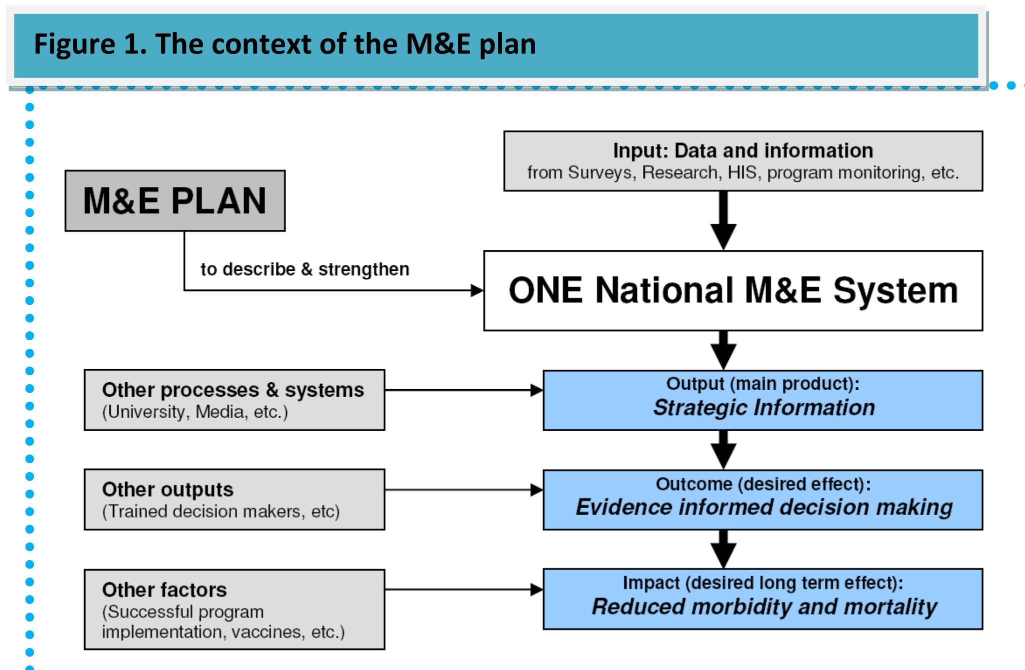
The objectives of National level SIM within NSACP;

- SIM system will facilitate integration of information from various programs and stakeholders involved in HIV prevention and care programs.

- The system will generate and process data addressing information requirements for
    - enabling planning, learning and effective decision making at various levels using evidence
    - address accountability and improve performance
    - meet various national and international reporting needs

The Monitoring and Evaluation plan is an essential document for a country as it describes how the information generation and M&E system should be run. It is accompanied by an annual costed workplan describing the planned M&E activities for each year including the strengthening measures to improve the M&E system identified through M&E system or Data quality assessments. Through Strategic Information systems, the programme results at all levels (impact, outcome, output, process and input) will be measured to provide the basis for accountability and informed decision-making at both programme and policy level. It is also a required document for the Global Fund and other similar funders as it provides the background information for the indicators included in the Performance Framework and for the M&E system that produces the results reported to the development partners. The M&E system will allow for data to be collected, processed and transformed into strategic information (SI), to allow for informed decision-making at all levels: local, country and global level.
Figure 1 below illustrates the linkages between the M&E plan, the M&E system and the use of information at different levels.

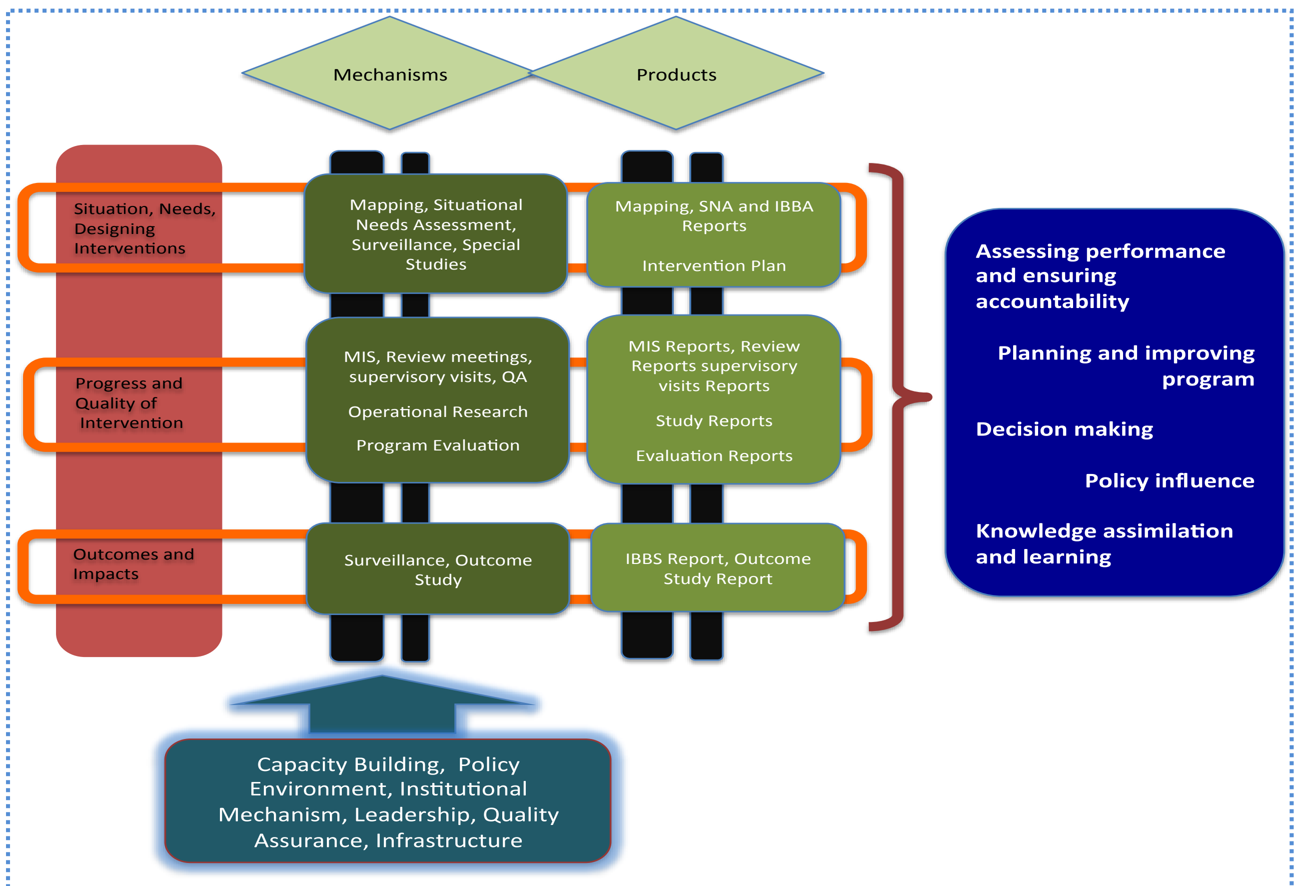
Figure 1. The context of the M&E plan



FRAMEWORK

The usefulness of Strategic Information within the national response includes:

- Performance Improvement and Accountability – at programme, project and entity levels (national, province, district) and Accountability - to population at risk, vulnerable populations, general population and to donors and other stakeholders
- Learning – about good practices, approaches and methods, about ways to minimize performance errors
- Planning – used in planning and decision making at programme, project and entity levels



Monitoring system will be established within three stages of the program as shown in the above diagram.

a. Assessment of needs, epidemic scenario and designing intervention: While Sri Lanka has already done its assessment of epidemic scenario and needs of various community and designed several intervention during the previous plan period, as the new strategic framework is being evolved and implemented it would be critical to revisit the latest data and assess where the country stands at this point in time and what are the programmatic and design changes that will need to be incorporated.
b. Progress and Quality of Interventions: The M&E framework will build on existing system and structures for monitoring the progress and quality of various programs being implemented in the country.

c. Outcomes and impacts: It will be important to continuously track the quality of intervention by ensuring programs are delivering outcomes and impacts.

