Application of M&E System Strengthening Tool (MESST) to assess the M&E systems for HIV prevention and treatment programme in Sri Lanka

Dr Ajith Karawita¹, Dr K.A.M. Ariyaratne¹, Mr Suchira Suranga², Dr Dayanath Ranatunga³

¹Consultant Venereologist, ²M&E Focal Person, Family Planning Association of Sri Lanka, ³Country Manager, UNAIDS, Sri Lanka
Introduction to the HIV epidemic in Sri Lanka
<table>
<thead>
<tr>
<th>#</th>
<th>HIV Situation in Sri Lanka</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>HIV new infection per day</td>
</tr>
<tr>
<td>04</td>
<td>HIV new cases reported per week</td>
</tr>
</tbody>
</table>

Close the testing gap
Get yourself tested for HIV
# PLHIV estimates for Sri Lanka 2012

<table>
<thead>
<tr>
<th>People living with HIV/AIDS</th>
<th>Adults (15+ years)</th>
<th>3000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children (&lt;15 years)</td>
<td>75</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AIDS deaths in 2012</th>
<th>175</th>
</tr>
</thead>
</table>

<p>| Adult HIV Prevalence rate | &lt;0.1% |</p>
<table>
<thead>
<tr>
<th></th>
<th>Total HIV Reported Cases in Sri Lanka by end 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total HIV cases reported</td>
</tr>
<tr>
<td>2</td>
<td>Total AIDS deaths</td>
</tr>
<tr>
<td>3</td>
<td>Total Mother to Child Transm. Cases</td>
</tr>
</tbody>
</table>
Reported HIV positive cases in Sri Lanka 1987-2014
Figure 5.8 Reported HIV cases by age group 1987-2014 (N= 2073)

- 25-49 Yrs.: 609 cases (75%)
  - Male: 976 cases
  - Female: 10% (75%)
- 0-14 Yrs.: 3% (3%
- 15-24 Yrs.: 7% (7%
- 50+ Yrs.: 10% (10%
- Unknown: 3% (3%
Probable Mode of transmission among reported HIV (N=783)

- **Heterosexual**: 69%
- **Same sex/Bisexual**: 24%
- **MTCT**: 5%
- **DU/IVDU**: 2%
- **Blood**: 0%
Figure 5.11 Probable mode of transmission of new HIV cases in 2014 (N=228)

- Male - Female: 55%
- Male - Male: 28%
- Unknown: 16%
- Injecting Drugs: 1%
- Mother to Child: 0%
Figure 5.12 Trend of probable mode of transmission, 2003-2014

- **Male-Female %**: 66% (2003), 48% (2004), 50% (2005), 49% (2006), 59% (2007), 50% (2008), 36% (2009), 58% (2010), 60% (2011), 57% (2012), 48% (2013), 55% (2014)
- **IDU %**: 0% (2003), 1% (2004), 0% (2005), 0% (2006), 1% (2007), 0% (2008), 0% (2009), 3% (2010), 1% (2011), 0% (2012), 2% (2013), 1% (2014)
- **Blood %**: 0% (2003), 0% (2004), 0% (2005), 0% (2006), 0% (2007), 0% (2008), 0% (2009), 0% (2010), 0% (2011), 0% (2012), 0% (2013), 0% (2014)
Figure 5.14 HIV cases by province of residence 1987-2014 (N=2073)

- Not Reported: 4%
- Uva: 2%
- North central: 3%
- Eastern: 3%
- Northern: 4%
- Sabaragamuwa: 4%
- Southern: 7%
- Central: 8%
- North-western: 9%
- Western: 56%
<table>
<thead>
<tr>
<th>Type of sample</th>
<th>Number tested</th>
<th>No. positive</th>
<th>Test positivity rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood donor screening</td>
<td>380,367</td>
<td>25</td>
<td>0.01%</td>
</tr>
<tr>
<td>Private hospitals and laboratories</td>
<td>237,605</td>
<td>63</td>
<td>0.03%</td>
</tr>
<tr>
<td>Antenatal mothers</td>
<td>168,221</td>
<td>5</td>
<td>0.003%</td>
</tr>
<tr>
<td>STD clinic samples*</td>
<td>72,063</td>
<td>113</td>
<td>0.16%</td>
</tr>
<tr>
<td>Tri forces</td>
<td>20,191</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Prison HTC programme</td>
<td>13,803</td>
<td>4</td>
<td>0.03%</td>
</tr>
<tr>
<td>TB clinic screening</td>
<td>7,409</td>
<td>18</td>
<td>0.24%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>899,659</strong></td>
<td><strong>228</strong></td>
<td><strong>0.03%</strong></td>
</tr>
</tbody>
</table>

