



World Bank Global
HIV/AIDS Program

HIV/AIDS M&E - *Getting Results*

These reports describe activities, challenges and lessons learned during the Global AIDS Monitoring and Evaluation Team's (GAMET) work with countries and other partners.

From Concept to Ingredient List to Recipe

Eleven components of a fully functional HIV M&E system

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As National AIDS Authorities have coordinated the development and operationalization of national HIV M&E systems, we have learned that there are eleven components that make up a functioning national HIV M&E system. This note describes these 11 components that we have distinguished, to help answer the question: "What is a national HIV M&E system? The hope is that this "ingredient list for an M&E recipe" can be used and adapted in different country contexts to give substance to the third of the "Three Ones", and to ensure more effective national HIV responses.

Introduction

In 2004, development partners, governments and civil society agreed that to manage the response to HIV in a country well, a country needed one national HIV strategic plan, one national HIV coordinating authority and one national HIV Monitoring and Evaluation (M&E) system: the so called 'Three Ones'. The idea of a national HIV M&E system was not new – the groundwork was laid in the 2002 M&E Operations Manual¹ published by UNAIDS and the World Bank. But the Three Ones cemented the concept and importance of one national HIV M&E system, and it also underlined the fact that there was no 'best practice' on the components of operationalising an HIV M&E system.

Since 2002, when the M&E Operations Manual was published, the HIV M&E landscape has significantly changed: there are now UNAIDS M&E advisors at country and regional levels; the World Bank established the Global AIDS M&E Team –GAMET– which works with country partners to operationalize national M&E systems; two new major sources of funding for HIV interventions have become available (PEPFAR and the GFATM)²; two rounds of UNGASS reporting have taken place; and there is generally greater understanding and

acceptance of the importance, benefit and role of monitoring and evaluation in the HIV response. Within this dynamic environment, National AIDS Commissions/Councils (NACs) or their equivalents in Africa have made progress in operationalising national HIV M&E systems. An assessment conducted by the UNAIDS Regional Support Team (RST) for East and Southern Africa in 2006 indicated that 13 out of 20 countries in sub-Saharan Africa have national HIV M&E systems that are at least partially functional. This note draws on the experience of working with countries in sub-Saharan Africa and seeing what works well. It distills some practical insights that may help to demystify M&E, and explain the components that the World Bank's GAMET team and UNAIDS have distinguished as making up a well-functioning M&E system.

Goals of a national HIV M&E system

The components of a national HIV M&E system depend on the goals of such a system. In our experience, the goals of the national HIV M&E system are:

- a) Track the spread of the epidemic;
- b) Track the drivers of the epidemic;
- c) Track the effectiveness and efficiency of the response to the epidemic (results or outcomes of HIV services delivered);
- d) Determine the extent of the response to the epidemic (who is doing what, where).

Where does the 'ingredient list' for a national HIV M&E system 'recipe' come from?

A recipe starts with a list of ingredients. This 'ingredient list' for a national HIV M&E system has some new aspects, but also refines and adapts things from three sources: the description of an HIV M&E system in the NAC M&E Operations Manual; the six characteristics of the third of the Three Ones defined by UNAIDS; and country-level experience in knowing "what works" in operationalising national HIV M&E systems.

¹ National AIDS Councils Monitoring and Evaluation Operations Manual, UNAIDS and the World Bank, Geneva, 2002.

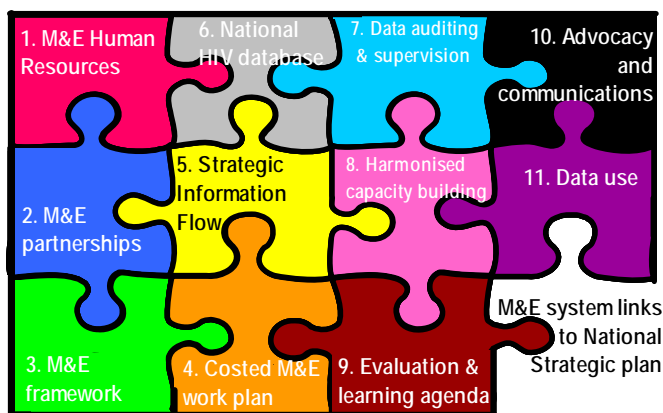
² The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) was created in 2002, and the United States President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003.

Benefits of a recipe for operationalising a national HIV M&E system

The 2002 UNAIDS/World Bank M&E Operational Manual provided the basis for NACs to *design* a national HIV M&E system. Over time, understanding has matured as to what is required to *operationalise* a national HIV M&E system – i.e. creating a “group of interacting, interrelated, or interdependent elements forming a complex whole; a network of structures and channels; a condition of harmonious, orderly interaction; or an organized and coordinated method.”³

It has become clear that 11 components combine to make a national HIV M&E system. They are:

1. HIV M&E **human resources** at the national, decentralized and implementer levels
2. Strong **partnerships to coordinate implementation** of the M&E system
3. A national M&E **framework** with which to measure outcomes
4. An **integrated, costed M&E work plan**
5. A **strategic flow of information** and data
6. A national HIV **database** with key information
7. Data auditing and **supervision procedures**
8. Harmonized M&E **capacity building**
9. A learning and **evaluation agenda**
10. Advocacy and **communication** for HIV M&E
11. Strategies for data dissemination and **data use**.