Cross Cutting Elements

In order to efficiently implement Monitoring and Evaluation System within the National Program, it is important to ensure the following cross cutting elements.

a. **Capacity Building:** It is important to build capacity at all levels – from the grassroots to provincial, regional and national level on setting up and managing monitoring and evaluation system. Build capacity of the concerned staff in filling in data, ensuring quality at all levels from data collection, data entry, analysis and reporting.
b. **Policy Environment:** Creating policy support for adequate investment in strengthening capacity and infrastructure for a comprehensive M&E system for the National program is critical. This needs to be taken up with high level officials and policy makers of the Ministry.
c. **Institutional Mechanism:** Establishing a strong and committed team within the M&E infrastructure is crucial for a smooth delivery of the system. People with right skill and attitude needs to spearhead the implementation of the system. They should be available in adequate number at all levels – National, regional, Provincial and on the ground.
d. **Quality Assurance**: Protocols for quality assurance needs to be prepared for quality delivery of M&E system at all levels (at the point of data gathering, data entry, processing and analysis and reporting). Training should be given on quality protocols at all levels and a system has to be embedded within the institutional delivery for M&E for ensuring quality protocols are followed and timely corrective actions taken.
e. **Infrastructure:** Adequate infrastructure in terms of computer hardware and software and other requirements should be ensured at all levels so that M&E system can be operationalized across board.

The following table summarises the various mechanisms and frequency of implementation:

National STD/ AIDS Control Program, Sri Lanka

Strategic Information Management for NSACP

SIM - → **INTEGRATION OF INFORMATION — PERFORMANCE AND ACCOUNTABILITY — LEARNING — PLANNING**

Areas	Situation, Needs, Priorities, Strategies, Designing Interventions				Progress and Quality of Interventions			Outcomes and Impact		
Component	Mapping	Situation Needs Assessment	Surveillance IBBS (HSS+BSS)		Input, Activities and Outputs Monitoring	Process Monitoring	Operational Research	Outcome Assessment	Surveillance IBBS (HSS+BSS)	
What questions this answers?	Who are the KAP? Where are they located? What are the numbers? What typologies? Where do they operate?	How do they operate? What are the specific prevention needs of different segments of KAP? How to reach them?	What is the level of epidemic in the population and in KAP? What should be the larger strategies responding to the epidemic in the country?		What progress have we made? Are we able to ensure inputs and deliver outputs and activities in sufficient quantities and on time?	How good is our quality of various processes?	How do we improve our quality of work? What works well in which context? Why certain things do not work?	What is the level of of change in behaviour of KAP?	What is the level of epidemic in the population and in KAP? What impact of programs?	
Mechanism	Survey	Study	Surveillance	BSS Survey	MIS, Review System - meetings, supportive supervision	Program Reviews	Research	Study	Surveillance	BSS Survey
Frequency	Once in three years	At inception of the Prog. in an area, repeat every two years	Once in 2 years	Once in 2 years	Monthly	Annual	Regular, based on need	Annual	Once in 2 years	Once in 2 years
Who will do this and what level?	Outsourced National Level	Outsourced Each project and district level	Epidemiology Dept of Health Dept.	Outsourced National	Each Entity - STD clinic, NGO, Projects, District, Province, Program	External Each Entity - STD clinic, NGO, Projects, District, Province, Program	To be identified based on SIM outputs	SIM Unit of NSACP	Epidemiology Dept of Health Dept.	Outsourced

GUIDING PRINCIPLES OF MONITORING AND EVALUATION

Guiding principles are like cornerstone of design and implementation of a M&E system. These are:

Integration: At the international conference on AIDS and STI held in Nairobi, Kenya there was strong consensus on three one principles applicable to all stakeholders in the country level HIV/AIDS response. One of the critical principles is “One agreed country level Monitoring and Evaluation System”.

The absence of a common M&E framework in most countries has hampered efforts to increase capacity for quality assurance, national oversight and adequate use of M&E for policy adaptation. Common M&E framework will ensure alignment of core national M&E system with National HIV/AIDS programme framework. This is achieved in the Sri Lanka M&E framework, aligned clearly with NSACP National Strategic Plan for 2007-11 and will continue to guide the M&E framework for the years 2013 to 2017.

Building on existing systems: NSACP has existing data flow mechanisms that provide a base for building a comprehensive M&E system. The existing M&E mechanisms that can be continued with improvement are mentioned in the earlier chapter. The approach of developing a M&E system will be not to create additional layers and means of information collection and processing but to improve the existing layers and means.

“Evidence and Results based”: The system is oriented towards generating and using information related to programme results so as to create opportunities for results and evidence based learning and planning at various levels. System focuses measuring /describing progress toward achievement of project outputs and purpose at regular intervals along with timely and accurate analysis for timely corrective action for maintaining strategic direction.

Simplicity: The M&E framework will ensure a simple and effective M&E system is made operational which will provide the needed data inputs at all levels and will facilitate use of the data for programmatic and policy level decision making. In order to facilitate simple to operate system of data management, will continue to use automated system for data entry and analysis.

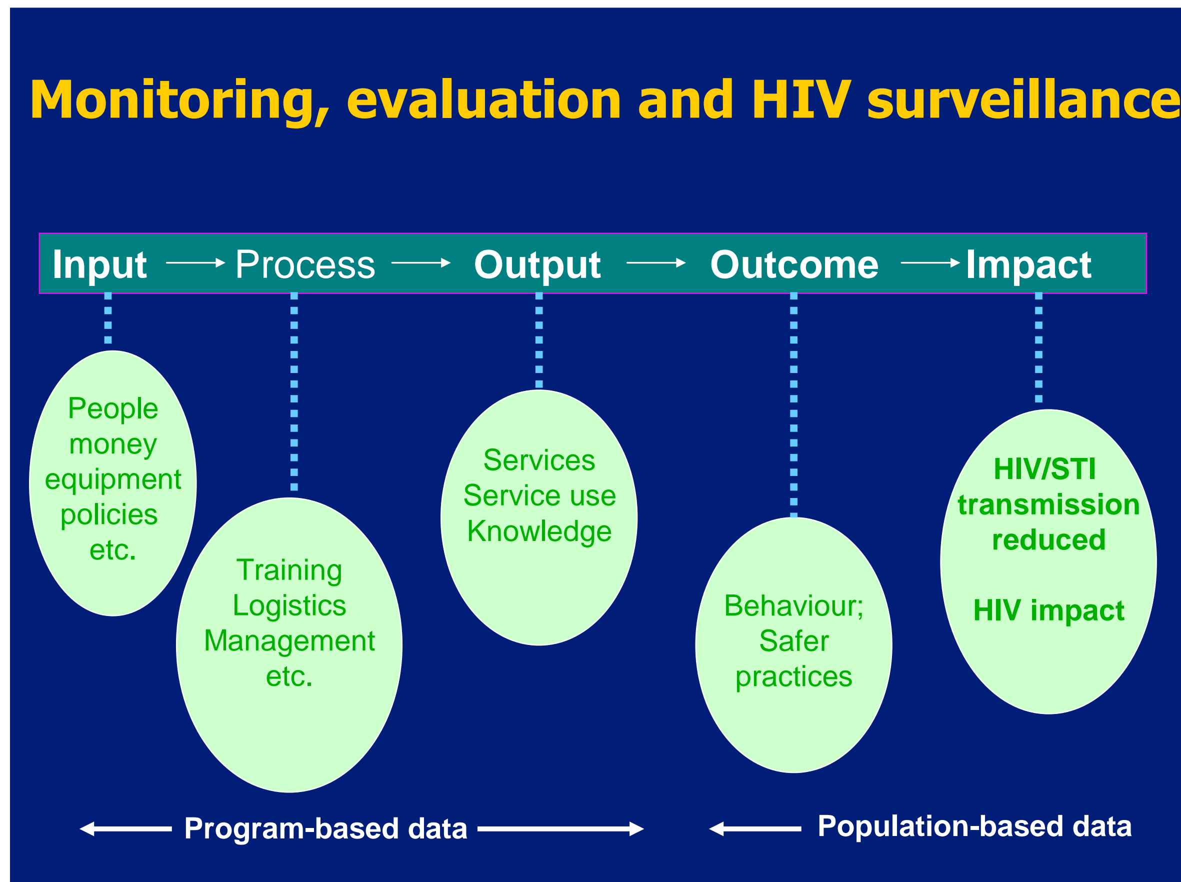
Key Information Needs: System meeting needs and demands of information of various stakeholders at different levels. Data collected will be addressing the needs of various stakeholders. There will be direct link between data collection, analysis, reporting and decision making at all levels.