(* STD clinic samples include STD clinic attendees, testing symptomatic patients and testing of contacts)*
Number of PLHIV on ART 2011-2014
Introduction to HIV prevention interventions under the GFATM HIV Project
Overview of what to monitor and evaluate
Overview of what to monitor and evaluate

Key populations for HIV prevention

People Living with HIV
1. Treatment and care
2. Prevention with positives

Most at risk populations (MARPs)
1. Female Sex Workers (FSW)
2. Men who have sex with men (MSM)
3. Drug users
4. Beach boys

Vulnerable populations
1. Prison sector

Mainly implemented by the Government

Training and Supervision

Peer educators

HIV Prevention Package
1. STD awareness and knowledge
2. HIV awareness and knowledge
3. Distribution of leaflets
4. Condom demonstration
5. Condom distribution
6. Escorting for testing

Mainly implemented by Non-Government (umbrella Organizations)
Organizations/institutions involve in the provision HIV treatment and care services in Sri Lanka
Institutions & M&E systems at organization level

Government Institution

- National STD/AIDS Control Programme (NSACP) → Strategic Information Management Unit (SIM)

Non-govermental Institutions (Umbrella Organizations, UO)

- Family planning association of Sri Lanka
- Heart to Heart (H2H) organization → SSR/MSM
- Community strength development foundation (CSDF) → SR/FSW
- Alcohol and Drug Information Centre (ADIC) → SR/DU
- Sri Lanka Red Cross → MSM
- Saviya Development Foundation → BB
Objective of the study or the assessment

• To identify current strengths and weaknesses of the M&E systems for HIV prevention and treatment services
  – in the National STD/AIDS Control Programme (NSACP) and
  – other non-governmental umbrella organizations (UOs) and
• to develop an agreed plan of action for M&E system strengthening
Method

• Application of M&E System Strengthening (MESS) Tool among the M&E stakeholders in the NSACP and UOs in the project.

• **Design:** Conduction of one day MESS workshop with a MESS workshop facilitator

• **Population/Sample:** M&E stakeholders across all the partner organizations (NSACP and UOs)

• Methodology is mainly based on the grading of statements provided on Excel worksheets of the MESS tool and action points identified during the stakeholder group activity (MESS workshop).
Data collection

- **Data collection tool**: MESS tool, it has 12+1 Excel worksheets for the twelve components of M&E system and another one sheet for the M&E plan
- **Data collection method**: is mainly based on the grading of statements provided on Excel worksheets of the MESS tool with the MESS workshop facilitator and action points identified during the stakeholder group activity
- Initially, three multidisciplinary groups (10 stakeholders per group) were formed with almost similar composition and balance of power and each group was then given 4 sheets to be completed by participatory approach with group consensus.
- (Worksheets have M&E related statements to be collectively graded by stakeholders considering the country context and M&E experiences)
# 12 Excel worksheets for 12 components of important aspects of M&E systems

<table>
<thead>
<tr>
<th>Outer circle: People, partnership and planning</th>
<th>Inner circle: Collect, capture and verify</th>
<th>Centre: Use data for decision making</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. organizational structure with M&amp;E functions</td>
<td>1. Surveys and surveillance</td>
<td>1. Data dissemination and use</td>
</tr>
<tr>
<td>2. Human capacity for M&amp;E</td>
<td>2. Routine programme monitoring</td>
<td></td>
</tr>
<tr>
<td>3. M&amp;E partnerships</td>
<td>3. Supportive supervision and auditing</td>
<td></td>
</tr>
<tr>
<td>4. M&amp;E plan</td>
<td>4. M&amp;E databases</td>
<td></td>
</tr>
<tr>
<td>5. M&amp;E work plan</td>
<td>5. Evaluation, research and learning</td>
<td></td>
</tr>
<tr>
<td>6. M&amp;E advocacy, communication and culture</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12 Components

- Organisational structures with M&E
- Surveys and surveillance
- HIV evaluation, research and learning
- M&E database
- M&E plan
- Supervision & data auditing
- Routine programme monitoring
- M&E advocacy, communications, and culture
- Costed M&E work plan
- Human capacity for M&E

Prepared by: Marelize Gorgens-Albino, The World Bank Global AIDS M&E Team (GAMET)
MESS Tool has 12 excel sheets for 12 components