These 11 components work together to form a functioning M&E system.

³ Definition of ‘system’, based on the American Heritage Dictionary, accessed on line at www.bartleby.com/61/

Identifying the eleven components brings many benefits:

- a) a recipe or formula for operationalising a national HIV M&E system, removing the mystery and individual interpretation. It answers the question: “What is a national HIV M&E system?”
- b) a basis for assessment – e.g. using the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) M&E self assessment checklist
- c) a basis for joint M&E mission reports, and concepts on which to base M&E system progress reports
- d) the basis for indicators on ‘M&E of M&E’
- e) a way to formalise and structure M&E technical support that is provided to help operationalise a national HIV M&E system
- f) a clear basis for division of labour at country level and a formula for all partners to work together
- g) something around which to organise M&E Operations Plans, and
- h) clarity about the skills and competencies needed -- capacity building can be organised for each of the eleven components.

Where are the 11 components applicable?

Irrespective of whether a country has a concentrated or generalized epidemic, the same eleven components are useful. In some countries, some components will require more attention. Some countries may even add components to suit their specific needs. In countries with generalized HIV epidemics, there tend to be more organizations responding to HIV; in concentrated epidemics there tend to be fewer. Also, there are often more activities that require monitoring and evaluation in generalized epidemics than in concentrated epidemics. Another difference is that in concentrated epidemics, the HIV response and M&E must primarily reach hidden populations.

Component 1: HIV M&E human resources

(a characteristic of the 3rd of the Three Ones)

In the countries where we work, NACs with HIV M&E units do well. In these same countries, there are also other human resources focusing on HIV M&E at the national and decentralized levels: at the Ministry of Health (MOH) and/or other line ministries, M&E focal persons in all organizations that implement HIV activities and HIV M&E officers at decentralized levels. These officers at these various levels fulfill the following roles:

1. At the National Level

1.1. At the NAC

1.1.1 NAC M&E Manager

- Coordinate the creation and review of M&E system documentation
- Manage and supervise the M&E unit staff
- Manage the M&E system (i.e. provide technical oversight)
- Coordinate M&E plan costing and annual review⁴
- Chair the M&E Technical Working Group (TWG), and coordinate its work (s/he may alternate with the UNAIDS M&E adviser, where available)
- Play a key role in coordinating the planning, implementation and dissemination of findings of all surveys and surveillance (in collaboration with the focal institution on this aspect)
- Advocate for and communicate about HIV M&E in all sectors at decision making level to build strong M&E partnerships
- Develop and oversee M&E capacity building strategy, accompanying activities and play a key role in mobilizing resources for the same
- Coordinate and act on supervision and data auditing report results
- Create information products (annual HIV report, etc.)
- Oversee all data dissemination and feedback processes
- Represent NAC on M&E forums in the country
- Liaise with poverty monitoring and other relevant groups.

1.1.2. Data Officer

- Create and manage a national HIV database in line with national M&E needs
- Import data from government ministries and decentralized HIV coordinating units and conduct analysis as required by the M&E Unit
- Install database at decentralized levels and oversee its operation
- Train decentralized structures on database use
- Trouble-shoot database problems with decentralized structures
- Provide data for all NAC information products.

1.1.3 HIV Research Officer

- Coordinate the development of an HIV research and learning strategy and agenda
- Coordinate implementation of the strategy
- Liaise with Research Council regarding ethical approvals for all HIV research
- Ensure that HIV research and learning agenda is managed and implemented
- Represent NAC at all sub-national research forums
- Lead key NAC-funded research
- Disseminate HIV research results in academic journals, research conferences, special university lectures, political/decision making forums etc.

1.1.4 Program Monitoring System officer(s)

- Implement scheduled and/or agree activities in the annual M&E work plan [roadmap];
- With support of the leadership of the NAC (or its equivalent), agree on data reporting commitments (including timelines) with MOH and other key ministries
- Coordinate supervision and data auditing of program monitoring data
- Coordinate with the Data Officer about the electronic capture of data into the national HIV database
- Liaise with the health ministry regarding health sector data collection
- Coordinate dissemination of output level data
- Advocate for the use of output monitoring data.

NOTE: The national HIV program monitoring system enables the NAC to collect output level data about HIV services. These are data that NACs need that outline the number of service delivery points, the number of people trained to provide services and the number of people who have accessed HIV services.

