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National Multisectoral HIV and AIDS Monitoring and Evaluation System

Operational Plan

Volume 1

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Acronyms

AIDS	Acquired ImmuneDeficiency Syndrome
AMICAALL	Alliance of Mayors and Municipal Leaders on HIV and AIDS in Africa
ANC	Antenatal clinic
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
BCC	Behavioural Change Communication
BSS	Behavioural Surveillance Survey
CANGO	Co-ordinating Assembly of Non-Governmental Organisations
CBO	Community-Based Organisation
CHBC	Community Home Based Care
CMS	Central Medical Stores
CMTC	Crisis Management and Technical Committee
CRIS	Country Response Information System
CSO	Central Statistics Office
CST	Care, Support and Treatment
DFID	Department for International Development
DHIS	District Health Information System
DHS	Demographic and Health Survey
EU	European Union
FBO	Faith-Based organisation
FHI	Family Health International
FLAS	Family Life Association of Swaziland
FP	Family Planning
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP	Gross National Product
HAPAC	HIV and AIDS Prevention and Care
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IEC	Information, Education and Communication
LFA	Local Funding Agent
M&E	Monitoring and Evaluation
M&E TWG	M&E Technical Working Group
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoHSW	Ministry of Health and Social Welfare
MoU	Memorandum of Understanding
NAC	National AIDS Commission

NCPI	National Composite Policy Index
NERCHA	National Emergency Response Council on HIV and AIDS
NGO	Non-Governmental Organisation
NSP	National Strategic Plan for HIV and AIDS
OVC	Orphans and Vulnerable Children
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PWD	Persons with Disabilities
QSC	Quarterly Service Coverage
QSCR	Quarterly Service Coverage Report
REMACs	REMSHACC Regional HIV/AIDS M&E Coordinators
REMSHACC	Regional Multisectoral HIV and AIDS Coordination Committee
RH	Reproductive Health
SHAPMoS	Swaziland HIV and AIDS Programme Monitoring System
SIPAA	Support to International Partnership Against AIDS in Africa
SNAP	Swaziland National AIDS Programme
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
TB	Tuberculosis
TOR	Terms of Reference
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

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1 INTRODUCTION

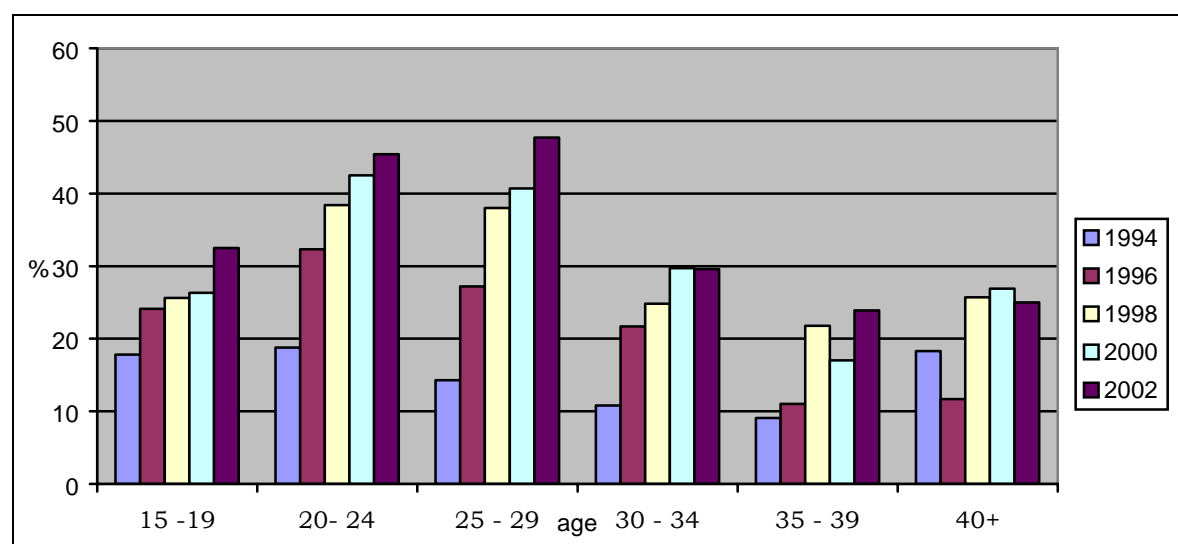
1.1 Socio-demographic situation in Swaziland

Swaziland, covering an area of 17,364 square kilometres, is situated between South Africa and Mozambique and has a population of about 1.13 million (extrapolation from 1997 census). It is administratively divided into four regions (Hhohho, Lubombo, Manzini and Shiselweni) and traditionally composed of 55 Tinkundla (constituencies) each led by an elected leader and further subdivided into 360 chieftaincies each led by a traditional chief. The population is fairly evenly distributed across the country with the largest proportion of the population (30%) settled in the Manzini region and the smallest proportion (21%) residing in the Lubombo region. Fifty three percent of the population is female, while those under 15 years of age make up just under 45% of the population (1997 census). More than 70% of the population live in the rural areas of Swazi Nation Land that is held in trust by the King and administered by Chiefs.

1.2 HIV Prevalence in Swaziland

HIV prevalence in Swaziland has steadily increased to reach levels that are among the highest in the world. The prevalence amongst antenatal clinic (ANC) clients, as measured by sentinel surveillance, increased from 3.9% in 1992, to 16.1% in 1994, 26% in 1996, 31.6% in 1998, 34.2% in 2000, an alarming 38.6% in 2002 (MoHSW 2002, 8th HIV Sentinel Sero-surveillance Report) to an alarming 42.6% in 2004. Variation between regional prevalence rates is minimal. In 2002, the Manzini Region had the highest prevalence (41.2%), followed by Lubombo (38.5%), Shiselweni (37.9%) and Hhohho (36.6%). In 2002, those utilising the services of the ANC, aged 20-24 years, reported the highest prevalence (45.4%), whilst the age group of 15-19 years revealed a prevalence of 32.5%. The HIV prevalence trends by age group are shown in Figure 1.

Figure 1: HIV prevalence trends among ANC respondents by age group 1994 to 2002



In 2002 HIV prevalence in urban areas (40.6%) was slightly higher than in rural areas (35.9%). The sentinel surveillance further highlights that although there may seem to be slight variation between the two settings, age specific prevalence in the two settings show wide variations with urban populations experiencing higher prevalence compared to their rural counterparts.

1.3 The Impact of HIV and AIDS on Swazi Society

The high HIV prevalence has rapidly increased the number of AIDS cases and resulted in severe impacts that are visible on all aspects of the Swazi society. HIV and AIDS impacts may be witnessed at an individual level, at the household level, at the community level, and within whole sectors.

On an individual level, the Crude Death Rate has already increased from 9.9 (in 1998) to 22.7 deaths per 1,000 population in 2002 as a result of AIDS mortality and is projected to reach 30.2 deaths per 1,000 population by 2010. Annual AIDS deaths are projected to increase from 1,470 in 1991 to 21,730 by 2015, exceeding non AIDS-related deaths by nearly 20,000. The projected population size in 2015 is estimated to be 1.58 million; about 41% lower than it would have been in the absence of AIDS (World Bank, 2001).

At the household and community levels, HIV and AIDS has resulted in a dramatic increase in the number of orphans – estimated to be over 120,000, or approximately 15% of the population, by 2010 (Stanecki, 2001). This sudden increase in the number of orphans, vulnerable children, and vulnerable households has overwhelmed the capacity of the extended family to cope.

HIV and AIDS impacts on the supply of education (by the Swaziland Ministry of Education) and demand for education (created by students who enrol for school). On the supply side, the quality of education is declining due to increased HIV and AIDS related deaths among teachers, increased absenteeism amongst teachers and due to an increase in the ratio of teachers to students. On the demand side, there has been and will continue to be a decrease in the number of children enrolled in primary school (projected to be up to 30% of children of eligible school-going age not being in school) (Swaziland Ministry of Education, 2000).

In the health sector, the demand for admission into hospital has increased with HIV and AIDS-related conditions taking up more than 50 % of the available hospital beds. As a result there is generalised congestion in hospital wards and patients are often discharged prematurely to be cared for at home. Regrettably the environment is ill prepared for this task and the family, affected by a reduction in income because of the loss of their productive members, is not able to provide the basic care required.

HIV and AIDS has also impacted on the agricultural and private sectors in Swaziland. One of the key features of the HIV and AIDS epidemic is that it affects the most productive segment of the population (those aged 15 to 49 years). This has significant implications for the labour force, especially in agriculture and industry. The epidemic affects both the quality and quantity of labour supply in the economy. Highly trained and educated individuals are few and their replacement results in great national costs. This affects both the output of the sector and the GNP. Evidence from different studies indicates that the main cost to society is not the direct costs of prevention efforts and medical care but rather costs resulting from the decline in output and the more complex and less easily estimated social disruption and economic costs of social instability.

Swaziland is currently grappling to respond to the rapidly increasing numbers of AIDS cases, which leads to increases in a number of areas: persons with opportunistic infections, premature deaths, vulnerable children, vulnerable households, food insecurity, and destitution among the elderly. The impact of HIV and AIDS on the Swazi society has been, and continues to be, significant, measurable, fundamental and long-term. This has necessitated a concerted and well-managed response. Swaziland's initial response to HIV and AIDS, and how it unfolded over time, is discussed hereunder.

1.4 The National Response to HIV and AIDS

1.4.1 Structures to Manage the National Response to HIV and AIDS in Swaziland

The impact of HIV and AIDS on Swaziland necessitated a response to it: the government could not allow the virus to spread unabated without putting in place strategies to prevent its further spread and mitigate its impact on Swazi society. As was done regionally and in most other countries, the health sector initially led the response to HIV and AIDS. Immediately after the diagnosis of the first AIDS case in 1986, the Swaziland Government established a Swaziland National AIDS Programme (SNAP) within the Ministry of Health and Social Welfare (MoHSW) taking the lead.

On the international front, the response to HIV and AIDS changed from a health sector-driven response to a multisectoral response¹, as the risk factors associated with HIV and AIDS and the extent of its impact became known. This move by international role players towards a multisectoral response led to increased pressure being exerted on governments to follow suit.

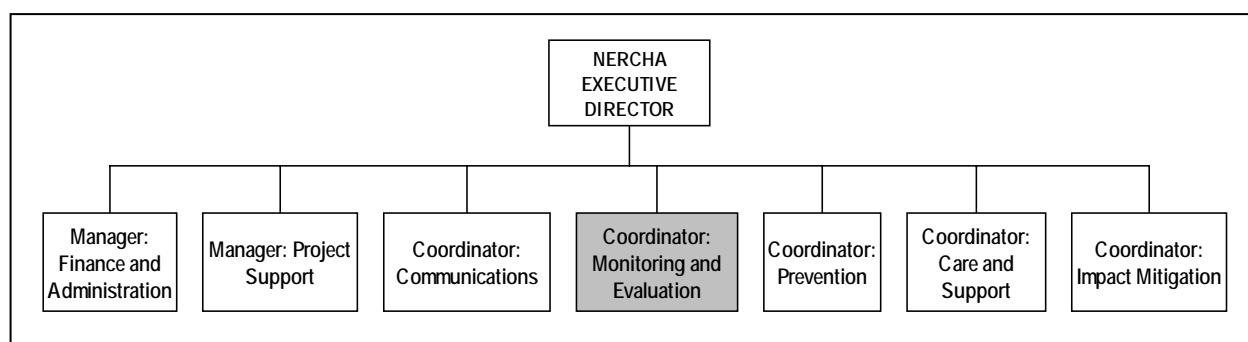
In Swaziland, as in most other countries in Africa, the move towards a multisectoral response took place incrementally. First, His Majesty the King declared HIV and AIDS a “national disaster” in 1999. Following this, a Cabinet Committee on HIV and AIDS, chaired by the Deputy Prime Minister, and the multisectoral Crisis Management and Technical Committee (CMTC) were formed. Finally, in 2001, the National Emergency Response Council on HIV and AIDS (NERCHA) was established within the Prime Minister’s Office to replace the CMTC.

1.4.2 The Mandate of NERCHA

The mandate of NERCHA is to coordinate the national response to the epidemic using the HIV and AIDS national strategic plan as its operating framework, to encourage the involvement of all sectors (i.e. a multisectoral response), and to mobilise resources, as per the NERCHA Act of 2003.

A Council oversees NERCHA’s functions, whilst a NERCHA Secretariat is responsible for the day-to-day management of NERCHA’s activities. The senior management at NERCHA include the posts illustrated in the organisational chart below:

Figure 2: Organisational Structure of NERCHA



1.4.3 Funding for the National Response to HIV and AIDS

The government, multi- and bi-lateral development agencies and the private sector all provide funding for the national response to HIV and AIDS. In 2003, the Swaziland government also received substantial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), for which NERCHA was appointed as the principal recipient. This resulted in NERCHA having the added responsibility of managing the GFATM grant in Swaziland. In addition, the Government of Swaziland provides funds for NERCHA itself, and for NERCHA to implement

¹ Internationally, the World Health Organisation managed the response to HIV and AIDS until 1996, when the multisectoral Joint United Nations Programme Against AIDS (UNAIDS) was formed.

programmes. Other funders may also provide bilateral support that is channeled to implementers of HIV and AIDS interventions directly, and does not go through the NERCHA.

1.4.4 Planning and Documenting the National Response to HIV and AIDS

In 2000, the CMTC developed Swaziland's first *National Strategic Plan for HIV and AIDS* (NSP). It covered the period 2000 to 2005 and was a guiding framework for the national multisectoral response to HIV and AIDS. It thus guided the work of the NERCHA. The first NSP focused on three areas: (1) risk reduction, (2) response management and (3) impact mitigation.

In 2005, the Government of Swaziland developed a *National Multisectoral Policy on HIV and AIDS*; this was after a Joint Programme Review of the first NSP in 2004 revealed that the lack of a national policy was hampering the implementation and quality of HIV interventions. The National Multisectoral HIV and AIDS Policy contains a chapter on HIV and AIDS monitoring and evaluation.

Given that the timeframe of the first NSP expired in 2005, the Government of Swaziland also, in 2005, developed a new National Strategic Plan for HIV and AIDS, linked to a National Action Plan, for the three-year period from 2006 to 2008. The thematic areas and sub thematic areas of the new NSP are summarised in Table 1 to Table 4 hereunder:

THEMATIC AREA: PREVENTION OF HIV TRANSMISSION

Table 1: Sub-thematic areas under the thematic area of 'HIV prevention'

Sub-thematic area	Objective
Behaviour change communication	To reduce risky behaviour among sexually active people
Blood safety	To improve the safety of blood and blood products for transfusion in the country
Prevention of mother to child transmission plus	To reduce the proportion of infants who acquire HIV infection through mother (parent) to child transmission
Condom promotion and management	To increase availability, accessibility, affordability and acceptability of male and female condoms
Sexually transmitted infection treatment and management	To reduce the prevalence of treatable sexually transmitted infections
Post exposure prophylaxis and universal precautions	To reduce the risk of accidental exposures to HIV infection. To increase the number of persons who were raped or victims of incest receiving PEP To increase the number of accidental exposures to HIV infection receiving PEP
Counseling and testing	To increase the proportion of people who have been appropriately counseled, tested and know their HIV status To increase the proportion of people who adopt appropriate preventive measures for protecting themselves and others from HIV infection as result of knowing their HIV status
HIV and AIDS at the work place	To reduce risky sexual behaviour among employers, employees and their families
Community mobilization and capacity building	To increase community participation and partnership in HIV and AIDS prevention

THEMATIC AREA: CARE, SUPPORT AND TREATMENT OF HIV-INFECTED PERSONS

Table 2: Sub-thematic areas under the thematic area of 'Care, Support and Treatment'

Sub-thematic area	Objective
Antiretroviral therapy	To increase the number of eligible PLWHA receiving antiretroviral therapy.
Pre-antiretroviral Therapy (Management of opportunistic infections)	To delay progression of HIV to clinical AIDS among HIV positive people.
Management of tuberculosis and HIV	To increase the number of persons diagnosed with tuberculosis who are tested for HIV To increase the proportion of detected TB cases that are successfully treated To reduce the prevalence of TB To reduce the number of deaths from TB
CST related HIV counseling and testing	To increase the number of people attending health care facilities who are appropriately counseled and tested for HIV To increase the number of clients who know their HIV status through facility based routing counseling and testing
Community Home Based Care	To increase the number of chronically ill people that receive quality and appropriate care as well as support within their homes and communities
Palliative care	To increase the number of terminally ill patients who receive palliative care services
Traditional and alternative health therapies	To increase the number of traditional/ alternative health practitioners who have been trained in HIV and AIDS issues To promote the use of home remedies for symptomatic management

THEMATIC AREA: IMPACT MITIGATION

Table 3: Sub-thematic areas under the thematic area of 'Impact Mitigation'

Sub-thematic area	Objective
Provision and protection of legal, ethical and social rights	To increase the public's knowledge about the rights and obligations of OVC, PLWHA, widows and PWD. To reduce the number of cases of abuse of the rights of OVC, PLWHA, widows and PWD To ensure the enactment of outstanding and new policies and legislation that facilitate impact mitigation
Legal, ethical and social rights provision and protection	To ensure the enactment of outstanding and new policies, legislation and structures that facilitate impact mitigation. To increase the public's knowledge about the rights and obligations of OVC, PLWHA, widows and PWD so as to reduce cases of abuse.
Social protection and livelihoods support	To ensure the harmonized provision of clean water, sanitation and shelter to vulnerable households, particularly those headed by children, PLWHA, PWD and the elderly. To increase the number of vulnerable persons accessing appropriate social security support. To increase the number of affected households accessing economic support. To increase the number of affected households accessing shelter, clean water and sanitation services.
Counseling and emotional	To increase the number of OVC, PLWHA, the elderly, PWD, and caregivers

care	<p>receiving counseling and emotional care.</p> <p>To increase the number of OVC, PLWHA, elderly and other vulnerable groups receiving mental health services.</p> <p>To increase the number of families adopting and socializing the needy OVC.</p> <p>To increase proportion of the general population displaying a positive attitude towards PLWHA.</p>
Food security support	<p>To increase the number of affected households producing and accessing food services.</p> <p>To reduce the proportion of vulnerable groups (OVC, PLWHA, elderly) that are malnourished</p>
Education support	To increase and retain the proportion of OVC and disadvantaged youth with access to formal and informal education.
Community driven impact mitigation program	To increase the number of individuals, families and communities providing basic psychosocial and economic services
Mainstreaming of HIV/AIDS, gender, disability and positive socio-cultural norms	<p>To mitigate the impact of the epidemic on development through mainstreaming HIV/AIDS, gender and disability issues in all sector wide programmes</p> <p>To reduce socio-cultural sources of vulnerability (such as property dispossession, forced and arranged marriages, etc) among children, women and PWD</p>

THEMATIC AREA: COORDINATING AND IMPLEMENTING THE NATIONAL RESPONSE

Table 4: Sub-thematic areas under the thematic area of 'Coordinating and Implementing the National Response'

Sub-thematic area	Objective
Institutional Organisation	<p>To improve co-ordination of HIV and AIDS activities at all levels.</p> <p>To increase ownership and support of the national response by all responding partners and members of the general public.</p> <p>To create an appropriate structure at NERCHA to facilitate the creation, management and support the formation of strategic partnerships</p>
Planning and Programme Development	<p>To increase effectiveness and sustainability of the national response to HIV and AIDS in the country</p> <p>To harmonize and ensure coherence of inputs of responding agencies especially development partners, civil society organizations and government sectors.</p>
Resource Mobilisation and Financial Management	<p>To increase funding that is available to the national response at all levels on a scaling capable of making an impact on the epidemic.</p> <p>To increase the absorptive capacity of the national response at all levels.</p> <p>To ensure the effective use of available resources for the national response at all levels.</p>
Advocacy, public relations and communication	<p>To create an enabling social, religious, cultural, political, legal and economic environment for the national response to thrive.</p> <p>To improve information availability on the national HIV and AIDS response as well as responsiveness to misinformation.</p>
Community Mobilisation	<p>To improve the involvement and participation of grass-root communities, PLWHA and PWD in the national response.</p> <p>To improve coordination of the local community responses.</p>

Monitoring and evaluation	Establishment of a national HIV and AIDS M&E System	To produce information and data on the achievement of the objectives of the national response to HIV and AIDS To produce information and data on whether progress has been made by all sectors in responding to HIV and AIDS
	SHAPMoS	To monitor the implementation of the national HIV and AIDS Programme of Action To ensure that accurate and reliable output data is submitted
	Utilisation of results	To ensure that relevant HIV and AIDS data are available when decisions about HIV interventions are made. To ensure that data are used by all implementers of HIV and AIDS interventions to improve the planning and implementation of HIV interventions
	HIV and AIDS research	To stimulate all relevant, appropriate and essential HIV and AIDS research in Swaziland To facilitate the utilisation of research results

Both the National Multisectoral HIV Policy (Chapter 4) and of the 2006-2008 NSP (see Chapters 4.9.6 and Chapter 5) confirm the need to operationalise a *national HIV and AIDS Monitoring and Evaluation System* so that the progress made with the national response to HIV and AIDS may be tracked.

1.5 Monitoring and Evaluation System for the National HIV and AIDS Response

1.5.1 Rationale for a National HIV and AIDS M&E System

The need for a national HIV and AIDS Monitoring and Evaluation (M&E) System is stipulated in the National Multisectoral HIV and AIDS Policy and in the Government of Swaziland's NSP (2006 - 2008). The reasons why a national HIV and AIDS M&E System are defined as essential include the following:

- a) Firstly, Swaziland is a signatory of the 2001 United Nations Declaration of Commitment on HIV and AIDS. This international declaration, referred to as the UNGASS Declaration as it was signed at a United Nations General Assembly Special Session (UNGASS) on HIV and AIDS, compels governments to manage, monitor, and evaluate their national HIV and AIDS response. It also compels governments to report, to UNAIDS on a biennial basis, on country-level indicator values for thirteen UNGASS indicators.
- b) Secondly, the need for a national HIV and AIDS M&E System was underscored by UNAIDS and its partners, who defined a country-level HIV and AIDS M&E System as one of the "Three Ones" principles. In 2004, the "Three Ones" principles were endorsed to achieve the most effective and efficient use of resources, and to ensure rapid action and results-based management. Countries have committed themselves to establish one agreed HIV and AIDS Action Framework that provides the basis for coordinating the work of all partners, one National AIDS Coordinating Authority, with a broad-based multi-sectoral mandate, and *one agreed country-level Monitoring and Evaluation System* that will allow the monitoring of the progress made in the fight against HIV and AIDS and allow international comparison between countries.
- c) Thirdly, monitoring and evaluating the national HIV response is not only important because Swaziland's international commitments require it: primarily, it is important as Swaziland needs to track (to quantify and evaluate) the progress that is being made towards the achievement of the country's HIV and AIDS response goals and objectives, as defined in the NSP.

- d) Fourthly, the HIV epidemic is relatively new and its future course not yet defined. New interventions are being proposed from time to time, and each must be shown to be effective.
- e) Fifthly, the HIV epidemic continues to shift. While most of the attention was focused on prevention in the early years, more attention is now needed for care and social support to PLWHA, their families, and vulnerable children. In addition, the response to the epidemic has shifted from a health sector response to a multi-sector response. Strong M&E Systems are needed to track the changing needs and to monitor the implementation and impact of the new programmes.
- f) Sixthly, HIV is still a politically and socially sensitive issue. Important decision-makers and social groups may oppose interventions. A careful measuring of the success of existing initiatives may persuade reluctant policy-makers to expand programme efforts.
- g) Finally, national AIDS programmes are increasingly funded by multi-national support programmes/funds, such as GFATM. Efforts have been made to enhance collaboration and coordination between key donors, such as GFATM, at an international level; this requires equal collaboration, coordination and a strong focus on monitoring and evaluation at the country level.

1.5.2 Development Process of the National HIV and AIDS M&E System

In July 2003, NERCHA created a national M&E technical working group (M&E TWG) comprising members from all organisations that play a critical role in the monitoring and evaluation of HIV and AIDS activities in Swaziland. Under the guidance of the M&E TWG, the National HIV and AIDS M&E System's framework and operational plan was developed using a participatory approach. The following has been achieved by the M&E TWG:

- Development of a draft list of national core indicators by the M&E TWG.
- Consultative meeting with various stakeholders in the fight against HIV and AIDS from the public, private and non-governmental sectors to discuss and further develop the list of national core indicators.
- Review of the core indicators for each programme area by the national technical committees of each programme area and finalisation of the list of national core indicators.
- Development of a national strategy for the data collection, management and dissemination, through meetings with the different entities involved.
- Presentation of the draft National HIV and AIDS M&E System to various stakeholders for final comments.
- Consultative meetings with various stakeholders to discuss and finalise the National M&E System.