<table>
<thead>
<tr>
<th>M&amp;E System Component 1: Organisational Structures with HIV M&amp;E Functions</th>
<th>NATIONAL LEVEL</th>
<th>NATIONAL LEVEL</th>
<th>NATIONAL LEVEL</th>
<th>NATIONAL LEVEL</th>
<th>SUB NATIONAL LEVEL</th>
<th>SUB NATIONAL LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M&amp;E System Component 2: Human Capacity for HIV M&amp;E</td>
<td>NATIONAL LEVEL</td>
<td>NATIONAL LEVEL</td>
<td>NATIONAL LEVEL</td>
<td>NATIONAL LEVEL</td>
<td>SUB NATIONAL LEVEL</td>
</tr>
<tr>
<td></td>
<td>M&amp;E System Component 3: Partnerships to plan, coordinate and manage the M&amp;E system</td>
<td>NATIONAL LEVEL</td>
<td>NATIONAL LEVEL</td>
<td>NATIONAL LEVEL</td>
<td>NATIONAL LEVEL</td>
<td>SUB NATIONAL LEVEL</td>
</tr>
</tbody>
</table>

**Pre-assessment checklist:**
1. Check if there is a national strategic plan for HIV.
2. Check if there is a national AIDS Authority.
3. Check if the M&E Plan has been articulated.

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**MESS tool in Excel**
12 Components

• **What is the 12 components?**
  – It is an ORGANISING FRAMEWORK
  – **Why?** We can organise all aspects of the HIV M&E system according to the 12 components

• **Who does the 12 components belong to?**
  – It does not belong to the World Bank or Global AIDS M&E Team (GAMET)
  – All partners, including UNAIDS, the US government, the Global Fund and others have agreed on the 12 components as an organising framework
  – Therefore, the 12 components belongs to everyone

• **What are the 12 components?** See the next slide
Results of the assessment about the two organizational levels

**Government Institution**
- National STD/AIDS Control Programme (NSACP) → Strategic Information Management Unit (SIM)

**Non-governmental Institutions** *(Umbrella Organizations, UO)*
- Family planning association of Sri Lanka
- Heart to Heart (H2H) organization → SSR/MSM
- Community strength development foundation (CSDF) → SR/FSW
- Alcohol and Drug Information Centre (ADIC) → SR/DU
- Sri Lanka Red Cross → MSM
- Saviya Development Foundation → BB
Results Dashboard: NSACP

Ministry of Health AIDS Control Programme

<table>
<thead>
<tr>
<th>Category</th>
<th>Completely</th>
<th>Yes</th>
<th>Mostly</th>
<th>Partly</th>
<th>Not at all</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-Data Use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11-Eval &amp; Research</td>
<td>7</td>
<td>0</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10-Supervision and Auditing</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>9-Nat'l &amp; Sub-nat'l Databases</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8-Surveys &amp; Surveillance</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6-Adv. Comm. &amp; Culture</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5-Nat'l M&amp;E Work Plan</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4-Nat'l M&amp;E Plan</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3-Partnerships</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2-Human Capacity</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1-Org Structure</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
NSACP

• M&E partnerships, National HIV M&E plan, M&E advocacy communication & culture and evaluation & research, use of M&E data are relatively better at the NSACP.

• Performance of surveillance and surveys are having about 50% strength.

• Organization structure, human capacity, National and sub national databases as well as supportive supervision & auditing are main areas the warrant strengthening at the NSACP level

• National M&E work plan was not available and was on the process of development at the time of the administration of the MESS tool.
Results Dashboard: UOs

Umbrella organisations for civil society and private sector

- 12-Data Use: 2 Completely, 0 Yes, 3 Mostly, 0 Partly, 1 Not at all, 0 N/A
- 11-Eval & Research: 2 Completely, 0 Yes, 2 Mostly, 3 Partly, 0 Not at all, 0 N/A
- 10-Supervision and Auditing: 1 Completely, 1 Yes, 2 Mostly, 1 Partly, 7 Not at all, 0 N/A
- 9-Nat'l & Sub-nat'l Databases: 1 Completely, 3 Yes, 1 Mostly, 2 Partly, 0 Not at all, 0 N/A
- 8-Surveys & Surveillance: 0 Completely, 0 Yes, 0 Mostly, 0 Partly, 0 Not at all, 0 N/A
- 6-Adv. Comm. & Culture: 5 Completely, 0 Yes, 1 Mostly, 1 Partly, 0 Not at all, 0 N/A
- 5-Nat'l M&E Work Plan: 1 Completely, 1 Yes, 1 Mostly, 0 Partly, 1 Not at all, 0 N/A
- 4-Nat'l M&E Plan: 2 Completely, 0 Yes, 3 Mostly, 0 Partly, 0 Not at all, 0 N/A
- 3-Partnerships: 3 Completely, 0 Yes, 4 Mostly, 1 Partly, 0 Not at all, 0 N/A
- 2-Human Capacity: 1 Completely, 3 Mostly, 4 Partly, 0 Not at all, 0 N/A
- 1-Org Structure: 1 Completely, 0 Yes, 2 Mostly, 1 Partly, 17 Not at all, 1 N/A