HIV services include HIV prevention services (e.g. voluntary counseling and testing, information campaigns or peer education sessions); HIV treatment, care and support programs (e.g. ARVs, treatment for opportunistic infections); and HIV impact mitigation services (e.g. income generating activities, and psychosocial support for persons affected by HIV).

1.2 At the Ministry of Health

In our experience, the MoH is typically responsible for three functions associated with HIV M&E: biological HIV surveillance, behavioral HIV surveillance, and routine monitoring of HIV services delivered by the health

⁴ "Using National HIV Monitoring and Evaluation Road Maps to reach the "Third One" more quickly and efficiently" (August 2006), a companion note in this series on "HIV/AIDS Getting Results", may be found at www.worldbank.org/aids on the "Getting Results" page.

sector. Different options exist for HIV M&E staff at the Ministry of Health. The structure that is chosen depends on whether the routine monitoring of HIV services delivered by the Ministry of Health is included in the health management information system or not. It is important that all three these functions are assigned to individuals in units at the Ministry of Health.

2. At the Decentralized level

2.1 Regional/District (Local) Government Authorities

This section is relevant where HIV activities are coordinated at decentralized government structures, e.g. district councils, municipalities. Typically, countries with high prevalence rates and decentralized government structures have decentralized the coordination of the HIV response as well. If the HIV response is decentralized, the following M&E resources should exist at the decentralized levels (linked to and part of the local government offices):

2.1.1 District/Regional M&E Officers

- Undertake M&E advocacy at decentralized and implementation levels
- Coordinate M&E capacity building (eg. training and mentorship of partners)
- Coordinate implementation of program monitoring system at decentralized AIDS Council level
- Liaise with stakeholders concerning implementation of program monitoring system
- Manage program monitoring system data submission, capture and export to NAC
- Manage program monitoring data dissemination
- Support, in collaboration with the HIV Research Officer, the coordination of surveys at decentralized level
- Advise on HIV M&E issues at decentralized level
- Manage HIV M&E capacity building at the decentralized level
- Analyze and present HIV M&E data as requested at decentralized levels
- Disseminate information products
- Promote HIV data use during decision making and planning of HIV interventions and use data for decision making
- Manage the HIV implementers' registration system at the decentralized level
- Liaise with NAC on all HIV M&E issues at the decentralized level.

2.2 At Health Facilities

In the health sector, we have seen that it is important that health facilities have at least one dedicated staff member who can capture routine data generated by the health sector as health services are delivered. This might be one person for all health service data collection, but such a person is essential: doctors and nurses ideally should not be responsible for data collection.

3. At the HIV Implementer level

Some organizations have full time staff members; others do not. Irrespective of whether there is a full time staff member responsible for M&E, each organization implementing HIV activities should nominate a person to:

- Amend daily record keeping tools to ensure compliance with the national HIV program monitoring system (or create these if they were not in existence)
- Keep daily records of implementation of HIV activities
- Compile program monitoring system forms and submit completed data forms
- Attend decentralized program monitoring system feedback meetings
- Promote the use of program monitoring system data when planning HIV interventions.

Component 2: M&E partnerships

Partnerships are essential for a national HIV M&E system to work. We have observed that countries find it useful if all the persons, units and/or organizations concerned with HIV M&E in a country (see Component 1) work together in a harmonious and complementary way. Establishing an M&E technical working group (TWG), for instance, has proved successful for helping create and maintain M&E partnerships.

The M&E TWG is an essential part of a national HIV M&E system. The TWG can be instrumental in making aspects of an M&E system functional, by bringing their individual comparative edge to bear on the national M&E agenda. Every organization listed as being responsible for activities in the costed national M&E work plan would then automatically be represented in the M&E TWG.

An M&E TWG is not the only way in which partnerships can be established and maintained – individual meetings, joint missions, study tours and joint planning are some of the other ways in which partnerships can be maintained – see the World Bank's Getting Results series on 'M&E partnerships'.

Component 3: National M&E Framework with which to measure HIV response outcomes

A National M&E framework (also called an M&E plan) is the 'recipe book' for the national HIV M&E system. The special edition of the journal *New Directions for Evaluation* that focused on Global Advances in HIV M&E defines an M&E Plan as follows:

"A comprehensive planning document for all M&E activities, it documents the key M&E questions to be addressed, what indicators are collected, how, how often, from where and why they will be collected; baselines, targets and assumptions; how they are going to be analyzed or interpreted, and how or how often reports will be developed and distributed on these indicators".