1.5.3 Goal and Objectives of the National HIV and AIDS M&E System

The **goal** of Swaziland's national HIV and AIDS M&E System is to track progress in the fight against HIV and AIDS, by checking whether programme results meet the predetermined objectives, and by assessing whether HIV interventions in Swaziland are yielding the required results. The aim is that these would result in informed decision-making when planning and implementing HIV interventions in Swaziland. The specific **objectives** are:

- To define a list of core indicators that will enable tracking of progress in the most critical areas of the fight against HIV and AIDS in Swaziland, based on the indicators defined in the latest NSP.
- To develop a data collection strategy that will enable the measurement of the core indicators.
- To provide a standardised tool for the monitoring of all HIV and AIDS interventions.

- To establish clear data flow channels between the different stakeholders in the fight against HIV and AIDS.
- To develop a strategy and mechanisms to ensure a correct dissemination of all critical information amongst all stakeholders, implementing agencies, beneficiaries and the general public.
- To clearly describe the role of each of the stakeholders in the monitoring and evaluation of HIV and AIDS programmes.
- To develop a plan for strengthening the capacity of all partners involved in the monitoring and evaluation of HIV and AIDS programmes.

1.5.4 Purpose and Structure of this Document

Against this background information and the objectives of the national HIV and AIDS M&E System, the purpose of this document is to:

- a) Provide the background of, set the context of, and justify the rationale for this document (Chapter 1)
- b) Create a conceptual structure for the national HIV and AIDS M&E System (Chapter 2)
- c) Define all components (indicators, data sources, information products and dissemination to stakeholders) of the national HIV and AIDS M&E System (Chapters 3,4, 5 and 6)
- d) Outline what management structures and processes are needed for the national HIV and AIDS M&E System to be fully functional, and describe the way in which the National HIV and AIDS M&E System will be operated (Chapter 7)

2 SWAZILAND'S NATIONAL HIV/AIDS M&E SYSTEM: A CONCEPTUAL OVERVIEW

Internationally, standards and guidelines have been developed for HIV and AIDS monitoring and evaluation systems. These have been documented in a series of M&E manuals: UNAIDS National AIDS Programmes: A Guide to Monitoring and Evaluation (UNAIDS 2000); Monitoring the Declaration of Commitment on HIV and AIDS: Guidelines on Construction of Core Indicators (UNAIDS 2002); National AIDS Councils: Monitoring and Evaluation Operations Manual (UNAIDS/World Bank 2002). The National HIV and AIDS M&E System for Swaziland comply with these standards and guidelines.

2.1 Definitions and Concepts

'Monitoring' and 'evaluation' are discreet, symbiotic and complementary processes. Concepts relating to HIV and AIDS M&E Systems are defined hereunder:

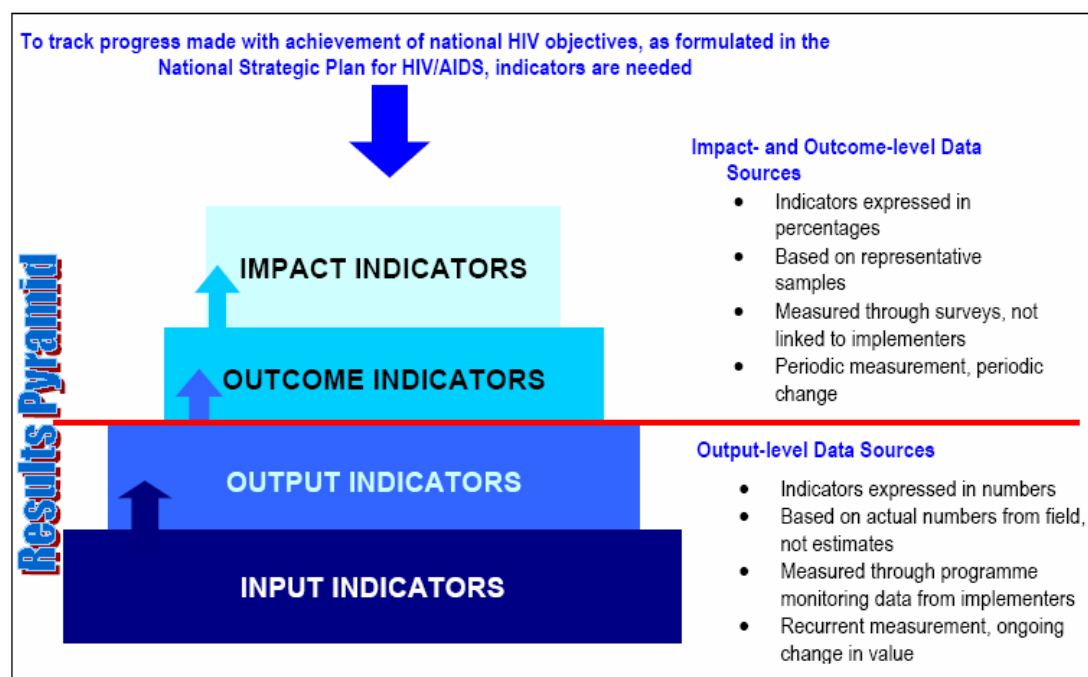
- a) **Monitoring:** Monitoring is the continuous, routine, daily, and regular assessment of ongoing activities and/or processes. It aims to provide the management and main stakeholders of an ongoing intervention with early indications of progress (or lack thereof) towards the achievement of outputs.
- b) **Evaluation:** Evaluation is the episodic assessment, as systematic and impartial as possible, of the overall achievements of activities and/or processes. It aims to understand the progress that has been made towards the achievement of an outcome at a specific point in time. All evaluations are linked to outcomes (impact) as opposed to only immediate results (outputs).
- c) **Indicator:** An indicator is a statement that describes the level of performance achieved in relation to a set of aims and/or objectives. An indicator provides evidence that a certain condition exists or certain results have or have not been achieved.
- d) **Data Sources:** Data sources are tangible sets of information, usually in the form of reports, survey results, monitoring forms from the field, or official government data sets. Data sources provide the values of the indicators at a specific point in time.
- e) **Information Products:** An information product is a standard report/document that the NERCHA produces at regular intervals after receiving data sources and analysing these data sources. Reporting usually takes place through an information product.
- f) **M&E results chain:** There are four levels of indicators (inputs, outputs, outcomes and impacts), as described hereunder.
 - **Inputs:** Inputs are the resources that are needed to implement the project and its activities. Inputs can be expressed in terms of the people, equipment, supplies, infrastructure, means of transport, and other resources needed. Inputs can also be expressed in terms of the budget that is needed for a specific project or activity.
 - **Outputs:** Outputs are the immediate results of the activities conducted. They are usually expressed in quantities, either in absolute numbers or as a proportion of a population. Outputs are generally expressed separately for each activity.
 - **Outcomes:** Outcomes are the medium term results of one or several activities. Outcomes are what the immediate outputs of the activities are expected to lead to. Outcomes are therefore mostly expressed for a set of activities. They often require separate surveys to be measured.
 - **Impact:** Impact refers to the highest level of results, to the long-term results expected of the project. Impact therefore generally refers to the overall goal or goals of a project.

These levels form an M&E results chain. This 'chain' illustrates that there is a logical pathway from one level to the next, as illustrated hereunder:

Inputs → Outputs → Outcomes → Impact

Typically, *inputs* (e.g. money, equipment, resources) are needed to implement activities. Activities that are implemented, lead to activity *outputs* (e.g. persons trained, workshops conducted). In turn, a series of activity outputs, if implemented correctly, should lead to some results or *outcomes* (e.g. reduced sexual risk behaviour). In the long term, changes in outcomes should lead to *impact* being achieved (e.g. reduced HIV prevalence). Figure 3 depicts the M&E results chain, and its associated data sources:

Figure 3: M&E results chain and associated data sources



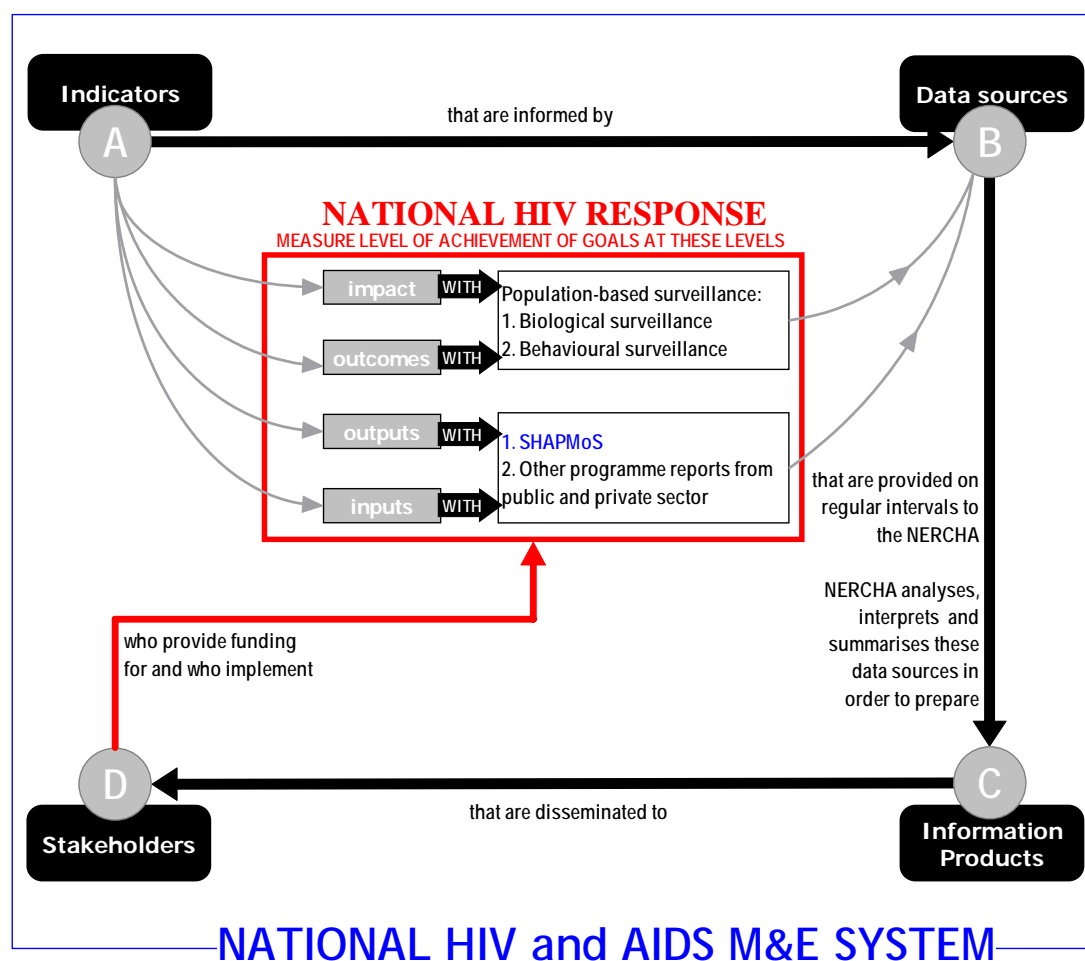
2.2 Components of a National HIV and AIDS M&E System

International guidelines stipulate that good HIV and AIDS M&E Systems include a number of components:

- The **development of an overall M&E strategy and system**
- **Program activity monitoring**, referring to the routine tracking of progress made by the different implementing partners
- **Surveillance**, referring to the periodic monitoring of trends in biological and behavioural indicators
- **Operational research**, referring to assessments and surveys that primarily do not aim to measure progress, but are investigating other issues relevant for enhancing/improving activities focussed on reducing the impact of HIV and AIDS
- **Financial monitoring**, referring to the routine tracking of the resources utilised by the different implementing partners.

Swaziland's M&E System for HIV and AIDS takes these requirements into account, and arranges them in an operational framework that is implementation-focused. This operational framework is illustrated in Figure 4 hereunder:

Figure 4: Operational framework for Swaziland's HIV and AIDS M&E System



The operational framework for Swaziland's HIV and AIDS M&E System, illustrated in Figure 4, is based on:

A set of **INDICATORS (A)** at impact, outcome, output, and input level.

DATA SOURCES (B) that are used to provide indicator values on a regular basis. The sources are clearly defined in terms of responsibility for provision, recurrence, and funding source. At least one data source will be defined for each indicator. A data source may provide information for more than one indicator.

INFORMATION PRODUCTS (C) that are clear in terms of which indicators are being reporting on, who is responsible for preparing the products and what the logistics are in terms of dissemination to all project stakeholders.

The M&E System defines the **STAKEHOLDERS (D)** and is designed around the information needs of these stakeholders. Stakeholders are those persons/organisations that are either (i) involved in implementing the national HIV response, (ii) funding aspects of the HIV response, (iii) benefiting directly from the implementation of the national HIV response, or (iv) whose interests are positively or negatively affected by the HIV response.

All of the above information is summarised in one M&E document that is readily available to all project stakeholders and defines how to manage the implementation of the M&E System. This M&E Operational Plan fulfills this purpose.

Chapters 3 to 6 detail each of the four components of Swaziland's HIV and AIDS M&E System by defining the indicators (Chapter 3), the data sources (Chapter 4), the information products (Chapter 5), and how information will be disseminated to stakeholders (Chapter 6). Finally, it defines all

management arrangements to be put in place for the national HIV and AIDS M&E System to be fully functional (or operational).

3 NATIONAL HIV INDICATORS BY PROGRAMME AREA

This chapter lists the indicators for the monitoring and evaluation of the national response to the HIV and AIDS epidemic. The detailed definition of each of the core indicators is presented in Volume 2 of this M&E Operations Plan (Volume 2: Indicators Reference List). Indicators were selected to be:

- a) in line with the priority objectives established by the National Strategic Plan;
- b) in line with internationally recommended core indicators in UNGASS;
- c) in line with international HIV and AIDS M&E guidelines produced by UNAIDS and its partners²; and
- d) realistically measurable at a reasonable cost.

Included in the indicator definitions, is also how these indicators should be disaggregated. The standard categories are: age, sex, location, and region. Unless otherwise stated, these standard categories mean:

Age: 15 – 19; 20 – 24; 25 – 49
Sex: Male; Female
Location: Urban; Rural
Region: Hhohho, Lubombo, Manzini and Shiselweni

² UNGASS, National Guide To Monitoring And Evaluating Programmes For The Prevention Of HIV In Infants And Young Children, National Aids Programmes: A Guide To Indicators For Monitoring And Evaluating National HIV/Aids Prevention Programmes For Young People, WHO M&E Guidelines For HIV, Malaria And TB; National Aids Programmes: A Guide To Indicators For Monitoring And Evaluating National Antiretroviral Programmes; Guide To Monitoring And Evaluation Of The National Response For Children Orphaned And Made Vulnerable By HIV/Aids; National Aids Programmes: A Guide To Monitoring And Evaluating HIV/Aids Care And Support; PEPFAR indicators; GFATM M&E Toolkit

3.1 PREVENTION

3.1.1 Impact Indicators

Indicators		International M&E guide	Data Sources	Disaggregated by
1	Percentage of pregnant women testing positive for HIV during sentinel surveillance at selected antenatal clinics (UNGASS)	UNAIDS M&E guideline for young people (Impact Core Indicator 2); UNAIDS UNGASS guidelines (Impact Indicator 1)	ANC Sentinel Surveillance Report	By location, age and region
2	Percentage of pregnant women testing positive for syphilis during sentinel surveillance at selected antenatal clinics	UNAIDS M&E guide for NACs p136	ANC Sentinel Surveillance Report	By location, age and region
3	Percentage of donated blood units that were HIV positive in the last 12 months.	Not applicable	HIV Surveillance Report from Blood Transfusion Service	By region
4	Percentage of HIV infected infants born to HIV positive mothers (UNGASS)	UNAIDS UNGASS guidelines (Impact Indicator 1); UNAIDS M&E guidelines for HIV prevention in infants and young children (Core Indicator 6)	Indicator score = $\{ T*(1-e) + (1-T) \} * v$, where: T = proportion of HIV-infected pregnant women provided with antiretroviral treatment; v = MTCT rate in the absence of any treatment ; e = efficacy of treatment provided	None
5	Percentage of STI clients who were HIV positive in the last 12 months	Not applicable	HIV STI Surveillance Report	By age, sex and region

3.1.2 Outcome, Output and Input Indicators

Behaviour Change Communication

Objective: To reduce risky behaviour among sexually active people

Indicators		International M&E guide	Data Sources	Disaggregated by
6	A composite of safe sexual behaviour among young people	UNAIDS M&E guidelines for young people (Behavioural Core Indicator 3)	Population-based surveillance	By age, sex and region

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Indicators		International M&E guide	Data Sources	Disaggregated by
7	Percentage of persons who both correctly identify ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission (UNGASS)	UNAIDS M&E guideline for young people (Protective Core Indicator 1); WHO M&E Toolkit for HIV, TB and Malaria (Indicator HIV PI 1)	Population-based surveillance	By age, sex and region
8	Percentage of young people who have had sex before the age of 15	UNAIDS M&E guideline for young people (Behavioural Core Indicator 3)	Population-based surveillance	By age, sex and region
9	Percentage of adults who are in favour of young people being educated about the use of condoms in order to prevent HIV and STI infection	UNAIDS M&E Guideline for programmes for young people (Protective Core Indicator 7); WHO M&E Toolkit for HIV, TB and Malaria (Indicator HIV-SE 2)	Population-based surveillance	By age, sex and region
10	Percentage of schools with at least one teacher who have been trained in participatory life skills based HIV and AIDS education and who taught it during the last academic year (UNGASS)	UNAIDS M&E guideline for young people (Programmatic Core Indicator 3)	Data from school surveys	By school location and by school type (primary or secondary)
11	Number of young people that have participated in an HIV/AIDS prevention programme in the last 12 months	Not applicable	SHAPMoS	By in-school youth/ out- of-school youth and by region
12	Number of hours of radio and television airtime that have been allocated to broadcasting HIV-related content in the last 12 months	WHO M&E toolkit for HIV, TB, Malaria (no detailed description)	SHAPMoS	By type of broadcasting media and by region
13	Number of trained active peer educators and community educators in the last 12 months	WHO M&E toolkit for HIV, TB, Malaria (no detailed description)	SHAPMoS	By region
14	Number of IEC materials distributed in the last 12 months	Not applicable	SHAPMoS	By type of material and by region
15	National index on policy related to young people and HIV/AIDS	UNAIDS M&E guidelines for HIV preventions in young people (CI-1)	Young People Policy Index questionnaire	None

Blood Safety**Objective:** To improve the safety of blood and blood products for transfusion in the country

Indicators		International M&E guide	Data Sources	Disaggregated by
16	Percentage of regions with access to blood transfusion services that adhere to national guidelines	WHO M&E toolkit for HIV, TB, Malaria (HIV PI-12)	Ministry of Health HIV M&E system data	By region
17	Percentage of blood units transfused in the last 12 months that have been adequately screened for HIV according to national or WHO guidelines.	WHO M&E toolkit for HIV, TB, Malaria (HIV PI-13)	Ministry of Health HIV M&E system data	By region

PMTCT**Objective:** To reduce the proportion of infants who acquire HIV infection through mother (parent) to child transmission

Indicators		International M&E guide	Data Sources	Disaggregated by
18	Percentage of venues offering the minimum package for preventing HIV in infants and young children which have specific written guidelines on how to make referrals to facilities offering long term care and support services.	UNAIDS M&E guidelines for HIV prevention in infants and young children (Core Indicator 3)	Health Facility Survey	By type of health facility
19	Percentage of HIV positive pregnant women receiving course of ARV prophylaxis to reduce MTCT in accordance with nationally approved protocol in the last 12 months (UNGASS)	WHO M&E toolkit for HIV, TB, Malaria (Indicator HIV PI 10); UNAIDS M&E guidelines for HIV prevention in infants and young children (Core Indicator 5)	Ministry of Health HIV M&E system data	By age and region
20	Percentage of pregnant women making at least one ANC visit who have received an HIV test result and post test counseling	UNAIDS M&E guidelines for HIV prevention in infants and young children (Core Indicator 4)	Ministry of Health HIV M&E system data	By age and region

Prevention of HIV and AIDS in the workplace**Objective:** To reduce sexual risk behaviour among employers, employees and their families

Indicators		International M&E guide	Data Sources	Disaggregated by
21	Percentage of large enterprises/companies which have HIV and AIDS workplace policies and programmes (UNGASS)	UNAIDS UNGASS Indicator Guide (Indicator NPBI 2); WHO M&E toolkit for HIV, TB, Malaria (Indicator HIV SE-1)	Workplace Survey	By type of enterprise (public sector/private sector)

Indicators		International M&E guide	Data Sources	Disaggregated by
22	Number of employees that have participated in or benefited from HIV/AIDS workplace programmes in the last 12 months	Not applicable	SHAPMoS	By type of organisation and by region

Condom logistics, promotion and management

Objective: To increase availability, accessibility, affordability and acceptability of male and female condoms

Indicators		International M&E guide	Data Sources	Disaggregated by
23	Percentage of young people aged 15 to 24 reporting the use of a condom at last sex with a non-marital, non co-habiting sexual partner in the last 12 months (UNGASS)	UNAIDS UNGASS guidelines (Indicator NBPI 7); WHO M&E toolkit for HIV, TB, Malaria (Indicator HIV PI-6, slightly different wording)	Population-based surveillance	By age, sex and region
24	Percentage of randomly selected retail outlets and service delivery points that have condoms in stock	WHO M&E toolkit for HIV, TB, Malaria (HIV PI-3)	Condom Availability and Quality Survey	By region and type of facility
25	Percentage of condoms in central stock and in retail outlets that meet WHO quality specification	UNAIDS M&E guidelines and programme guide for NACs – p 34	Condom Availability and Quality Survey	By type of distribution point
26	Number of male and female condoms distributed to end users in the last 12 months	Not applicable	Ministry of Health M&E System data; SHAPMoS	By region and type of health facility

STI Prevention, Treatment and Management

Objective: To reduce the prevalence of treatable sexually transmitted infections

Indicators		International M&E guide	Data Sources	Disaggregated by
27	Percentage of persons aged 15-49 years know two or more symptoms of STIs	DHS AIDS module	Population-based surveillance	by age, sex and region
28	Percentage of patients with sexually transmitted infections, who are appropriately diagnosed, treated and counseled at health care facilities (UNGASS)	UNAIDS UNGASS guidelines (Indicator NPBI 3) ; WHO M&E toolkit for HIV, TB, Malaria (HIV PI-11)	Health Facility Survey	By age (<20, and 20 and older) and by sex
29	Percentage of STI service delivery points that have recorded at least one stock-out in the preceding six months.	UNAIDS M&E guideline for ARVs (Core Indicator 3, adapted)	Health Facility Survey	By type of facility

Indicators		International M&E guide	Data Sources	Disaggregated by
30	Number of health workers trained on syndromic management of sexually transmitted infections according to national guidelines in the last 12 months	Not applicable	Ministry of Health M&E System data	By age, sex and region
31	Number of young people that have accessed reproductive health services (family planning, STI diagnosis, and HIV testing) in the last 12 months	UNAIDS M&E Guideline for programmes for young people (Programmatic Core Indicator 5)	Ministry of Health M&E System data	By type of service and by region
32	Number of STI cases diagnosed in the last 12 months	Not applicable	Ministry of Health M&E System data (OPD registers)	By age, sex and region

Post exposure prophylaxis (PEP) and universal precautions

Objectives: To reduce the risk of accidental exposures to HIV infections; To increase number of persons who were raped had incest receiving PEP; To increase the number of accidental exposures receiving PEP

Indicators		International M&E guide	Data Sources	Disaggregated by
33	Number of emergency service personnel (such as health workers, police service personnel and fire brigade personnel) that have been trained on PEP in the last 12 months	Not applicable	Ministry of Health M&E system data; SHAPMoS	By region
34	Number of eligible persons that have undergone PEP treatment in the last 12 months	Not applicable	Ministry of Health M&E system data; SHAPMoS	By sex and region

Voluntary counseling and testing

Objective: To increase the proportion of people who have been appropriately counseled, tested and know their HIV status

Indicators		International M&E guide	Data Sources	Disaggregated by
35	Percentage of persons who know their HIV status	DHS AIDS module	Population-based surveillance	By age, sex and region
36	Percentage of persons who have adopted safer sexual practices as a result of knowing their HIV status	DHS AIDS module	Population-based surveillance	By age, sex and region

Indicators		International M&E guide	Data Sources	Disaggregated by
37	Percentage and number of the general population receiving an HIV test, the results, and post test counseling in the last 12 months	UNAIDS M&E guidelines for NACs (VCT indicator 1); WHO M&E Toolkit for HIV/AIDS, TB and Malaria (Indicator HIV-PI8)	Population-based surveillance; SHAPMoS	By age, sex and region
38	Percentage of health facilities that have the capacity and conditions to provide basic HIV counseling and testing and to manage HIV/AIDS clinical services	UNAIDS M&E guidelines for care and support (Core Indicator CS6); WHO M&E Toolkit for HIV/AIDS, TB and Malaria (Indicator HIV-TI3)	Health Facility Survey	By level and type of health facility
39	Percentage of counselors who have received support counseling themselves in the last 12 months		Ministry of Health M&E System data	By region