Mechanisms: Includes both Independent, impartial assessments along with internal self assessments

Harmonization of tools and formats: Standard set of tools to collect and analyze information

Feedback loops operate: System works in circular fashion of action-analysis-reporting feedback-action. Not just one way

CORE INDICATORS FOR THE PROGRAM



Core Indicators will consist of:

A. Impact: are changes in the longer term that occur in the community level as a result of a given program.

B. Outcome is changes observed among target groups.

C. Output is essentially what the immediate results of activities achieved.

D. Process are indicators that measure the key activities that staff are engaged which contribute to the achievement of the outcomes

E. Context is defined as all those people, institutions and factors which influence the quantum and quality of the response like vulnerabilities and behaviors

Core Indicators

The NSACP and its stakeholders considered indicators based on their information needs and other internationally accepted indicators mentioned in GARPR, Universal Access and UNAIDS recommended set of national indicators. National M&E plan has prioritized nice core indicators for strategic information management. These are described below:

CORE INDICATOR FRAMEWORK

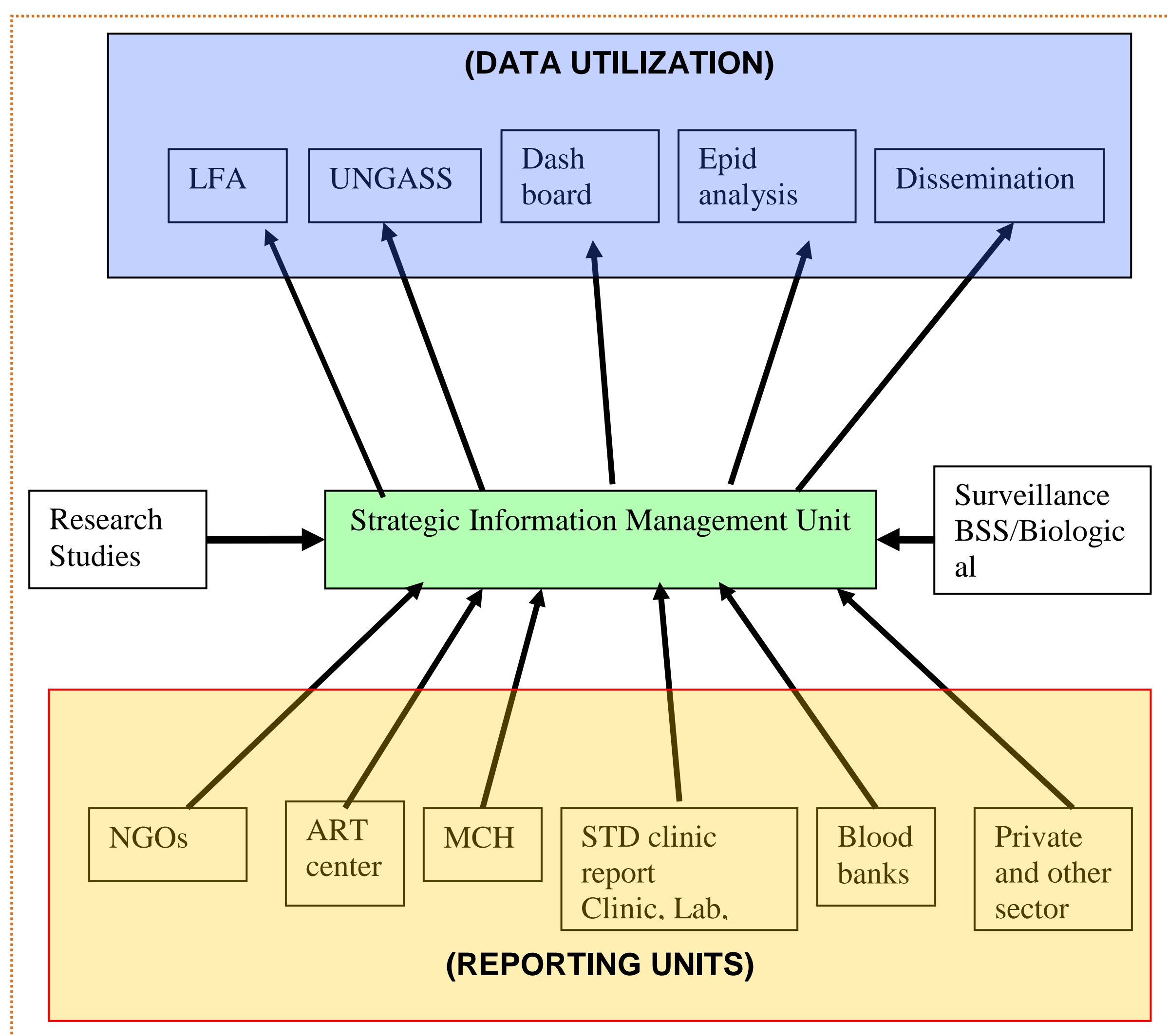
	Strategic Direction	Name of Indicator	Type	Reporting requirement	Source of Data	Numerator	Denominator	Reporting Schedule
1	Prevention	Percentage of key populations living with HIV	Impact	MDG, GARPR	SS/IBBS	Number of key populations who test positive for HIV	Number of key populations who were tested for HIV	Once in 2 years
2	Prevention	Percentage of key populations reached with HIV prevention programmes	Outcome	MDG, GARPR	BSS, special study	Number of key populations who replied yes to both questions (on condoms, know where to go for testing)	Total number of key populations surveyed	Once in 2 years
3	Prevention	Percentage of adults aged 15-49 who had more than one sexual partner in the past 12 months who report the use of condoms during their last intercourse	Outcome	MDG, GARPR	BSS/ IBBS/ Special study	Number of respondents (15-49) who reported having had more than one sexual partner in the last 12 months who also have reported that a condom was used the last time they had sex	Number of respondents who reported having had sex more than one sexual partner in the last 12 months	Once in 2-5 years
4	Prevention	Percentage of antenatal care attendees positive for syphilis	Outcome	NSP, UA	ANC data/ NSACP	Number of antenatal care attendees who tested positive for syphilis	Number of antenatal care attendees who were tested for syphilis	Annual
5	Diagnosis, Treatment and Care	Percentage of eligible adults and children currently receiving antiretroviral therapy	Outcome	GARPR	NSACP Program Coordinator	Number of people receiving antiretroviral therapy	Number of people eligible for to treatment according to national guidelines	Annual
6	Diagnosis, Treatment and Care	% of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Impact	GARPR	Coordinator /SIM unit	Number of adults and children who are still alive and on antiretroviral therapy after 12 months after initiating treatment	Total number of adults and children who initiated antiretroviral therapy who were expected to achieve 12 months outcomes within the reporting period	Annual