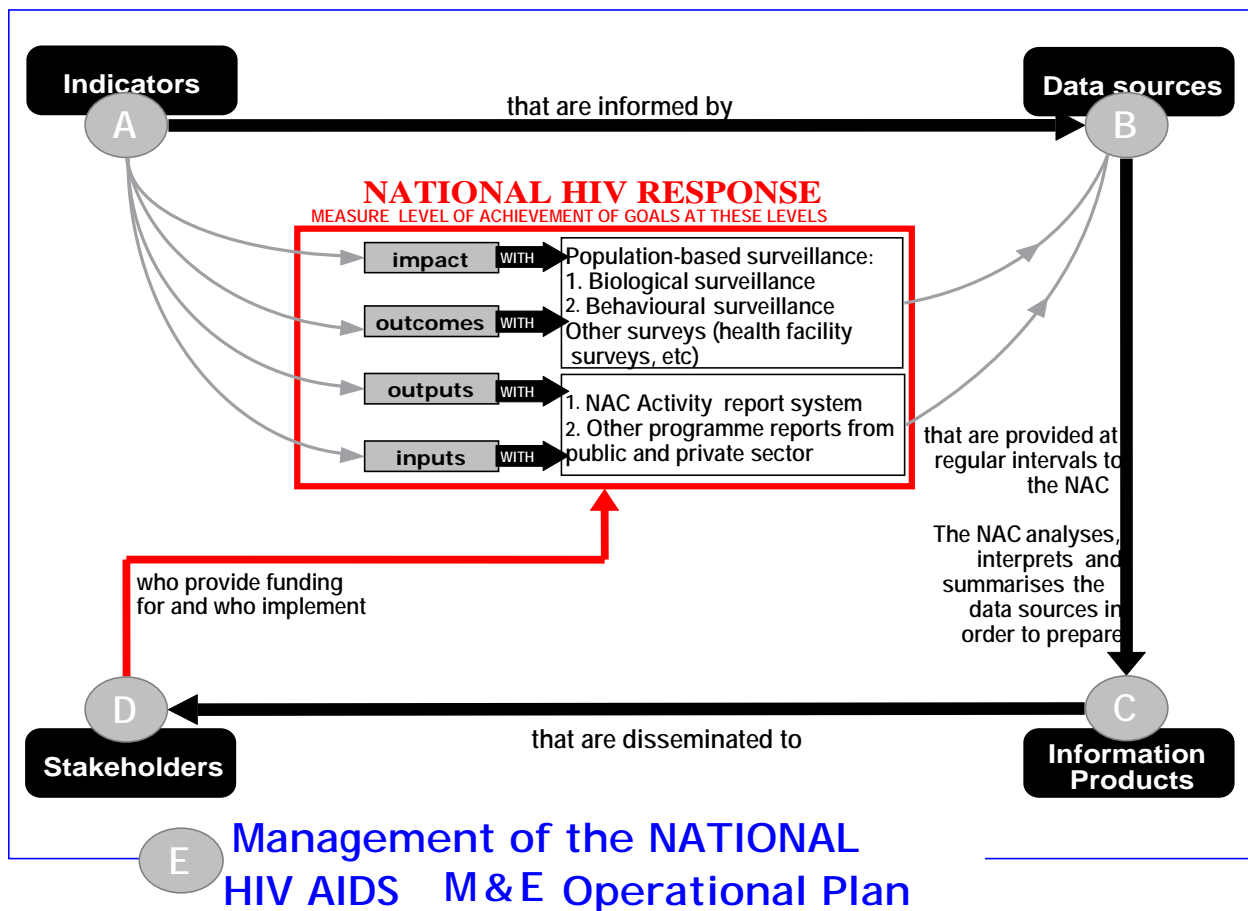
All eleven components of the national HIV M&E system should be described and defined in the framework/plan. The eleven components can be used as a checklist for assessing whether a national M&E Plan is comprehensive and complete.

Some countries have M&E frameworks and M&E operational plans as two separate documents, other countries have M&E operational plans or operational frameworks as one document.

The conceptual framework in Figure 1 is useful for understanding how national HIV M&E Plans can help to achieve the goals of an M&E system.

Experience has also shown that the following five things should be included in an M&E Plan – indicators, data sources, information products, dissemination to decision makers, and management of the M&E system (note their central place in the conceptual framework in Figure 1).

Figure 1: National HIV M&E system



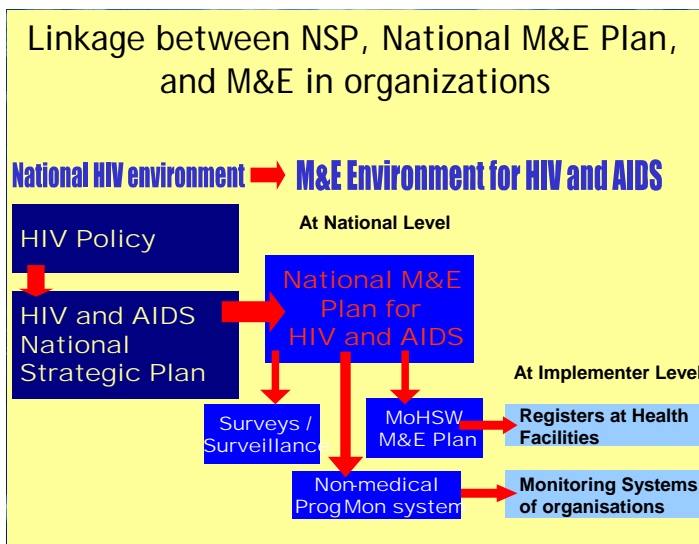
Sources: Adapted from Malawi National AIDS Commission, 2003; Zanzibar AIDS Commission, 2006