3.2 CARE, SUPPORT AND TREATMENT

3.2.1 Impact Indicators

Indicators		International M&E guide	Data Sources	Disaggregated by
40	Percentage of people still alive at 6, 12, 24 and 36 months after initiation of ART (GFATM)	UNAIDS M&E guidelines for ARV programmes (Core Indicator 9)	Ministry of Health M&E system data	By age, sex and region
41	Percentage of adults aged 18-59 years who have been chronically ill for 3 or more months in the past 12 months whose households receives, free of user charges, basic external support including health, psychological or emotional and other social and material support	UNAIDS M&E guidelines for HIV care and support programmes (CI-9)	Population-based surveillance	By age, sex and region

3.2.2 Outcome, Output and Input Indicators

Antiretroviral therapy

Objective: To increase the number of eligible PLWHA receiving antiretroviral therapy

Indicators		International M&E guide	Data Sources	Disaggregated by
42	Percentage of people with advanced HIV infection receiving antiretroviral combination therapy (UNGASS)	UNAIDS UNGASS guidelines (Indicator NBPI 5); UNAIDS M&E guidelines for ARV programmes (Core Indicator 7); WHO M&E toolkit for HIV, TB, Malaria (Indicator HIV TI-1)	Ministry of Health M&E system data	None
43	Percentage of health care facilities that have the capacity and conditions to provide advanced-level HIV/AIDS care and support services, including provision of ART	PEPFAR July 2005 Indicator Guidelines (Care and Support Indicator 3); WHO M&E Toolkit for HIV/AIDS, TB and Malaria (Indicator HIV-TI2); UNAIDS M&E guidelines for care and support programmes (Core Indicator CS7)	Health Facility Survey	By type of health facility
44	Number of persons on ART who are receiving nutritional support from health care facilities in the last 12 months	Not applicable	Ministry of Health M&E system data	By type of health facility
45	Number of suspected AIDS cases in the last 12 months	Not applicable	Ministry of Health M&E system data	By region
46	Existence of national policies, strategies and guidelines for ART	Not applicable	Ministry of Health HIV M&E system data	None

Management of opportunistic infections (OIs) and pre-antiretroviral therapy

Objective: To delay progression of HIV to clinical AIDS

Indicators		International M&E guide	Data Sources	Disaggregated by
47	Number of PLWH/A who have enrolled in the pre-ART program	Not applicable	Ministry of Health HIV M&E system data	By region

Management of Tuberculosis and HIV infection

Objectives: To increase the number of persons diagnosed with Tuberculosis who are tested for HIV; To increase the proportion of detected TB cases that are successfully treated; To reduce the prevalence of TB; To reduce the number of deaths from TB

Indicators		International M&E guide	Data Sources	Disaggregated by
48	Number of all newly registered TB patients who are HIV positive	WHO M&E toolkit for HIV, TB, Malaria (TB/HIV PI-1)	Ministry of Health HIV M&E system data	By sex and region
49	Percentage of new smear positive pulmonary TB cases that are successfully treated	WHO M&E toolkit for HIV, TB, Malaria (TB TI-2)	Ministry of Health HIV M&E system data	By sex and region
50	Number of registered TB patients who are tested for HIV, after giving consent	WHO M&E toolkit for HIV, TB, Malaria (TB/HIV TI-2)	Ministry of Health HIV M&E system data	By sex and region
51	Number of newly diagnosed HIV positive clients who are given treatment of latent TB infection (TB preventive therapy)	WHO M&E toolkit for HIV, TB, Malaria (TB/HIV PI-2)	Ministry of Health HIV M&E system data	By sex and region

HIV Testing and Counseling (HTC)

Objectives: To increase the number of people attending health care facilities who are appropriately counseled and tested for HIV; To increase the number of clients who know their HIV status through facility based routine counseling and testing

Indicators		International M&E guide	Data Sources	Disaggregated by
52	Percentage of health facilities that offer free routine basic HIV counseling and testing services.	Not applicable	Health Facility Survey	By region
53	Percentage of in-patients who have received HIV test results and post test counseling in the past 12 months	Not applicable	Ministry of Health HIV M&E system data	By health facility

Community home based care (CHBC)

Objective: To increase the number of chronically ill people that receives quality and appropriate care as well as support within their homes

Indicators		International M&E guide	Data Sources	Disaggregated by
54	Number of home-based care person-visits in the last 12 months	Not applicable	SHAPMoS	By region
55	Percentage of home-based care volunteers who are males	Not applicable	SHAPMoS	By region

Palliative care**Objective:** To increase the number of terminally ill patients who receive palliative care services

Indicators		International M&E guide	Data Sources	Disaggregated by
56	Number of terminally ill patients receiving palliative care	Not applicable	Ministry of Health HIV M&E system data	By region and age

Traditional and alternative health therapies**Objectives:** To increase the number of traditional/ alternative health practitioners who have been trained in HIV and AIDS issues; To promote the use of home remedies for symptomatic management

Indicators		International M&E guide	Data Sources	Disaggregated by
57	Percentage of persons that have visited traditional health practitioners for health reasons in the past 12 months	Not applicable	Population-based surveillance	By age, sex and region
58	Number of traditional practitioners that have been registered	Not applicable	Ministry of Health HIV M&E system data	By region

3.3 IMPACT MITIGATION**3.3.1 Impact Indicators**

Indicators		International M&E guide	Data Sources	Disaggregated by
59	Percentage of the general population reporting positive attitude towards persons living with HIV/AIDS	UNAIDS M&E guidelines for NACs, p45, adapted	Population-based surveillance	By age, sex and region
60	Ratio of school attendance among orphans to that among non-orphans (UNGASS)	UNAIDS UNGASS guidelines (Impact Indicator 3)	Population-based surveillance	None

3.3.2 Outcome, Output and Input Indicators

Legal, ethical and social rights provision and protection

Objectives: To ensure the enactment of outstanding and new policies, legislation and structures that facilitate impact mitigation; To increase the public's knowledge about the rights and obligations of OVC, PLWHA, widows and persons with disabilities (PWDs) so as to reduce cases of abuse.

Indicators		International M&E guide	Data Sources	Disaggregated by
61	Percentage of vulnerable groups (widows, OVC, elderly, PLHWA, PWD) who have reported to authorities that their rights have been abused and who reported that action was taken	Not applicable	Vulnerability Survey	By type of vulnerable group, age, sex and region
62	Number of persons trained on the rights of PLWHA, widows, OVC, PWD and elderly in the last 12 months	Not applicable	SHAPMoS	By region
63	Number of policies and laws for vulnerability that have been enacted in the last 12 months	Not applicable	SHAPMoS	By type of policy

Social protection and livelihoods support

Objectives: To ensure the harmonized provision of clean water, sanitation and shelter to vulnerable households, particularly those headed by children, PLWHA, PWD and the elderly; To increase number of vulnerable persons accessing appropriate social security support; To increase the number of affected households accessing economic support; To increase the number of affected households accessing shelter, clean water and sanitation services.

Indicators		International M&E guide	Data Sources	Disaggregated by
64	Number of vulnerable persons covered by the expanded social security system in the last 12 months	Not applicable	SHAPMoS	By region
65	Number of vulnerable persons and households accessing social grants in the last 12 months	Not applicable	SHAPMoS	By region
66	Number of vulnerable households accessing water, sanitation and shelter support in the last 12 months	Not applicable	SHAPMoS	By region

Counseling and emotional care

Objectives: To increase the population of OVC, PLWHA, the elderly, PWD, and caregivers receiving counseling and emotional care; To increase the population of OVC, PLWHA, elderly and other vulnerable groups receiving mental health services.

Indicators		International M&E guide	Data Sources	Disaggregated by
67	Number of vulnerable persons accessing counseling in the last 12 months	Not applicable	SHAPMoS	By region
68	Number of OVC adopted or fostered in the last 12 months	Not applicable	SHAPMoS	By region

Food security support

Objectives: To increase the number of affected households producing and accessing food services; To reduce the proportion of vulnerable groups (OVC, PLWHA, elderly) that are malnourished

Indicators		International M&E guide	Data Sources	Disaggregated by
69	Number of vulnerable persons, households and communities receiving food support in the last 12 months	Not applicable	SHAPMoS	By region

Education support

Objective: To increase and retain the proportion of OVC and disadvantaged youth with access to formal and informal education.

Indicators		International M&E guide	Data Sources	Disaggregated by
70	Number of vulnerable children that have received education support in the last 12 months	Not applicable	SHAPMoS	By region

Community driven impact mitigation programmes

Objective: To increase the number of individuals, families and communities to providing basic psychosocial and economic services

Indicators		International M&E guide	Data Sources	Disaggregated by
71	Number of community-based organizations trained in planning, implementation and management of HIV/AIDS initiatives	Not applicable	SHAPMoS	By region
72	Percentage of vulnerable households that have been provided with at least the minimum package of basic external support in the last 12 months	Not applicable	Vulnerability Survey	By type of support and by region

Mainstreaming of HIV/AIDS, gender, disability and positive socio-cultural norms

Objectives: To mitigate impact of epidemic on development through mainstreaming HIV/AIDS, gender and disability issues in all sector programmes; To reduce socio-cultural sources of vulnerability (such as property dispossession, forced and arranged marriages, etc) among children, women and PWD

Indicators		International M&E guide	Data Sources	Disaggregated by
73	Percentage of socio-cultural sources of vulnerability reported and acted upon	Not applicable	Vulnerability Survey	By type of vulnerable group, age, sex and region

3.4 COORDINATING AND IMPLEMENTING THE NATIONAL RESPONSE

3.4.1 Outcome, Output, and Input Indicators

Institutional organisation

Objectives: To improve co-ordination of HIV and AIDS activities at all levels; To increase ownership and support of the National by all responding partners and members of the general public; To create an appropriate structure at NERCHA to facilitate the creation, management and support the formation of strategic partnerships

Indicators		International M&E guide	Data Sources	Disaggregated by
74	Percentage of partners that express satisfaction with the level and type of services and support provided by NERCHA	Not applicable	NERCHA Client Satisfaction Survey	By type of partner
75	The existence of an organisational structure for coordination of the national multisectoral response	Not applicable	NERCHA Client Satisfaction Survey	None
76	The existence of an improved organisational structure for coordinating the health sector response	Not applicable	Ministry of Health data	None

Planning and program development

Objectives: To increase effectiveness and sustainability of the national response to HIV and AIDS in the country; To harmonize and ensure coherence of inputs of responding agencies especially development partners, civil society organizations and government sectors.

Indicators		International M&E guide	Data Sources	Disaggregated by
77	Percentage of organisations involved in the response to HIV and AIDS that have developed annual work plans, with an approved budget, and that have implemented it.	not applicable	SHAPMoS	By type of organisation
78	Number of person-days of training that project staff and employees have undergone to manage and implement HIV/AIDS/STI services in the last 12 months	UNAIDS M&E guidelines for HIV prevention in infants and young children (Core Indicator 2, adapted for all HIV/AIDS/STI services)	SHAPMoS	By region, type of training and type of personnel

Resource mobilization and financial management

Objectives: To increase funding that is available to the national response at all levels on a scaling capable of making an impact on the epidemic; To increase absorptive capacity at all levels of the national response at levels; To ensure effective use of available resources on the national response at all levels.

Indicators		International M&E guide	Data Sources	Disaggregated by
79	Amount and percentage of HIV funding allocated to all sectors	UNAIDS UNGASS Indicator Guide (Indicator NCA 2)	SHAPMoS Resource Tracking Form	Disaggregated by type of sector
80	Percentage of coordinating bodies that have signed umbrella organisations agreements with NERCHA	Not applicable	NERCHA records	None
81	Average amount of funding allocated to sub-grantees on the NERCHA last financial year	Not applicable	NERCHA financial records	None

Advocacy and communication

Objectives: To create an enabling social, religious, cultural, political, legal and economic environment for the national response to thrive; To improve information availability on the national HIV and AIDS response as well as responsiveness to misinformation.

Indicators		International M&E guide	Data Sources	Disaggregated by
82	Number of NERCHA-initiated communication, advocacy, and PR events that took place	Not applicable	NERCHA records	None

Community Mobilization

Objectives: To improve involvement and participation of grass-root communities, people living with HIV and AIDS and people with disabilities in the national response; To improve coordination of the local community responses.

Indicators		International M&E guide	Data Sources	Disaggregated by
83	Number of events that took place to promote community-level involvement in HIV service delivery in the last 12 months	Not applicable	SHAPMoS	By region

National monitoring and evaluation system for the national response

Objectives: To produce information and data on the achievement of the objectives of the national response to HIV and AIDS; To produce information and data on whether progress has been made by all sectors in responding to HIV and AIDS

Indicators		International M&E guide	Data Sources	Disaggregated by
84	Percentage of annual funding for HIV interventions that is spent on HIV and AIDS M&E	Not applicable	SHAPMoS Resource Tracking Form	None
85	Existence of an M&E system in the Ministry of Health and Social Welfare that consists of: an MOHSW HIV and AIDS M&E strategy, an HIV and AIDS M&E unit with full time skilled staff within MOHSW, an annual work plan and budget	Not applicable	Ministry of Health data	None

Swaziland HIV and AIDS program monitoring system (SHAPMoS)

Objectives: To monitor the implementation of the national HIV and AIDS Programme of Action; To ensure that accurate and reliable output data is submitted

Indicators		International M&E guide	Data Sources	Disaggregated by
86	Percentage of implementers of HIV and AIDS interventions that have submitted SHAPMoS forms on time	Not applicable	NERCHA records	By region and type of implementer
87	Percentage of implementers of HIV and AIDS interventions where the data audits have revealed no irregularities in terms of SHAPMoS reporting	Not applicable	NERCHA records	By region and type of implementer

Results utilisation

Objectives: To ensure that relevant HIV and AIDS data are available when decisions about HIV interventions are made; To ensure that data are used by all implementers of HIV and AIDS interventions to improve the planning and implementation of HIV interventions

Indicators		International M&E guide	Data Sources	Disaggregated by
88	Percentage of implementers of HIV and AIDS interventions who report that they have participated in regional HIV/AIDS dissemination workshops	Not applicable	SHAPMoS	By region

HIV and AIDS research

Objectives: To stimulate all relevant, appropriate and essential HIV/AIDS research in Swaziland; To facilitate the utilisation of research results

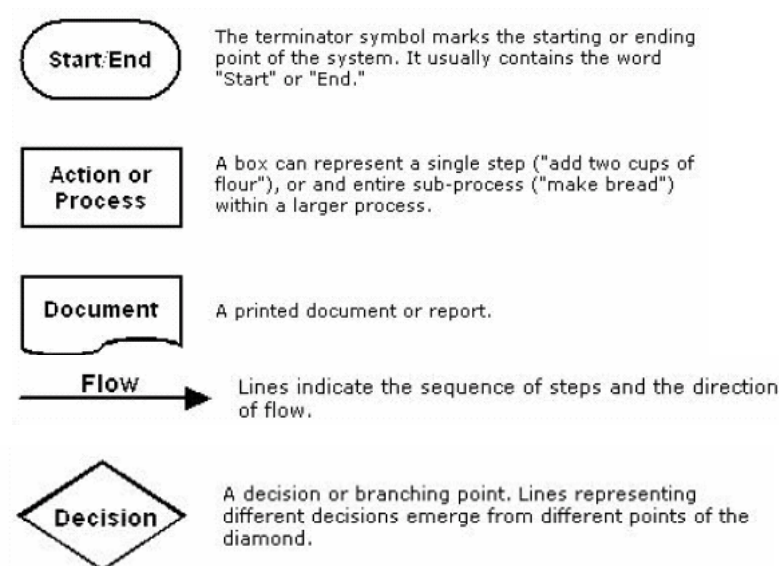
Indicators		International M&E guide	Data Sources	Disaggregated by
89	Percentage of HIV and AIDS research that have had a dedicated national dissemination workshop to present research results	Not applicable	Directory of HIV research	None

4 DATA SOURCES FOR NATIONAL INDICATORS

Two major data sources can be identified: (a) data sources for indicators that will be measured by surveys (outcome and impact indicators and outcome/impact data sources); and (b) data sources for indicators that will be measured using continuously monitored programme outputs (output indicators and output data sources).

For each of the national core indicators the **data source** has been outlined hereunder, by providing a description of the source, as well as what NERCHA needs from the source, the frequency of collection, who has responsibility for collecting the data and the data flow chart that describes how the data will reach NERCHA. Surveys are presented first; then recurrent programme data sources. A flow chart is a schematic representation of a process. For each of the data flow chart used hereunder, the following flow chart conventions apply:

Figure 5: Nomenclature for Data Flow Charts



Each of the flow charts illustrated hereunder have three standard associated tasks : firstly, inclusion of indicator scores in the annual HIV and AIDS M&E report, secondly, inclusion of the indicator scores in the Country Response Information System (see section 8.4), and thirdly, sending a copy of the indicator scores to Swaziland's Central Statistics Office (so that this office may continue to be the governor of data in Swaziland).

4.1 Biological HIV surveillance

Description

Biological HIV surveillance comprises anonymous testing for the presence of HIV infection in blood samples from target groups at sentinel sites³, with over-sampling of young women in the age group 15-24 years. Four separate types of HIV sentinel surveillance are included: the ongoing biennial HIV sentinel surveillance amongst antenatal care clients; biennial STI sentinel surveillance for syphilis amongst antenatal care clients; HIV surveillance amongst TB clients; HIV sentinel surveillance amongst STI clients; and HIV surveillance amongst blood donors.

NERCHA data requirements

- The HIV prevalence and syphilis prevalence amongst pregnant women, disaggregated by 5 year age bands (15 – 19; 20 – 24; 25 – 34; 35 – 49 years) and location (rural, urban)
- The HIV prevalence amongst STI clients, disaggregated by sex (male; female), 5 year age bands (15 – 19; 20 – 24; 25 – 34; 35 – 49 years) and location (rural, urban)
- The HIV prevalence amongst TB patients, disaggregated by sex (male; female), 5 year age bands (15 – 19; 20 – 24; 25 – 34; 35 – 49 years) and location (rural, urban)
- The HIV prevalence amongst blood donors, disaggregated by sex (male; female), 5 year age bands (15 – 19; 20 – 24; 25 – 34; 35 – 49 years) and location (rural, urban)

Frequency

Antenatal clinic surveillance for HIV and syphilis will be undertaken every two years, HIV sentinel surveillance of STI clients will be undertaken every second year, HIV surveillance of TB patients will be undertaken routinely every year, and HIV surveillance of blood donors will be undertaken on an ongoing basis every year (all blood is screened for HIV, so this is considered an ongoing, standard form of surveillance).

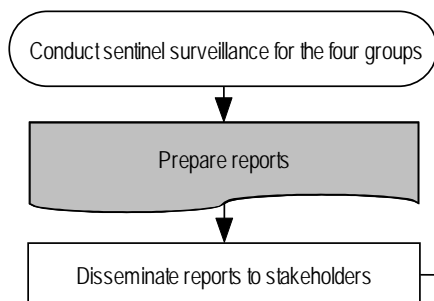
Responsibility

The MoHSW will be responsible for conducting the four surveys; in particular the **HIV surveillance committee** presided over by SNAP.

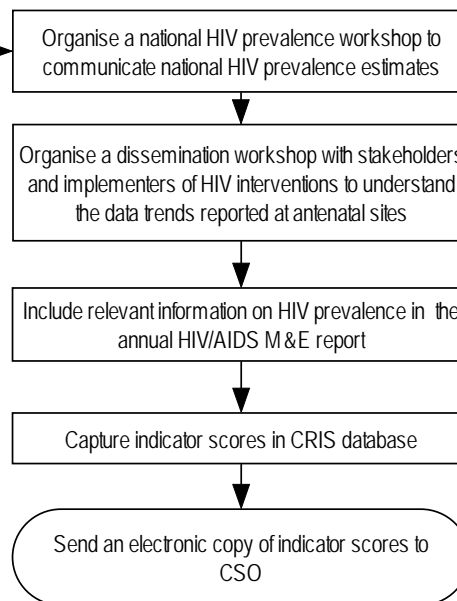
³ A sentinel site may comprise of a pre-selected site where blood samples are taken and where the target group is most likely to gather. It could, for example, include STI clinics (for HIV surveillance amongst STI patients), antenatal clinics (for HIV surveillance amongst pregnant women), or TB clinics (for HIV surveillance amongst TB patients).

Data Flow Chart

Ministry of Health and Social Welfare



NERCHA



4.2 Population-based Surveys

Description

Behavioural and knowledge outcome indicators in terms of HIV and AIDS, as well as indicators on the extent of the use of VCT services, of community-home based care and of support for OVC, will be measured by nationwide population-based surveys. Surveys of this kind that are already planned for the coming years include, among others:

- The Demographic and Health Survey, planned for 2005
- Behavioural Surveillance Surveys amongst youth and selected high-risk populations, planned to be conducted biennially
- The population census, planned for 2007
- A household budget survey, planned for 2006
- UNICEF's multiple indicator cluster survey

These are the surveys that need to be conducted. Each survey needs to ensure that it captures the relevant data for the national set of HIV and AIDS indicators.

NERCHA data requirements

- **Indicator 6:** A composite of safe sexual behaviour among young people, by age, sex and region
- **Indicator 7:** Percentage of persons who both correctly identify ways of preventing the transmission of HIV and reject major misconceptions about HIV transmission (UNGASS), by age, sex and region
- **Indicator 8:** Percentage of young people who have had sex before the age of 15, by age, sex and region
- **Indicator 9:** Percentage of adults who are in favour of young people being educated about the use of condoms in order to prevent HIV and STI infection, by age, sex and region
- **Indicator 23:** Percentage of young people aged 15 to 24 reporting the use of a condom at last sex with a non-marital, non co-habiting sexual partner in the last 12 months (UNGASS), by age, sex and region
- **Indicator 27:** Percentage of persons aged 15-49 years know two or more symptoms of STIs, by age, sex and region
- **Indicator 35:** Percentage of persons who know their HIV status, by age, sex and region
- **Indicator 36:** Percentage of persons who have adopted safer sexual practices as a result of knowing their HIV status, by age, sex and region
- **Indicator 37:** Percentage and number of the general population receiving an HIV test, the results, and post test counseling in the last 12 months, by age, sex and region
- **Indicator 58:** Percentage of persons that have visited traditional health practitioners for health reasons in the past 12 months, by age, sex and region
- **Indicator 41:** Percentage of adults aged 18-59 years who have been chronically ill for 3 or more months in the past 12 months whose households receives, free of user charges, basic external support including health, psychological or emotional and other social and material support, by age, sex and region
- **Indicator 59:** Percentage of the general population reporting positive attitude towards persons living with HIV/AIDS, by age, sex and region

- **Indicator 60:** Ratio of school attendance among orphans to that among non-orphans (UNGASS)

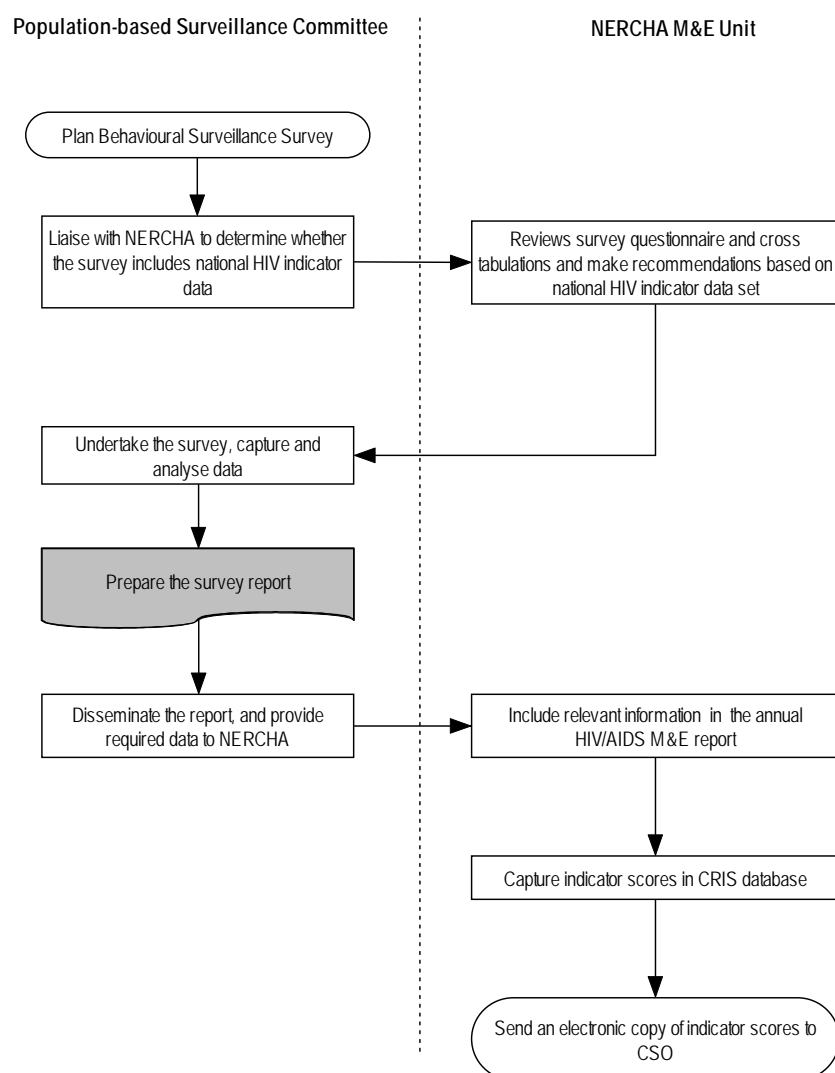
Frequency

One behavioural survey will be undertaken at least once every two years.

