



MONITORING AND EVALUATION (M&E) PLAN
FOR
HIV AND AIDS RESPONSE IN THE PUBLIC SERVICE

FOURTH DRAFT : SEPTEMBER, 2009

TECHNICAL WORKING GROUP MEMBERS

CONVENER:	Dr S. Senabe (Chairperson- DPSA) Ms Morero Leseke (Coordinator - DPSA) Ms Michiko Tajima (Technical Assistant-JICA))
DPSA	Ms. Anna Molepo Mr. Henk Serfortnein Ms. Tracy Gwangwa Mr Samuel Seluka
STATSA	Mr. Norman Sekhukhune
DCS	Ms. Roeleen Booie
DSD	Ms. Masego Maselwane Mr. Andile Ngake Ms Tsholofelo Adelekan
DOH	Mr. Mmbangiseni Magoro Ms. Letta Seshoka
DOE	Mr. Fungisani Mbau
DOT	Ms. Vivian Mofokeng Mr. Moses Maswanganyi
DOA	Ms. Maria Sekgobela

TABLE OF CONTENT	PAGE
TECHNICAL WORKING GROUP MEMBERS	2
ABBREVIATIONS	5
CHAPTER 1:	7
1.BACKGROUND INFORAMTION	7
1.1. Country Profile in brief	7
1.2. National HIV and AIDS Response	9
1.3. The Structure of the National Response to HIV and AIDS	10
1.4. M&E Frameworks	13
1.5. International and Regional Commitments	18
1.6. Interdepartmental Committee on HIV and AIDS (IDC)	18
2. OBJECTIVE OF THE GOVERNMENT SECTOR M&E PLAN	18
3. STRUCTURE OF THE M&E PLAN	19
4. RELEVANT POLICIES AND STRATEGIES	20
5. AUTHORITY OF GOVERNMENT SECTOR HIV and AIDS M&E PLAN	20
6. VISION OF THE M&E PLAN	21
7. NATIONAL LAWS RELATING TO DATA AND M&E	23
8. LINKAGE TO OTHER M&E SYSTEMS	23
CHAPTER 2:	24
2. M&E FOR GOVERNMENT SECTOR HIV RESPONSE	24
2.1. DEFINITIONS AND CONCEPTS	24
2.2. ORGANISATION OF THE NATIONAL INDICATORS	26
2.3. SUMMARY OF THE GOVERNMENT SECTOR INDICATORS	27

CHAPTER 3:	51
3.IMPLEMENTATION OF THE M&E PLAN	51
<i>3.1.Organizational Structure</i>	51
<i>3.2.Human Capacity for M&E</i>	52
<i>3.3.M&E partnership</i>	53
<i>3.4.M&E plan</i>	54
<i>3.5.Costed M&E work plan</i>	54
<i>3.6.Advocacy, communication and culture</i>	54
<i>3.7.Surveys and surveillance</i>	55
<i>3.8.Routine monitoring</i>	55
<i>3.9.Supervision and data auditing</i>	57
<i>3.10.Database</i>	57
<i>3.11.Evaluation, research and learning</i>	59
<i>3.12.Data analysis, information dissemination and use</i>	59
4.REQUIREMENTS OR ADDITIONS TO THIS PLAN	60
5.STAKEHOLDERS CONSIDERATION	60
6.CONCLUSION	61
REFERENCES	61

ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante-natal clinic
ART	Anti-retroviral Therapy
ARV	Anti-retroviral
CARe	
CBOs	Community based Organizations
CSG	Child Support Grant
DBSA	Development Bank of Southern Africa
DCS	Department of Correctional Services
DHIS	District Health Information System
DOE	Department of Education
DOH	Department of Health
DOJ	Department of Justice
DOL	Department of Labor
DPLG	Department of Provincial and Local Government
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
DST	Department of Science and Technology
GAMET	Global Monitoring and Evaluation Team
GEMS	Government Employee Medical Scheme
GTZ	Gellschaft für Technishe Zusammenarbeit
GWM&E	Government Wide Monitoring and Evaluation
HAART	Highly active anti-retroviral therapy
HIER	Health Information, Evaluation and Research
HIV	Human Immunodeficiency virus
HSRC	Human Sciences Research Council
IDC	Inter-departmental Committee on HIV and AIDS
IEC	Information, education, communication
IMC	Inter-Ministerial Committee on AIDS
JICA	Japan International Cooperation Agency
MDGs	Millennium Development Goals
MERG	M&E Reference Group
MESST	Monitoring and Evaluation Systems Strengthening Tool
MRC	Medical Research Council

MTEF	Medium-Term Expenditure Framework
M&E	Monitoring and evaluation
NGOs	Non Governmental Organizations
NHLS	National Health Laboratory Services
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
PALAMA	Public Administration Leadership and Management Academy
PCR	Polymerase Chain Reaction
PEP	Post Exposure Prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PIC	Programmes Implementation Committee
PLHIV	People Living with HIV
PMTCT	Preventing Mother-to-child transmission
RBM	Result-based Management
RM&E	Research, Monitoring and Evaluation
SABTS	South African Blood Transfusion Services
SADC	Southern African Development Community
SANAC	South Africa National AIDS Council
SAPS	South African Police Services
Stats SA	Statistics South Africa
STI	Sexually Transmitted Infections
TB	Tuberculosis
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

CHAPTER 1

1. BACKGROUND INFORMATION

1.1. *Country Profile in brief*

1.1.1. *HIV Status*

HIV and AIDS is one of the major challenges facing South Africa today. Of the 48, 7 million South Africans as documented in the 2008 mid-year revealed that , 5 700 000 are infected with HIV (UNAIDS/WHO, 2008) with a prevalence rate of 18, 1% amongst the 15-49 age group. The SA National HIV Prevalence, HIV Incidence, Behavior Communication, Survey 2005 elucidated that 3 200 000 are women in rural, urban and informal environments.

The 2002, 2005 and 2008 HIV prevalence and incidence surveys are comparable for the population aged 2+ years, and similar prevalence levels were found in all three studies – 11.4% in 2002, 10.8% in 2005 and 10.9% in 2008. HIV prevalence in the total population of South Africa has thus stabilized at a level of around 11%. However, HIV infection levels differ substantially by age and sex and also show a very uneven distribution among the nine provinces. It is important to note that HIV prevalence is heterogeneous in South Africa's provinces, with the highest prevalence in 2008 being found in KwaZulu-Natal (15.8%) and Mpumalanga (15.4%). This is followed by Free State (12.6%), North West (11.3%), Gauteng (10.3%), Eastern Cape (9.0%) and Limpopo (8.8%). The two provinces with the lowest prevalence are Western Cape (3.8%) and Northern Cape (5.9%). (HSRC, 2008) Women are disproportionately affected, accounting for approximately 55% of HIV positive people. For men the peak is reached at older ages, with an estimated 10% prevalence among men older than 50 years.

The epidemics of HIV and Tuberculosis are interlinked. In South Africa, between 50%-80% TB patients are HIV positive. The HIV epidemic is complex, driven by diverse behavioral, socio-cultural and biological factors. The upstream socio-cultural factors are considered underlying determinants of HIV&AIDS and STIs, and downstream proximate factors, that are a complex biological and behavioural causes at individual, family, community and societal levels.

South Arica thus has a generalized, mainly heterosexual, hyper endemic HIV epidemic; i.e. the epidemic is firmly established within the general population, and sexual networking is sufficient to sustain the epidemic independent of sub-populations at higher risk of infection. There are however pockets of concentrated epidemics within certain sub-populations and geographical heterogeneity.

The Government sector is equally affected and studies indicate that HIV prevalence among some government departments is almost the same as the national prevalence (approx 15%). Approximately 30 % of Government employees are on the Government Employee Medical Scheme (GEMS), and the prevalence among these is estimated at 8%. Most members on GEMS are suspected to be on World Health Organization (WHO) clinical stage 3 or 4 of HIV&AIDS infection, requiring anti-retroviral treatment (GEMS, 2008).