3.1 Indicators

Since the clinical definition of an AIDS case and AIDS case reporting in 1982, significant progress has been made in defining and refining standardized indicator sets for HIV responses. The national set of HIV indicators should include the UNGASS indicators, and take cognizance of the indicator manuals that have been developed and of the set of harmonized indicators that the UNAIDS Monitoring and Evaluation Reference Group (MERG) is in the process of developing.

The national HIV M&E Plan does not exist in a vacuum: it is there to measure the achievements of the country's HIV response (as formulated in the National HIV Strategic Plan). It is most important, therefore, to ensure that the national indicator set measures the results or outcomes (sometimes called objectives) of the National HIV Strategic Plan – see Figure 2.

Figure 2:



Developing indicators should not take too long: some countries took over two years just to develop indicators, which is not a productive use of time.

3.2 Data Sources

Data sources are reports used to obtain values for the indicators in the HIV M&E Plan. The M&E Plan should describe all data sources, including the institution responsible for the data source, the protocols that will be used (in the case of surveys), the data flow (a flow chart) for the data, the data elements required from each data source, and the frequency of data collection.

3.3 Information products

Information products are the regular reports that the NAC produces, about the status of the epidemic and the response to it. In them, NACs present the latest indicator values and other relevant data, to help ensure that data are used for decision making. Different information products are needed for different audiences – they need to be at different technical levels and even in different languages (information to the community may need to be in the local language). Information products need to be produced in synchronization with the national planning processes, so that data are available when decisions are being made – see Figure 1.

3.4 Data dissemination and use

Before data can be used, it needs to be disseminated. Therefore, it is useful to include a dissemination matrix that shows how data will be disseminated to various stakeholders, listing the channels to be used. This is essential for being able to cost the dissemination processes. Figure 3 provides an example.

3.5 Management of the M&E system

This section of the Plan describes: roles and responsibilities of stakeholders; M&E capacity building, the M&E database, the M&E TWG, M&E advocacy and communications, costed M&E work plan, and how the M&E Plan will be reviewed.

It is essential that the M&E Plan be costed. It is suggested that at least 10% of the budget for overall HIV programs be dedicated to HIV M&E, so that adequate resources are available for HIV M&E – see Component 4 for more details.

Figure 3: Example of a dissemination matrix: methods of disseminating information to stakeholders

	Sentinel surveillance report	Behavioral surveillance survey	Quarterly HIV program report
National government departments	Workshop at national level Post	Workshop at national level	Email Post
Civil society organizations	Workshop at regional level	Email Workshop at national level	Email Post
PLWA association	Email	Workshop for association	Email Post

Component 4: Costed, integrated M&E work plan

For the national HIV M&E Plan to be operationalised, it needs to include an activity list, with defined responsibilities and costs for each activity – a **costed and integrated M&E work plan**. Such a costed M&E work plan has been called a national M&E Road Map.

An integrated costed M&E work plan should reflect agreement on who will implement and finance each activity – it is NOT the NAC’s work plan for M&E, but rather a joint work plan of ALL HIV M&E activities in the country. It is a practical way for M&E stakeholders to plan and work together in a complementary, harmonized way towards a common vision for HIV M&E. It therefore creates and builds M&E partnerships. It enables the M&E TWG and NAC to determine the financial and human resources needed to implement the M&E Plan, to mobilize resources to fill gaps, and to monitor progress. The costs of operationalising the M&E Plan should be included in the government’s budgeting processes, e.g. include the costs in the medium term expenditure framework.

A template for a costed national HIV M&E work plan is provided in Annex 1 (see page 12).

Component 5: Strategic Information Flow

5.1 Surveys and Surveillance

Biological surveillance and behavioral surveillance are essential to determine the spread and drivers of the HIV epidemic in each country. Depending on the drivers of the epidemic, surveillance might focus on the general population, or on Most at Risk Populations (MARPs), or on both.

Three other surveys are needed to provide the minimum set of data sources for a national HIV M&E system: a work place survey, a quality of HIV services survey, and a condom availability survey.

5.2 Routine data on medical HIV services

For the NAC to produce comprehensive information products, data on medical and non-medical HIV activities are needed. Medical HIV services or interventions include all HIV services provided at health facilities. Data on medical HIV services are collected either as part of the national health management information system (HMIS), or are collected in a vertical, parallel way from health facilities where HIV services are provided. In some countries, a hybrid system exists – some HIV program data from health facilities are collected through the HMIS, and other data are collected through separate

registers (i.e. a vertical or parallel data collection system).