Responsibility

A **population-based surveillance committee** will be set up under the chairmanship of Swaziland's Statistics Office. It will be the responsibility of the committee to coordinate the surveys, to ensure that the information that is needed for the measurement of the national core indicators is included amongst the data collected and to guarantee periodic data collection for all indicators. If necessary, the committee may organise additional surveys.

Data Flow Chart



4.3 Health Facility Survey

Due to the preponderance of HIV-related health services provided at health facilities, information relating to the quality of HIV-related services at health facilities is needed. Such information cannot be collected through routine HMIS information, as the HMIS relies on self-reporting of information by health facilities themselves. A survey is needed whereby a team, appointed for such a purpose, examines health facility information objectively.

Some of the core indicators on STI care, PMTCT and clinical care are measured by health facility surveys. Should other existing surveys be available, these may also be used by MoHSW to supply the necessary data to NERCHA.

NERCHA data requirements

- **Indicator 18:** Percentage of venues offering the minimum package for preventing HIV in infants and young children which have specific written guidelines on how to make referrals to facilities offering long term care and support services, disaggregated by type of health facility
- **Indicator 28:** Percentage of patients with sexually transmitted infections, who are appropriately diagnosed, treated and counseled at health care facilities (UNGASS), disaggregated by age (<20, and 20 and older) and by sex
- **Indicator 29:** Percentage of STI service delivery points that have recorded at least one stock-out in the preceding six months, disaggregated by type of facility
- **Indicator 38:** Percentage of health facilities that have the capacity and conditions to provide basic HIV counseling and testing and to manage HIV/AIDS clinical services, disaggregated by level and type of health facility
- **Indicator 43:** Percentage of health care facilities that have the capacity and conditions to provide advanced-level HIV/AIDS care and support services, including provision of ART, disaggregated by type of health facility
- **Indicator 52:** Percentage of health facilities that offer free routine basic HIV counseling and testing services, disaggregated by region

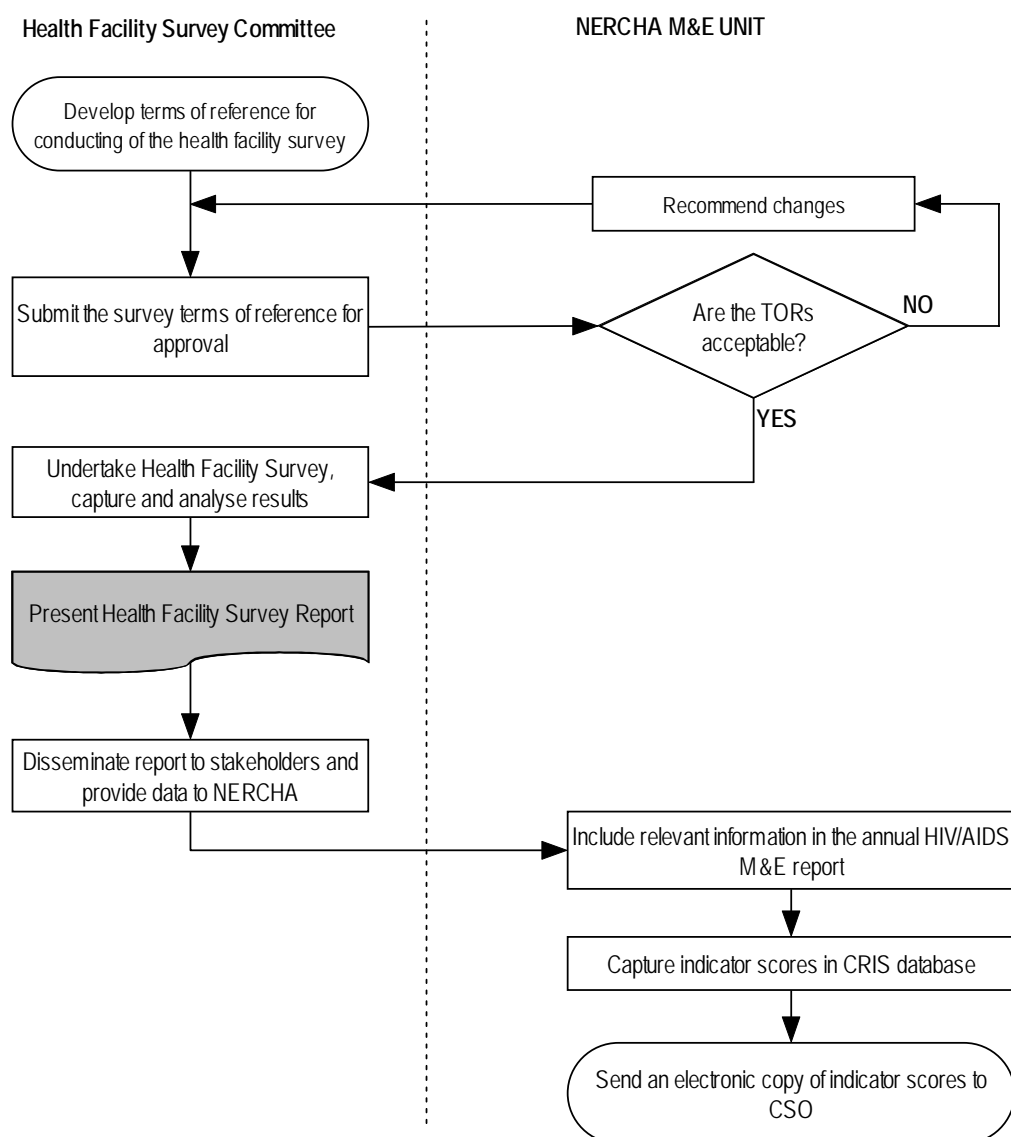
Frequency

The health facility survey will be undertaken on an annual basis, between June and September. The report should be available in January of the following year in time for inclusion in HIV and AIDS M&E report.

Responsibility

A **Health Facility Survey committee**, presided over by the MoHSW, will be responsible for the preparation and coordination of these surveys.

Data Flow Chart



4.4 Condom Availability and Condom Quality Survey

Description

This survey measures condom availability at retail outlets and service delivery points and the quality of a random sample of condoms that were found during the survey. The quality of condoms at their time of use determines their effectiveness in preventing HIV, STIs and pregnancy. Quality (and more particularly poor quality) also affects popular perception of the value of condoms, which can in turn have a major impact on the success of prevention programmes.

The *MEASURE Evaluation/WHO/PSI Compiled Condom Availability and Quality Protocol* will be used for both aspects of the survey. The services of an independent contractor will be procured to conduct this survey.

NERCHA data requirements

- **Indicator 24:** Percentage of randomly selected retail outlets and service delivery points that have condoms in stock at the time of a survey (disaggregated by region and type of distribution point)
- **Indicator 25:** Percentage of condoms in central stock and in retail outlets that meet WHO quality specifications

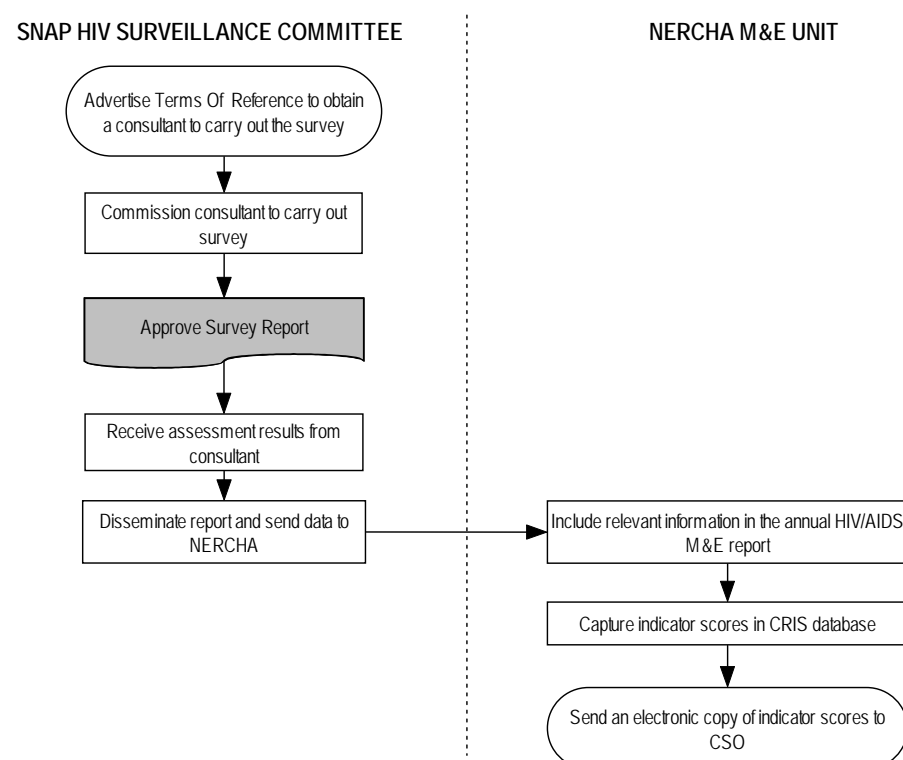
Frequency

This survey will be undertaken every two years, with the first being planned for 2006.

Responsibility

The HIV surveillance committee in SNAP, who is responsible for all biological surveillance, will be responsible for coordinating and executing this survey.

Data Flow Chart



4.5 NERCHA Client Satisfaction Survey

Description

As the coordinator of the national response to HIV and AIDS, NERCHA has many partners and service providers. It is essential that the NERCHA not only coordinates, but that it does this well. To determine the extent to which the NERCHA's partners are satisfied with the services provided, a client satisfaction survey will be carried out. This survey will collect data directly from clients. Data collection will be undertaken by an independent firm, by means of a self-administered survey to be completed by clients, the results of which will be compiled into a "scorecard". The same independent firm will undertake the analysis of the data. The client satisfaction survey will not be lengthy; the questionnaire will be limited to one page.

NERCHA data requirements

- **Indicator 74:** Percentage of NERCHA partners that have expressed satisfaction with the level and type of services and support provided by NERCHA (disaggregated by type of partner)
- **Indicator 75:** The existence of an organisational structure for coordination of the national multisectoral response

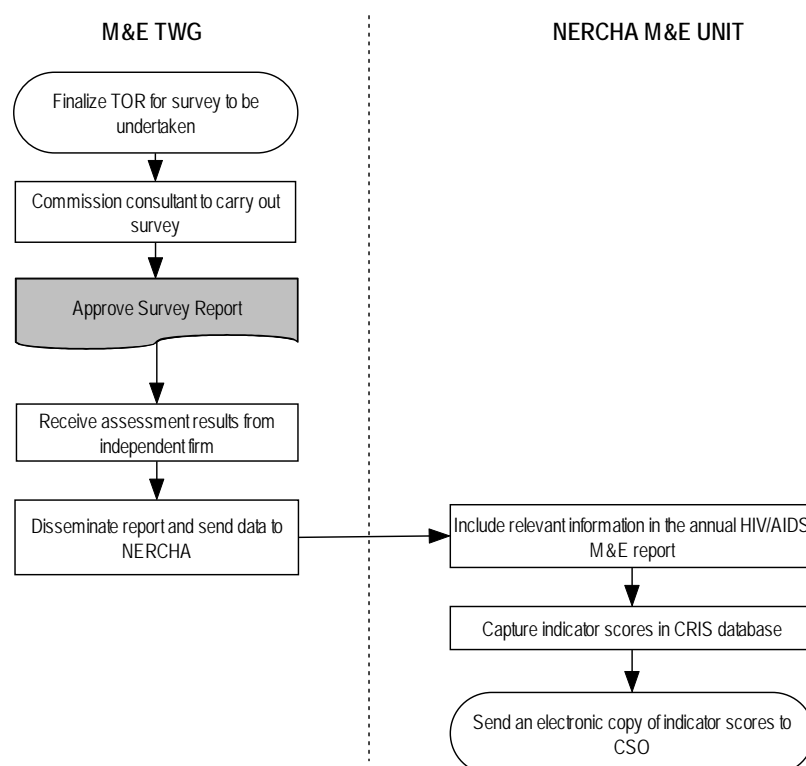
Frequency

The survey will be undertaken annually.

Responsibility

The M&E TWG will be responsible for commissioning an independent firm to conduct the survey once a year.

Data Flow Chart



4.6 Vulnerability Survey

Description

Since impact mitigation is such a major component of the national response to HIV and AIDS in Swaziland, a Vulnerability Survey will be undertaken to assess levels of service provision, attitudes and challenges faced by different vulnerable groups.

The services of an independent contractor will be procured to conduct this survey. Before the first survey is undertaken, the NERCHA will conduct operations research to develop a protocol document for the survey. This is because this is a completely new type of survey, and international protocols do not exist for it.

NERCHA data requirements

- **Indicator 61:** Percentage of vulnerable groups (widows, OVC, elderly, PLHWA, PWD) who have reported to authorities that their rights have been abused and who reported that action was taken, disaggregated by type of vulnerable group, age, sex and region
- **Indicator 72:** Percentage of vulnerable households that have been provided with at least the minimum package of basic external support in the last 12 months, disaggregated by type of support and by region
- **Indicator 73:** Percentage of socio-cultural sources of vulnerability reported and acted upon, disaggregated by type of vulnerable group, age, sex and region

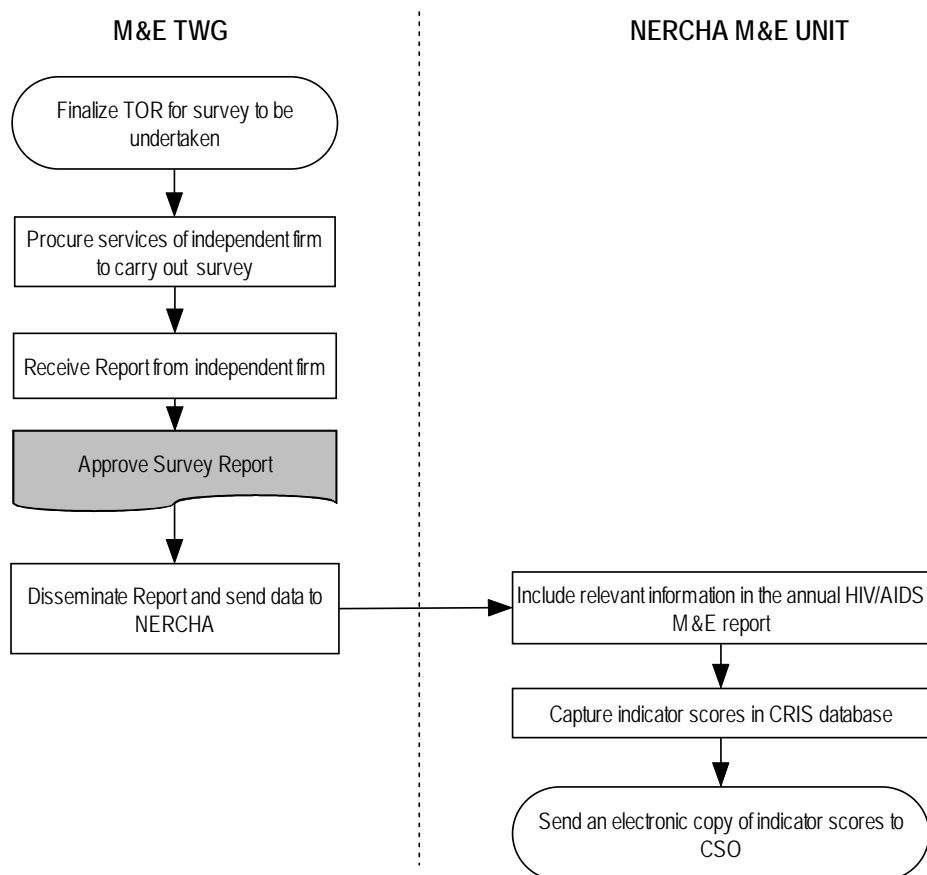
Frequency

The survey will be undertaken annually, and the first survey will take place in 2006.

Responsibility

A **Vulnerability Survey Committee**, headed by NERCHA's M&E Unit, will be responsible for commissioning an independent firm to conduct the survey once a year.

Data Flow Chart



4.7 School Data from Existing Surveys

Some of the youth education indicators require data that is collected at school level. These data can be collected through a school-based survey, or alternatively through an annual assessment by distributing forms to be filled out by each school. NERCHA will collect this data by liaising with the Ministry of Education and adding some questions to an existing school survey, which will be identified at an appropriate time.

NERCHA data requirements

- **Indicator 10:** Percentage of schools with at least one teacher who has been trained in participatory life-skills based HIV and AIDS education and who has taught it during the last academic year (UNGASS) (disaggregated by school location, and school type (primary and secondary))

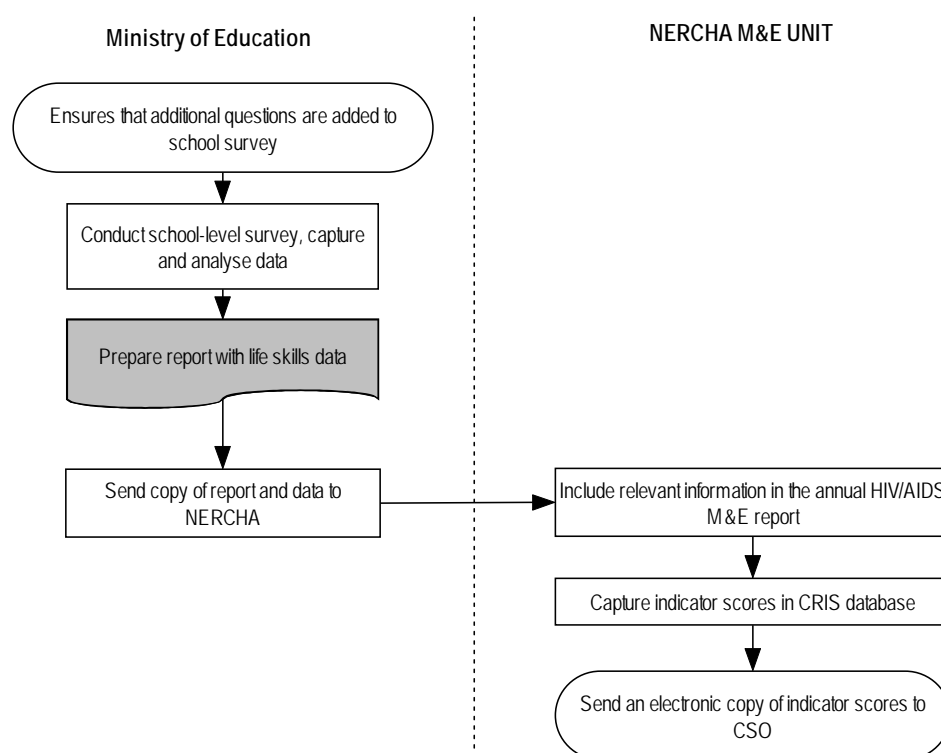
Frequency

Data collection will occur on an annual basis.

Responsibility

The Ministry of Education will be responsible for data collection and analysis.

Data Flow Chart



4.8 Workplace Survey

To track the extent to which policy development efforts are mainstreamed in workplaces, UNGASS has developed an indicator on workplace policies and programmes. The data is derived from a workplace survey.

Private sector employers are selected on the basis of the size of the labour force. The Public Sectors recommended for inclusion are the ministries of transport, labour, tourism, education, and health. (Note that the NERCHA or the Business Coalition against HIV and AIDS may wish to broaden the sampling of ministries and businesses for its own evaluation of multisectoral response.) Employers are asked to state whether they are currently implementing personnel policies and procedures that cover, as a minimum, all of the following aspects:

- Prevention of stigmatisation and discrimination on the basis of HIV infection status in staff recruitment and promotion and employment, sickness, and termination benefits.
- Workplace-based HIV and AIDS prevention, control, and care programmes that cover: the basic facts on HIV and AIDS, specific work-related HIV transmission hazards and safeguards, condom promotion, VCT, STI diagnosis and treatment, and the provision of HIV and AIDS-related drugs.

Copies of written personnel policies and regulations should be obtained and assessed wherever possible. Indicator scores are required for all employers, both combined and showing the private and public sectors separately. Estimates of the size of the male and female formal sector workforce should also be provided, based on the latest available census data.

NERCHA data requirements

- **Indicator 21:** Percentage of large enterprises/companies which have HIV and AIDS workplace policies and programmes (UNGASS) (disaggregated by type of enterprise (public sector / private sector))

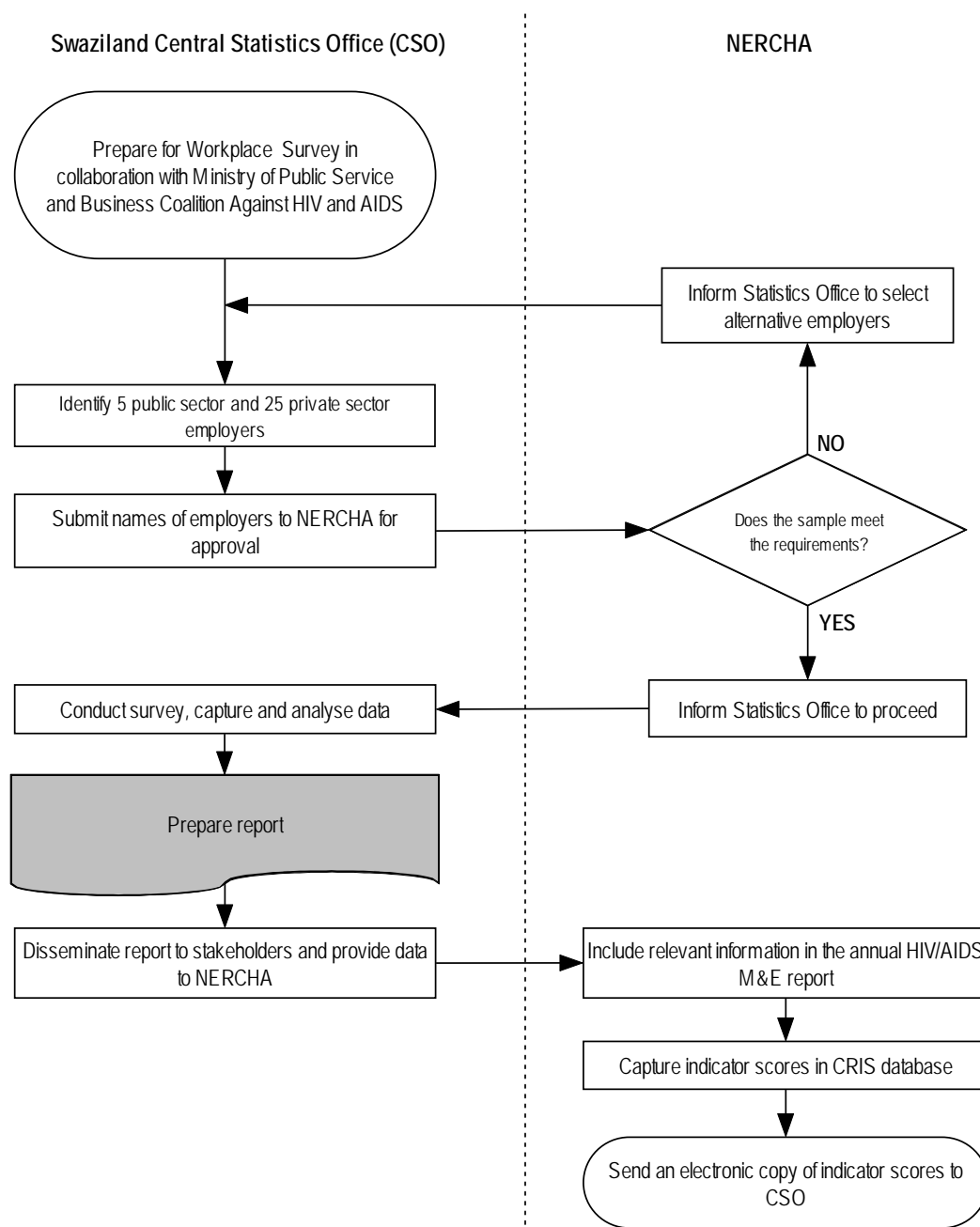
Frequency

This survey will be undertaken for the first time in 2005, and thereafter every two years.

Responsibility

The responsibility for carrying out the survey will rest with the Swaziland Statistics Office, who will closely involve the Ministry of Public Service and the Business Coalition Against HIV and AIDS.