	Strategic Direction	Name of Indicator	Type	Reporting requirement	Source of Data	Numerator	Denominator	Reporting Schedule
7	Strategic information Management	Availability and accessibility to complete information on indicators listed in the strategic plan document	Outcome	NSP	Coordinator /SIM unit	Number of indicators in the NSP for which complete information is available and accessible	Total number of indicators in NSP	Annual or as given in the schedule
8	Health systems	Number and Percent of designated government sectors that have implemented HIV/AIDS activities	Outcome	NSP	NSACP Program Coordinator	Number of designated government sectors that have HIV/AIDS included in their plan	Number of designated ministries that are expected to implement HIV/AIDS plan (Health, education, youth, prison, uniformed services, tourism, legal, Immigration, media.. etc)	Annual
9	Supportive environment	People Living with HIV Stigma Index	Outcome	GARPR	NSACP Program Coordinator	Number of respondents who report that they were denied health services, including dental care, in the previous year because of their HIV status	Total number of PLHIV interviewed.	Once in 2-5 years

STRUCTURE OF THE STRATEGIC INFORMATION MANAGEMENT UNIT

Under "The Three ones" Principle, National STD/AIDS Control Programme is the coordinating authority for all the HIV/AIDS related activities in Sri Lanka. The National M&E 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 M&E 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 GARPR and UA
- 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 behavioural 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 STD and ART facilities. In the Non Governmental organizations, the Project Coordinator/project director and in the other institutions respective head of these institutions (M&E focal point) 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.

DATA FLOW AND FEEDBACK MECHANISM

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

a. Reports from STD clinics and programme area coordinators of NSACP
b. Reports from NGOs, CBOs, civil societies, INGOs and UN

c. Reports from other Departments of MOH and other non health ministries
d. Private sector laboratories
e.

For details of the flow and feedback mechanisms, including structures for the Global Fund project, see Annex III.

SURVEYS, SURVEILLANCE, SPECIAL STUDIES AND EVALUATION

Surveys and surveillance

i. Demographic & Health Survey: Department of Census & Statistics provides important information on Fertility, Family Planning, Maternal and Child Health, Nutrition and awareness of HIV/AIDS. This happens every 3-5 years.
ii. Integrated Biological and Behavioral Survey (IBBS). The first round will be conducted in 2013. This would repeat in every four years.
iii. HIV Sentinel Surveillance: this is only biological survey and happens once in 2 years.
iv. HIV/AIDS case reporting is also carried out.

- The SIM unit is conducting the STI surveillance through the network of 30 STD clinics in Sri Lanka using a quarterly reporting system. This surveillance will provide information about the trend and magnitude of STIs in the country. An online system named the patient management information system (PIMS) is in operation since 2012 in four STD clinics i.e. Colombo, Kandy, Ragama, Gampaha and Kalutara. SIM unit is providing technical assistance and support for data analysis for this system.

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 (STI management guidelines, guideline for HIV care & treatment, Counselling, PMTCT)
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 evaluations

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

Research and Special Studies

- **Operational research:** 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.

- **Epidemiological research:** Following are studies that will be conducted during this plan period. They have emerged out of evaluation and assessments of information gaps from the previous national programme.
  - i. HIV and risk profile of youth at risk
  - ii. Intimate partner transmission
  - iii. Intimate partner violence/Gender based violence leading to increased risk of HIV
  - iv. Special study on violence against children and vulnerability to HIV.
  - v. STI treatment seeking behavior and patterns
  - vi. Epidemiology and profiling of general population for HIV and syphilis (indicator survey)
  - vii. Any other emerging needs
- **Special studies and mapping:**
  - i. Integrated NASA into National Health accounts
  - ii. Post intervention KABP study of plantation workers
  - iii. Estimation and profiling of children affected by AIDS
  - iv. Size estimates for PWID, profiling, injecting behaviours
  - v. National size estimation of key affected population
  - vi. Special study on transgender communities and their vulnerabilities to HIV
  - vii. Internally displaced people and their vulnerability to HIV
  - viii. Other needs based emerging studies.

DATA QUALITY ASSURANCE MECHANISMS AND RELATED SUPPORTIVE SUPERVISION

The M&E 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 the 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. Lead NGO will validate the data with smaller NGOs
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 clinical staff at the clinical facility. 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 the registers of the STD clinic or ART centre.

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 database. 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

One of the critical gaps that was identified as part of the MESST process in Sri Lanka was the need to strengthen capacity building efforts around strengthening M&E system. Critical gaps included absence of a system to assess the key M&E capacity building areas at all levels, lack of systematic effort at implementing the capacity building plan, absence of any sharing and learning mechanisms etc. Given this, a strong capacity building focus is being brought into this M&E Plan for the HIV and AIDS National Program in Sri Lanka. It is envisaged that building appropriate capacity will ensure quality data being generated from the service units and adequate capacity of the entire system is enhanced to handle all the requirements of an effective SIM efforts within the national program.

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 database which is accessible to those who in need of data for planning and implementation of HIV related activities in Sri Lanka.

The data will be disseminated in the following ways

a. NSACP website < http://www.aidscontrol.gov.lk/nsacp>
b. GARPR and UA reports
c. Quarterly reports/feedbacks
d. Regular feedback and review meetings
e. Reports of surveillance and other studies
f. Dissemination workshops

MONITORING PROGRESS AND EFFECTIVENESS OF SIM

The SIM itself requires to be monitored. This will be done by two ways:

- National level SIM Unit will monitor a set of key indicators which provide insights on the health of the M&E plan implementation
- National level SIM unit will also conduct a quick effectiveness survey of the M&E plan implementation every six months through a structured tool /checklist

M&E COORDINATION

The Strategic Information Unit is the structure under NSACP that is responsible for coordination and collation of all information relating to HIV epidemic, and programs. For coordination across the different stakeholders, there is a Strategic information sub committee. Terms of Reference are given in Annex IV.

SPECIFIC PLAN FOR NGO MONITORING FOR GLOBAL FUND HIV PREVENTION ACTIVITIES

Since Global Fund drives a large part of the HIV intervention in Sri Lanka, a special M and E system is in place for monitoring the Global Fund Round 9.

Details are in Annex III.