1.1.2. Status of HIV&AIDS Monitoring and Evaluation in South Africa

Three Ones Principles, Maseru declaration and other related conventions and declarations, forces signatories to have functional M&E systems to monitor national HIV&AIDS responses. The following components were used by UNAIDS to monitor status of M&E of HIV&AIDS response by countries between 2005 to 2007:

- Availability of national M&E plan
- Endorsement of national M&E Plan by key stakeholders
- Availability of the national M&E plan associated with budget
- Secured funding for M&E
- Existence of a national functional M&E unit
- Availability of national database

The result of this evaluation reflected major weakness in several countries in Southern Africa. To address these weaknesses South Africa developed a National Strategic Plan (2007-2011). and its related M&E framework . The HIV &AIDS M&E Framework outlines ways to establish a multisectoral M&E system that will keep track of the interventions across all departments and sectors, and assess collective efforts. In this framework minimum set of essential indicators for the key priority areas of the HIV response is defined, various levels of M&E described and lead agencies for supporting M&E plans identified

The SANAC is currently in the process of establishing a National M&E Coordinating Unit which will engage with the 18 sectors including, Government as a sector ,to facilitate M&E of the NSP.. Individual sectors are to develop sector M&E Units and Costed M&E Plans to facilitate monitoring and reporting on NSP indicators and targets to the SANAC M&E coordinating unit.

Sectors are expected to develop processes on how to collect information to submit to SANAC M&E coordinating unit. This requires sectors to develop sector-specific M&E Plan, establish or strengthen sector M&E systems and establish sector M&E Unit for coordination of sector core M&E functions.

. This document therefore is the first step for Government sector, to comply with these requirements, for monitoring and evaluation of the NSP interventions in the public service. This initiative is developed within the context of existing Government Wide M&E Framework for

1.2. National HIV and AIDS Response

In May 2006, the South African National AIDS Council (SANAC), under the leadership of its Chairperson, the Deputy President, Mrs. Phumzile Mlambo-Ngcuka, mandated the Department of Health (DOH) to lead a process of developing a new 5-year National Strategic Plan (NSP) on HIV & AIDS and STI, for the period 2007-2011. The NSP flows from 2000-2005 Strategic Plan, the Operational Plan for Comprehensive HIV and AIDS Care, Management, and Treatment as well as other HIV and AIDS strategic frameworks developed for government and civil society sectors in the previous five years. It represents the country's multi-sectoral response to the HIV and AIDS epidemic

The new NSP seeks to provide guidance to all government departments and sectors of civil society on addressing HIV and AIDS and STIs, building on work done in the past decade. It is informed by the nature, dynamics, and character of the epidemic, as well as developments in medical and scientific knowledge. The two primary goals of the NSP are to:-

- Reduce the number of new HIV infections by 50% by 2011; and to
- Reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all people diagnosed with HIV.

It has been developed to assist planners, implementers, and monitoring and evaluation agencies to focus their efforts in expanding the response to the HIV and AIDS epidemic in South Africa and to reach the targets set under the following four key priority areas also called pillars:

- Prevention
- Treatment ,Care and Support
- Research, Monitoring and Surveillance
- Human Rights and Access to Justice

The Government Sector M&E Plan is meant to operationalize the national monitoring and evaluation (M&E) framework for HIV and AIDS, which is premised on the goals, objectives and interventions of the NSP. The NSP has identified 19 goals that are needed to reach set targets and these are structured under the four key priority areas. Interventions have been identified for each of the 19 NSP goals (DOH, 2007).

1.3. The Structure of the National Response to HIV and AIDS

The national multi-sectoral response to HIV and AIDS is managed by different structures at all levels i.e. provinces, local authorities, the private sector and a range of community-based organizations (CBOs) that are the main implementing agencies. Each government department has a focal person and a team responsible for planning, budgeting, implementing and monitoring HIV and AIDS interventions. In the NSP, communities are envisaged to take more responsibility and to play a more meaningful role in planning and implementing activities.

1.3.1. Cabinet

It is the highest political authority and its responsibility is to deal with ongoing HIV and AIDS related matters through the Inter-Ministerial Committee (IMC) on AIDS.

1.3.2. Inter-Ministerial Committee on AIDS (IMC)

IMC is appointed by Cabinet to support and monitor work on HIV&AIDS, including the work done by SANAC. It is chaired by the Deputy President, and is composed of Ministers representing the following fourteen departments:

- Public Service and Administration
- Health
- Correctional Services
- Social Development
- Agriculture, Fisheries and Forestry
- Transport
- Mineral Resources
- Basic Education
- Higher Education
- Cooperate Government and Traditional Affairs
- Women, Children and People with Disabilities
- Planning Commission
- Monitoring and Evaluation
- Youth Development

The IMC serves as the interface between Cabinet and SANAC by providing leadership on urgent matters that arise from SANAC meetings. It also represents government at high level Council.

1.3.3. The South African National AIDS Council (SANAC)

SANAC is the highest national body that provides guidance, support and monitoring of sector programmes. The newly formed SANAC will operate at three levels, viz;

- High level National AIDS Council – SANAC, chaired by the Deputy President,
- Sector level coordination – with sectors taking responsibility for their own organization, strategic plans, programmes, monitoring, and reporting to SANAC. SANAC is composed of 17 sectors clustered into three broad sectors which are:-
 - Civil Society
 - Government and
 - Business
- Programme level coordination – led by the social clusters. The programme level coordination is further organized into:
 - Programme implementation Committee (PIC)
 - Technical Task Teams for each of the four key priority areas of the NSP

1.3.4. Implementing agencies

These comprise of National and provincial government departments, districts and local authorities. The private sector and NGO's augment services that are provided by government. Structures similar to SANAC are to be replicated at the lower tiers of government as ***provincial AIDS councils*** and ***district AIDS councils***.

The role of Government in SANAC

Government is one of the eighteen sectors in SANAC. Its representatives come from government departments in the IMC on AIDS. The IMC has been appointed by Cabinet to support and monitor work on HIV and AIDS, including responsibilities carried out by SANAC.

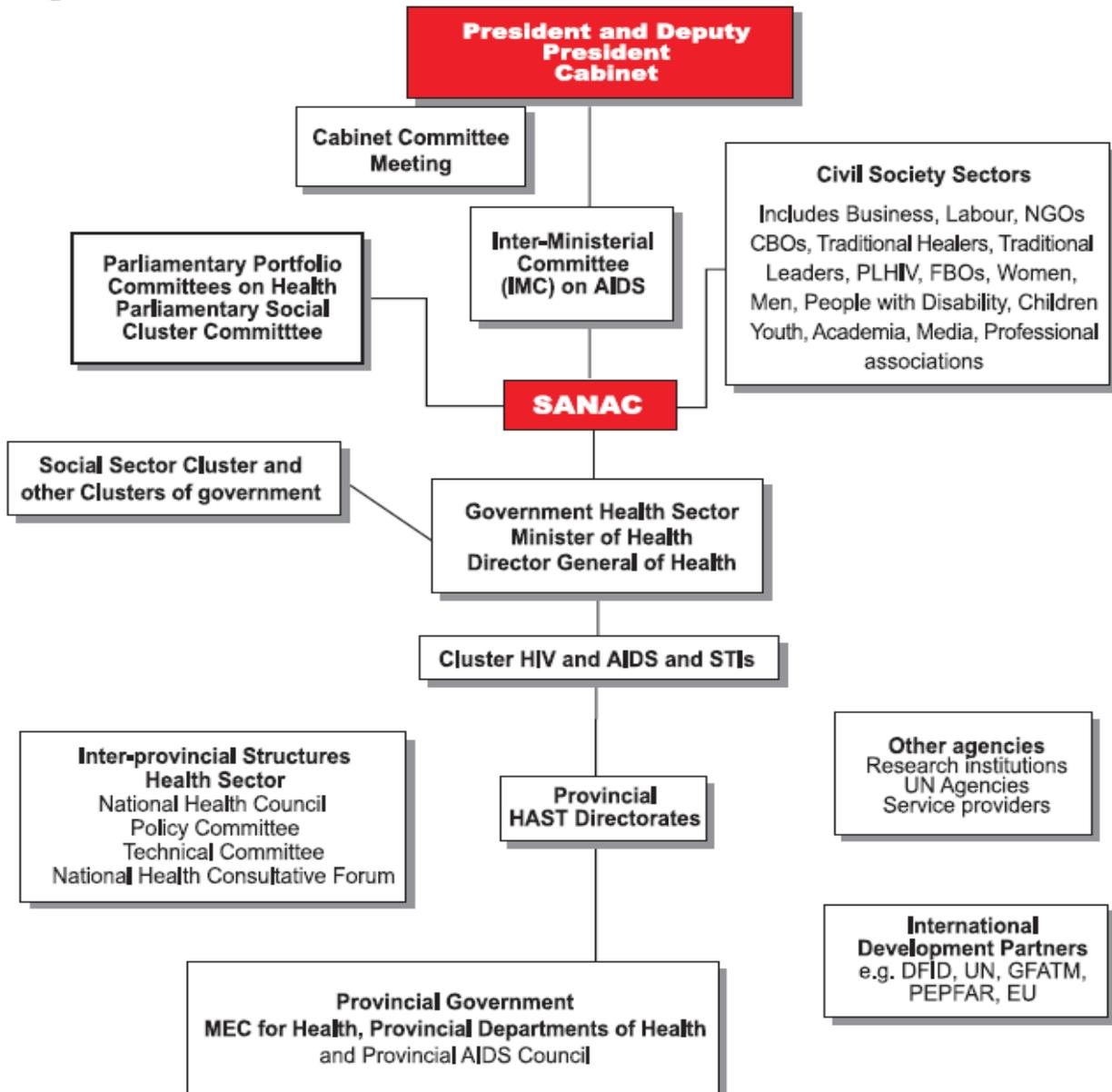
Government is represented at the Programme Implementation Committee of SANAC, and is represented by Director-Generals of the departments represented in the IMC.