Data Flow Chart



4.9 Young People Policy Index Questionnaire

This indicator is a measure of progress in the development of HIV and AIDS policies and strategies at the national level in six key areas relating to young people. This Index measures progress in the development of national-level HIV and AIDS policies and strategies in six key areas:

- a. identification of HIV prevention among young people as a priority in the national strategic plan on AIDS;
- b. application of a multisectoral approach to HIV prevention among young people;
- c. existence of a policy or strategy to promote HIV information, education and communication (IEC) for young people;
- d. existence of a policy promoting life-skills-based education in schools;
- e. existence of a policy providing youth-friendly health services;
- f. existence of a policy promoting young people's access to condoms

The Young People Policy Index complements the National Composite Policy Index (NCPI) in the UNAIDS document 'Monitoring the Declaration of Commitment on HIV and AIDS: Guidelines on construction of core indicators', and is fully described in the guidelines document "National Aids Programmes: A Guide To Indicators For Monitoring And Evaluating National HIV/Aids Prevention Programmes For Young People'.

NERCHA data requirements

- **Indicator 15:** The response (yes/no) to each of the Index questions (a) to (f)
- **Indicator 15:** The overall calculated score of the Index

Frequency

The questions will be asked once a year of the OVC reference group in Swaziland, before the annual HIV and AIDS M&E report is prepared.

Responsibility

The responsibility for calculating and reporting the Index score will rest with the NERCHA, who will ask the questions of the OVC reference group.

4.10 Swaziland HIV and AIDS Programme Monitoring System (SHAPMoS)

For indicators that will be measured using routine programme outputs, all entities implementing activities within that programme will be required to carefully monitor their outputs. The extent of activities that have been implemented, will then be recorded on a quarterly basis and sent to the NERCHA using the SHAPMoS reporting system (Swaziland HIV and AIDS Programme Monitoring System).

SHAPMoS is a routine, periodic and recurrent reporting system. **The principle of SHAPMoS reporting is that every IMPLEMENTER of HIV and AIDS interventions is to complete one SHAPMoS form, every quarter, for every region where they have worked.** Please refer to the **SHAPMoS guidelines** (accessible from NERCHA, REMACs or on the website), which contains more details and information about this reporting system, and the reporting requirements of HIV and AIDS implementers.

SHAPMoS will be used for all non-health sector data collection. Health sector data collection will be captured using the MoHSW's HIV and AIDS M&E System (see section 4.12).

Once a year, an additional form will be disseminated with the SHAPMoS Form. This SHAPMoS Resource Tracking Form will be used by NERCHA to monitor the financial inputs into the national response to HIV and AIDS. On the SHAPMoS Resource Tracking Form the implementer will summarise the resources allocated by programme area and specify the source of funding.

SHAPMoS data will be audited during participatory supervision visits. Data auditing will be done by the HIV and AIDS M&E Coordinators based at the Regional Multisectoral HIV and AIDS Coordinating Committees (REMSHACC). Umbrella organisations and HIV and AIDS coordinating bodies will be required to support data audits. Regional HIV and AIDS M&E Coordinators will be required to prepare data audit reports, which are to be submitted to the NERCHA's M&E unit. Data audits will be followed up by mentoring visits. Please refer to the **SHAPMoS Participatory Supervision and Data Auditing Guidelines** for more information.

NERCHA data requirements

- **Indicator 11:** Number of young people that have participated in an HIV/AIDS prevention programme in the last 12 months, disaggregated by in-school youth/ out- of-school youth and by region
- **Indicator 12:** Number of hours of radio and television airtime that have been allocated to broadcasting HIV-related content in the last 12 months, disaggregated by type of broadcasting media and by region
- **Indicator 13:** Number of trained active peer educators and community educators in the last 12 months, disaggregated by region
- **Indicator 14:** Number of IEC materials distributed in the last 12 months, disaggregated by type of material and by region
- **Indicator 22:** Number of employees that have participated in or benefited from HIV/AIDS workplace programmes in the last 12 months, disaggregated by type of organisation and by region
- **Indicator 26:** Number of male and female condoms distributed to end users in the last 12 months (excluding condoms distributed by MoHSW), by region and type of health facility

- **Indicator 33:** Number of emergency service personnel (all non health workers) that have been trained on PEP in the last 12 months, by region
- **Indicator 34:** Number of eligible persons that have undergone PEP treatment in the last 12 months, by sex and region
- **Indicator 37:** Number of the general population receiving an HIV test, the results, and post test counseling in the last 12 months, disaggregated by age, sex and region
- **Indicator 54:** Number of home-based care person-visits in the last 12 months, disaggregated by region
- **Indicator 55:** Number of male home-based care volunteers in the last 12 months, disaggregated by region (numerator)
- **Indicator 55:** Total number of home-based care volunteers in the last 12 months, disaggregated by region (denominator)
- **Indicator 62:** Number of persons trained on the rights of PLWHA, widows, OVC, PWD and elderly in the last 12 months, disaggregated by region
- **Indicator 63:** Number of policies and laws for vulnerability that have been enacted in the last 12 months, disaggregated by type of policy
- **Indicator 64:** Number of vulnerable persons covered by the expanded social security system in the last 12 months, disaggregated by region
- **Indicator 65:** Number of vulnerable persons and households accessing social grants in the last 12 months, disaggregated by region
- **Indicator 66:** Number of vulnerable households accessing water, sanitation and shelter support in the last 12 months, disaggregated by region
- **Indicator 67:** Number of vulnerable persons accessing counseling in the last 12 months, disaggregated by region
- **Indicator 68:** Number of OVC adopted or fostered in the last 12 months, disaggregated by region
- **Indicator 69:** Number of vulnerable persons, households and communities receiving food support in the last 12 months, disaggregated by region
- **Indicator 70:** Number of vulnerable children that have received education support in the last 12 months, disaggregated by region
- **Indicator 71:** Number of community-based organizations trained in planning, implementation and management of HIV/AIDS initiatives in the last 12 months, disaggregated by region
- **Indicator 77:** Number of organisations involved in the response to HIV and AIDS that have developed annual work plans, with an approved budget, and that have implemented it in the last 12 months, disaggregated by type of organisation (numerator)
- **Indicator 77:** Percentage of organisations involved in the response to HIV and AIDS (denominator)

- **Indicator 78:** Number of person-days of training that project staff and employees have undergone to manage and implement HIV/AIDS/STI services in the last 12 months, disaggregated by region, type of training and type of personnel
- **Indicator 79:** Amount and percentage of HIV funding allocated to all sectors in the last financial year, disaggregated by type of sector
- **Indicator 83:** Number of events that took place to promote community-level involvement in HIV service delivery in the last 12 months, disaggregated by region
- **Indicator 84:** Amount of annual funding for HIV interventions that is spent on HIV and AIDS M&E in the last 12 months (numerator)
- **Indicator 84:** Amount of annual funding for HIV interventions in the last 12 months (denominator)
- **Indicator 88:** Number of implementers of HIV and AIDS interventions who report that they have participated in regional HIV/AIDS dissemination workshops in the last 12 months, disaggregated by region (numerator)
- **Indicator 88:** Number of implementers of HIV and AIDS interventions (denominator)

Frequency

The SHAPMoS forms need to be completed once a quarter (i.e. every 3 months), with the additional SHAPMoS Resource Tracking Form being completed once a year.

Responsibility

The responsibility for completing the forms rest with the implementers of HIV and AIDS interventions.

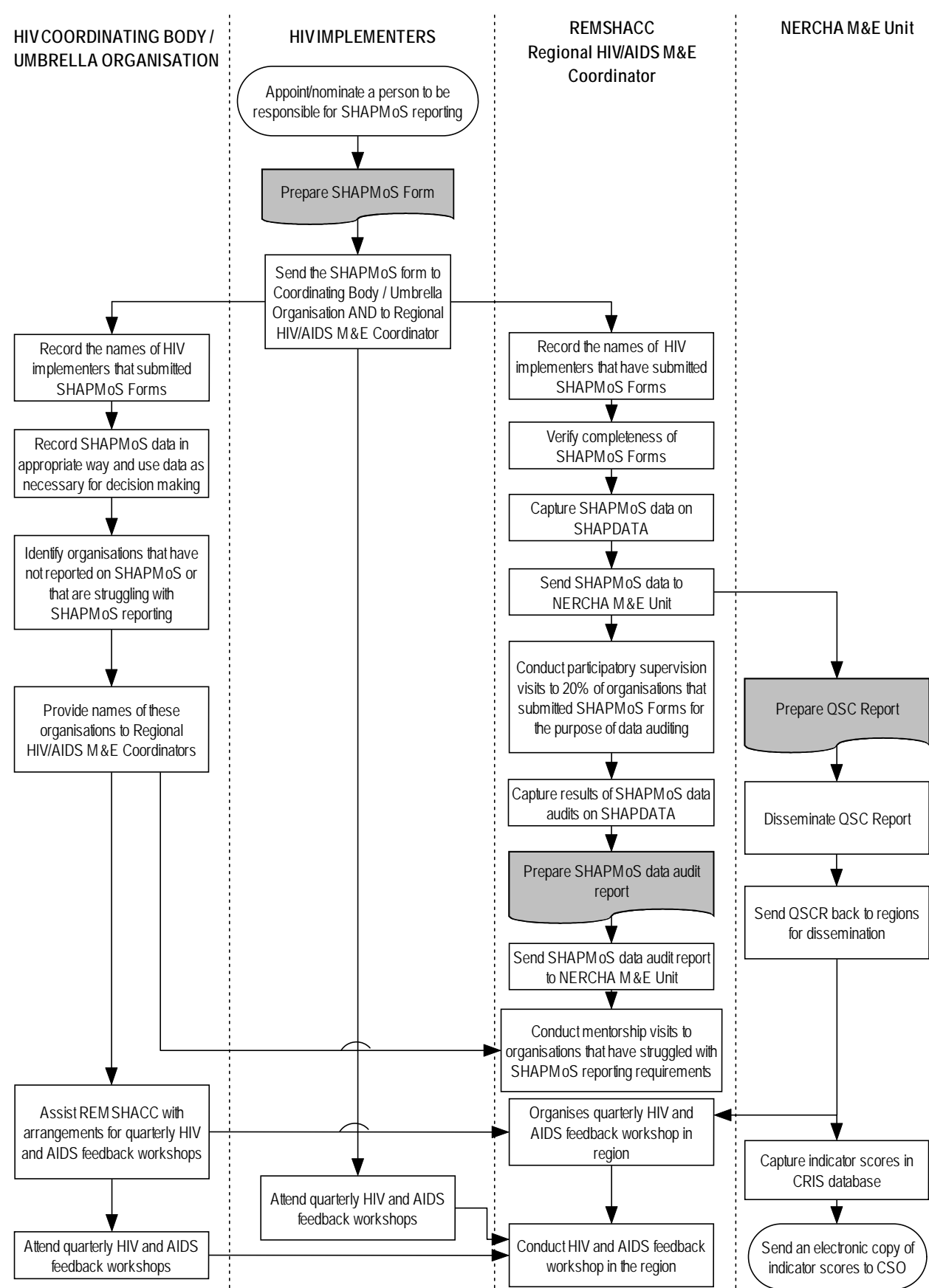
Data Flow Chart

Data submission of the SHAPMoS Forms will take place through one of four mechanisms:

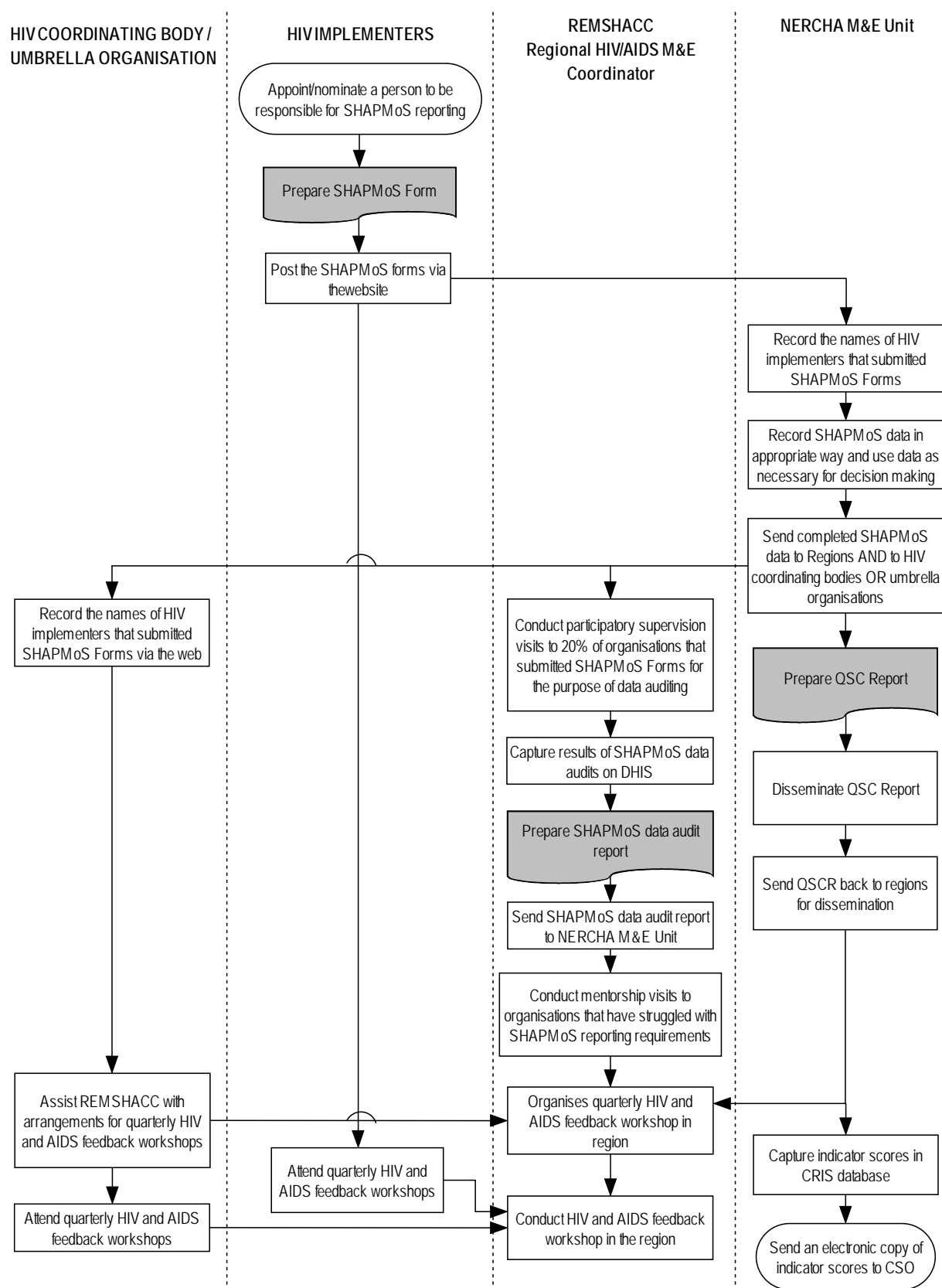
- a) faxing the SHAPMoS Forms
- b) emailing the SHAPMoS Forms
- c) posting the SHAPMoS Forms
- d) website posting of the SHAPMoS Forms

The data flow chart overleaf describes the data flow using either one of the first 3 mechanisms (fax, email or post). The data flow for the website posting of the forms is described thereafter.

Data Flow Chart – for posting, faxing or emailing the forms



Data Flow Chart – for website posting of forms



4.11 MoHSW HIV and AIDS M&E System Data

The MoHSW houses the National Programme Manager for those HIV and AIDS programmes that are mainly health facility-based (*VCT, PMTCT, STI care, blood safety, PEP and clinical care*) or that historically have been coordinated from the MoHSW (*condom distribution and CHBC*). Each of these programmes have established their own M&E Systems and tools, or are in the process of developing them. All health facilities in the country providing any of these services, regardless of the sector they belong to (government, faith-based, non-governmental, workplace-based or private for profit) are required to submit reports to the National Programme Manager. The reporting channels are currently not integrated into the Health Management Information System, although a revision of the HMIS to include them is planned for the future.

The MoHSW has recently recruited an HIV and AIDS M&E Coordinator who will be responsible for ensuring appropriate M&E Systems for each of the MoHSW-based HIV and AIDS programmes, including correct data collection and feedback mechanisms. The HIV and AIDS M&E Coordinator, who is based at SNAP, will compile all data collected by the different programmes and communicate the data to NERCHA on a periodic basis.

NERCHA data requirements

- **Indicator 16:** Percentage of regions with access to blood transfusion services that adhere to national guidelines, by region
- **Indicator 17:** Percentage of blood units transfused in the last 12 months that have been adequately screened for HIV according to national or WHO guidelines, by region
- **Indicator 19:** Percentage of HIV positive pregnant women receiving course of ARV prophylaxis to reduce MTCT in accordance with nationally approved protocol in the last 12 months (UNGASS), by age and region
- **Indicator 20:** Percentage of pregnant women making at least one ANC visit who have received an HIV test result and post test counseling, by age and region
- **Indicator 26:** Number of male and female condoms distributed to end users by MOHSW in the last 12 months, by region and type of health facility
- **Indicator 30:** Number of health workers trained on syndromic management of sexually transmitted infections according to national guidelines in the last 12 months, by age, sex and region
- **Indicator 31:** Number of young people that have accessed reproductive health services (family planning, STI diagnosis, and HIV testing) in the last 12 months, by type of service and by region
- **Indicator 32:** Number of STI cases diagnosed in the last 12 months, by age, sex and region
- **Indicator 33:** Number of health workers that have been trained on PEP in the last 12 months, by region
- **Indicator 34:** Number of eligible persons that have undergone PEP treatment at health facilities in the last 12 months, by sex and region
- **Indicator 39:** Percentage of counselors who have received support counseling themselves in the last 12 months, by region

- **Indicator 40:** Percentage of people still alive at 6, 12, 24 and 36 months after initiation of ART (GFATM), by age, sex and region
- **Indicator 42:** Percentage of people with advanced HIV infection receiving antiretroviral combination therapy (UNGASS), none
- **Indicator 44:** Number of persons on ART who are receiving nutritional support from health care facilities in the last 12 months, by type of health facility
- **Indicator 45:** Number of suspected AIDS cases in the last 12 months, by region
- **Indicator 46:** Existence of national policies, strategies and guidelines for ART,
- **Indicator 47:** Number of PLWH/A who have enrolled in the pre-ART program, by region
- **Indicator 48:** Number of all newly registered TB patients who are HIV positive, by sex and region
- **Indicator 49:** Percentage of new smear positive pulmonary TB cases that are successfully treated, by sex and region
- **Indicator 50:** Number of registered TB patients who are tested for HIV, after giving consent, by sex and region
- **Indicator 51:** Number of newly diagnosed HIV positive clients who are given treatment of latent TB infection (TB preventive therapy), by sex and region
- **Indicator 53:** Percentage of in-patients who have received HIV test results and post test counseling in the past 12 months, by health facility
- **Indicator 56:** Number of terminally ill patients receiving palliative care, by region and age
- **Indicator 58:** Number of traditional practitioners that have been registered, by region
- **Indicator 76:** The existence of an improved organisational structure for coordinating the health sector response,
- **Indicator 85:** Existence of an M&E system in the Ministry of Health and Social Welfare that consists of: an MOHSW HIV and AIDS M&E strategy, an HIV and AIDS M&E unit with full time skilled staff within MOHSW, an annual work plan and budget ,

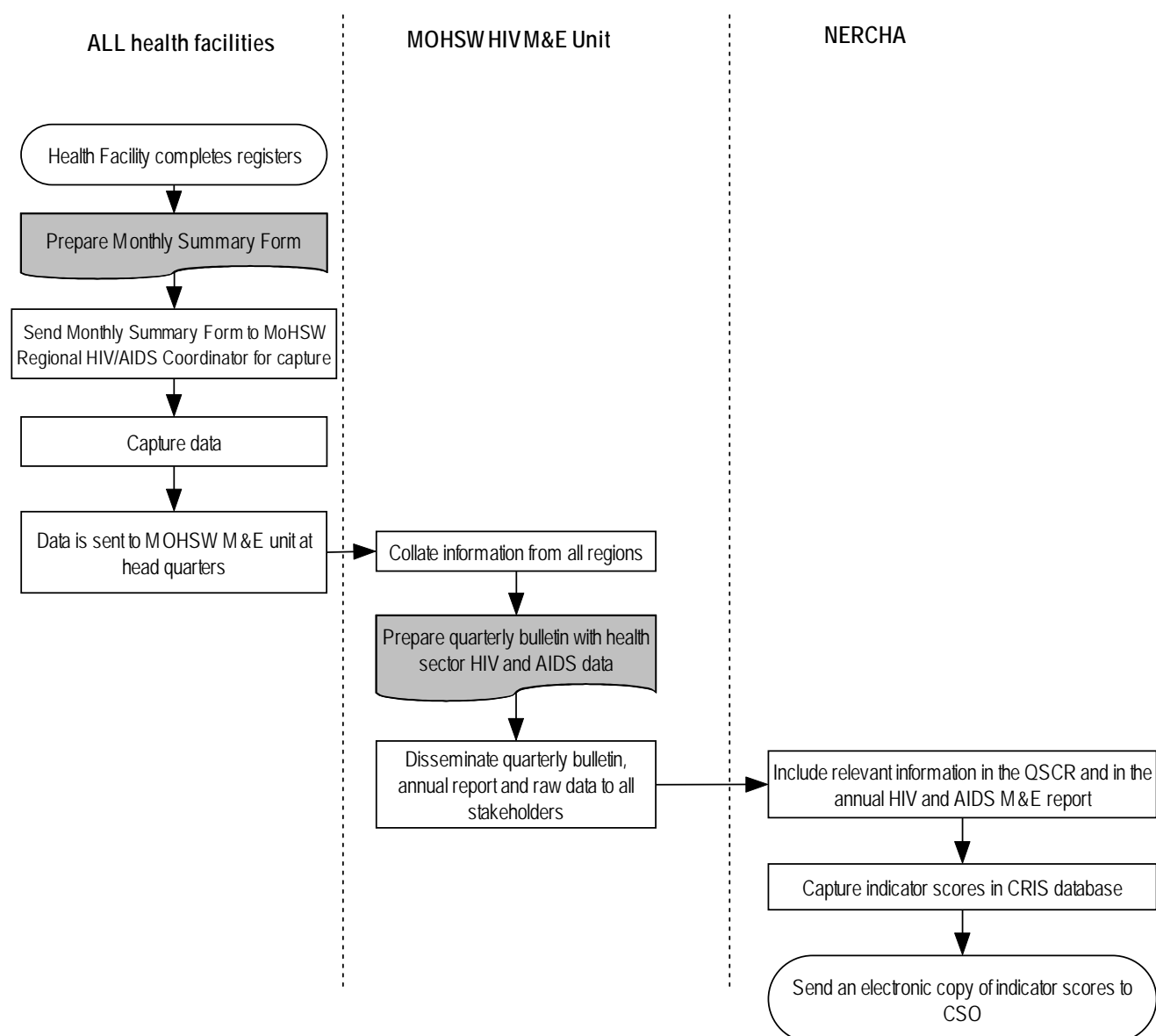
Frequency

A quarterly bulletin is to be produced by MoHSW, and NERCHA can draw data directly from the quarterly bulletin. In addition, the HMIS conducts an annual review of records, based on the findings of the previous fiscal year. The data required by NERCHA will be data aggregated on a calendar year basis, and will require some customisation of HMIS data in order to fulfil the requirements of NERCHA.

Responsibility

MoHSW will be responsible for all data collection.

Data Flow Chart



5 INFORMATION PRODUCTS

The M&E Unit of NERCHA will be responsible for the compilation, management and dissemination of all data collected through the national HIV and AIDS M&E System. The HIV and AIDS M&E System will produce the following periodic information products:

- Quarterly Service Coverage Report (QSCR)
- Annual HIV and AIDS M&E Report
- Biennial UNGASS Report
- Periodic Information Systems Updates

In addition to these periodic information products, NERCHA would also respond to specific and ad hoc information requests made by stakeholders. Each of the periodic information products, and the process for requesting information on an ad hoc basis, has been described below:

5.1 Quarterly Service Coverage Report (QSCR)

NERCHA will produce a quarterly service coverage report. This report will provide information on coverage statistics per HIV and AIDS programme area, and will be based on the information provided by NERCHA grantees and non-grantees. The production of this report will also ensure that NERCHA meets GFATM requirements in terms of the minimum reporting standards.

5.1.1 Purpose of Report

The purpose of this report is to provide a quick overview of service coverage in the last quarter to better inform implementers and funders of interventions, where gaps are and how to maximise resource utilisation.

5.1.2 Data Sources for Report

The only data source for this report is the SHAPMoS Form.

5.1.3 Data Analysis

Once the Regional HIV and AIDS M&E Coordinators have captured data on a quarterly basis on SHAPData, the NERCHA's Data Manager will collect the data from the 4 regions and compile a Quarterly Service Coverage Report, using a standard analysis methodology (descriptive statistics). This statistical analysis will then be handed over in electronic format to NERCHA's M&E Coordinator for dissemination to stakeholders.