Percent of Responses
Umbrella Organizations (UOs)

• Overall, M&E partnerships, M&E plan, M&E culture and use of M&E data were satisfactory with relatively high strength.
• Organizational structure and evaluation and research were at about 50% strength level.
• However, human capacity, national and sub-national databases, supportive supervision and auditing were areas that need strengthening while surveys and surveillances activities are not strong areas under UOs.
Sheet of action points

• Furthermore, the tool generates a sheet of action points under each of 12 components based on the actions identified by the group which will help to focus activities to be carried out in order to strengthen the system.

• Helps to develop a work plan for the improvement of deficits
Conclusion

• MESS tool is an important organizing framework to identify strengths and weaknesses and gaps in the M&E system of the NSACP and UOs.

• Results reflect the areas to be strengthen and rectified in order to show realistic programme outcome and impact results.
Assessment areas of M&E within the organizations/institutions by the MESS tool
In detail
Organizational structures with function in HIV M&E

- Should have **people involved** for M&E (full time/partime)
- **Work specialization** (appropriately skilled)
- **Chain of command** (no person ideally should report to mote then one boss)
- **Span of control** — Number of subordinated that a manager can direct efficiently and effectively

- **Organizational culture**— negative or positive
- **Authority** — its inherent right to execute M&E functions (Robbins and Decenzo, 2001)
- **Mandate** — the specific order given to an organisation to execute M&E functions
- **Responsibility** — its obligation to perform assigned functions (Robbins and Decenzo, 2001)
Organizational structures with function in HIV M&E

Principles of organizational designs

1. First decide on the strategy and processes (for M&E)
2. Then decide on the organizational structure (organogram)
3. Competency requirements
4. Span of control and coordination

How to design an organizational structure for HIV M&E

• First the term organizational structure for HIV M&E, refers to the network of organizations that will have staff doing M&E jobs (it therefore, does not apply to the organizational structures of the country MoH or MACA)
Organizational structures with function in HIV M&E

HIV M&E system is multisectoral

- Many countries tend to have two full time units with HIV M&E
- One in the MoH, and another in the NACA

Locating the M&E units is paramount

- People responsible for HIV M&E will be found in different organisations at different levels (national, sub-national, and HIV service delivery)
- Persons appointed to carry out M&E functions could be fulltime or parttime

HIV M&E at sub-national level

- When developing M&E system it is necessary to consider sub-national level
- Decentralization of the HIV response is a new development
Human Capacity for HIV M&E

- **Capacity**: The ability to perform appropriate tasks effectively, efficiently and sustainably.
  - Individual (human) capacity
  - Organizational capacity
  - System capacity

- **Capacity assessment**: A structured and analytical process whereby the various dimensions of capacity are measured and evaluated within the broader environmental or systems context, as well as specific entities and individuals within the system.

Adapted from: UNDP, 1997
Human Capacity for HIV M&E

Capacity development mechanisms

- On-the-job (in-service) training
- Conduct processional meetings and regional conferences
- Establish and maintain regional knowledge networks
- Distance learning and modular training courses as continuing education options
- Include M&E in all pre-services
- Arrange targeted exchange visits and study tours.
HIV M&E Partnerships

Partnerships for HIV M&E

• A partnership is an agreement between two or more parties to work together to achieve common aims

• An M&E partnership refers to a cooperative relationship between people or groups who agree to share responsibility for achieving the HIV M&E system performance objectives.

Types of HIV M&E Partnerships

• Internal – between units in the NACA

• External – between NACA and its partners
  – Multi-sectoral (between NACA and different sectors)
  – Multi-level (between NACA, LGA and communities)

NAC – National AIDS Coordinating Authority, LGA-Local Government Authorities
# National HIV M&E Plan

<table>
<thead>
<tr>
<th>National HIV M&amp;E plan</th>
<th>A comprehensive narrative document for all M&amp;E activities documenting the key M&amp;E questions to be addressed (Indicator details, targets, assumptions, analysis, interpretation, reporting etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Documents all aspects of the national HIV <strong>M&amp;E system.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>National HIV M&amp;E system</th>
<th>Consist of people and processes that work together in an enabling environment to achieve the 12 performance goals of a national HIV M&amp;E system.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>M&amp;E work plan</th>
<th>An action plan that includes activities, responsibilities, time frames, and cost for each of the 12 components. An M&amp;E work plan is usually an annex to an M&amp;E plan</th>
</tr>
</thead>
</table>
A costed, multi-year, multi-sectoral and multi-level HIV M&E work plan is an extension of the principle of ‘one national HIV M&E system’ (the 3rd of the Three Ones): it means one work plan for all HIV M&E activities over a period of time.