The Department for Public Service and Administration (DPSA) provides the coordinating role for the HIV and AIDS response in Government as a sector, whilst the Department of Health provides technical leadership to all the seventeen sectors of SANAC.

HIV and AIDS units within government departments, have focal persons whose role is to manage the implementation of relevant HIV and AIDS activities. The DPSA continues to play coordination role through an interdepartmental committee (IDC) which meets quarterly for knowledge and information sharing on HIV and AIDS related matters and information to aid decision making in

national committees. DPSA is also responsible for the development of relevant policies, strategies and programmes, ensuring availability of resources and finance to support implementing agencies.

Figure 1. SANAC Multisectoral Structure Here (NSP 2007-2011)



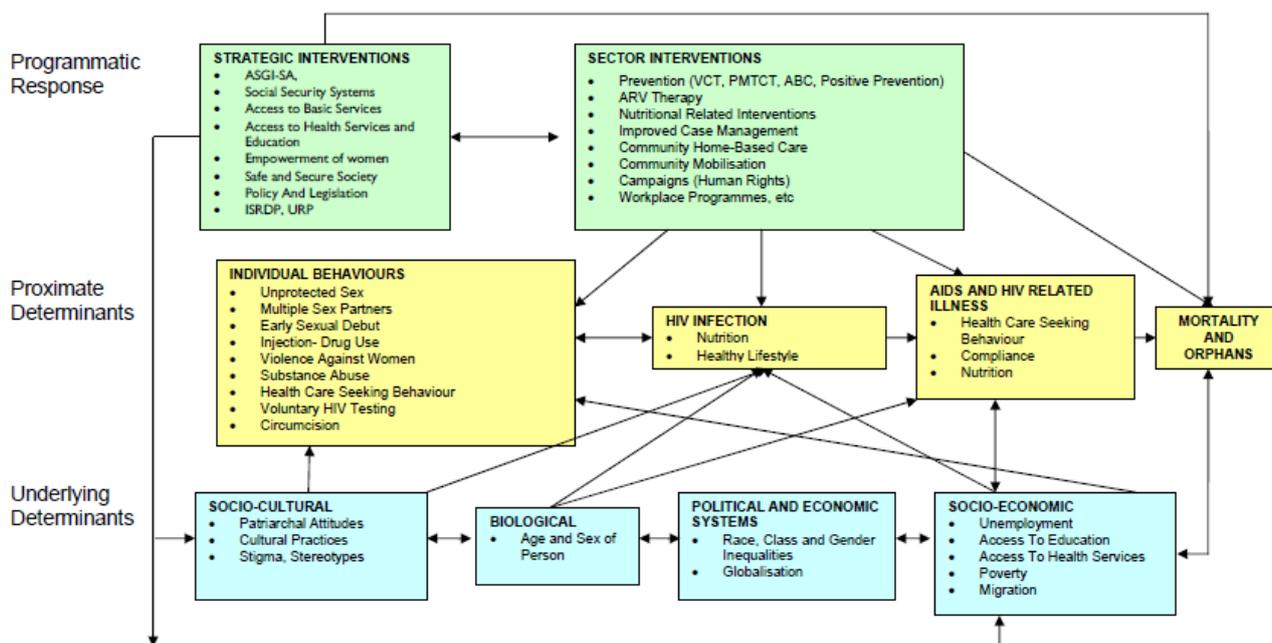
1.4. Frameworks for the Government Sector M&E Plan

1.4.1. Conceptual Framework

The conceptual framework for government sector HIV and AIDS M&E plan is derived from the national M&E framework of the NSP, since challenges addressed by government response do not differ from those addressed through the overall national HIV and AIDS response.

The NSP has been developed as a strategic response to the complex factors that play a role in the spread of HIV as well as the need to provide social support to people living with or affected by AIDS. The conceptual framework set out in Figure 2 helps to illustrate the complex interconnections and relationships between the socio-structural, biological and behavioral causes, interventions and the burden of the epidemic. Figure 2 shows schematically the upstream socio-structural factors that are considered to be the underlying determinants of HIV and AIDS and STIs as well as the downstream proximate factors that are a complex of biological and behavioral causes at individual, family, community and societal levels. The country's multi-sectoral response is depicted by the interventions and programmes aimed at the underlying determinants and proximate factors, as well as social support efforts. The incidence, prevalence and mortality rates are ultimate outcome measures used to measure the epidemiologic and demographic impact of the burden of HIV and AIDS.

Figure 2: Schematic Framework of HIV&AIDS and Determinants (From National M&E Framework)



1.4.2. Results Framework: Strategic focus of the NSP 2007-2011

The monitoring and evaluation of the HIV and AIDS response focuses on the goals and objectives of the NSP. The two primary goals of the NSP are to:

- Reduce the number of new HIV infections by 50% by 2011; and
- Reduce impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all HIV positive people and their families by 2011...

1.4.2.1. Key Priority Area 1: Prevention

The overall target is to reduce by 50% the rate of new HIV infections by 2011. The Intention is to ensure that the large majority of South Africans who are HIV negative remain HIV negative and through specific interventions. This is outlined in the following four goals:

1. Reduce vulnerability to HIV infection and the impact of AIDS;
2. Reduce sexual transmission of HIV;
3. Reduce mother-to-child transmission of HIV; and
4. Minimize the risk of HIV transmission through blood and blood products.

1.4.2.2. Key Priority Area 2: Treatment, Care, and Support

The second priority area is to reduce HIV infection and AIDS morbidity and mortality as well as its socio-economic impact. The overall target is to provide appropriate packages of treatment, care and support to 80% of HIV positive people and their families by 2011. The four main goals of treatment, care and support are to:-

5. Increase coverage to voluntary counseling and testing and promote regular HIV testing;
6. Enable people living with HIV to lead healthy and productive lives;
7. Address the special needs of pregnant women and children; and
8. Mitigate the impact of HIV and AIDS and create an enabling social environment for care, treatment and support.

1.4.2.3. Key Priority Area 3: Research, Monitoring, and Surveillance

The NSP 2007-2011 recognizes monitoring and evaluation (M&E) as an important policy and management tool. National, provincial and district level indicators to monitor inputs, process, outputs, outcomes and impact will be used to assess collective effort. It is recommended that in line with international trends, a sustainable budget of between 4%-7% should be dedicated for the M&E of the NSP.