5.1.4 Report Format

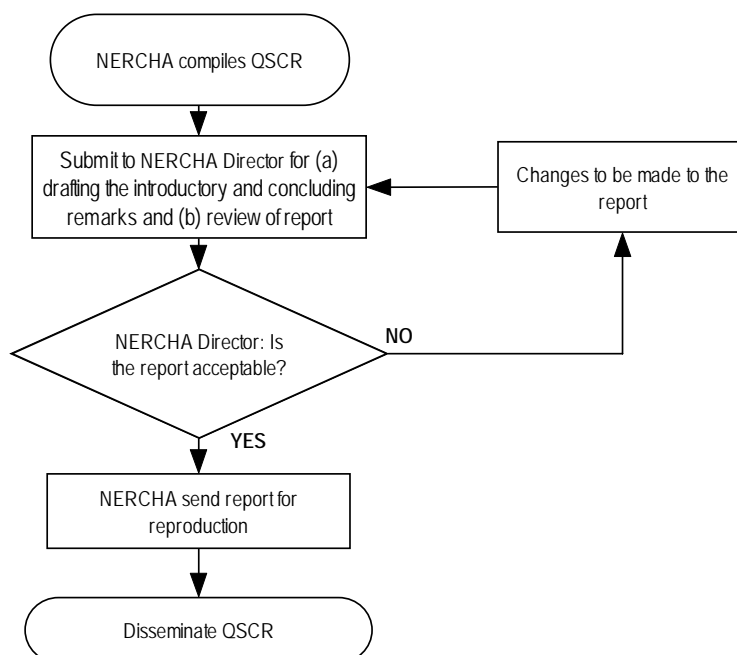
The format of this report will be based on the structure of the SHAPMoS Form. Every QSCR will contain cumulative data for the year-to-date, the results of previous quarter and the results of the current quarter, to enable trend analysis of individual indicators.

5.1.5 Report Compilation

This report will be compiled on a quarterly basis, within one month after the end of the quarter under review.

5.1.6 Report Approval

To ensure a fast turnaround time, the following approval channels will be followed:



5.2 Annual HIV and AIDS M&E Report

5.2.1 Purpose of Report

The purpose of this report is to provide a comprehensive overview of Swaziland's response to HIV and AIDS. This will be done by reporting on all indicators contained in the national HIV and AIDS M&E plan, and by providing key observations and guidance for future implementation. This report will be procedurally linked to the NERCHA's annual work planning and budgeting process to ensure that the information is actually used for decision-making".

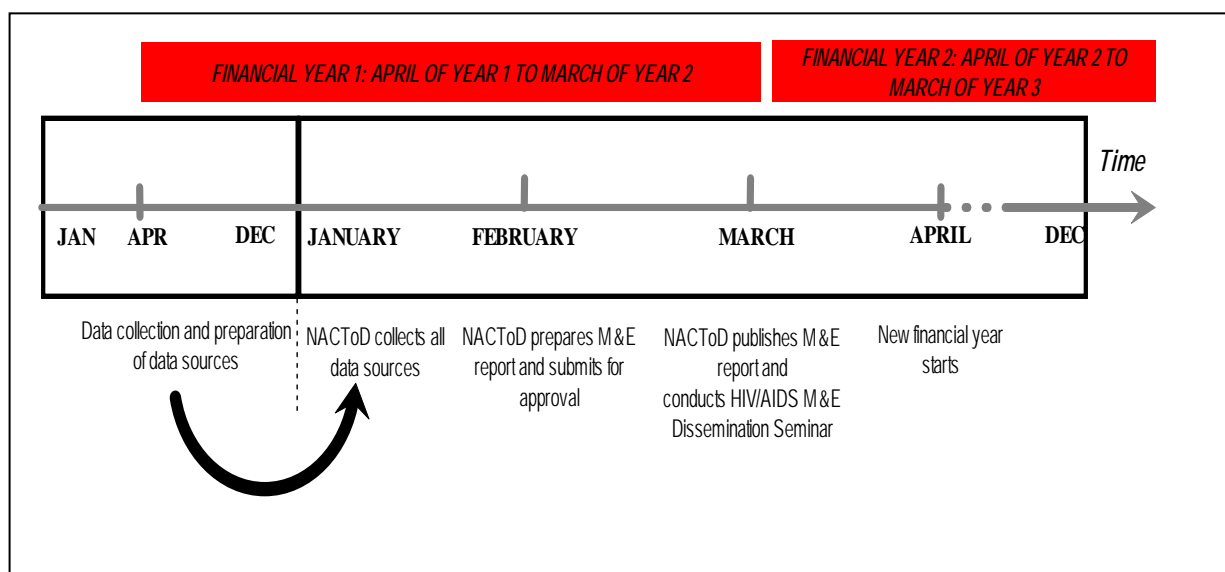
5.2.2 Data Sources for Report

The data sources for this report are all the data sources mentioned in section 4 of this document. Should new and improved data sources become available, NERCHA may also wish to supplement this report with additional data sources.

5.2.3 Data Analysis

Data analysis will be carried out by determining the correct denominator and numerator values for each indicator – as defined in Volume 2 of this Plan.. All data should focus on the previous calendar year (January – December), and this will be the de facto reporting period for the report. This will allow sufficient time for the report information to be used to guide work planning and budget for the following financial year (April to March, according to the Government of Swaziland's fiscal year). The synchronization of the M&E cycle with the planning cycles is visualised below:

Figure 6: Synchronisation of M&E cycle with planning cycle



This diagram implies that the M&E reporting year will be from January to December of Year 1. This will be the M&E report that will be used to plan for the fiscal year that starts from April of Year 2 to March of Year 3. Similarly, the M&E report for the calendar year January to December of Year 2 will be used for planning of the work plan of the fiscal year April of Year 3 to March of Year 4.

5.2.4 Report Format

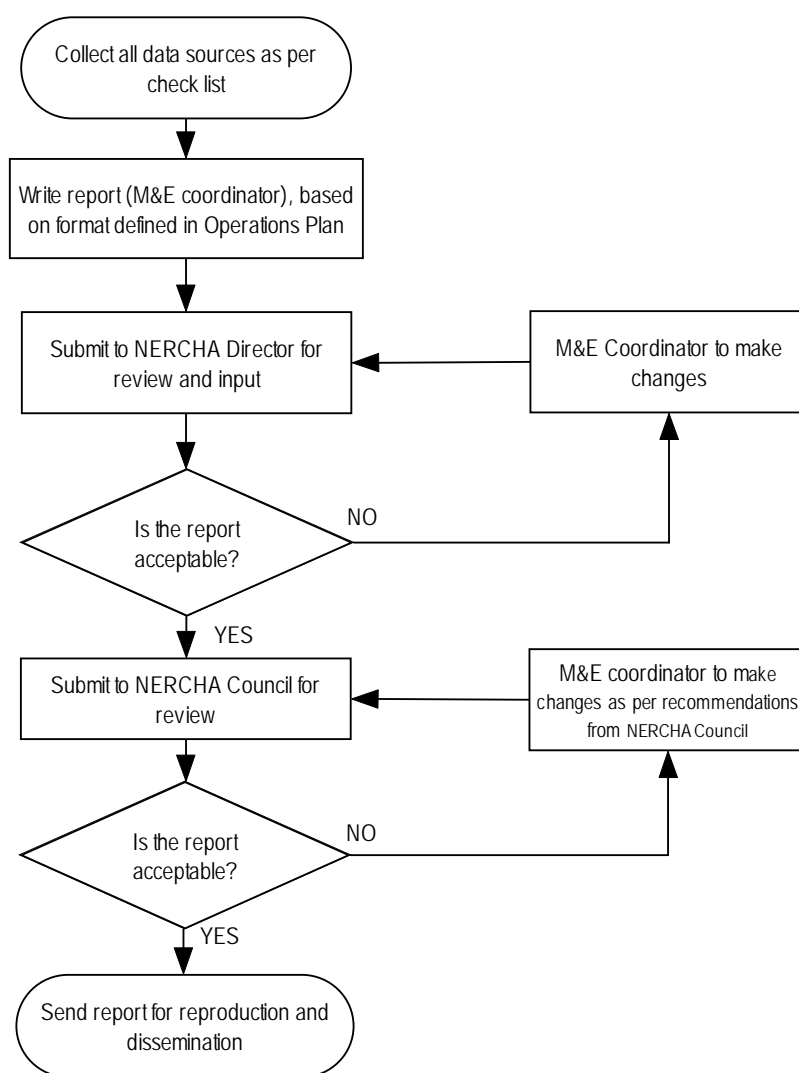
The format of this report will be based on the information needs of NERCHA and its stakeholders. The NERCHA will maintain this standard format to enable trend analyses. It should be noted that this report would include the scores for the entire set of national HIV and AIDS indicators, irrespective of whether the indicator scores have changed for that particular year.

5.2.5 Report Compilation

This report will be compiled on an annual basis by NERCHA. The NERCHA M&E Officer, with key support from the Data Manager and SHAPMoS Manager, will be responsible for preparing this report. The report will be compiled during January of each year, and will be ready by 1 February every year. This will be in time for the HIV and AIDS M&E Report Dissemination Seminar in March of the same year, and before annual work planning for the next year is concluded.

5.2.6 Report Approval

The following approval cycle has been agreed upon:



5.2.7 Report Dissemination

This annual HIV and AIDS M&E Report will be disseminated to the stakeholders at the annual HIV and AIDS M&E Dissemination Seminar, to be held at the end of March every year. All stakeholders from the public sector, private sector and civil society will be invited to attend. It is envisaged that 1 000 copies of the report will need to be printed in hard copy format to ensure effective dissemination of data to all stakeholders. In addition to the national Dissemination Seminar for the HIV and AIDS M&E results, there might be a need to organise regional dissemination seminars, as well, to ensure distribution to district level.

5.3 Biennial UNGASS Report

Swaziland is a signatory to the 2001 Declaration of Commitment on HIV and AIDS at the United Nations Special Session on HIV and AIDS (UNGASS). Part of this Declaration of Commitment includes a set of indicators that the Government of Swaziland has agreed to report on to UNAIDS on a periodic basis. All twelve UNGASS indicators have been included in the national HIV and AIDS set of indicators (chapter 3 contains a reference 'UNGASS' next to all the UNGASS indicators in the national indicator set). This will ensure that the data collection and analysis for the UNGASS indicators form part of the M&E processes within NERCHA, and that it is not treated as a report "outside the scope of the NERCHA's M&E mandate".

5.3.1 Purpose of Report

The purpose of this biennial report is to report to the UNAIDS on a periodic basis in terms of the progress made by Swaziland in the fight against HIV and AIDS. The report is to be based on the twelve specific indicators in a manner defined in the *UNAIDS Guidelines for the Construction of Core Indicators*. Its purpose is also to share with all the progress made, by Swaziland, in terms of these important indicators.

5.3.2 Data Sources for Report

The data sources for the twelve UNGASS indicators is as per the data sources specific in the *UNAIDS Guidelines for the Construction of Core Indicators*, and can be summarised in the following way:

- UNAIDS Survey on financial resource flows
- National Composite Policy Index (NCPI) questionnaire
- School-based survey and education programme review
- Workplace survey
- Health facility survey
- PMTCT and ARV programme monitoring and estimates from MoHSW
- Population-based survey (Demographic and Health Survey)
- HIV sentinel surveillance at antenatal clinics

5.3.3 Data Analysis

Data analysis will be carried out as per the *UNAIDS Guidelines for the Construction of Core Indicators*, and the datasheets for each of the twelve indicators will be completed and disaggregated as per given requirements.

5.3.4 Report Format

The format of this report will be based on format provided by UNAIDS, and will consist of a statistical overview of the data for each indicator, as well as a narrative description to add quality and texture to the statistical overview.

5.3.5 Report Compilation

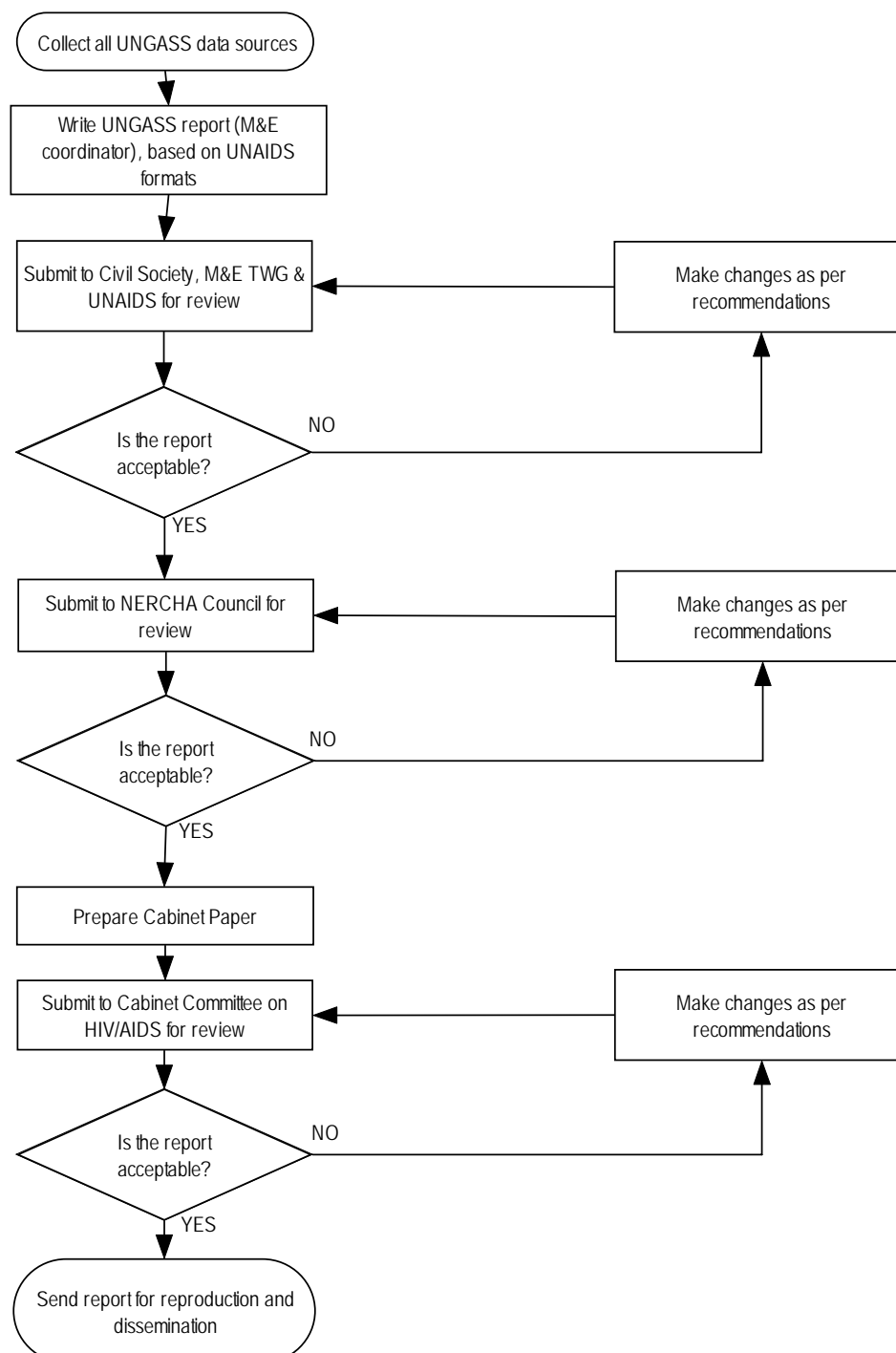
This report will be compiled on a biennial basis, as per the following schedule:

	National commitment and action	National programme and behaviour	Impact
2003	UNGASS Indicators # 1 – 2	UNGASS Indicators # 1 – 8	UNGASS Indicators # 1 - 2
2006	UNGASS Indicators # 1 – 2	UNGASS Indicators # 1 – 8	UNGASS Indicators # 1 - 2
2009	UNGASS Indicators # 1 – 2	UNGASS Indicators # 1 – 6	UNGASS Indicators # 1 - 2
2012	UNGASS Indicators # 1 – 2	UNGASS Indicators # 1 – 6	UNGASS Indicators # 1 - 2

The compilation of the UNGASS report is the responsibility of the NERCHA HIV and AIDS M&E Coordinator, with technical support from the in-country UNAIDS office.

5.3.6 Report Approval

The following approval process has been agreed upon:



Based on the data dissemination strategy defined for this report, it is envisaged that 500 copies of the report will need to be printed in hard copy format to ensure effective dissemination of data to all stakeholders.

5.4 Regular Information System Updates

All M&E reports produced by NERCHA (including the Annual HIV and AIDS M&E report, Quarterly Service Coverage Report and the UNGASS report) will be available on the NERCHA's website for electronic download (in PDF or MS Word format). This will ensure that HIV and AIDS stakeholders will be able to access up-to-date information. All HIV and AIDS indicator data will be updated as and when new data becomes available in the NERCHA database.

5.5 Quarterly Newsletter

The NERCHA M&E unit will develop a quarterly newsletter that summarises all relevant information on HIV and AIDS from the past reporting period. The content may range from the presentation of key results and conclusions from relevant surveys, presented in an understandable and accessible way, to successes and lessons learned from ongoing projects and activities, to case studies and personal testimonies and opinions. The newsletter will be written and presented in a manner that it is easily understood, including a non-professional audience, and will be inviting to read. It will be brief and ideally should not exceed 8 pages. The target audience of the newsletter is, in the first place, the different partners and stakeholders in the fight against HIV and AIDS.

This newsletter will form part of the documents that are disseminated every quarter at the regional HIV and AIDS feedback workshops, organised by each REMSHACC. To ensure that the newsletter's contents are widely understood, it will be translated into SeSwati before dissemination.

5.6 Ad hoc Information Needs

In addition to the specific information products listed above, some stakeholders might have particular information needs. Although the NERCHA encourages the use of existing information products, it will assist if there are any specific and ad hoc information needs that are not covered in the general information products.

Such a request should be made in writing to the NERCHA, and will then be considered. If possible, the request will be accommodated within the budget limitations of the Planning and M&E Unit at NERCHA. If it is not possible, the person/institution will be informed of the cost implications.

Whether or not there are cost implications for the NERCHA to provide the ad hoc information need, NERCHA will respond in writing to the request for ad hoc information within 5 working days of receiving such a request. The response from NERCHA will include:

1. An acknowledgement that the request has been received
2. Confirmation of whether NERCHA has the data/skills to provide the information that has been requested
3. If NERCHA is able to provide the information that is requested, the time frame involved in preparing the information
4. The name of the contact person at NERCHA who will handle this information request and submit the necessary information

All ad hoc requests will be kept on file and if repeated requests are received for information not currently included in the general information products, wither the general information product will be revised on an additional information product will be introduced to include the information requested repeatedly.

6 DISSEMINATION TO STAKEHOLDERS

The NERCHA M&E Unit will ensure proper dissemination of the critical information to all stakeholders and to the general public. This will be done by using a combination of various methods, amongst which include the following:

6.1 Emailing of reports

Reports will be emailed in PDF or MS Word format and will be sent to stakeholders with e-mail access. The NERCHA will fund this service through its office operating costs.

6.2 Regional quarterly feedback workshops by REMACs (REMSHACC Regional HIV and AIDS M&E Coordinators)

REMACs will be instructed by the NERCHA to fund and organize a workshop every quarter with all HIV and AIDS stakeholders in the region and with project beneficiaries in the regions where they are working. The purpose of this workshop will be to disseminate results of the previous quarter and plan for the next quarter. The NERCHA Newsletter and QSCR will be disseminated at these meetings.

6.3 Annual HIV and AIDS M&E Dissemination Workshop

On an annual basis, the NERCHA M&E Unit will organise a national meeting where progress in the national fight against HIV and AIDS will be discussed with all stakeholders. The NERCHA M&E Unit will present the results of the analysed national core indicators and the resource and output tracking. The National Programme Managers will be invited to make presentations on additional indicators as required. The results of any research relevant to the fight against HIV and AIDS that was conducted during the year can be presented, if the research results warrants such exposure. The annual meeting will form a basis for refining the national response to HIV and AIDS and reviewing strategies and programmes.

6.4 Sectoral feedback workshops

Specific umbrella organisations may choose to host their own sectoral workshops to communicate the results of efforts. These would be funded and initiated by the different HIV and AIDS coordination bodies within Swaziland. The NERHCA and REMSHACC will be involved in, informed of, and invited to these workshops.

6.5 Use of other feedback mechanisms

The NERCHA may also make use of other, less-known dissemination techniques, such as feature stories in the newspapers or community drama to communicate the results that have been achieved. The justification for such dissemination channels is that the more information that is available, the better it can be used to inform decision-making.

6.6 Dissemination through the Media

The NERCHA M&E Unit and Communications Unit will ensure that critical information is disseminated to the general public through the media. This includes inviting the media to the annual review meeting and any other relevant meeting, but also disseminating relevant news and results by advertisements on radio and television and in newspapers. The target audience of these advertisements is the broader population and they will therefore be mainly in SiSwati. The messages have to be clear and simple and reserved to news items that are relevant enough for the entire community. The advertisements have the purpose to inform the general public about relevant HIV and AIDS news, and should not be confounded with

radio and TV spots that aim at informing, sensitizing and educating the population about HIV and AIDS and how to prevent it.

6.7 National Information and Documentation Centre

It is of uttermost importance that the results and conclusions of the evaluations, surveys and operational research conducted remain available for all stakeholders and interested partners. For this reason, NERCHA will create within its premises a national HIV and AIDS information centre.

The documents to be collected and made available at the information centre include the following:

- Copies of progress reports by NERCHA, and copies of any relevant progress or evaluation reports of HIV and AIDS projects by other donor agencies, NGO or others in Swaziland.
- Copies of reports of all the surveys and research conducted in the domain of HIV and AIDS, or related areas such as reproductive health, in Swaziland.
- Copies of the periodic newsletter and other newsletters and printed media relevant to the national HIV and AIDS programme.
- Copies of relevant HIV and AIDS materials and tools developed in Swaziland, such as educational materials, training manuals, guidelines, etc.
- Relevant background information on HIV and AIDS.

At the documentation centre one copy will be available for immediate review, additional copies will be available to be distributed and one copy is held in reserve for NERCHA. The M&E Unit will be responsible for the collection, presentation and renewal of the documents.

In addition to the hard copies, the NERCHA M&E Unit will create a database of electronic copies of all relevant documents and datasets. This includes copies of datasets of relevant surveys conducted in the country.

6.8 Website

The NERCHA M&E Unit will ensure that all relevant reports and other documents are accessible through the NERCHA website. In addition, a summary of the progress achieved in the national fight against HIV and AIDS will be presented in a clear and easily understandable way.