Annexes

Annex I: LIST OF ALL INDICATORS ACCORDING TO THE STRATEGIC DIRECTIONS

Strategic direction 1: Prevention

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
1	Impact	Preven tion-FSW	**Percentage of sex workers who are living with HIV**	Assess the Impact of prevention	Total no. positive	Total No. tested	HSS, IBBS	National	2-3 yearly
2	Impact	Preven tion-FSW	**Percentage of sex workers who are infected with syphilis (Prevalence of syphilis among female sex workers)**	Assess the Impact of prevention	Total no. positive	Total No. tested	HSS, IBBS	National	2-3 yearly
4	Outcome	Preven tion-FSW	**Percentage of female sex workers reporting the use of a condom with their most recent client**	To assess progress in preventing exposure	Number who reported that a condom was used with their last client	Had commercial sex in the last 12 months	BSS /IBBS	National	2-3 yearly
5	Outcome	Preven tion-FSW	**Percentage of sex workers who refused to have sex with a client/ non regular partner in the last 12 months because of not having or refusing to use a condom**	To assess the outcome of the BCC activities	Number who reported refusing to have sex with a client/Non regular partner	Number reported having such sex during last 12 months	BSS /IBBS	National	2-3 yearly
6	Output	Preven tion-FSW	**Percentage of Sex worker who have received an HIV test in past 12 months and know results**	To assess the utilization of HIV testing services by Sex workers	Number of population respondents who have been tested for HIV during the last 12 months and who know the results	Number of most-at-risk population included in the sample	BSS /IBBS	National	2-3 yearly

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
7	output	Prevention-FSW	**Percentage of FSWs who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**	To assess knowledge of the essential facts about HIV transmission among most-at-risk populations	Number of who gave the correct answers to all five questions	Number who answers all 5 questions	BSS /IBBS	National	2-3 yearly
8	Output	Prevention-FSW	**Number of female sex workers reached through an intervention (BCC)**	Assess the coverage of service delivery of NGO	No. of Sex workers enrolled in the master register	NA	NGO Outreach Register	Programme/Project	Yearly
9	Output	Prevention-FSW	**Number of female sex worker peer educators trained to deliver BCC intervention**	Assess the qualified manpower to carry out BCC activities	No. of. Sex worker Peer educators recruited and trained	NA	Peer educator register	Project/ Programme	Quarterly/ yearly
10	Output	Prevention-FSW	**Number of Condoms distributed to sex workers**	To assess the availability of condoms	Number of condoms distributed	NA	NGOs and NSACP	Project / National	Yearly
11	Output	Prevention-FSW	**Number of female sex workers escorted by the NGOs for STI care to STD clinics**	To Assess the service provision to KAP	Number escorted	NA	NSACP and NGO registers	Project/ Programme	Yearly
12	Outcome	Prevention-FSW	**Percentage of FSWs who had a STI screening in the past 12 months**	To Assess the outcome of the NGO services	No. FSW reported having a STI screening	No. of sex workers interviewed	NSACP and NGO registers	Project/ Programme	Yearly
13	Output	Prevention-FSW	**Number of Female sex workers received HIV Counselling and Testing**	to assess the reach of counselling and testing services	Number received HCT	NA	NSACP registers	Project/ Programme	Yearly
14	Impact	Prevention-MSM	**Percentage of MSM who are living with HIV**	Assess the Impact of prevention	Total no. positive	Total No. tested	HSS, IBBS	National	2-3 yearly

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
15	Outcome	Prevention-MSM	**Percentage of men reporting use of a condom the last time they had anal sex with a male partner**	To assess progress in preventing exposure	Number who reported that a condom was used last time they had anal sex	Number who reported having anal sex with a male, last 12 months	BSS /IBBS	National	2-3 yearly
16	Outcome	Prevention-MSM	**Percentage of MSM who refused to have sex with a client/ non regular partner in the last 12 months because of not having or refusing to use a condom**	To assess the outcome of the BCC activities	Number who reported refusing to have sex with a client/Non regular partner	Number who reported having sex with a client/Non regular partner during last 12 months	BSS /IBBS	National	Once in 2-3 years
17	Output	Prevention-MSM	**Number of MSM reached through an intervention (BCC)**	Assess the coverage of service delivery of NGO	No. of MSM enrolled in the master register	NA	NGO Outreach Register	Programme/Project	Yearly
18	Output	Prevention-MSM	**Number of MSM peer educators trained to deliver BCC intervention**	Assess the qualified manpower to carry out BCC activities	No. of. MSM Peer educators recruited and trained	NA	Peer educator register	Project/ Programme	Yearly
19	Output	Prevention-MSM	**Percentage of MSM reached with HIV prevention programmes**	To assess the reach of MARP interventions	No. of MARP (who replied "yes" Que on HIV testing and condoms)	No of MARP interviewed	IBBS/ BSS	National	2-3 yearly
20	Output	Prevention-MSM	**Percentage of MSM who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**	To assess knowledge of the essential facts about HIV transmission among most-at-risk populations	Number of who gave the correct answers to all five questions	Number who answers all 5 questions	BSS /IBBS	National	2-3 yearly

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
21	Output	Preve ntion-MSM	**Number of Condoms distributed to MSM**	To assess the availability of condoms	Number of condoms distributed	NA	NGOs and NSACP	Project / National	Yearly
22	Output	Preve ntion-MSM	**Number of MSM escorted by the NGOs for STI care to STD clinics**	To Assess the service provision to KAP	Number escorted	NA	NSACP and NGO registers	Project/ Program me	Yearly
23	Outcom e	Preve ntion-MSM	**Percentage of MSMs who came for STI screening in the past 12 months**	To Assess the outcome of the NGO services	No. MSM reported having a STI screening	No. of MSM interviewed	BSS/IBB S	project/ Program me	Yearly
24	Output	Preve ntion-MSM	**Number of MSM received HIV Counselling and Testing**	to assess the reach of counselling and testing services	Number received HCT	NA	NSACP registers	Project/ Program me	Yearly
25	Outcom e	Preve ntion-MSM	**Percentage of MSM tested for HIV in past 12 months and know results**	To assess the utilization of HIV testing services by MSM	Number who have been tested for HIV during the last 12 months and who know the results	Number included in the sample	BSS /IBBS	National	2-3 yearly
26	Impact	Preve ntion-Beach boys	**Percentage of Beach boys who are living with HIV**	Assess the Impact of prevention	Total no. positive	Total No. tested	IBBS	National	2-3 yearly
27	Outcom e	Preve ntion-Beach boys	**Percentage of Beach boys tested for HIV in past 12 months and know results**	To assess the utilization of HIV testing services by Beach boys	Number who have been tested for HIV during the last 12 months and who know the results	Number included in the sample	BSS /IBBS	National	2-3 yearly

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
28	Output	Prevention-Beach boys	**Number of Beach boys reached through an intervention (BCC)**	Assess the coverage of service delivery of NGO	No. of BB enrolled in the master register	NA	NGO Outreach Register	Programme /Project	Yearly
29	Output	Prevention-Beach boys	**Number of beach boys peer educators trained to deliver BCC intervention**	Assess the qualified manpower to carry out BCC activities	No. of. BB Peer educators recruited and trained	NA	Peer educator register	Project/ Programme	Yearly
30	Output	Prevention-Beach boys	**Percentage of Beach boys reached through an intervention (BCC)**	To assess the reach of MARP interventions	No. of MARP (who replied "yes" Que. on HIV testing and condoms)	No of MARP interviewed	Peer educator register	Project/ Programme	Yearly
31	Output	Prevention-Beach boys	**Number of Condoms distributed to Beach boys**	To assess the availability of condoms	Number of condoms distributed	NA	Peer educator register	Project/ Programme	Yearly
32	output	Prevention-Beach boys	**Percentage of Beach boys who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**	To assess knowledge of the essential facts about HIV transmission among most-at-risk populations	Number of who gave the correct answers to all five questions	Number who answers all 5 questions	BSS /IBBS	Project/ Programme	2-3 yearly
33	Outcome	Prevention-Beach boys	**Percentage of beach boys reporting the use of a condom with their most recent male partner**	To assess progress in preventing exposure	Number who reported that a condom was used last time they had anal sex	Number who reported having anal sex with a male, last 12 months	BSS /IBBS	Project/ Programme	2-3 yearly
34	Output	Prevention-Beach boys	**Number of beach boys escorted by the NGOs for STI care to STD clinics**	To Assess the service provision to KAP	Number escorted	NA	NSACP and NGO registers	Project/ Programme	Yearly