The seven goals of this priority area are to:-

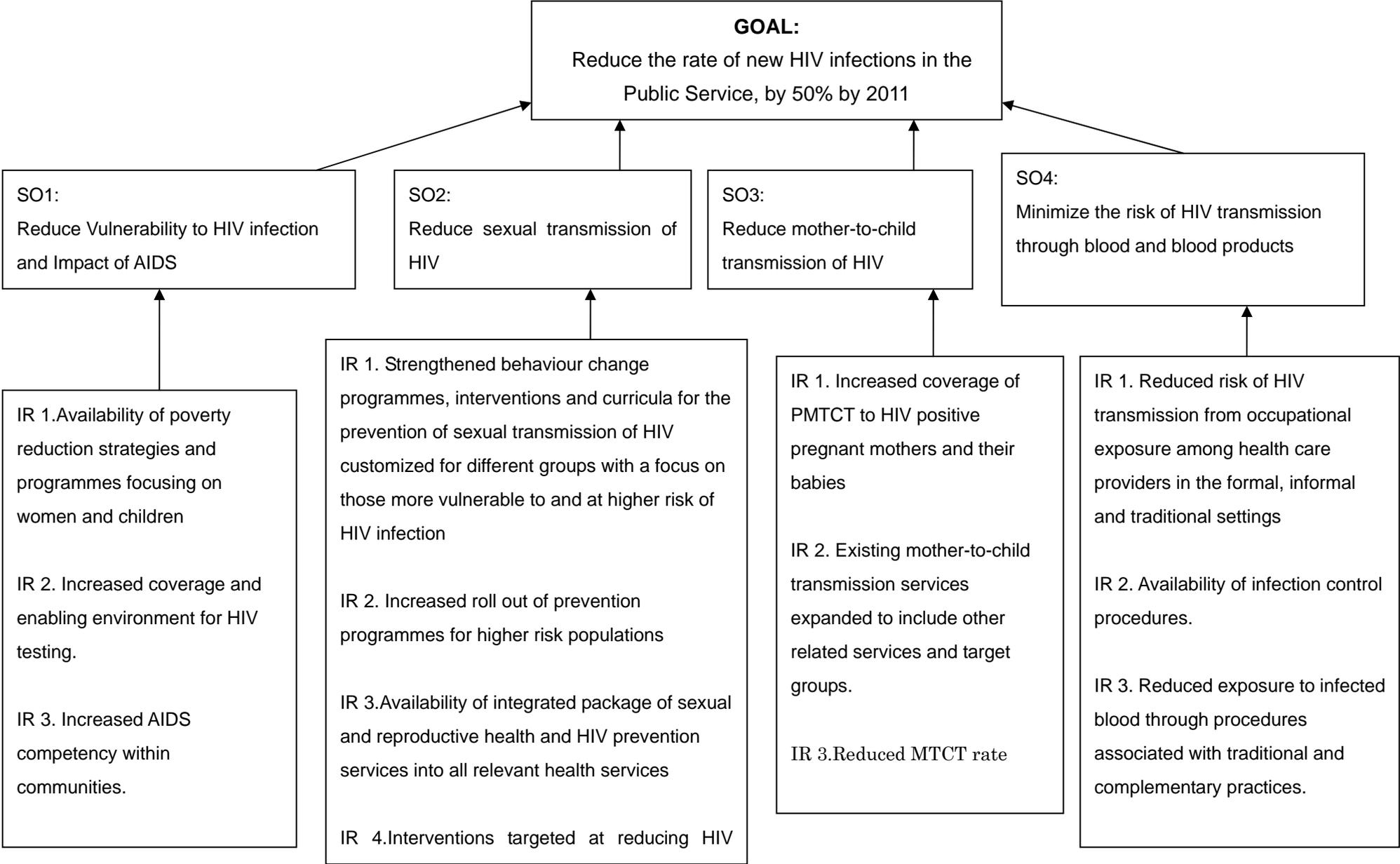
9. Develop and implement the M&E framework with appropriate indicators;
10. Support research in the development of new prevention technologies;
11. Create an enabling environment for research in support of the NSP;
12. Development and promotion of research on behavior change;
13. Develop and support a comprehensive research agenda including operations -, Behavioral research, epidemiological trials and other research for new technologies for prevention and care;
14. Conduct policy research; and
15. Conduct regular surveillance.

1.4.2.4. Key Priority Area 4: Human Rights and Access to Justice

Stigma and discrimination continue to present challenges in the management of HIV and AIDS. This priority area seeks to mainstream programmes to mitigate these fundamental human rights challenges. The four main goals of this priority area are to:-

16. Ensure public knowledge of and adherence to the existing legal and policy provisions;
17. Mobilize society, and build leadership of HIV positive people, to protect and promote human rights;
18. Identify and remove legal, policy and cultural barriers to effective HIV prevention, treatment and support; and
19. Focus on the human rights of women and girls, including those with disabilities, and mobilize society to stop gender-based violence and advanced equality in sexual relationships.

Figure 3: Results Framework- Prevention of HIV&AIDS



1.5. International and Regional Commitments

The Government of South Africa is a signatory to a variety of international and regional declarations and commitments that form the background of the national HIV and AIDS monitoring and evaluation system. In addition to this, the international community has mobilized significant resources to scaling-up efforts in South Africa. Some of these commitments focus on indicators for national reporting, such as the United Nations General Assembly Special Session on HIV and AIDS (UNGASS), Millennium Development Goals (MDGs), and WHO 3 by 5. These were integrated into the national list of indicators to ensure accurate and timely reporting to these particular commitments. Therefore the M&E plan is based on the NSP indicators listed under the four key priority areas, and the indicators related to UNGASS, MDG's and other commitments.

1.6 Interdepartmental Committee on HIV and AIDS (IDC)

The interdepartmental committee on HIV and AIDS was established in 1998 as a committee of HIV and AIDS Coordinators of 39 National departments. The IDC meets quarterly to coordinate information; capacity builds its members, plan and implement joint programmes, monitor departmental responses and advocate on HIV and AIDS issues. This committee is replicated at the provincial level. To facilitate linkages between national and provincial IDC's, representatives from the 9 provincial offices of the premier are invited to attend the national IDC meetings.

2. OBJECTIVE OF THE GOVERNMENT SECTOR M&E PLAN

In order to comply with the **Three Ones principles** (One National AIDS Coordinating Authority, One National HIV Strategic Plan, and one HIV&AIDS M&E System). In an effort to achieve the principle of HIV and AIDS M&E System, South Africa has developed the national M&E framework which is explicitly linked to the HIV and AIDS and STI National Strategic Plan (NSP) 2007-2011.

The Government Sector M&E plan is based on the national M&E framework for NSP 2007-2011. The purpose of this M&E plan is to establish an effective and coordinated Government Multi-Sectoral M&E response for HIV and AIDS. This is done to ensure that there is:

- Evidence based policies, plans and programmes;
- Systematic collection and use data to track progress and for informed decision making on the key interventions;
- Assess the impact by monitoring trends and explain changes in the levels of HIV and AIDS

prevalence over time;

- Define a list of core indicators that will enable tracking of progress in the most critical areas of the fight against HIV and AIDS;
- Develop a data collection strategy that will enable the measurement of the core indicators;
- Establish clear data flow channels between the different stakeholders in the fight against HIV and AIDS;
- Develop a strategy and mechanisms to ensure a correct dissemination of all critical information amongst all stakeholders, implementing agencies, beneficiaries and the general public;
- Clearly describe the role of each of the stakeholders in the monitoring and evaluation of HIV and AIDS programmes;
- Develop a plan for strengthening the capacity of all partners involved in the monitoring and evaluation of HIV and AIDS programmes.

3. STRUCTURE OF THE M&E PLAN

The Government Sector HIV&AIDS M&E Plan is divided into 3 Chapters in line with the World Bank recommendations:

Chapter 1 provides the background, an overview of the HIV and AIDS status and its response in South Africa. This Plan also provides the goals, vision, objectives and relevant policies and strategies for the Government Sector Multi-Sectoral HIV and AIDS M&E system. It also describes the national laws relating to data processing and the linkages to other M&E Plans at the agencies, programmes and projects levels.

Chapter 2 provides the logical framework for the National Strategic Plan (NSP 2007-2011) and defines the National HIV and AIDS and TB Monitoring and Evaluation System, including national HIV indicators, their definitions and protocols. It also presents data collection strategy including data collection tools and procedure, data sources, information products, reporting levels/data flow, and roles and responsibilities for the indicators which contribute the one National HIV M&E System.

Chapter 3 describes 'how the objectives of the M&E Plan will be measured. This will be done through the implementation of the 12 components of a functional M&E System.