6.9 Summary of Dissemination Channels to Stakeholders

Table 5 overleaf summarises the dissemination channels for different stakeholders:

Table 5: Dissemination strategy (or channels of dissemination) for Stakeholders, excluding website postings

HIV stakeholder	INFORMATION PRODUCTS				DATA SOURCES							
	Quarterly Service Coverage Report	Annual HIV/AIDS M&E Report	Biennial UNGASS Report	Quarterly Newsletter	Biological HV Surveillance	Health Facility Survey	Population-Based Surveillance	School Data from Existing Surveys	SNAP/MOHSW M&E System	Workplace Survey	Condom Availability Survey	Vulnerability Survey
CBOs, FBOs and NGOs	Quarterly HIV and AIDS feedback workshop Email	Annual M&E Dissemination Workshop Paper copies	Paper copies Media	Quarterly HIV and AIDS feedback workshop Posted copies	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media	Paper Copies	MoHSW Quarterly bulletin	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media
Public Sector (all government ministries)	Email	Annual M&E Dissemination Workshop Email Paper copies	Paper copies Media	Quarterly HIV and AIDS feedback workshop Posted copies	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media	Paper Copies	MoHSW Quarterly bulletin	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media
Private sector	Email Quarterly HIV and AIDS feedback workshop	Annual M&E Dissemination Workshop Email Paper copies	Paper copies	Quarterly HIV and AIDS feedback workshop Posted copies	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media	Paper Copies	MoHSW Quarterly bulletin	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media
HIV/AIDS Coordinating Bodies	Email Quarterly HIV and AIDS feedback workshop	Annual M&E Dissemination Workshop Email Paper copies	Paper copies	Quarterly HIV and AIDS feedback workshop Posted copies	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media	Paper Copies	MoHSW Quarterly bulletin	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media
MoHSW regional AIDS coordinators	Email Quarterly HIV and AIDS feedback workshop	Annual M&E Dissemination Workshop Email Paper copies	Paper copies	Quarterly HIV and AIDS feedback workshop Posted copies	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media	Paper Copies	MoHSW Quarterly bulletin	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media

National Multisectoral HIV and AIDS Response - Monitoring and Evaluation System

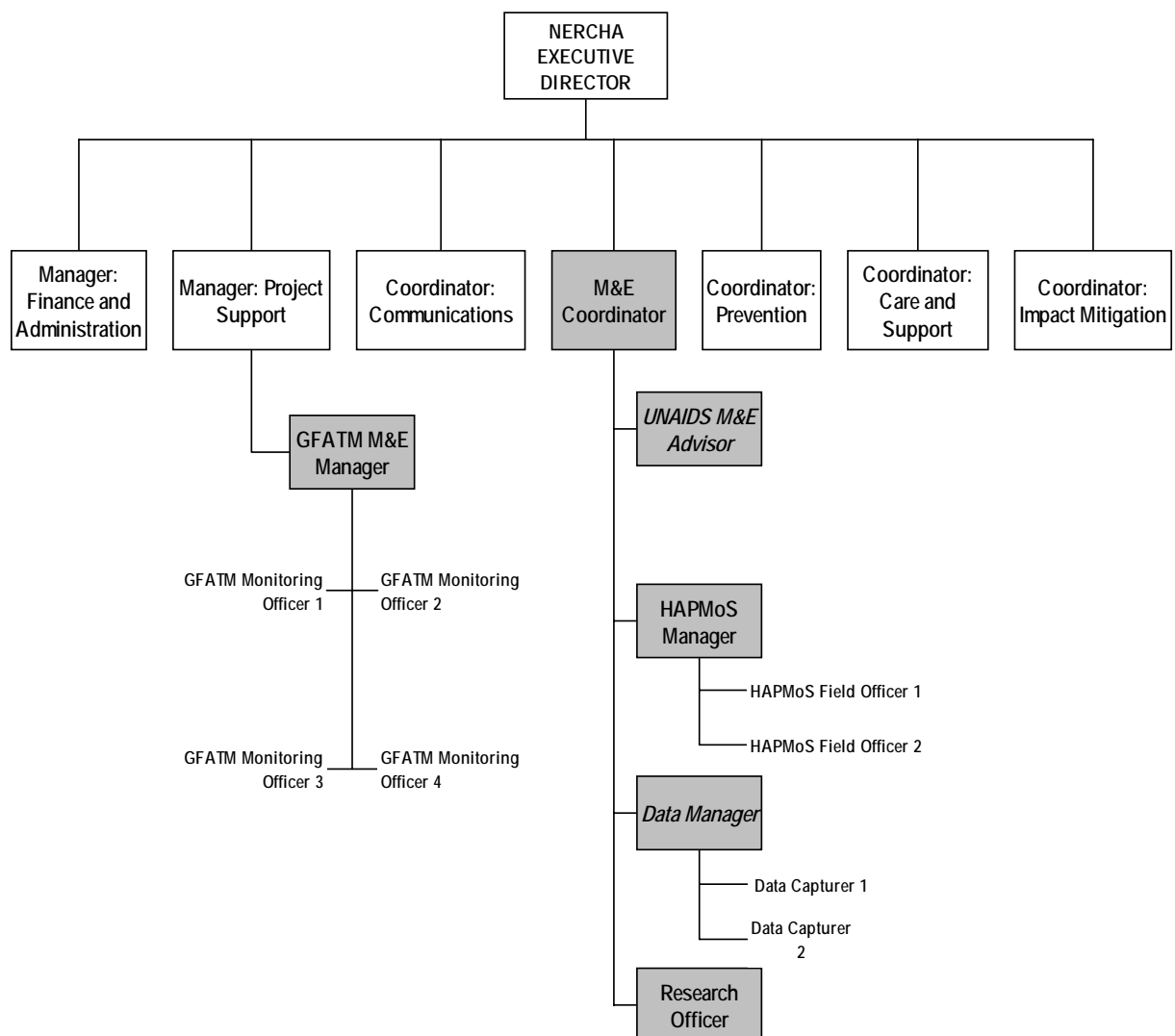
	INFORMATION PRODUCTS				DATA SOURCES							
	Quarterly Service Coverage Report	Annual HIV/AIDS M&E Report	Biennial UNGASS Report	Quarterly Newsletter	Biological HV Surveillance	Health Facility Survey	Population-Based Surveillance	School Data from Existing Surveys	SNAP/MOHSW M&E System	Workplace Survey	Condom Availability Survey	Vulnerability Survey
REMSHACC	Email Quarterly HIV and AIDS feedback workshop	Annual M&E Dissemination Workshop Email Paper copies	Paper copies	Quarterly HIV and AIDS feedback workshop Posted copies	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media	Paper Copies	MoHSW Quarterly bulletin	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media
REMACs	Email Quarterly HIV and AIDS feedback workshop	Annual M&E Dissemination Workshop Email Paper copies	Paper copies	Quarterly HIV and AIDS feedback workshop Posted copies	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media	Paper Copies	MoHSW Quarterly bulletin	Regional Dissemination Workshop Media	Paper Copies	Regional Dissemination Workshop Media

7 MANAGEMENT OF THE NATIONAL HIV AND AIDS M&E SYSTEM

7.1 Roles of Stakeholders in the National HIV and AIDS M&E System

7.1.1 The National Emergency Response Council on HIV and AIDS

It is in the mandate of NERCHA to coordinate the monitoring and evaluation of all HIV and AIDS interventions in the country. As such, NERCHA plays a leading role in developing the National M&E Framework and in ensuring proper data collection, management and dissemination. NERCHA will compile all the data that have been collected by its partners, analyse and disseminate the critical results as described in chapter 6. NERCHA will as little as possible, collect data itself, but will assist partners with the development of appropriate M&E strategies, systems and tools, and with capacity building where needed. Inside NERCHA, the responsibility of coordinating M&E has been delegated to the M&E Unit of the NERCHA Directorate.



Annex 3 contains the job descriptions of each of these critical staff members who will play a role in HIV/AIDS M&E at the NERCHA (for both the national HIV and AIDS M&E System (national M&E unit) and for the GFATM's Principal Recipient role (GFATM Monitoring Officers).

7.1.2 The National M&E TWG

The committee is multisectoral and includes representatives from governmental departments, non-governmental organisations, the private sector, donor agencies, UN agencies, academic institutions and coordinating bodies, such as the Co-ordinating Assembly of Non-Governmental Organisations (CANGO) and the Alliance of Mayors and Municipal Leaders on HIV and AIDS in Africa (AMICAALL).

NERCHA has created a national M&E Committee whose task it is to assist in the coordination of all HIV and AIDS M&E activities in the country. It consists of M&E specialists from relevant government ministries, research institutions, donor agencies and NGOs, and representatives from all national HIV and AIDS coordinating bodies. The committee is chaired by one of its members on a rotation basis and will need to meet regularly. This committee plays a leading role in assisting NERCHA with the development of national M&E strategies, systems and tools, with developing M&E capacity amongst partners, and disseminating critical results. Many of the M&E Committee members will also be members of the sub-committees coordinating the different types of national surveys. Please refer to **Annex 4** for a copy of the M&E TWG's Terms of Reference.

7.1.3 Decentralised HIV and AIDS Offices

NERCHA is in the process of creating Regional HIV and AIDS Offices. Each of the regional offices will be required to coordinate the monitoring of activities conducted in their region. Each regional office will have a regional HIV/AIDS Coordinator, a Regional HIV/AIDS M&E Coordinator, and an administrative assistant. Organisations implementing HIV and AIDS activities on a regional or local level, will report to the regional HIV and AIDS offices (Regional HIV/AIDS M&E Coordinators), which will channel the information to the national level (using the SHAPMoS System). Entities implementing activities at a municipal level will report to AMICAALL, who will channel the information to the national level.

7.1.4 MoHSW

The MoHSW houses the Swaziland National AIDS Programme (SNAP) that coordinated the national response to the HIV epidemic until the creation of the CMTC and NERCHA. The MoHSW continues to coordinate all HIV and AIDS programmes that are health facility related (condom distribution, VCT, PMTCT, STI care, blood safety, PEP, clinical care and CHBC) and houses the national managers of each of these programmes. The MoHSW will therefore be responsible to coordinate the monitoring and evaluation of these programmes. An HIV and AIDS M&E Officer, based at the SNAP, will be responsible for the coordination across programmes.

The MoHSW plays also a critical role in providing information on disease surveillance as currently conducted by the health management information system (HMIS). The HMIS has recently been reviewed to provide better information on the number of clinical AIDS cases and STI cases seen at the health facilities in the country. Over the long term, there are plans to integrate the monitoring of health facility based HIV and AIDS activities into the HMIS.

In addition, the MoHSW will be responsible for the coordination of all health facility based surveys and of all biological surveillance surveys.

7.1.5 Other ministries

Currently, no ministries other than the MoHSW are playing a major role in the monitoring and evaluation of HIV and AIDS activities. However, in the multi-sectoral approach some of the ministries will need to play a larger role in the future.

The *Ministry of Education* (MOE) will play a major role in the monitoring and evaluating all school-based programmes.

The *Ministry of Public Service and Information* will coordinate the public sector response and all HIV and AIDS workplace programmes in the public sector. It will therefore play a leading role in the M&E of these programmes.

The *Ministry of Agriculture* will play a leading role in food security programmes for OVC and households affected by HIV and AIDS.

7.1.6 Survey Committees

As part of the process of creating national-level data sources, different survey committees will be created. There will be a HIV Surveillance Survey Committee (chaired by SNAP), a Population-based survey committee (chaired by the CSO), a Workplace Survey Committee (chaired by the CSO); a Health Facility Survey Committee (chaired by SNAP) and a Vulnerability Survey Committee (chaired by NERCHA).

The role of these Survey Committees will be to develop Terms of Reference for the Survey, to approve the protocol document for the Survey, to refer the Survey for any necessary ethical approvals, to coordinate the Survey itself, and to manage the dissemination of Survey results. These Committees will also be responsible for managing the procurement of independent contractors/firms for the surveys that require these, as well as the contract management of these independent firms/contractors.

7.1.7 Civil Society Organisations

The civil society organisations play a crucial role in the response to the HIV and AIDS epidemic in Swaziland. They are not only important programme implementers, but also play a role in the coordination of several HIV and AIDS programmes at the national and local level. These organisations will therefore play an important role in the monitoring and evaluation of the national response through a correct monitoring and evaluation of the activities they implement, through their participation in the M&E committee, by providing technical assistance in some areas and by conducting part of the necessary surveys. Activities undertaken by civil society organisations in Swaziland are coordinated by the umbrella organisation CANGO that represents the civil society organisations in the national M&E Committee.

7.1.8 The Private Sector

The private sector is another important player in the national response against the epidemic. It provides a large part of the clinical care and it has the responsibility of the provision of adequate HIV prevention and care services for its workforce. The role of the private sector in the national M&E framework lies mainly in the correct monitoring and reporting of their activities, but can also include assistance in the development of monitoring systems for specific programme areas, such as clinical care.

7.1.9 Development partners and UN Agencies

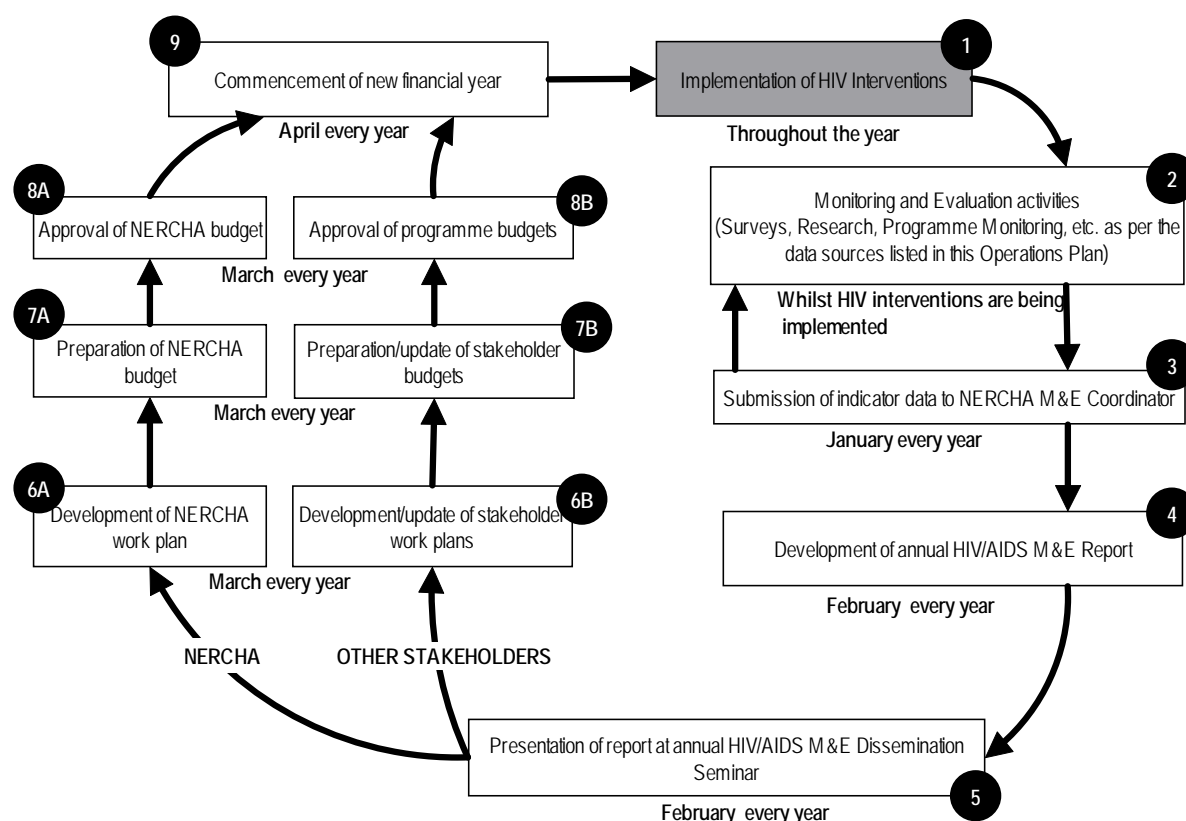
Many of the international agencies that are present in Swaziland play an important role in the monitoring and evaluation of HIV and AIDS interventions. They comprise, among others, UNAIDS that has a mandate to coordinate all HIV and AIDS activities supported by the UN agencies and those that are direct partners of NERCHA; WHO that is supporting the MoHSW

with the HMIS and with M&E; UNICEF and UNFPA that play a leading role in HIV and AIDS activities with children, youth and women; UNDP, the Italian Cooperation, the European Union (through the HAPAC Programme), USAID and DFID are all funding and/or implementing HIV and AIDS activities in the country and are important sources of expertise and funding for M&E activities.

7.2 Overall M&E Implementation Cycle

The NERCHA's M&E Implementation cycle and the NERCHA's planning cycle will be synchronised to ensure that data is available when it is needed for decision making.

Figure 7: Synchronization of M&E implementation cycle and NERCHA planning cycle



The M&E implementation cycle illustrated in Figure 7, as well as the data source descriptions in Chapter 4 and the Information Product descriptions in Chapter 5, implies the following delivery schedule:

Table 6: M&E Data Source and Information Product Delivery Cycle

	2006	2007	2008
DATA SOURCES			
Biological HIV surveillance			
Population-based Surveys			
Health Facility Survey			
Condom Availability and Condom Quality Survey			
NERCHA Client Satisfaction Survey			
Vulnerability Survey			
School Data from Existing Surveys			
Workplace Survey			
Young People Policy Index Questionnaire			
Swaziland HIV and AIDS Programme Monitoring System (SHAPMoS)			
MoHSW HIV and AIDS M&E System Data			
INFORMATION PRODUCTS			
Quarterly Service Coverage Report (QSCR)			
Quarterly Newsletter			
Annual HIV and AIDS M&E Report			
Biennial UNGASS Report			
Regular Information System Updates			
Ad hoc Information Needs			

7.3 Work plans and Budgets for M&E

As the NERCHA's M&E unit is responsible for creating a national HIV and AIDS M&E System, it is thus responsible for ensuring that all aspects of the national HIV and AIDS M&E plan is implemented in a coordinated manner. The M&E TWG has developed and endorsed a national HIV and AIDS M&E Road Map. The National HIV and AIDS M&E Road Map is a national, integrated action plan for the operationalisation of Swaziland's HIV and AIDS M&E strategy. It was developed in June 2005, and approved by the national Monitoring and Evaluation Technical Working Group at a meeting on 22 June 2005.

The National HIV and AIDS Road Map is not the NERCHA's M&E operational plan. It is a unified work plan and unified budget⁴ that is based on an assessment of where the national HIV and AIDS M&E System is right now, where it needs to be in order to be fully functional, and which activities need to be implemented by NERCHA and all its partners to ensure that the national HIV and AIDS M&E System is fully functional.

The benefit of such a unified work plan and budget is that it allows NERCHA's M&E Unit, development partners providing M&E support and technical assistance the Ministry of Health and Social Welfare, , other public sector institutions, private sector companies, NGOs, CBOs and the faith based sector to all align their M&E processes (i.e. not just align M&E indicators, as is usually the case), and to collectively develop the national HIV and AIDS M&E System in a way that is synchronized, integrated, and comprehensive.

The NERCHA's M&E unit will use the national HIV and AIDS M&E Road Map to guide their activities and improve coordination of HIV and AIDS M&E amongst HIV and AIDS stakeholders in Swaziland. The resources required to operationalise the M&E Road Map (up to March 2006) has been included in **Annex 5** of this document.

⁴ Similar to the way in which UNAIDS and its co-sponsors prepare a Unified Budget and Work plan every year to guide the activities and expenditure of all co sponsors and ensure unified, synchronized and integrated action

The NERCHA's M&E team will prepare an annual M&E work plan when all the other units are preparing their work plans – the work plan will correspond to the various activities in the national HIV and AIDS M&E Road Map. An annual M&E budget will be developed to ensure that the work plan activities are funded. The budget will include (but is not excluded to) the following cost categories:

- Communication
- Staff costs
- Supervision
- Quarterly Review meetings
- Workshops
- Essential research
- Support the conducting of surveys
- Supervision of implementing partners
- Training in M&E software
- Development of software
- Information sharing sessions with PLWA and other beneficiaries
- Support to the HIV and AIDS Information and Documentation Centre

7.4 M&E Software

The data collected on the national core indicators will be captured into a databank, referred to as *Country Response Information System* (CRIS) software. An information management protocol will be developed for CRIS, to ensure that its data are updated regularly, consistently and timeously. This protocol will define when CRIS is to be updated, what it will be updated with, who will update it, who will have access to the data contained, who will be able to make changes to the data, and how the changes will be effected.

All SHAPMoS data will be captured into a customised MS Access database, which has been termed SHAPData. SHAPData will be installed at regional HIV and AIDS Offices, to provide regional HIV and AIDS coordinators with instant access and to enable them to capture all SHAPMoS data. SHAPData will be used to capture and update an inventory of HIV implementers and coordination structures, maintain the directory of HIV and AIDS research and researchers, and will also be used to capture information about SHAPMoS data audits that are conducted. An information management protocol will be developed for the SHAPData, to ensure that its data are updated regularly, consistently and timeously. This protocol will define when SHAPData will be updated, what it will be updated with, who will update it, who will have access to the data contained, who will be able to make changes to the data, how data will be protected at the regional offices, and how the changes will be made.

In addition, HIV implementers and funders would also need to create software that is appropriate for their use, and that made it easy to extract SHAPMoS data.

7.5 Technical support for M&E

Although M&E for the NERCHA will be managed internally by the NERCHA M&E officer, technical support may be required from time to time. Technical support in M&E may be provided through dedicated NERCHA funds, or externally by other development partners. Should such support be required or offered, it will:

- a) Be accompanied by a clear scope of work/terms of reference
- b) Be in line with requirements set out in the national HIV and AIDS M&E Road Map
- c) Be combined with a local consultant, where possible, so that mentorship and capacity building takes place
- d) Carry the approval of the NERCHA Director and NERCHA M&E Coordinator
- e) Ensure that a detailed report containing recommendations and indicating progress made in the achievement of scope of work / terms of reference is provided to a technical review group, appointed by the NERCHA and consisting of at least one NERCHA representative, one M&E TWG representative and a development partner representative (this last person could “attend” via email-based discussions, if the person is not in the country when the review is required)

7.6 Need for Capacity Building

The National M&E Plan for HIV and AIDS relies on the existence of proper M&E strategies, systems and tools for each of the HIV and AIDS programme areas and on the capacity of the implementing entities to correctly monitor and evaluate their activities. An assessment of the M&E capacity for HIV and AIDS response management conducted in 2004 showed that this capacity is often lacking (NERCHA 2004; Assessment of Monitoring and Evaluation Capacity for HIV and AIDS Response Management in Swaziland). The needs for capacity building that were identified included:

- The further development of the capacity at NERCHA to coordinate the M&E of all HIV and AIDS capacities at a national and regional level
- The further development of M&E capacity among national and regional programme coordinators, both at NERCHA and among other partners that play a role in the national coordination, such as the MoHSW, the MoE, the MoA, CANGO, AMICAALL, etc.
- Development of M&E capacity among implementing partners such as NGO, CBO, FBO, private institutions, etc.

Capacity building should include (1) training of programme management staff in M&E, (2) technical assistance for the development of M&E strategies, systems and tools, (3) financial support for M&E, and (4) practical focus to M&E – how to develop data registers, how to use basic software, and all the other ‘mechanical aspects’.

7.7 Advocacy and Communications for HIV and AIDS M&E in Swaziland

Just as important as data collection and data utilisation, is the need to communicate the results of the HIV and AIDS M&E efforts. This will keep the nation informed of developments and will also maximize opportunities for the data to be utilised when decisions are made about HIV and AIDS service delivery. For this reason, a Communications Plan for the national M&E plan for HIV and AIDS has been developed. Please refer to **Annex 6** for a copy of this.

7.8 Review of this National HIV and AIDS M&E Operations Plan

HIV and AIDS is dynamic: the epidemic itself and the response to it. This implies that reviews of this M&E plan may be required from time to time. However, this need for revision of the plan needs to be balanced with the need to maintain a solid core set of data to enable trend analyses over time. To strike a balance between these two competing priorities, the National HIV and AIDS M&E plan will be reviewed as follows:

- a) The overall M&E Operations Plan, including the actual indicators, should be reviewed within 15 days of the annual review of the HIV/AIDS National Strategic Plan, or within 30 days of the development of a new National HIV and AIDS Strategic Plan;
- b) The data sources for the indicators, as defined in Chapters 3 and 4, may be revised if they can be updated with improved (more accurate or more timely) data sources;
- c) Should new information products be required, these may be added to the current list of information products. However, the basic format and content of all information products should remain the same for as long as this M&E plan exists in its current format;
- d) The M&E work plan and operational budget (national M&E Road Map) may be adjusted annually when the NERCHA work plan and budget for the next fiscal year is prepared; and
- e) Should the NSP not be reviewed within the next 2 years, this M&E plan should be reviewed in 2008.