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
35	Outcome	Prevention-Beach boys	**Percentage of Beach boys who came for STI screening in the past 12 months**	To Assess the outcome of the NGO services	No. BB reported having a STI screening	No. of BB interviewed	BSS /IBBS	Project/ Programme	Once in 2-3 years
36	Output	Prevention-Beach boys	**Number of beach boys tested for HIV in past 12 months and know results**	To assess the utilization of HIV testing services by Sex workers by beach boys	Number who have been tested for HIV during the last 12 months and who know the results	Number of most-at-risk population included in the sample	BSS /IBBS	Project/ Programme	2-3 yearly
37	Impact	Preventon-DU /IDU	**Percentage of DU/People who inject drugs who are living with HIV**	Assess the Impact of prevention	Total no. positive	Total No. tested	HSS, IBBS	National	2-3 years
38	Output	Preventon-DU /IDU	**Percentage of Hotspots for DU/Injecting drug users covered**	Assess the progress of the NGO program implementation	No of hotspots reached by services	No. of Hotspots identified	NGO Project reports	Project/ Programme	Yearly
39	Output	Preventon-DU /IDU	**Number of DU/IDUs reached through an intervention (BCC)**	Assess the coverage of service delivery of NGO	No. of DU/IDU enrolled in the master register	NA	NGO Outreach Register	Project/ Programme	Yearly
40	Output	Preventon-DU /IDU	**Number of DU/IDU peer educators trained to deliver BCC intervention**	Assess the qualified manpower to carry out BCC activities	No. of. DU/IDU Peer educators recruited and trained	NA	Peer educator register	Project/ Programme	Yearly
41	Output	Preventon-DU /IDU	**Percentage of peer educators available for DU/Injecting drug users in position**	Assess the Peer education who are trained and currently available BCC activities	No of peer educators currently available for BCC	Required no of peer educators	Peer educator register	Project/ Programme	Quarterly/ yearly

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
42	Output	Preventon-DU /IDU	**Percentage of DU/IDUs reached through an intervention (BCC)**	To assess the reach of MARP interventions	No of MARP responded as reached by intervention	No of MARP interviewed	IBBS/ BSS	Project/ Programme	Yearly
43	Output	Preventon-DU /IDU	**Number of Condoms distributed to DU/IDU**	To assess the availability of condoms	Number of condoms distributed	NA	NGOs and NSACP	Project / National	Yearly
44	Outcome	Preventon-DU /IDU	**Percentage of DU/IDU reporting the use of a condom at last sexual intercourse**	To assess progress in preventing exposure	Number who reported that a condom was used last time they sex	Number who reported having sex last 12 months	BSS/IBBS	National	2-3 yearly
45	Outcome	Preventon-DU /IDU	**Number of drug users tested for HIV in past 12 months and know results**	To assess the utilization of HIV testing services by drug users	Number who have been tested for HIV during the last 12 months and who know the results	Number included in the sample	BSS/IBBS	National	2-3 yearly
46	Output	Preventon-DU /IDU	**Number of DU/IDUs escorted by the NGOs for STI care to STD clinics**	To Assess the service provision to KAP	Number escorted	NA	NSACP and NGO registers	Project/ Programme	Yearly
47	Output	Prevention-Prisoners	**Number of Prisoners reached for voluntary HIV testing**	Assess the coverage of service delivery of sector	No. of prisoners tested for HIV	NA	NSACP Coordinator	Programme/Project	Yearly
48	Output	Prevention-Prisoners	**Number of peer educators trained in the prisons to deliver BCC intervention**	Assess the qualified manpower to carry out BCC activities	No. of. Prison Peer educators recruited and trained	NA	NSACP Coordinator	Project/ Programme	Yearly

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
49	output	Prevention-Prisoners	**Percentage of Prisoners who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**	To assess knowledge of the essential facts about HIV transmission among most-at-risk populations	Number of who gave the correct answers to all five questions	Number who answers all 5 questions	NSACP Coordinator	Project/ Programme	Yearly
50	Outcome	Prevention-General population	**Percentage of women and men aged 15-49 who received an HIV test in the past 12 months and know their results**	To assess the implementing HIV testing and counseling among general population	Number of respondent who have been tested for HIV and who know their results	Number of respondents aged 15-49	DHS report	National	2-3 yearly
51	Outcome	Prevention-General population	**Percentage of young women aged 15-24 who are living with HIV**	To assess the new HIV infections in young women	Number of HIV positive women with HIV	Total sample of young women tested	ANC data /NSACP	National	yearly
52	Outcome	Prevention-General population	**Percentage of adults aged 15-49 who had more than one partner in the past 12 months and who report the use of a condom during their last intercourse**	To assess the progress towards preventing exposure to HIV through unprotected sex with non-regular partners	Number of respondents who reported having had more than one partner in the last 12 months who also reported that they used a condom during last time they had sex	Number of respondents who reported having had more than one partner in the last 12 months	DHS report	National	2-3 yearly

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
53	Outcome	Preventio-General population	**Percentage of young women and men 15-24 who have had sexual intercourse before the age of 15 years**	To assess the progress in reducing the % of people who have higher risk sex	Number of respondents who have had sex with more than one partner in the last 12 months	Number of all respondents aged 15-24	DHS report	National	2-3 yearly
54	Outcome	Preventio-General population	**Percentage of adults aged 15-49 who had more than one partner in the past 12 months**	To assess the progress in reducing the % of people who have higher risk sex	Number of respondents who have had sex with more than one partner in the last 12 months	Number of all respondents aged 15-49	DHS report	National	2-3 yearly

Strategic direction 2: Diagnosis, treatment and care

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
55	Impact	ART	**Percentage of adults and children with HIV known to be on treatment 12, 24 and 60 months after initiation of antiretroviral therapy**	To assess the quality of care	Number alive and on treatment 12, 24 and 60 months after initiating ART	Total number of PLHIV who initiated ART 12, 24 and 60 months ago	NSACP Coordinator/SIM unit	National	Yearly
56	Outcome	ART	**Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV**	To assess the quality of care	Number of HIV positive Incident TB cases that receive treatment for both HIV and TB	Estimated number	NSACP Coordinator	National	Yearly
57	Output	ART	**Percentage of eligible adults and children currently receiving antiretroviral therapy**	To assess the quality of care	Number received ART	Estimated number of eligible PLHIV	NSACP Coordinator/SIM unit	National	Yearly
58	Output	ART	**Number of health facilities that offer antiretroviral therapy (ART) (i.e. prescribe and/or provide clinical follow-up)**		Number of health facilities that offer antiretroviral therapy (ART) (i.e. prescribe and/or provide clinical follow-up)		NSACP Coordinator/SIM unit	National	Yearly
59	Output	ART	**Percentage of health facilities dispensing antiretrovirals (ARVs) for antiretroviral therapy that have experienced a stock-out of at least one required ARV in the last 12 months**		Number of health facilities dispensing ARVs that experienced a stock-out of at least one required ARV in the last 12 months	Number of health facilities dispensing ARVs	NSACP Coordinator/SIM unit	National	Yearly