3.1. Component of functional M&E System (12 components) described in Chapter 3

1. Organizational structures with M&E
2. Human capacity for M&E
3. M&E partnerships
4. M&E plan
5. Costed M&E work plan
6. HIV M&E advocacy, communications & culture
7. Surveys and surveillance
8. Routine programme monitoring
9. Supervision and data auditing
10. HIV database
11. HIV evaluation, research and learning
12. Data dissemination and use

4. RELEVANT POLICIES AND STRATEGIES

The development of the Government Sector M&E Plan for HIV and AIDS is aligned to the following policies and strategic documents:

- HIV&AIDS and STI Strategic Plan 2007-2011, which recognizes the establishment of an effective M&E system as a vital management tool.
- Monitoring and Evaluation Framework for HIV and AIDS and STIs NSP 2007 -2011 which specify the contribution of Sector-specific M&E units in monitoring and evaluation of the HIV and AIDS response, as well as the four interlinked levels at which M&E should be implemented.
- Government Wide Monitoring and Evaluation Policy Framework, November 2007
- The HIV and AIDS and TB Management Policy for Employee Health and Wellness Strategic Framework, 2008.

5. AUTHORITY OF GOVERNMENT SECTOR HIV and AIDS M&E PLAN

This M&E plan is developed based on the national M&E framework which is explicitly linked to the HIV and AIDS and STI National Strategic Plan (NSP) 2007-2011. All members of SANAC, stakeholders and communities had the opportunity to contribute to and to make recommendations. The Government Multi-Sectoral **M&E Forum** is established and has been coordinated by DPSA. This M&E Plan was drafted by **the M&E Plan Development Technical Working Group (TWG) coordinated by DPSA**. The TWG is responsible for the development of the national M&E Plan. This plan will be endorsed by SANAC.

This Government Multi-Sectoral HIV and AIDS **M&E Plan are** envisaged to guide the development of departmental and sectoral M&E Plans in the national response to HIV and AIDS. This is an effort towards the implementation of the national multi sectoral monitoring and evaluation plan for SA as indicated under the third principle of the “**Three Ones**”.

6. VISION OF THE M&E PLAN

6.1 Vision

To conduct effective, well-coordinated monitoring and evaluation in order to strengthen the government sector response to HIV and AIDS to accomplish two aims of the NSP which are;

1. to reduce the number of new HIV infections by 50% by 2011; and
2. to reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access appropriate treatment, care and support to 80% of all people diagnosed with HIV.

6.2 Guiding Principles-(Refer National M&E Framework)

- Result Oriented
- Participatory approach
- Integrated M&E systems
- Phased M&E Plan
- Essential and Strategic Indicators
- Interconnectedness
- Comparability
- Standardization
- Quality Assurance
- Transparency
- Reporting requirements
- Timeliness
- Dissemination
- Recognition of diversity

6.3. Performance goals

- 6.3.1 Ensure adequate skilled human resources at all levels of the **M&E** system in order to complete all activities defined in the costed, Government Multi-Sectoral **M&E** Plan
- 6.3.2 Establish and maintain an effective network of organizations responsible for M&E of HIV and AIDS at all levels.
- 6.3.3 Establish and maintain partnerships among stakeholders involved in planning and managing the Government Multi-Sectoral HIV **M&E** system.
- 6.3.4 Develop and maintain a Government Multi-Sectoral **M&E** Plan including identified data needs; national standardized indicators; data collection tools and procedures; and roles and responsibilities, in order to implement a functional Government Multi-Sectoral HIV **M&E** system.
- 6.3.5 A multi-partner and multi-year **M&E** workplan will be used as the basis for planning, prioritizing, costing, resource mobilization and funding of all HIV **M&E** activities.
- 6.3.6 Ensure knowledge of, and commitment to, the HIV **M&E** system among policy-makers, program managers, implementers, and other stakeholders.
- 6.3.7 Produce timely and high-quality data from surveys and surveillance.
- 6.3.8 Produce timely and high quality data from routine data management systems.
- 6.3.9 Monitor data quality periodically and address challenges associated with data quality (i.e. valid, reliable, complete, and timely data).
- 6.3.10 Develop and maintain Government Multi-Sectoral HIV databases that enable stakeholders to access relevant data for policy formulation, program management and improvement.
- 6.3.11 Identify key evaluation and research questions and coordinate studies to meet the identified needs.
- 6.3.12 Disseminate and utilize data from the **M&E** system to guide policy formulation and program planning and improvement.

7. NATIONAL LAWS RELATING TO DATA AND M&E

- The Statistic Act (no 6 of 1999)
- Constitution of the RSA, Act 108 of 1996
- Public Service Act, 1994 as amended and regulations

8. LINKAGE TO OTHER M&E SYSTEMS

The Government Multi-Sectoral HIV M&E system should be an integral part of the national M&E system with existing, new and other sectoral M&E systems in order to implement and uphold the NSP. A cost-effective M&E system, which uses existing data sources or information systems is recommended. The private sector and development partners should also demonstrate the commitment to monitoring and evaluation.

The programme monitoring (in-year monitoring), mid-term evaluation, five year evaluation and outcome evaluation should be closely linked and indicators that are logically connected (i.e. inputs, outputs and outcomes) should be used.

Methods and data collection tools should be harmonized across the country and common definitions of indicators should be used. Where proportions, rates or ratios are calculated, it is important to specify clearly the population denominators used. This requires all NSP indicators to have prescribed reporting format that include fields for specifying the actual numerators and denominators used.

It is important to establish and maintain an effective network of organizations responsible for HIV M&E at national, sub-national and service delivery levels within the government sector.

This M&E plan attempts to develop and strengthen a sustainable Government sector M&E system with support of all stakeholders and development partners. There is need to develop consensus on a set of core indicators and information management that take into account the national capacity and requirements of South African government.

CHAPTER 2

2. MONITORING AND EVALUATION-

2.1. DEFINITIONS AND CONCEPTS

Monitoring and Evaluation is a management tool that is built around a formal process for monitoring and evaluating performance using indicators that help respectively measure progress toward achieving intermediate targets or ultimate objectives and goals, and assess relevance, efficiency, effectiveness and impact. The purpose of monitoring and evaluation is to improve the HIV and AIDS programmes and the infrastructure for delivering them and to guide the allocation of resources in current and future programmes. Monitoring systems comprise procedural arrangements for data management (collection, collation, analysis) and reporting. Evaluation is a process that consists of various components which are adapted to the circumstances.

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.

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).

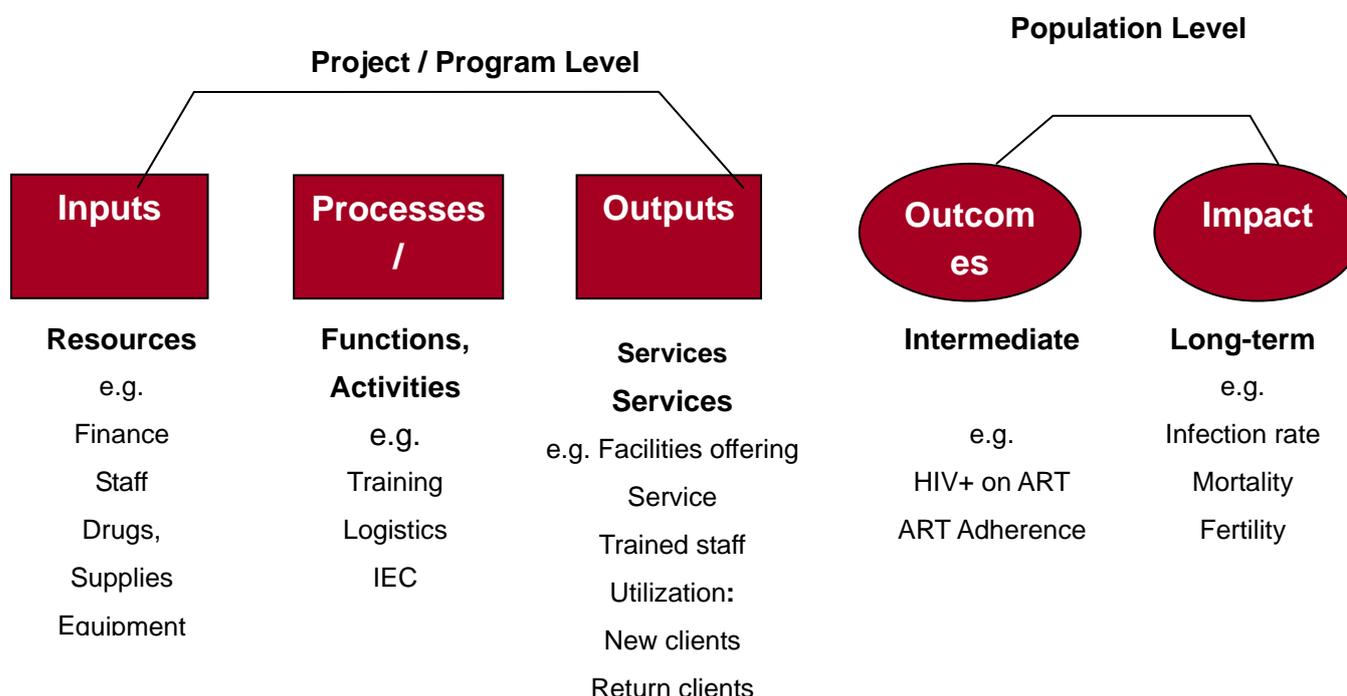
An indicator is a statement that describes the level of performance achieved in relation to a set of aims and/or objectives. An indicator provides evidence that a certain condition exists or certain results have or have not been achieved.