5.3 Routine data on non-medical HIV services

NACs at national level need a routine system to record the extent of the supply of HIV services – by collecting standardized data, on a routine basis, from all implementers of HIV interventions. In addition, at the decentralized level, NACs need data about the supply of HIV services, and **also** about the DEMAND for HIV services. Universal access targets cannot be reached if the demand for HIV services is not known at the local level, where decisions are made about which individuals or households receive HIV services. Put simply, if organizations that support vulnerable children do not know which households have vulnerable children (i.e. where the DEMAND for HIV services is), they cannot accurately target their support to the most vulnerable children (i.e. SUPPLY of HIV services).

Collecting routine data from organizations that implement non-medical HIV services is a real challenge for NACs, and therefore needs considerable time and effort. The challenges are that:

- a) Not all implementers of HIV services are registered with the NAC – the NAC simply may not know who they are or who is implementing which HIV activity.
- b) Implementers do not collect data themselves, because they are either not interested in collecting data for their own management purposes, do not know how to collect the data, or have not been informed of the importance of collecting data.
- c) Implementers may not recognize M&E as important and valuable, and therefore not be interested in reporting to the NAC.
- d) Reporting to the NAC may not be compulsory under the country’s HIV policy or required in the country’s national HIV strategic plan – therefore, implementers of HIV programs in the country do not report.
- e) Implementers may be new to the field of HIV service delivery and may not know how to design data collection tools or a simple monitoring system for the HIV services that their organizations provide.
- f) NACs may not have a routine system – procedures, tools, and reporting formats – making it impossible to analyze data. (If they do not receive standardized data from all implementers, it will be impossible for them to aggregate data – when asked about the extent of training, one implementer may, for example, report on the number of training sessions and another implementer may report on the number of persons trained.)

- g) NACs may not have done advocacy and communication to inform all HIV implementers that they have to report on a regular basis to the NAC.

Setting up a routine system of reporting for non-medical HIV services is challenging, but it is essential if NACs (at decentralized levels) are to coordinate in a multisectoral environment where there are often hundreds of small organizations implementing HIV services (e.g., Rwanda has over 1000 implementers, Tanzania has over 2000, Swaziland has 240, and Malawi has over 600 implementers of HIV services). NACs are responsible for coordinating these implementers as part of their mandate to coordinate the national HIV response. Therefore, a program monitoring system is more than just a tool for collecting data – if properly implemented and functional, it can serve as a coordination tool at decentralized levels as well.

Typically, NACs deal with organizations that they do not fund, as well as those that they fund. It is easier to ensure that NAC-funded organizations provide reports, but NACs need data from both sources if they are to be successful in operationalising a national HIV program monitoring system.

The following have proven necessary to create an environment in which all implementers of HIV services report non-medical HIV program data to NAC:

- a) NACs need to create a program monitoring **system**, typically only for non-medical HIV services, and have dedicated staff at the central and decentralized levels to focus on creating and running the system. Since no other institution is involved in this type of data collection, this will be the major focus of NAC M&E units.
- b) A set of program monitoring guidelines should be written and translated into the local language/s, where necessary. All stakeholders in the country should be trained and oriented to these guidelines (even more important than training them in the national HIV M&E Plan).
- c) Reporting program monitoring data to the NAC should be compulsory. If the requirement to report program output data to NACs is included in the country's HIV policy and HIV national strategic plan, this will help mainstream M&E into national level policies and programs.
- d) An advocacy plan and communications plan (that includes mass media communication materials) should be developed for the program monitoring system. This should include strategies to encourage funders that provide funds directly to implementing organizations (without going through the NAC) to include the requirement to report data to the NAC in its contracts or agreements with implementers.

- e) Ensuring that implementing organizations are trained in data use – using the data sets.
- f) Publishing a regular (quarterly or biannual) HIV program report that shows the extent of HIV service coverage in the country.
- g) Publishing, as part of the quarterly HIV program report, a list of organizations that submitted program data to NAC.
- h) Publishing a separate program monitoring report for each decentralized unit (e.g. district, region, or other administrative unit).
- i) Holding dissemination and planning workshops every quarter at the decentralized level, at which the program data are discussed with all stakeholders.
- j) Ensuring the full involvement of the decentralized HIV coordination structures in the management of the program monitoring system.