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
60	Output	ART	**HIV care**		Number of adults newly enrolled in pre-antiretroviral therapy (pre-ART) during the reporting period	Number of adults newly enrolled in HIV care (pre-ART and ART) during the reporting period	NSACP Coordinator/SIM unit	National	Yearly
61	Output	ART HIV-TB	**Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV**		Number of people with advanced HIV infection who received antiretroviral combination therapy and who were started on TB treatment, within the reporting year	Estimated number of incident TB cases in people living with HIV.	NSACP Coordinator/SIM unit	National	Yearly
62	Output	ART HIV-TB	**Number of health care facilities providing ART services for people living with HIV with demonstrable infection control practices that include TB control (consistent with international guidelines)**	Reduction of TB mortality	Number of ART facilities with demonstrable HIV infection		NSACP Coordinator/SIM unit	National	Yearly
63	Output	ART HIV-TB	**Percentage of adults and children newly enrolled in HIV care starting isoniazid preventive therapy (IPT)**	Reduction of TB mortality	Number of adults and children started in HIV care during the reporting period ('in HIV care' includes people in the pre-ART register and people in the ART register) who also start (i.e. are given at least one dose) isoniazid preventive therapy	Number of adults and children started in HIV care during the reporting period ('in HIV care' includes people in the pre-ART register and people in the ART register)	NSACP Coordinator/SIM unit	National	Yearly
64	Output	ART HIV-TB	**Percentage (%) of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit**	Reduction of TB mortality	Number of adults and children enrolled in HIV care ('in HIV care' includes people in the pre-ART register and people in the ART register) , who had their TB status assessed and recorded during their last visit during the reporting period	Total number of adults and children in HIV care in the reporting period ('in HIV care' includes people in the pre-ART register and people in the ART register)	NSACP Coordinator/SIM unit	National	Yearly

Strategic direction 3: Generating and using strategic information

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
65	Outcome	SIM	**Percentage of districts covered by mapping for size estimation**	Presence of coverage data	Number of districts covered	Total number of districts	SIM unit	Programme/ Project	Once in 4 years
66	Output	SIM	**Number of operational research studies and special studies awarded**	To assess the mechanism to identify operational issues	Number	NA	SIM unit	Programme/ Project	Yearly
67	Output	SIM	**Availability of accessibility to complete information on indicators listed in the National Strategic Plan**	Availability of data	Availability of data	Number of indicators	SIM unit	Programme/ Project	Yearly

Strategic direction 4: Health systems

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
68	Output	Health systems	**Number and Percentage of designated government sectors that have implemented HIV/AIDS activities**	To assess the multisectoral involvement in HIV/AIDS activities	Number	Total No. of designated ministries	NSACP Coordinator	Programme/ Project	Yearly
69	Output	Health systems	**Number of healthcare workers exposed to any kind of information on HIV and AIDS**	To assess the capacity building measures undertaken by NSACP for various categories of healthcare workers	No trained		NSACP Coordinator	Programme/Project	Yearly

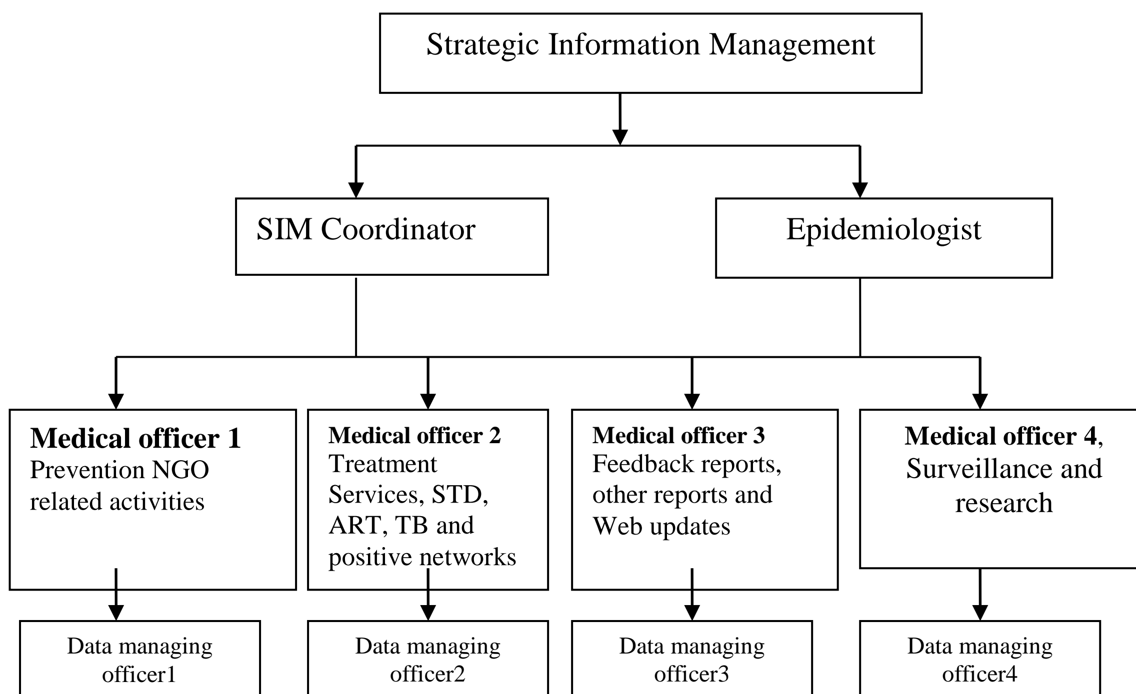
Strategic direction 5: Supportive environment

S. No	Indicator level	Category	Indicator	Purpose	Numerator	Denominator	Source of data	Level of utilization	Frequency of data collection
70	Outcome	Funding	**AIDS spending by categories and financing source**	To Assess the resource available for HIV/AIDS activities in the country	Amount of funds spent	NA	NASA	National	2-5 years
71	Outcome	Stigma and discrimination	**People living with HIV Stigma Index**	To measure stigma and discrimination	Number of respondents who report that they were denied health services, including dental care, in the previous year because of their HIV status	Total number of PLHIV interviewed.		National	2-5 years

Annex II. Organizational structure of Strategic Information Management (SIM) UNIT

The Strategic Information Management unit is headed by a Coordinator who is a Consultant level Medical officer. HIV/AIDS Surveillance area is managed by a consultant Epidemiologist.

These two consultant coordinators are supported by 4 medical officers as assistant coordinators



These Medical Officers attached to SIM unit 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 NSACP official website

Annex III. Monitoring and Evaluation of HIV Prevention Programme funded by the Global Fund

Expected duration of the GF programme : 2011 - 2015

A brief description of the GF programme:

Goal: Maintain the current low prevalence of HIV in Sri Lanka and improve the quality of life of people infected with and affected by HIV

Objectives:

1 .To increases the scale and quality of comprehensive interventions for most at risk populations.

1. To provide care, treatment and support for people living with HIV and AIDS.
2. To generate and use strategic information; planning and administration of project.

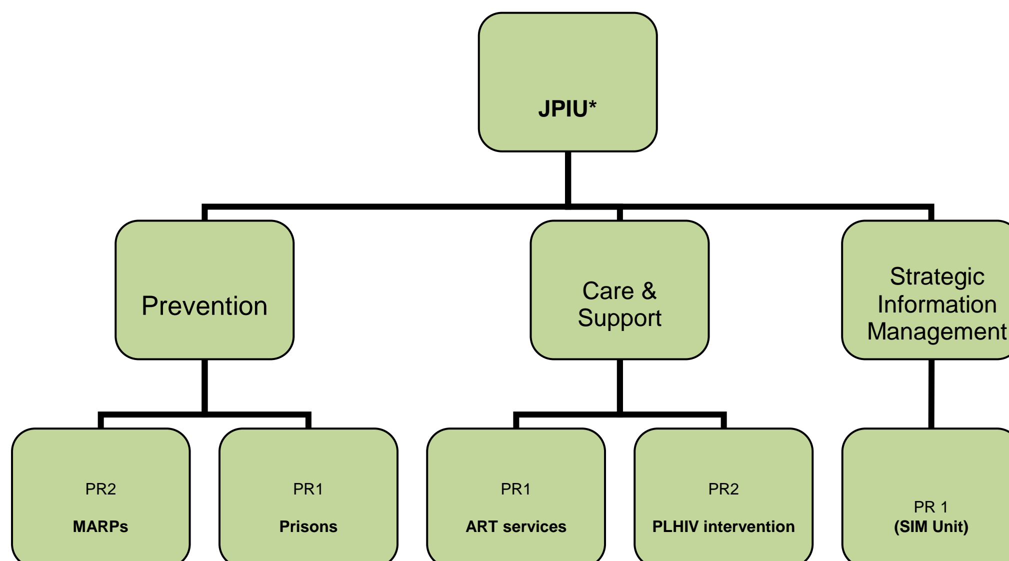
This Global fund HIV programme has three main objectives, i.e. to scale up preventive interventions to key affected populations (KAP) or most at risk populations (MARPs) in 14 districts in Sri Lanka, to provide care and treatment to people living with HIV and to generate strategic information necessary for HIV response in Sri Lanka.