There are four levels of indicators (inputs, outputs, outcomes and impacts), as described below:

- **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** 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** 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** 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.

2.1.1. Figure 4 – Result-based framework for Monitoring and Evaluation



2.1.2. The M&E of National HIV&AIDS response comprises four inter-related elements as shown schematically in Figure 4.

- Monitoring the epidemic, focusing on HIV incidence, prevalence, morbidity and mortality
- Monitoring the proximate determinants of the epidemic
- Monitoring the implementation of the NSP focusing on the inputs, outputs and intermediate outcomes of the four priority areas
- Conducting process, outcomes and impact evaluations of the NSP

Figure 5: Elements of the comprehensive M&E framework (*National M&E framework*)



2.2. ORGANISATION OF THE NATIONAL INDICATORS

Conceptually, the framework of the M&E system is structured to include Impact, Outcome, Output, Process and Input assessments. The Government sector M&E system will monitor impact, outcome and some output while the programmatic monitoring will include some outcome, process and input monitoring. For purposes of the national M&E system, the outcome assessment is structured along the four key performance/ strategic result areas of the NSP :

- i. Prevention
- ii. Treatment ,Care and Support
- iii. Research, Monitoring and Surveillance
- iv. Access to Justice and Human Rights

2.3. SUMMARY OF THE GOVERNMENT SECTOR INDICATORS

TABLE 1: Core Indicators for Monitoring the Epidemic

1. Prevalence						
Ref . No	Indicator definition	What to collect	Level	Data Source	Data reporting frequency	Institution Responsible
1.1	Percentage of new and old HIV infected pregnant women aged 15-24 and 25-49 years attending antenatal clinic (ANC)	<p>Numerator</p> <p>1.Total number of new and old HIV infected pregnant women aged 15-24 years attending ANC during a specific period</p> <p>2. Total number of new and old HIV infected pregnant women aged 25-49 years attending ANC during a specific period</p> <p>Denominator</p> <p>Total number of all pregnant women aged 15-24 and 25-49 respectively attending ANC during a specific reporting period</p>	Outcome/Impact	Annual ANC seroprevalence report	Annual	DOH GEMS
1.2.	Percentage of new and old HIV infection in men and women 15-24 and 25-49 years (population-based) out of a total target population	<p>Numerator</p> <p>1.Total number of new and old HIV infected men and women aged 15-24 years</p> <p>2. Total number of new and old HIV infected men and women aged 25-49 years</p>	Outcome/Impact	Household survey reports	Annual	HSRC;MRC;CARE All departments

		Denominator Total number of all men and women population				
2. Incidence						
2.1.	Percentage of new HIV infected women age 15-24 and 25-49 years attending ANC, out of the total women attending ANC	Numerator 1.Total number of new and old HIV infected pregnant women aged 15-24 years attending ANC during a specific period 2. Total number of HIV infected pregnant women aged 25-49 years attending ANC during a specific period Denominator Total number of all pregnant women aged 15-24 and 25-49 respectively attending ANC during a specific reporting period	Outcome/Impact	ANC Survey report	Annual	DOH
2.2.	Percentage of new HIV infected men and women age 15-24 and 25-49 years out of the total men and women population	Numerator 1.Total number of new HIV infected men and women aged 15-24 years 2. Total number of new HIV infected men and women aged 25-49	Outcome/Impact	Household survey	Annual	HSRC;MRC;CARE All departments

		Denominator Total number of men and women population				
2.3.	Percentage of HIV infected babies infected by HIV positive mothers	Numerator Number of new HIV infected babies infected by HIV positive mothers Denominator Total babies born	Outcome/Impact	DHIS/ Programme monitoring report	Annual	DOH GEMS
2.4.	Percentage of new HIV infected most at risk (MRP) men and women aged 15-24 and 25-49 years out of total at risk population (IDU's, Alcohol and drug-abuse, CSW etc.)			Household survey	Annual	HSRC;MRC;CARE All departments
3.Number in need of ART						
3.1.	Total number of patients eligible for ARV treatment	Numerator Total number of HIV positive patients eligible for ART Denominator Total HIV positive patients/clients	Output	DHIS/ Programme Monitoring report	Annual	DOH;MRC;CARE GEMS
4. Mortality						
4.1.	The probability of a 15 year old dying before age 60 (45q15)	-	Outcome/Impact	Life table calculation report	Annual	Stats SA;DOH;MRC

4.2.	Number of children who die before age 5 years out of the total children under 5 years	Numerator Number of children who die before the age of 5 years Denominator Total children under five	Outcome/Impact	Progress reports	Annual	Stats SA; DOH;MRC; CArE
5. Orphans						
5.1.	Number of maternal orphans under the age of 18 years	Numerator Number of children under the age of 18 who lost their mothers Denominator Total number of orphans in the population	Outcome/Impact	Progress report	Annual	Stats SA; DOH;MRC
6. Resistance						
6.1.	Number of ART spontaneous adverse events (ADE) reports received for ARV, out of total reports	Numerator Number of ART spontaneous adverse events(ADE) reports received for ART Denominator Total ART reports received	Output	Pharmacovigilance surveillance	Annual	NHLS;DOH
6.2.	Specific mortality rates attributable to specific drugs	? To be discussed with pharmacovigilance centre	Output	Pharmacovigilance surveillance	Annual	NHLS;DOH

6.3.	Discontinuation of ART rate	? To be discussed with pharmacovigilance centre	Output	Pharmacovigilance surveillance	Annual	NHLS;DOH
6.4.	Adherence to treatment rate	? To be discussed with pharmacovigilance centre	Output	Pharmacovigilance surveillance	Annual	NHLS;DOH

TABLE 2. PRIORITY AREA 1: PREVENTION INDICATORS

Goal 1: Reduce Vulnerability to HIV infection and impact of AIDS

Ref . No	Indicator definition	What to collect	Level	Data Source	Data reporting frequency	Institution Responsible
1.1.1	Current school attendance among orphans and among non-orphans aged 10-14	<p>Numerator: Number of orphans and non-orphans aged 10-14 years currently attending school</p> <p>Total number of children aged 10-14 years in the population</p>	Outcome	Household survey	Annual	Stats SA;
1.1.2	Number of women and men aged 15-49 who received an HIV test I the last 12 months and who know their results	<p>Numerator: Number of women and men aged 15-49 who received an HIV test I the last 12 months and who know their results</p> <p>Denominator Total number of women and men aged 15-49</p>	Outcome	Behavioural survey	Annual	HSRC;DOH
1.1.3.	Number of health and non-health facilities providing HIV testing	<p>Numerator Number of health and non-health facilities providing HIV testing</p> <p>Denominator:</p>	Input	Progress reports	Quarterly	All departments