Component 6: National HIV database (information system)

The national HIV information system should manage information for all eleven components of the national HIV M&E system. The information system consists of the infrastructure, software (a database) and skilled persons to use the database to capture and analyze data. A national HIV database (as part of a national HIV information system) should capture the following data:

- An up-to-date registration system / contact list of stakeholders
- Data on all HIV indicators
- Status of all data sources:
 - Surveys and surveillance
 - Routine non-medical HIV program data
 - Routine medical HIV program data (typically from the health ministry)
- Capture and track resource data
- Produce data for information products
- Capture details of supervision visits
- Provide a web interface for the general public
- Library function for NAC documentation centre
- Inventory of HIV research and researchers
- HIV capacity building efforts
- HIV M&E advocacy and communications efforts.

This list does not imply that only countries with advanced communications infrastructure can have a functional HIV M&E system. On the contrary, the HIV M&E system should be straightforward and work as a paper-based system. In some countries, for example, electronic data capture at the decentralized offices may not be feasible. Irrespective of how advanced a country's

communications infrastructure is, an HIV M&E system – even as a simple paper system – can and should work.

The information from the HIV database can be used for spatial analysis – creating maps with geographic information system software ('GIS software') that provide information about the location of HIV services.

Component 7: Supportive Supervision and Data Auditing

Supportive supervision is defined as directing and overseeing the performance of others, whilst transmitting skills, knowledge and attitudes that are essential for successful monitoring of HIV activities. It offers opportunities to give an account or record of work that has been done; reflect on it; receive feedback, and where appropriate, guidance to improve implementation.

Data auditing is the process of verifying the completeness and accuracy of a selection of HIV output/program monitoring forms through: (a) field visits to the organizations that submitted the forms; (b) checking the quality of raw data kept by the reporting organizations by examining the daily records used to complete the output monitoring form for a specific reporting period; and (c) comparing the output monitoring form data against the raw data.

Supportive supervision and data auditing go to the heart of data credibility and therefore data use. Given that M&E capacity in most countries is weak, supportive supervision of data collection processes at the implementer level is also a mechanism to build capacity.

Guidelines for supportive supervision is useful. Guidelines are most likely to be used by decentralized levels, as these levels will be involved with supportive supervision and data auditing. It would be cost effective to combine M&E supervision with financial and/or implementation supervision. Supportive supervision should be of only some (not all) HIV program implementers that have submitted data, and should include data auditing.

Component 8: Harmonized capacity building

Not only is it necessary to have dedicated human resources, it is also necessary to have skilled human resources – this implies capacity building. Although there are currently capacity building courses in M&E, discussions with key informants and a review of existing material indicated that the courses tend to focus on monitoring and evaluation concepts and not on building practical skills in how to implement a monitoring and evaluation system.

The capacity that should be built for a national multisectoral program monitoring system to work, should focus on different levels, have defined learning objectives, and follow defined curricula. A number of learning objectives to achieve specific competencies at different levels are suggested:

At the **HIV implementer level**, organizations should be able to:

- Plan, design and manage an HIV project
- Understand M&E concepts, design and implement an M&E plan for their HIV project
- Align their monitoring tools with national program monitoring data collection requirements (the national data collection requirements should be a subset of what they collect at their project level)
- Report program monitoring data to the NAC using the prescribed formats, and
- Use data that they have collected for decision making at their level.

At the decentralized level of government, the district and regional M&E officers should be able to:

- Maintain a registration system of all HIV stakeholders
- Collect routine data
- Capture the data coming in from various health and non-health sources
- Compile data and carry out basic data analysis
- Disseminate data and facilitate its use when decisions are made.

At the national management level, those responsible for coordinating and managing the national HIV M&E system should be able to:

- Advocate for and communicate about HIV M&E
- Understand all technical aspects of implementing a national HIV M&E system
- Manage and use the data base that has been developed for data capture, analysis and presentation
- Develop and cost a national HIV M&E Road Map, and coordinate its implementation
- Mobilize resources for the national HIV M&E system, as per the Road Map requirements
- Develop Terms of References and manage consultants to carry out tasks identified in the national HIV M&E Road Map for consultancy input
- Set up and maintain an active M&E technical working group

- Coordinate HIV research (biomedical and social sciences research)
- Analyze data and prepare reports, and
- Develop information products, and disseminate them in appropriate ways.

At the national and regional level, those responsible for providing **technical support** to countries to operationalize their national HIV M&E systems need skills in how to operationalize all 11 components of a national HIV M&E system. Given the great need for technical support in Africa in operationalising M&E systems, a recipe book (toolkit) is currently being developed.

Throughout capacity building planning, complementary capacity building strategies such as internships, mentorship, and coaching should be considered.

Component 9: Evaluation and Learning Agenda

Evaluation and learning are essential to ensure that the HIV response focuses on program improvement and that it becomes an evidence-based response. Experience has shown that a successful HIV evaluation and learning strategy and agenda need to include:

- governance structures for research
- ethical approval processes and standards
- requirements for local dissemination channels, stating how the research will be disseminated locally
- a prioritized agenda of biomedical, social sciences and operational HIV research.