The first objective of scaling up to preventive interventions to KAP comes under the principal recipient (PR) 2 (NGO PR). They will work with Sub Recipients (SRs) and Sub-sub recipients (SSRs) who will work with five KAPs i.e. Sex workers, Men who have sex with men, Beach boys, Drug users and People living with HIV.

Other two objectives i.e. provision of care, support and treatment and generation of strategic information will come under PR1 which is the National STD/AIDS control programme of the ministry of health. In addition, HIV prevention services to Prisoners will be carried out by PR 1.

Implementation Partners of GF HIV Prevention Activities

The Global fund NGO implementing intervention program will be executed by the Principal Recipient-2 who is also an NGO.



*JPIU-Joint Project Implementation Unit. Composition of JPIU is PR1 (D/ NASCP), PR2(D/Project), Key SRs x 3 and relevant NSACP officials x 4.

The Principal Recipient 1 will be Ministry of Health (NSACP). The monitoring activities related to the programs implemented by PR 1 will be as in the national M&E plan.

The Principal Recipient 2 is a large 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 M&E plan and M&E plans of individual NGOs.

Monitoring of HIV prevention activities carried out by the NGO sector.

The data flow in the NGO monitoring system involves multiple levels. 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.

1. 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

2. Project coordinators

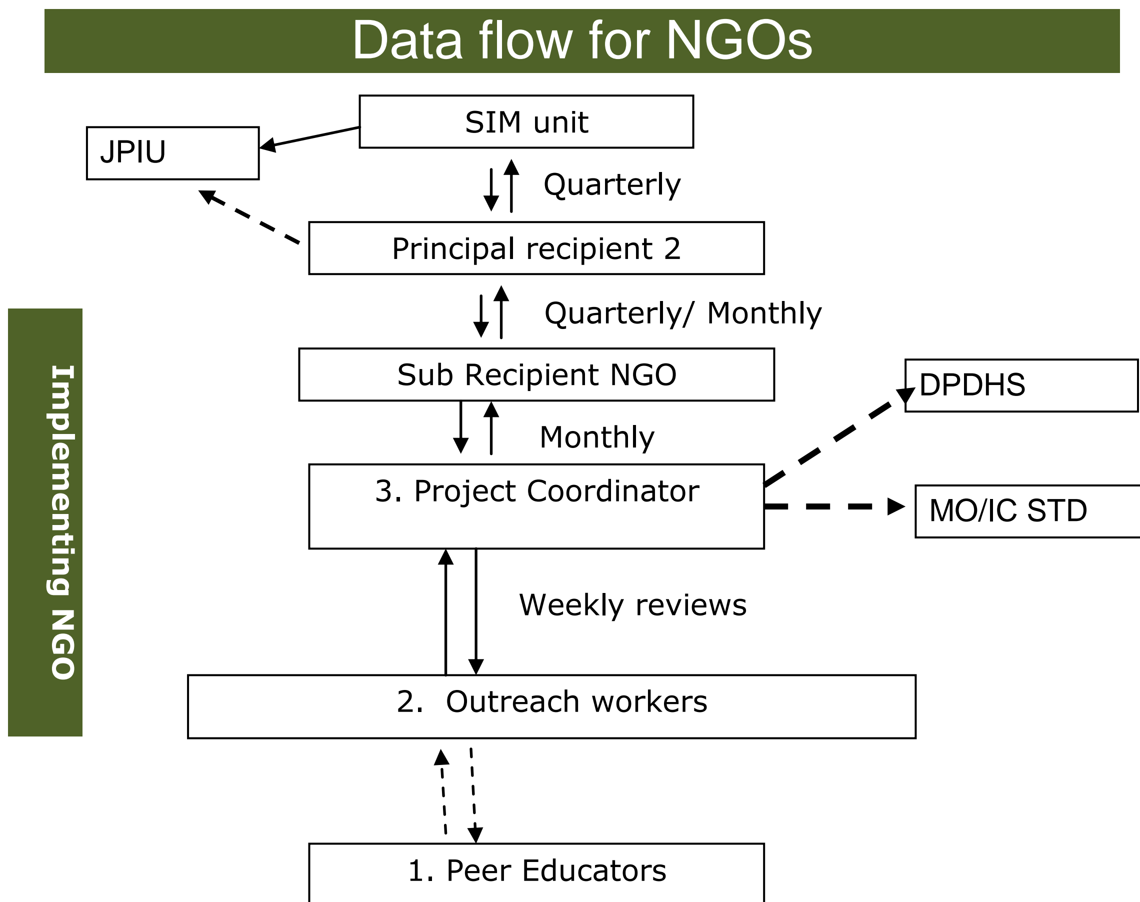
The Project Coordinator is the responsible officer for implementing and reporting the data to the NSACP/Key SRs. The Project Coordinator will do the following monitoring activities and reporting responsibilities.

- 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
- 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 check-up 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.
- Carry out site validation
- No. of review meeting conducted
- No. of Advocacy meetings among secondary stakeholders conducted
- No of outreach workers

A. Data flow from NGOs to National level



Roles and Responsibilities

The following are the key players in the monitoring plan of the NGOs under GF activities.

1. Peer educators
2. Outreach worker
3. Project Coordinator
4. 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 STD clinic for STD care /HIV testing

2. Outreach workers

They are the field implementers of the programme. 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 STD clinic for STD care /HIV testing
e. Organizing IEC activities

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

a. Diary
b. MARP Registration Form and MARP master register
c. Peer Education Calendar
d. Referral Slip and Referral services register
e. Outreach Worker Report
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 up interactions 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. Recruitment of peer educators
k. No. of MARP referred to STD clinic for STD care /HIV testing

3. Project Coordinator

The project 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 next level.

The project coordinator will be equipped with counselling skills and provides the counselling 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 counselling sessions done
e. No. of advocacy meetings among secondary stakeholders conducted

4. Sub-sub Recipient NGO (SSR)

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

The SSR 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 NGO (SR)

They are the intermediate NGOs between the Principal recipient and the SSR 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 MARPs reached
d. No. of condoms distributed

6. Principal Recipient (PR)

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 SR and SSR NGOs on a quarterly basis based on the parameters
f. Provide technical assistance to the SSR and SR NGOs

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 SRs and SSR 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 once 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.

Annex IV: Terms of Reference of Strategic Information Sub-committee of National AIDS Committee

1. To review available strategic information including current epidemiological situation on HIV epidemic and make recommendations to NAC and other relevant authorities.

2. Review the monitoring and evaluation mechanisms including its capacity building requirements of relevant stakeholders.

3. Review and recommend to NAC on the appropriate surveillance systems on STI/HIV/AIDS

4. Review and summarize relevant research findings on STI/HIV/AIDS to NAC

5. Recommend NAC on research priorities in relation to STI/HIV/AIDS