		Total Number of health and non-health facilities				
1.1.4.	Number of Campaigns aimed at promoting HIV testing and disclosure	Numerator: Number of Campaigns aimed at promoting HIV testing and disclosure Denominator: Total number of Campaigns	Output	Progress reports	Quarterly	All departments
Goal 2: Reduce sexual transmission of HIV						
1.2.1	Teenage pregnancy rate among learners	Numerator: Number of teenage pregnant learners Denominator: Total number of teenage learners	Outcome	School Admin Data	Annual	DOE
1.2.2.	Percentage of Schools that provides life skills based HIV education in the last academic year	Numerator: Number of Schools that provides life skills based HIV education in the last academic year Denominator: Total number of schools	Output	School admin data	Quarterly	DOE
1.2.3.	Proportion of priority schools	Numerator::	Output	School admin	Quarterly	DOE

	implementing customized interventions targeted at reducing HIV infection in young people	Number of priority schools implementing customized interventions targeted at reducing HIV infection in young people Denominator: Total number of priority school		data		
1.2.4.	Number of schools identified as nodes of safety and care	Numerator: Number of schools identified as nodes of safety Denominator: N/A	Output	School admin data	Annual	DOE
1.2.5.	Number of Higher Education Institutions providing comprehensive HIV prevention including (IEC, VCT, PEP, Condoms, STI treatment and TB screening)	Numerator: Number of Higher Education Institutions providing comprehensive HIV prevention including (IEC, VCT, PEP, Condoms, STI treatment and TB screening) Denominator: N/A	Output	Progress report	Quarterly	DOE
1.2.6.	Proportion of facilities with youth friendly services	Numerator: Number of facilities with youth friendly services Denominator: Total number of facilities	Output	Facility survey report	Annual	DOH
1.2.7.	Genital Ulcers or genital discharge in the last 12 months	Number of males and females aged 15-49yrs who experience genital ulcers or genital discharge in the last 12 months Denominator:	Output	Behavioral survey	Annual	DOH

		Total population 15-49 years				
Goal 3: Reduce Mother to child trans mission						
Ref . No	Indicator	What to collect	Level	Data Source	Data reporting frequency	Institution Responsible
1.3.1.	Percentage of infants born to HIV positive mothers who are infected	Numerator: Number of infants born to HIV positive mothers, who are infected Denominator: Total number of infants born to HIV positive mothers	Outcome	Programme monitoring, GEMS reports	quarterly	DOH GEMS
1.3.2.	PCR testing	Numerator: Number of PCR-testing of infants Denominator: N/A	Output	Programme monitoring	Annual	NHLS,DOH GEMS
1.3.3.	Proportion of pregnant women counselled and tested	Numerator: Number of pregnant women counselled and tested for HIV Total number of pregnant women	Output	DHIS GEMS records	Quarterly	DOH GEMS
1.3.4.	Proportion of HIV positive pregnant women receiving PMTCT prophylaxis	Numerator: Number of HIV positive pregnant women receiving PMTCT	Output	DHIS GEMS records	Quarterly	DOH GEMS

		Denominator: Total number of HIV positive pregnant women				
1.3.5.	Proportion of babies exposed to HIV positive pregnant women receiving PMTCT prophylaxis	Numerator: Number of babies exposed to HIV positive pregnant women receiving PMTCT prophylaxis Denominator: Total number of babies exposed to HIV positive pregnant women	Output	DHIS GEMS records	Quarterly	DOH GEMS
1.3.6	Proportion of HIV positive pregnant and post-delivery women receiving counseling on infant feeding	Numerator: Number of HIV positive pregnant and post-delivery women receiving counseling on infant feeding Denominator: Total number of HIV positive pregnant and post-delivery women	Outcome	DHIS GEMS records	Quarterly	DOH GEMS
1.3.7.	Proportion of HIV positive pregnant women referred for and receiving CD4 count testing	Numerator: Number of HIV positive pregnant women referred for and receiving CD4 count testing Denominator:	Output	DHIS GEMS records	Quarterly	DOH? NHLS GEMS

		Total number of HIV positive pregnant women				
1.3.8.	Proportion of HIV positive pregnant women with CD4 count below 200 placed on ART	Numerator: Number of HIV positive pregnant women with CD4 count below 200 placed on ART Denominator: Total number of HIV positive pregnant women with CD4 count below 200	Output	DHIS GEMS records	Quarterly	DOH GEMS

Goal 4: Minimize the risk of HIV transmission through blood and blood products

1.4.1.	Percentage of donated blood units screened for HIV in a quality assured manner	Numerator: Number of donated blood units screened for HIV in a quality assured manner Denominator: Total number of donated blood units screened for HIV	Output	Blood service admin data	Quarterly	DOH? SABS
--------	--	--	--------	-----------------------------	-----------	--------------

TABLE 3: PRIORITY AREA 2- TREATMENT, CARE AND SUPPORT INDICATORS

Goal 5: : Increase the coverage of voluntary counseling and testing and promote regular HIV testing						
Ref . No	Indicator	What to collect	Level	Data Source	Data reporting frequency	Institution Responsible
2.5.1.	Proportion of well adults (15-49 yrs) who chose to test (excluding insurance) in the previous year and received results	<p>Numerator: Number of well adults (15-49 yrs) who chose to test (excluding insurance) in the previous year and received results</p> <p>Denominator: Total number of adults (15-49 yrs) in the population</p>	Outcome	Population Survey report Programme monitoring	3-5yrs Quarterly	HSRC DOH All
2.5.2.	Proportion of persons receiving TB/STI treatment and sexual&reproductive health care (SRH), who have been tested for HIV (<i>adapted from NSP framework</i>)	<p>Numerator: Number of new persons receiving TB/STI treatment and sexual &reproductive health care(SRH), who have been tested for HIV</p> <p>Denominator: Total number of new persons receiving</p>	Output	Programme monitoring	Quarterly	All departments

		TB/STI treatment and sexual & reproductive health care (SRH)				
2.5.3.	Proportion of HIV positive persons receiving TB/STI treatment who have been tested for CD4 count (<i>adapted from NSP framework</i>)	Numerator: Number of HIV positive persons receiving TB/STI treatment and SRH who have been tested for CD4 count Denominator Total number of HIV positive persons receiving TB/STI treatment and SRH	Outcome	Programme monitoring	Quarterly	All GEMS
Goal 6: Enabling people living with HIV and AIDS to lead healthy and productive lives						
2.6.1.	Proportion of HIV positive children, men and women with advanced HIV infection, receiving antiretroviral combination therapy (HAART) relative to projected new Stage IV	Numerator: Number of HIV positive children, men and women with advanced HIV infection, receiving antiretroviral combination therapy (HAART) relative to projected new Stage IV Denominator: Total number of HIV positive children, men and women with advanced HIV infection.	Output	GEMS records Programme monitoring	Annually	GEMS DOH
2.6.2.	Proportion of Government establishments OR	Numerator: Number of Government establishments OR	Output	Programme monitoring	Quarterly	DOH DSD

	Home-Community-based care programs,that offer food and nutrition support to eligible HIV positive households	Home-Community-based care programs, that offer food and nutrition support to eligible HIV positive households Denominator: Total number of Government establishments OR Home-Community-based care programmes				Other departments...
--	--	---	--	--	--	----------------------

Goal 7:Address special needs of pregnant women and children- incorporated under PMTCT-(priority area 1)

Goal 8: Mitigate the impact of HIV&AIDS and create an enabling environment

2.8.1.	Percentage of eligible children receiving Conditional Social Grant (CSG)	Numerator: Number of HIV-infected eligible children receiving CSG Denominator: Total number of HIV-infected eligible children	Outcome	DSD Social pension database	Quarterly	DSD
2.8.2.	Percentage of provinces with reports on national action plans on OVC's	Numerator: Number of provinces with reports on national action plans on OVC's Denominator: Total number of provinces	Output	Programme monitoring	Quarterly	DSD

2.8.3.	Number of children receiving food-support through Primary School Nutrition Programme	Numerator: Number of children receiving food-support through Primary School Nutrition Programme Denominator/A	Output	Programme monitoring	Quarterly	DOE
2.8.4	Ratio of Social Workers and Auxiliary Social Workers to general population relative to the norm	Numerator: Number of Social Workers and Auxiliary Social Workers to general population Denominator: Total population	Input	DSD-HR database	Annual	DSD
2.8.5	Proportion of OVCs receiving food support through Primary School Nutrition Programme	Numerator: Number of OVCs receiving food support through Primary School Nutrition Programme Denominator: Total number of learners <u>receiving food support through Primary School Nutrition Programme (to be discussed)</u>	Output	Programme monitoring	Quarterly	DOE