- **Costed** – funding requirement determined
- **Multi-year** – HIV M&E plan is a multi-year plan corresponding to the time frame of National HIV Strategic Plan
- **Multi-sectoral** – involved stakeholders in multiple sectors, plan should have budget should cover sectoral needs
- **Multi-level** – M&E work involve national, sub-national, umbrella organizations, or local government authorities.
HIV advocacy, communications and culture

- **Advocacy** – The act of pleading or arguing in favor of something. Advocacy intended to educate, sensitise, influence and change opinion, or motivate action by (for example) creating and implementing a favourable policy.

- **Communication** – Process of exchange information using various means or media.

- **M&E culture** – shared set of values, conventions, or social practices associated with HIV M&E

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**Advocacy and communication to create a positive HIV M&E culture:**
The exchange of HIV M&E information to change attitudes, actions, perceptions and behaviour relating to HIV M&E, by influencing people, organisations, systems and structures at different levels, to create a shared set of positive values about the importance of HIV M&E.
Surveys and HIV surveillance

Biological surveillance
1. Sentinel sero-surveillance in defined sub-populations.
2. Regular HIV screening of donated blood.
3. Regular HIV screening of occupational cohorts or other sub-populations.
4. HIV screening of specimens taken in general population surveys.
5. HIV screening of specimens taken in special population surveys.

Behavioral surveillance
1. Repeat cross-sectional surveys in the general population.
2. Repeat cross-sectional surveys in defined sub-populations.

Other sources of information involve
1. HIV and AIDS case surveillance.
2. Death registration.
3. STI surveillance and
4. TB surveillance.
Routine monitoring

• **Routine monitoring** can be done at all levels of the entire scale/gamut of input → output → outcome → impact.

• Usually **Input → output** data are collected through routine monitoring systems.

• **Routine data**: Routine data are those generated as part of the implementation of a programme, activity or service. (variables in a patient record, register etc)
All types of routine data in the HIV M&E system need to have supervision and data auditing processes associated with them.

Supportive supervision is defined as directing and overseeing the performance of others, whilst transmitting skills, knowledge and attitudes that are essential for successful monitoring of HIV activities.

Data auditing is the process of verifying the completeness and accuracy.
National and Sub-national HIV databases

• Develop and maintain
  – National and
  – Sub-national HIV databases that enable stakeholders to access relevant data for policy formulation program management

• Database managements
  – Some available on the market
  – Latest version of UNAIDS CRIS, UNDP Devinfo
  – Many countries opted to design their own databases and improvement.

• Spatial analysis
  – Linking data to geographic coordinates (provinces, districts, towns etc) by some software e.g. GIS software (has both database and spatial referencing capabilities)

• Linkages to other databases in the country

• Need for capacity building in database design and management to improve usage and access to information
HIV Research and Evaluation

Research

- **Research**: Contribute to the generalizable knowledge
- **Operations Research (OR)**: Provide program managers with the required information to develop, improve or scale-up programs.

OR focuses on whether the **program is the right**, or best program to achieve the desired results.

Evaluation

- evaluation involves assessing the strengths and weaknesses of programs, policies, personnel, products, and organisations to improve their effectiveness’. Rossi and Freeman (1993)
  - Formative evaluation, process evaluation, Outcome evaluation, Impact evaluation etc
HIV Research and Evaluation

Building blocks of performance

• Inventory of completed and ongoing country-specific HIV evaluation and research studies.

• Inventory of local HIV evaluation and research institutions and their areas of work.

• National HIV evaluation and research agenda.

• Ethical approval procedures and standards.

• Guidelines on evaluation and research standards and methods.

• National conference or forum for dissemination and discussion of HIV research and evaluation findings.

• Evidence of use of evaluation/research findings (e.g. referenced in planning documents).
Data analysis, information dissemination and use

Performance goals: Disseminate and use data from the M&E system to guide policy formulation and program planning and improvement.

1. Data use planning as part of the National M&E Plan.
2. Analysis of data needs and data users.
3. Data use calendar to guide timetable for major data collection efforts and reporting requirements.
4. Standard format for reporting and data tabulation.
5. Timetable for national reporting.
6. Information products tailored to different audiences and dissemination schedule.
7. Evidence of information use (e.g. data referenced in funding proposals, planning documents).
Thank you