ANNEX 1: REFERENCES

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ANNEX 2: LEVELS AND TYPES OF MONITORING AND EVALUATION

Table-1: Data sources, partners' roles and time frame by M&E level

Level	Data source	Partner role	Time frame
Inputs	Programme financial and progress monitoring reports	All implementing partners submit data periodically Specialised external agency routinely analyses and verifies data	Progress within 6 months
Outputs	Programme financial and progress monitoring reports	All implementing partners submit data periodically Specialised external agency routinely analyses and verifies data	Progress within 1 year
Process (quality)	Quality checklists	All implementing partners carry out internal quality assurance Specialised external agency routinely does external quality assurance	Progress within 1 to 2 years
Process (cost-effectiveness)	Programme financial and progress monitoring reports	Specialised external agency complete cost-effectiveness analysis	
Process (coverage)	Population-based and health facility-based surveys	Access to prevention, care and mitigation services will be included as a subset of population census and health facility surveys, and coverage will be measured	
Outcomes	Behavioural surveillance and epidemiological research	Behavioural surveys to assess outcomes are encouraged in 5-10 sites every 1–2 years. Behavioural surveys can be contracted out to specialised agencies/institutions. Behavioural surveys may also be conducted in selected large-scale public sector or civil society programmes.	Progress within 2 to 3 years
Impact	Biological surveillance and epidemiological research	The MoHSW is responsible for coordinating national STI and HIV surveillance Selected epidemiological studies may also be conducted to illustrate impact in specific areas	Progress within 3 to 5 years
Overall system	Flowchart and database	National AIDS Council	Should be designed before grant-provision is operational

Source: UNAIDS Monitoring and Evaluation Modules, 2000

ANNEX 3: JOB DESCRIPTIONS OF NERCHA M&E TEAM

Position/Title	Coordinator: Monitoring and Evaluation
Office/Project	NERCHA – national HIV and AIDS M&E System
Entry Date	1 August 2005
Duration	2 years
Duty Station	Mbabane
Duties and Responsibilities	<p>Overall leadership and management relating to the operationalisation of the national HIV and AIDS M&E strategy</p> <p>Manage the implementation of the national HIV and AIDS M&E Road Map</p> <p>Develop annual budgets and work plans for the NERCHA's M&E unit</p> <p>Management of the staff, work plans and budgets of the NERCHA M&E Unit</p> <p>Supervise monitoring and evaluation processes and ensure quality and timely periodic production of M&E information products in line with requirements.</p> <p>Review M&E information products, distil and communicate their implications for programme implementation, including modification in geographical priorities, target groups, interventions and implementing partners with a view to shaping programme direction.</p> <p>Coordinate and supervise development of information management systems for monitoring and evaluation.</p> <p>Assist all NERCHA Programme Coordinators in programme planning and implementation carrying out project appraisals</p> <p>Supervise consultants contracted to complete a specific piece of work in support of the national HIV and AIDS M&E System, and approve their final deliverables</p> <p>Participate in national HIV and AIDS programme reviews as planned</p> <p>Facilitate capacity building for monitoring and evaluation of HIV and AIDS programmes</p> <p>High-level development partner negotiations in terms of M&E technical assistance</p> <p>Advocate for and lead on communication activities relating to the national HIV and AIDS M&E System</p> <p>Manage the activities of the regional HIV and AIDS M&E Coordinators</p> <p>Represent NERCHA at all HIV and AIDS M&E forums</p>
Skills and Qualifications required	<p>Essential</p> <p>Master's Degree or equivalent, in health, social sciences, or management,</p> <p>At least 5 years experience in the monitoring and evaluation of large scale programmes</p> <p>Experience in the design and building of at least one monitoring and evaluation system, from inception (or design stages)</p> <p>4 years experience in designing and implementing scientific research (research project leader on at least one major research project)</p> <p>Systems building and systems thinking skills</p> <p>High level advocacy and communications skills</p> <p>Well developed conceptual thinking skills</p> <p>At least 5 years experience in managing a team of at least 5 persons</p> <p>Evidence of result-driven and results-based management</p> <p>Charismatic and strong leadership skills with high levels of energy</p> <p>Have extensive experience in working with international cooperating partners and donors, the public</p>

	<p>and private sectors and non-governmental organisations</p> <p>Have a good grasp of the determinants, challenges and impact of the HIV and AIDS pandemic in Swaziland and the growing demand for effective response planning, monitoring and evaluation frameworks</p> <p>Ability to speak Siswati</p> <p>Driving license</p> <p>Highly desirable</p> <p>Project management skills training</p> <p>Leadership training</p> <p>Experience in the design and implementation of HIV and AIDS programmes</p> <p>Working knowledge of database systems</p>
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Position/Title:	SHAPMoS Manager
Office/Project:	NERCHA – national HIV and AIDS M&E System
Entry Date	1 August 2005
Duration	2 years
Duty Station	Mbabane
Duties and Responsibilities	<p>Conceptualise and operationalise the national HIV and AIDS Programme Monitoring System (SHAPMoS), as per Guidelines that provided</p> <p>Manage capacity building for the SHAPMoS system</p> <p>Ensure full participation of implementing agencies, coordinating agencies and regional structures in the monitoring of the national programme and strengthen partnerships for scaling up programme efforts</p> <p>Management of all aspects of SHAPMoS (as defined in section 2.5 of the national HIV and AIDS M&E Road Map)</p> <p>Advocacy for SHAPMoS reporting and for the use of SHAPMoS data at all relevant forums</p> <p>Manage the development of quarterly progress reports to communicate SHAPMoS data to stakeholders</p> <p>Manage the dissemination of SHAPMoS data</p> <p>Work collaboratively with all HIV and AIDS partners and other NERCHA units to ensure that SHAPMoS is integrated into all HIV and AIDS functional areas</p> <p>Manage communications plan for SHAPMoS in conjunction with NERCHA's communications unit</p> <p>Manage mentoring and data audit processes focusing on HIV implementers</p> <p>Manage the production and dissemination of the Quarterly Service Coverage Report</p> <p>Troubleshoot and identify problems with regards to SHAPMoS as these may arise</p>
Qualifications and Skills required	<p>Essential</p> <p>Masters Degree, or equivalent, in Economics, Epidemiology or Social Sciences with 5 years postgraduate experience in programme planning and management.</p> <p>Have strong analytical skills and experience in project planning and management</p> <p>At least 3 years experience in monitoring and evaluation</p> <p>Strong skills in the development of programme proposals, reviews and evaluations and reporting in different formats</p> <p>Have excellent oral communication, writing and negotiation skills</p> <p>Be able to motivate and lead a multi-disciplinary planning effort</p> <p>Be computer literate and be able to apply various programmes and software</p> <p>Demonstrable success in the results-based management, with evidence of success</p> <p>Highly desirable</p> <p>Experience in setting up and managing a recurrent monitoring system at a national or regional level</p> <p>Experience in the design and implementation of HIV and AIDS programmes</p>

Position/Title:	SHAPMoS Field Officer x 2
Office/Project:	NERCHA – national HIV and AIDS M&E System
Entry Date	1 August 2005
Duration	2 years
Duty Station	Mbabane, with extensive travel
Duties and Responsibilities	<p>Support the SHAPMoS Manager in the development and operationalisation of SHAPMoS</p> <p>Provide support to HIV implementers, coordinating structures and regional structures in the implementation of SHAPMoS and reporting requirements generated by it</p> <p>Update the directory of HIV and AIDS implementers and follow up with organizations that have not submitted report forms</p> <p>Implement an appropriate filing system to track all data required for SHAPMoS operations</p> <p>Coordinate with the Data Manager to ensure that all SHAPMoS data is entered into the appropriate database</p> <p>Support the Regional HIV and AIDS M&E Coordinators in the operationalisation of SHAPMoS</p> <p>Attend to monitoring and evaluation related queries from partners and orient them to the use of data collection tools</p> <p>Create and maintain contacts with (actual and potential) partners by participating in meetings and forums relating to monitoring and evaluation</p> <p>Assist programme staff, management, consultants, partners and other interested parties to gain access to M&E related information</p> <p>Prepare field reports and draft progress reports regularly</p> <p>Undertake any other duties as maybe required from time to time</p>
Qualifications and Skills required	<p>Essential</p> <p>Bachelor's Degree, or equivalent, in a social sciences discipline (economics, statistics, or demography)</p> <p>Good communication and interpersonal skills and the ability to work effectively as part of a team</p> <p>Ability to relate to stakeholders across all levels</p> <p>Good time and stress management skills</p> <p>Commitment and motivation</p> <p>Advanced technical writing skills</p> <p>Advanced Computer skills in MS Word, MS Excel and MS Outlook</p> <p>Ability to speak Siswati</p> <p>Driving license</p> <p>Highly desirable</p> <p>Experience in the following areas would be a strong advantage: statistics; demography; public health, data capture and analysis; research design; data base management; monitoring and evaluation training and capacity building</p>

Position/Title:	Data Manager
Office/Project:	NERCHA – national HIV and AIDS M&E System
Entry Date	1 August 2005
Duration	2 years
Duty Station	Mbabane
Duties and Responsibilities	<p>Manage all data systems at NERCHA</p> <p>Develop database architecture for all separate databases and for linkages between NERCHA's IT systems</p> <p>Develop and/or manage and maintain databases</p> <p>Design and prepare reports based on management requirements</p> <p>Develop training guides and information manuals for use by all levels of staff and stakeholders</p> <p>Train and mentor NERCHA staff in the use of the database information</p> <p>Maintain hardware to perform to the required standards</p> <p>Populate the databases with initial datasets</p> <p>Manage data capture of data sets (SHAPMoS and others) into all databases (using existing administrative staff in NERCHA for two weeks every 3 months, until handed over to the Regional Coordinators)</p> <p>Ensure safe keeping of all M&E data from internal and national HIV and AIDS related programs and surveys</p> <p>Create and maintain contacts with (actual and potential) information and data partners by participating in meetings and forums relating to monitoring and evaluation</p> <p>Provide data and information to programme staff, management, consultants, partners and other interested parties as per instruction from management</p> <p>Develop protocols for data dissemination and access</p> <p>Provide support to Regional HIV and AIDS Coordinators in the operationalisation of DHIS and/or other regional database requirements</p>
Qualifications and Skills required	<p>Essential</p> <p>Bachelor's Degree, or an equivalent, in computer science, statistics or demography</p> <p>Advanced programming knowledge in MS Access, Visual Basic and SQL Server</p> <p>Experience in data management of a large data system within an organisation</p> <p>Good communication and interpersonal skills and the ability to work effectively as part of the team</p> <p>Ability to convert non-technical data requests into programming code, and ability to communicate and explain difficult technical terms in laymen's language</p> <p>Good time and stress management</p> <p>Commitment and motivation</p> <p>Advanced technical writing skills</p> <p>Flexibility and adaptability</p> <p>Ability to speak Siswati</p> <p>Driving license</p> <p>Highly desirable</p> <p>Experience in the following areas would be a strong advantage: statistics; demography; public health, data capture and analysis; research design; monitoring and evaluation training</p>

Position/Title:	Research Officer
Office/Project:	NERCHA – national HIV and AIDS M&E System
Entry Date	1 August 2005
Duration	2 years
Duty Station	Mbabane
Duties and Responsibilities	<p>Coordinate all HIV and AIDS Research activities</p> <p>Set up research structures and surveillance work groups, as mandated by the national HIV and AIDS Programme Monitoring System</p> <p>Updating the database of HIV and AIDS research, researchers, and research institutions</p> <p>Data capturing and compilation of reports into a research database, in conjunction with data manager</p> <p>Advocate for and promote the appropriate use of research data to inform decision making</p> <p>Act as secretariat to research structures and work groups within NERCHA</p> <p>Ensure that appropriate ethical protocols are followed for all HIV and AIDS related research</p> <p>Identify appropriate research conferences where Swaziland's research results on HIV and AIDS may be disseminated</p> <p>Represent NERCHA at research conferences as required</p>
Qualifications and Skills required	<p>Essential</p> <p>Postgraduate Certificate, or an equivalent, in Epidemiology, and two years working experience as a senior research assistant in social science or biomedical research OR, a Masters Degree, or an equivalent, in Public Health and 2 years working experience on research projects</p> <p>Experience in the coordination of different role players around a central agenda</p> <p>Highly developed negotiation, advocacy and verbal communication skills at a high level with technical stakeholders</p> <p>Experience with the implementation of research strategies and/or policies – from conception to final operationalisation</p> <p>Ability to work independently and collaboratively with different stakeholders</p> <p>Highly developed technical writing skills</p> <p>Ability to speak Siswati</p> <p>Driving license</p> <p>Highly desirable</p> <p>Research coordination experience</p> <p>HIV and AIDS research experience</p> <p>Experience as a Research Project Leader</p> <p>HIV and AIDS programme implementation skills</p>

Position/Title:	Regional HIV and AIDS M&E Coordinator x 4
Office/Project:	NERCHA – national HIV and AIDS M&E System
Entry Date	1 August 2005
Duration	2 years
Duty Station	Manzini/ Hhohho/ Shiselweni/ Lubombo regional offices
Duties and Responsibilities	<p>Monitoring and evaluation at regional level</p> <p>Provide leadership for development of project and programme evaluations, evaluation methodologies, and for the development and implementation of indicators that can be used to monitor regional level programmes.</p> <p>Facilitate strengthening of monitoring and evaluation of HIV and AIDS programmes at the regional, Tinkhundla and Chiefdom levels.</p> <p>Collect, collate M&E data and produce periodic reports</p> <p>Maintains programme and M&E related databases in the region</p> <p>Attend to monitoring and evaluation related queries from partners and orient them in the use of data collection tools</p> <p>Assist programme staff, management, consultants, partners and other interested parties to gain access to M&E related information</p> <p>Prepare descriptive and analytic reports on a quarterly and annual bases and as needed</p> <p>Collect M&E data, produce periodic reports and prepare descriptive and analytical reports on a quarterly and annual basis and as needed</p> <p>Assists all Programme Coordinators and program management units in programme planning and implementation and conducting project appraisals</p> <p>Conceive and develop new research projects in consultation and collaboration with others as well as formulates a long term agenda in that area</p> <p>Create and maintain contacts with (actual and potential) partners by participating in meetings and forums relating to M&E in the region</p> <p>Facilitate capacity building of Regional, Tinkhundla and Chiefdom levels in effective monitoring and evaluation of the regional response</p> <p>Advocate and support HIV and AIDS implementers and funders in order that they expand their budgets to include a separate line item for their own programme monitoring requirements</p> <p>Conduct a series of supervisory visits to identified HIV and AIDS implementers to assist them in the development of systems and skills to collect data for the national HIV and AIDS Programme Monitoring System and for their own use</p> <p>Pro-actively collect data from those HIV and AIDS implementers that were identified as having low capacity in programme monitoring by the Coordinating Bodies</p> <p>Follow up with HIV and AIDS implementers that have not submitted national Programme Monitoring Report Forms</p> <p>Capture data from HIV and AIDS Programme Monitoring Forms that have been received onto the DHIS (software system)</p> <p>Conduct data auditing of a pre-determined random sample of HIV and AIDS implementers that have submitted forms</p> <p>Mentor HIV and AIDS implementers through site visits to support to those HIV and AIDS implementers who were identified as experiencing difficulties during the data auditing process</p> <p>Undertake any other duty as might be required from time to time</p>
Qualifications and Skills required	<p>Essential</p> <p>Bachelors Degree, or an equivalent, in social sciences, management, or finance, AND work experience in the following areas (work experience could have been gained simultaneously, or consecutively):</p>

	<p>At least 4 years experience in project monitoring and evaluation at a regional or sub-national level</p> <p>At least 4 years experience in managing at least 5 other persons at senior management level</p> <p>At least 2 years experience in implementing HIV and AIDS programmes</p> <p>Well developed writing skills</p> <p>Well developed conceptual and systems building skills</p> <p>Solutions-oriented, and able to "make things happen"</p> <p>Experience in working with local government and community level structures</p> <p>Well developed communication and advocacy skills</p> <p>Seasoned trainer and facilitator, with experience in adult learning techniques</p> <p>Experience in mentorship, with demonstrated improvements as a result of mentorship</p> <p>Ability to speak Siswati</p> <p>Driving license</p> <p>Highly desirable</p> <p>Development and implementation of at least one monitoring and evaluation system for a large NGO in Africa</p> <p>M&E capacity building and training skills</p> <p>Experience in the development and or implementation of a national HIV and AIDS M&E System</p>
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Position/Title:	GFATM Monitoring and Supervision Manager
Current status	Vacant – new post to be created
Office/Project:	NERCHA Project Support Unit
Entry Date	1 October 2005
Duration	2 years
Duty Station	Mbabane
Duties and Responsibilities	<p>Establish a monitoring and supervision system for GFATM and other NERCHA projects</p> <p>Manage staff carrying out the monitoring and supervision work</p> <p>Liaise with LFA and other funders in terms of M&E reporting</p> <p>Prepare GFATM quarterly reports and other reports as required</p> <p>Advocate for SHAPMoS reporting</p> <p>Manage mentoring and data audit processes focusing on HIV and AIDS implementers</p> <p>Promote the meaningful, results-oriented and effective involvement of the coordination bodies and regional structures in SHAPMoS</p>
Qualifications and Skills required	<p>Essential</p> <p>A Masters Degree, or an equivalent, in Economics, Epidemiology or Social Sciences with 5 years post graduate experience in programme planning and management.</p> <p>Have strong analytical skills and experience in project planning and management</p> <p>At least 3 years experience in monitoring and evaluation</p> <p>Strong skills in the development of programme proposals, reviews and evaluations and reporting in different formats</p> <p>Have excellent oral communication, writing and negotiation skills</p> <p>Be able to motivate and lead a multi-disciplinary planning effort</p> <p>Be computer literate and be able to apply various programmes and software</p> <p>Demonstrable success in the results-based management, with evidence of success</p> <p>Highly desirable</p> <p>Experience in setting up and managing a recurrent monitoring system at national or regional level</p> <p>Experience in designing and implementing HIV and AIDS programmes</p>

Position/Title:	GFATM Monitoring Officer x 4
Office/Project:	NERCHA Project Support Unit
Entry Date	1 October 2005
Duration	2 years
Duty Station	Mbabane, with extensive travel
Duties and Responsibilities	<p>Responsible for ensuring that:</p> <ul style="list-style-type: none"> • Outputs are being achieved in accordance with project proposals • Costs incurred are in line with the budget • Value for money is being obtained from project disbursements • Through physical inspection, ensure that proper use, custody and control is being exercised over assets acquired with project funds • Reporting is in accordance with the signed Funding Agreement • SHAPMoS Report forms are being completed and sent to the appropriate agency.
Qualifications and Skills required	<p>Essential</p> <p>Bachelor's Degree, or an equivalent, in a social sciences discipline (economics, statistics or demography)</p> <p>Good communication, interpersonal skills and ability to work effectively as part of a team</p> <p>Ability to relate to stakeholders across all levels</p> <p>Good time and stress management</p> <p>Commitment and motivation</p> <p>Advanced technical writing skills</p> <p>Advanced Computer skills in MS Word, MS Excel and MS Outlook</p> <p>Ability to speak Siswati</p> <p>Driving license</p> <p>Highly desirable</p> <p>Experience in the following areas would be a strong advantage: statistics; demography; public health, data capture and analysis; research design; data base management; monitoring and evaluation training and capacity building</p>

ANNEX 4: M&E TWG TERMS OF REFERENCE

Monitoring & Evaluation TWG Terms of Reference (TOR)

The Monitoring & Evaluation TWG in Swaziland is a multisectoral consultative group that is intended to advise on activities concerning Monitoring, Evaluation and Information Systems for HIV and AIDS in Swaziland.

a) Management of M&E TWG

A representative from civil society who is skilled in M&E will chair the M&E TWG, or a person designated by the M&E TWG for this purpose. The Deputy chairperson of the M&E TWG will be a nominated representative of the MoHSW. A person may remain chairperson for 3 years, provided that the person is still a mandated representative of the civil society group that he/she represented when he/she first joined. The chairperson and deputy chairperson will be rotated after 3 years of service.

Secretariat services for the committee will be provided by NERCHA.

b) Composition of M&E TWG

The membership of the M&E TWG will be comprised of coordinating bodies from the Government (at least NERCHA and MoHSW), international groups including the UN, NGOs, and CBOs. The following specific officers will be invited to attend M&E TWG meetings:

Mr. Dumisane Sithole	DPM's Office, Manzini
Ms. Gugu Mpapane-Dlamini	AMICAALL (Chairperson)
Dr. Musa Dube	UNISWA/Luyengo
Mr. Emmanuel Ndlamgamandla	CANGO
Ms. Thembisile Dlamini	UNAIDS
Ms. Mulunesh Tennagashaw	UNAIDS
Ms. Marjorie Mavuso	NERCHA
Ms. Della NSibande	Ministry of Education
Ms. Rachel Masuku	Central Statistics Office
Ms. Zodwa Mthethwa	UNICEF
Mr. Bheka Mziyako	FLAS
Mr. Nhlanhla Nhlabatsi	MOHSW (HAPAC)
Ms. Nelisiwe Sikhosana	MOHSW/DHS
Ms. Nombulelo Dlamini	MOHSW (HMIS)
Dr. T Khanya	MOHSW (Dep. Dir. Health Services)
Ms. Beatrice Dlamini	MOHSW (SNAP)
Ms. Mildred Mkhabela	UNISWA
Ms. Elizabeth Maziya	UNISWA (Alternate)
Ms. Makhosazana Hlathwayo	Business Coalition on HIV/AIDS
Ms. Sibongile Maseko	MOHSW
Mr. Themba Ginindza	NERCHA
Dr. Augustine Ntilivamunda	WHO
Mr. Chris Peters	AMICAALL
Mr. Zakaria Yakubu	SIPAA

c) Mandate

The M&E TWG will advise on the implementation of the National HIV and AIDS M&E System and will review progress made with the implementation of the NERCHA

integrated annual work plan for monitoring and evaluation. Specifically the M&E TWG will conduct the following activities to fulfill its mandate:

- *Monitoring and Evaluation*

- Review progress made with the implementation of the NERCHA annual integrated work plan for M&E
- Facilitate the provision of and provide guidance in terms of data collection or extraction from all data sources
- Provide input into the format and contents of M&E System information products
- Review the dissemination strategies and stakeholders for the distribution of NERCHA information products
- Advise on the implementation of and suggest improvements to the NERCHA activity reporting system
- Advise on the progress of SHAPMoS implementation
- Provide M&E-related input into the NSP Joint Annual Review process
- Provide guidance on ongoing M&E training needs within the private sector, public sector and civil society (including faith-based society)
- Provide ongoing information about latest M&E developments and trends – including new M&E Systems within Swaziland that could impact on the national HIV/AIDS M&E System
- Drive the development of the UNGASS report

- *Information Systems*

- Ensure that the SHAPMoS database is supported, functioning and appropriate
- Advise NERCHA on the maintenance of data, the website and a data update strategy
- Define linkages with new database efforts that are established within Swaziland and that could be harmonised with NERCHA databases
- Provide ongoing information about latest information system trends and developments

d) Meeting times

The M&E TWG will meet on a monthly basis. The venue of the meeting will rotate as best suits the membership. In addition to monthly meetings, the chairperson may call ad hoc or special meetings after consultation with the deputy chairperson, as the need arises.

M&E TWG members will receive a sitting allowance for attendance of meetings.

e) Review of Terms of Reference

These TORs will be reviewed annually and changes made as deemed necessary by the M&E TWG.

ANNEX5: COMMUNICATIONS PLAN FOR NATIONAL HIV AND AIDS M&E PLAN

1. Aspects of the National HIV and AIDS M&E Plan that need to be communicated

1.1. Create general awareness about HIV and AIDS monitoring and evaluation

- Launching the national HIV and AIDS M&E strategy (will have to be done after the launch of the NSP, as the purpose of the HIV and AIDS M&E strategy is to measure/track what is in the new NSP)
- The purpose of this communication would be to highlight the importance and relevance of HIV and AIDS M&E, let people know what their role in the system is, how they can access data, how they can use the system, and how the system will impact on them
- Its purpose would also be to explain the linkages between the HIV and AIDS policy, the NSP, and the HIV and AIDS M&E strategy. The– HIV and AIDS policy states the relevance of HIV and AIDS M&E and NERCHA's mandate in it, the NSP defines how HIV and AIDS M&E will be done, and the HIV and AIDS M&E plan deals with the mechanisms of data collection, and data utilisation and reporting
- It is intended to continue communications regarding the national HIV and AIDS M&E strategy and system

1.2. Create an initial awareness of SHAPMoS

- Following on the launch of the HIV and AIDS M&E strategy will be the launch of the SHAPMoS system
- This should be specific communication that focus on what HIV and AIDS implementers have to do in order to comply with the SHAPMoS requirements
- The communication should consist of a series of directions for HIV and AIDS implementers – on what and how they should report to the NERCHA using the SHAPMoS forms, and include information about how SHAPMoS data collection and reporting will be useful to them as an organisation
- The communications should mention that SHAPMoS guidelines are available, and that all HIV and AIDS implementers will be trained in these guidelines, and mentoring visits will follow on that training if required.
- The communications should also discuss data auditing – what is meant by this and why it is important – and include the data auditing guidelines and indicate who will conduct data audits
- Upon receipt of the communication HIV and AIDS implementers should know
 - how to complete the necessary data forms and what to do if they have questions or are unsure
 - that they will receive a data dividend: a quarterly regional SHAPMoS report will be sent to them, and they will also be invited to attend a quarterly dissemination workshop
 - that the NERCHA is planning to undertake training for HIV implementers, so that they know what is required of them and what data registers they need to keep to record the SHAPMoS data at their organisations

1.3. Remind HIV and AIDS implementers every quarter of their reporting responsibilities to SHAPMoS

- A communication would need to be sent out when the quarterly reports are due and will focus on reminding HIV and AIDS implementers that they need to submit

SHAPMoS forms, where they need to submit it, how the data may be useful to themselves, and what they can expect after they have submitted the necessary forms (i.e. a quarterly report and an invitation to quarterly regional workshop)

1.4. *Communication about specific events*

- From time to time, there may be specific events that stakeholders need to be aware of and invited to attend - e.g. launch of the sentinel surveillance report. Such events may be in the form of a one-day, once-off dissemination workshop. The purpose of communications about these events would be to raise awareness, to ensure higher attendance at the event, and to promote the use of data that are presented at the event.

2. Communication and advocacy tools for each aspect of the Communications Plan

ASPECT OF COMMUNICATION STRATEGY	COMMUNICATION AND ADVOCACY TOOLS
1.1 Create general awareness about HIV/AIDS monitoring and evaluation	Launch of HIV/AIDS M&E plan – including a video recording – after NSP launch
	Newspaper spread – to run for 3 weeks
	Magazine article
	Panel interview on radio
	Panel interview on TV
	Documentary on TV to follow
	Information pack on HIV and AIDS M&E
	Media training and media owners training on HIV and AIDS M&E and on SHAPMoS
	Special meetings and interactions with members or parliament and principal secretaries: using SPEED or invusela as a communications tool
1.2 Create an initial awareness of SHAPMoS	Launch, after HIV and AIDS M&E plan has been launched
	Special pages on NERCHA website
	Media training on how to interpret statistics and graphs
	Feature stories of how SHAPMoS has assisted targeted groups
1.3 Remind HIV and AIDS implementers every quarter of their reporting responsibilities to SHAPMoS	Regular column in NERCHA newsletter
	Quarterly newspaper adverts (4 times a year)
	Quarterly radio broadcasts
	Print run to all HIV and AIDS implementers
1.4 Communication about specific events	Launch (2 for the time period)
	Media coverage