Component 10: Advocacy and communication

At the heart of the challenges associated with operationalising HIV program monitoring systems, is a lack of advocacy for and communications about monitoring and evaluation in general, and HIV monitoring and evaluation in particular.

Developing a communications and advocacy strategy for HIV monitoring and evaluation can really help overcome the challenges associated with HIV program monitoring systems.

Part of the communications and advocacy strategy is 'branding' the national HIV program monitoring system. 'Branding' is an advertising term that describes the process by which a certain image of a product or service is created.

Given that a national HIV program monitoring system is not for the government sector only, branding the program monitoring system will make the private sector and civil society more positive about it. In Swaziland, the program monitoring system was branded as 'SHAPMoS', and the local vernacular was used to create a slogan for it – '*Reporting is shap-shap*' (which means that reporting is good). In Zanzibar, the slogan 'ZHAP'em with data' is being pre-tested.

It is essential that a communications strategy focus on ensuring political support for transparency and accountability about the HIV response. The NAC plays a key role in harnessing political support. It is a two-way street: M&E fosters transparency, but also requires a transparent environment to function.

Gaining political support is a major challenge for HIV M&E that can and should be addressed through the communications and advocacy strategy.

This communications and advocacy strategy for HIV M&E should be included as part of the country's national HIV communications strategy, and should not be separate from it: with all the focus on HIV M&E, there is a danger of it not being mainstreamed into all NAC functions, which is essential.

A communications and advocacy strategy needs to be multidimensional, focusing on different stakeholders and several messages. Annex 2 (on page 13) summarizes the monitoring and evaluation messages relevant to different stakeholders.

Component 11: Data Use

Using data to inform decision making is the reason why we do M&E. Therefore, data use is paramount. Good, functional M&E systems are systems where data are used for decision making. Evidence of data use would include:

- a) accurate reference to the latest available data in reports
- b) visual evidence of data in the office
- c) Reports are being disseminated and can be seen in HIV implementers' offices
- d) HIV implementers are aware of reports being produced
- e) The HIV strategic plan is based on the drivers of the epidemic
- f) HIV implementers refer to reports and data when discussing matters relating to HIV.

Using the ingredient list for operationalising a national HIV M&E system

The eleven components of a national HIV M&E system provide more than a conceptual framework or check list. The recipe of components has practical applicability, and can be used:

- a) in developing joint progress reports - one consultant can send reports to another consultant
- b) to develop training materials for each component
- c) to group technical expertise around the concepts
- d) as a format to assess the quality of an M&E system
- e) to assign appropriate M&E consultants to each task.

M&E is not mysterious or impossible to do well and establishing a national HIV M&E system is a reality. There are 11 manageable, “doable” components – some of which are being implemented well in various different countries.

The term “M&E” is now very familiar, but when faced with trying to monitor and evaluate the national HIV response, many people do not really know what to do or how to do it. Like many other tasks that seem daunting at first, with a clear explanation of what to do and how to do each step or sub-task, something that had seemed almost impossible, becomes possible.

Through ‘learning by doing’ it is possible to operationalise a functional HIV M&E system.

It is indeed possible to use this ingredient list to create a three course M&E meal.

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Annex 2: Communications and Advocacy Messages for HIV Monitoring and Evaluation for Different Target Audiences

		Stakeholders					
		NAC staff at national and decentralized levels	Principal Secretaries / heads of government departments, and Cabinet Ministers	Heads of Civil Society Organizations and heads of private sector organizations	Technical and program staff of organizations that implement HIV services	Funders of HIV programs	Beneficiaries of HIV services – target groups who receive HIV services
Communications and advocacy messages	✓ = Yes, this communications and advocacy message is important for this stakeholder						
	1. Monitoring and evaluation is not a policing function, it is useful and essential for management purposes		✓	✓	✓	✓	✓
	2. Because M&E is important, there should be staff appointed and funding dedicated for it –, the recommended percentage of funding is 10%	✓	✓	✓	✓	✓	
	3. There are different ways in which data may be used for decision making		✓	✓	✓	✓	
	4. The NAC is responsible not only to coordinate the HIV response, but to monitor and evaluate the national HIV response	✓	✓	✓	✓	✓	
	5. The National HIV Strategic Plan requires implementers of HIV interventions to report data to the NAC on a regular basis		✓	✓	✓		
	6. All implementers of HIV interventions need to have a regular way of collecting, analysing, reporting and using data for their own programs – i.e. their own monitoring and evaluation system		✓	✓	✓	✓	
	7. All implementers should report data to the national HIV program monitoring system using the procedures and time frames specified in the national HIV program monitoring guidelines	✓	✓	✓	✓	✓	
	8. With a monitoring system in place, stakeholders should expect and demand reports of progress	✓	✓	✓	✓	✓	✓
9. Capacity needs to be built for a monitoring and evaluation system to be successful	✓	✓	✓	✓	✓		