TABLE 4 : PRIORITY AREA 3-MONITORING,SURVEILLANCE AND RESEARCH INDICATORS

Goal 9 : Develop and implement appropriate Monitoring and Evaluation framework for appropriate indicators

Ref . No	Indicator	What to collect	Level	Data Source	Data reporting frequency	Institution Responsible
3.9.1	Proportion of departmental budget allocated for M&E of NSP	Numerator: Amount of budget allocated for M&E of NSP Denominator Total departmental budget	Input	Budget review	Annual	All
3.9.2	Proportion of budget for M&E of NSP spent in the last financial year	Numerator: Amount of Budget spent on M&E of NSP Denominator Total amount budgeted for M&E of NSP	Input	Budget review	Annual	All
3.9.3	Proportion of departments with dedicated HIV&AIDS M&E focal person	Numerator: Number of departments with dedicated HIV&AIDS M&E focal persons Total number of Departments	Input	Budget review	Annual	All
3.9.4	Number of department reporting on NSP activities to SANAC	Numerator: Number of department reporting on NSP activities to SANAC	Output	Programme monitoring	Quarterly	All

		Denominator: Total number of departments				
3.9.5.	Number of staff trained on data management	Numerator: Number of staff trained on data management Denominator: N/	Output	Programme monitoring	Quarterly	All

Goal 13: Develop and support comprehensive research agenda including operations research, behavioral research, epidemiological trials and other research for new technologies for prevention and care

3.13.1	Total number of doctoral and masters students specializing in HIV&AIDS and STI research-enrolled	Numerator: Total number of doctoral and masters students specializing in HIV&AIDS and STI research-enrolled Total number of doctoral and masters students research-enrolled	Output	Programme Monitoring	Annual	DST HEI DOE
3.13.2	Total number of doctoral and masters students specializing in HIV&AIDS and STI research-qualified	Numerator: Total number of doctoral and masters students specializing in HIV&AIDS and STI research-qualified Denominator: Total number of doctoral and masters students specializing in HIV&AIDS and STI research-enrolled	Output	Programme Monitoring	Annual	DST HEI DOE

3.13.3	Amount budgeted for NSP research	Numerator: Amount budgeted for NSP research Denominator:N/A	Output	Programme Monitoring	Annual	All DST
3.13.4	Number of departments who have commissioned NSP research projects in the last 12 months	Numerator: Number of departments who supporting or commissioned NSP research projects in the last 12 months Denominator: Total number of departments	Output	Programme Monitoring	Annual	All DST

TABLE 5: PRIORITY AREA 4- HUMAN RIGHTS AND ACCESS TO JUSTICE INDICATORS

Goal 16: Ensure public knowledge of and adherence to legal and policy provisions						
Ref . No	Indicator	What to collect	Level	Data Source	Data reporting frequency	Institution Responsible
4.16.1.	Percentage of workplaces and government departments who have formulated and implemented HIV and AIDS policies to reduce stigma and discrimination	Numerator: Number of workplaces and government departments who have formulated and implemented HIV and AIDS policies to reduce stigma and discrimination Denominator: Total number of workplaces and government departments	Output	Programme monitoring reports	Quarterly	All
4.16.2	Budget and expenditure on workplace programmes	Numerator: Budget and expenditure on workplace programmes implemented HIV and AIDS policies to reduce stigma and discrimination Denominator: N/A	Output	Programme monitoring reports	Quarterly	All
4.16.3	Proportion of births registered during the last 12 months	Numerator: Number of births registered during the last 12 months	Process	Birth registration database	Annual	DOHA Stat SA

		Denominator: Total number of births during the last 12 months				
4.16.4	Number of schools that have access to guidelines on the rights of children	Numerator: Number of schools that have access to guidelines on the rights of children	Process	School admin report	Quarterly	DOE
4.16.5	Percentage of people working in facilities/institution who : (a) fear contact with non-bodily fluids of patients with HIV and AIDS or (b) fear providing invasive medical care to patients/clients with HIV and AIDS	Numerator: Number of people working in facilities/institution who : (a) fear contact with non-bodily fluids of patients with HIV and AIDS or (b) fear providing invasive medical care to patients/clients with HIV and AIDS Denominator: Total number of people working in institutions /facilities	Outcome	Customized survey report	Annual	DOH; SAPS;DCS
4.16.6.	Number of legal support services for PLHIV	Numerator: Number of legal support services for PLHIV Denominator: N/A	Outcome	DOJ programme monitoring Annual survey	Annual	DOJ DOH

Goal 17: Mobilize society to build leadership of people living with HIV&AIDS

4.17.1.	Number of national and community campaigns to reduce HIV stigma and discrimination	Numerator: Number of national and community campaigns to reduce HIV stigma and discrimination Denominator: Total number of national and community campaigns	Output	Programme monitoring reports	Quarterly	All
4.17.2	Percentage of people who report they would experience shame or loss of self esteem perception- if they or family member is infected with HIV	Numerator: Number of people who report they would experience shame or loss of self esteem perception- if they or family member is infected with HIV Denominator: Total number of people who report their family member infected with HIV	Outcome	Behavioral survey report	Annual	HSRC,DOH
4.17.3.	Percentage of PLHIV who have tested for HIV and have disclosed their status to their primary sexual partner	Numerator: Number of PLHIV who have tested for HIV and have disclosed their status to their primary sexual partner	Outcome	Survey report among PLHIV	Annual	All

		Denominator: Total number of PLHIV				
4.17.4	Percentage of PLHIV that reported that they experienced unfair discrimination due to their HIV status	Numerator: Number of PLHIV that reported that they experienced unfair discrimination due to their HIV status Denominator: Total number of PLHIV	Outcome	Survey report among PLHIV	Annual	DOJ;DOL; DPSA
4.17.5	Percentage of PLHIV who disclosed their status and are active in campaigns around HIV&AIDS mitigation	Numerator: Number of PLHIV who disclosed their status and are active in campaigns around HIV&AIDS mitigation Denominator: Total number of PLHIV	Outcome	Survey report among PLHIV	Annual	DPSA;DOL; DOH
4.17.6	Number of relevant SAPS trained on national sexual assault policy	Numerator: Number of relevant SAPS trained on national sexual assault policy Denominator: N/A	input	Progress report	Quarterly	DOJ;SAPS

Goal 19: Focus on human rights of women and children, including people with disabilities, and mobilize society to promote gender and sexual equality and address gender-based violence

4.19.1	Number of people accessing legal and social support services targeted at women and children, and victims of sexual violence	Numerator: Number of people accessing legal and social support services targeted at women and children, and victims of sexual violence Denominator: N/A	Outcome	Progress reports	Quarterly	DOJ
4.19.2	Number of women and children reporting gender-based violence to the police in the last year	Numerator: Number of women and children reporting gender-based violence to the police in the last year Denominator: N/A	Outcome	Progress report	Annual	DOJ;SAPS
4.19.3	Number of legal and social support services for women, care-givers and victims of sexual violence	Numerator: Number of legal and social support services for women, care-givers and victims of sexual violence Denominator: N/A	Output	Programme monitoring report	Annual	All

N.B The following department will be consulted to finalize or re-visit these indicators and their definitions:

- Prevention- HSRC
- Care and Support- NHLS; Pharmacovigilance Center(s);GEMS
- Monitoring, Research and Surveillance – DST and Treasury
- Legal and Human rights- DOJ;SAPS;DPLG and STAT SA

CHAPTER 3

3. *IMPLEMENTATION OF THE M&E PLAN*

12 components is an ORGANISING FRAMEWORK in all aspects of the HIV M&E system. All partners, including UNAIDS, the US government, the Global Fund and others have agreed on and it was approved at a Global M&E reference group (Global MERG) by all partners in 2006.

The implementation of the government sector HIV&AIDS M&E plan will thus be underpinned by the 12 components in an effort to coordinate an effective M&E system within government. The Government Wide M&E (GWM&E) Framework has led to several M&E system initiatives which address most of the components, as a result departments should align their HIV&AIDS M&E initiative to existing GWM&E system components, identifying and strengthening these for the M&E of HIV&AIDS response.

3.1. *Organizational Structure*

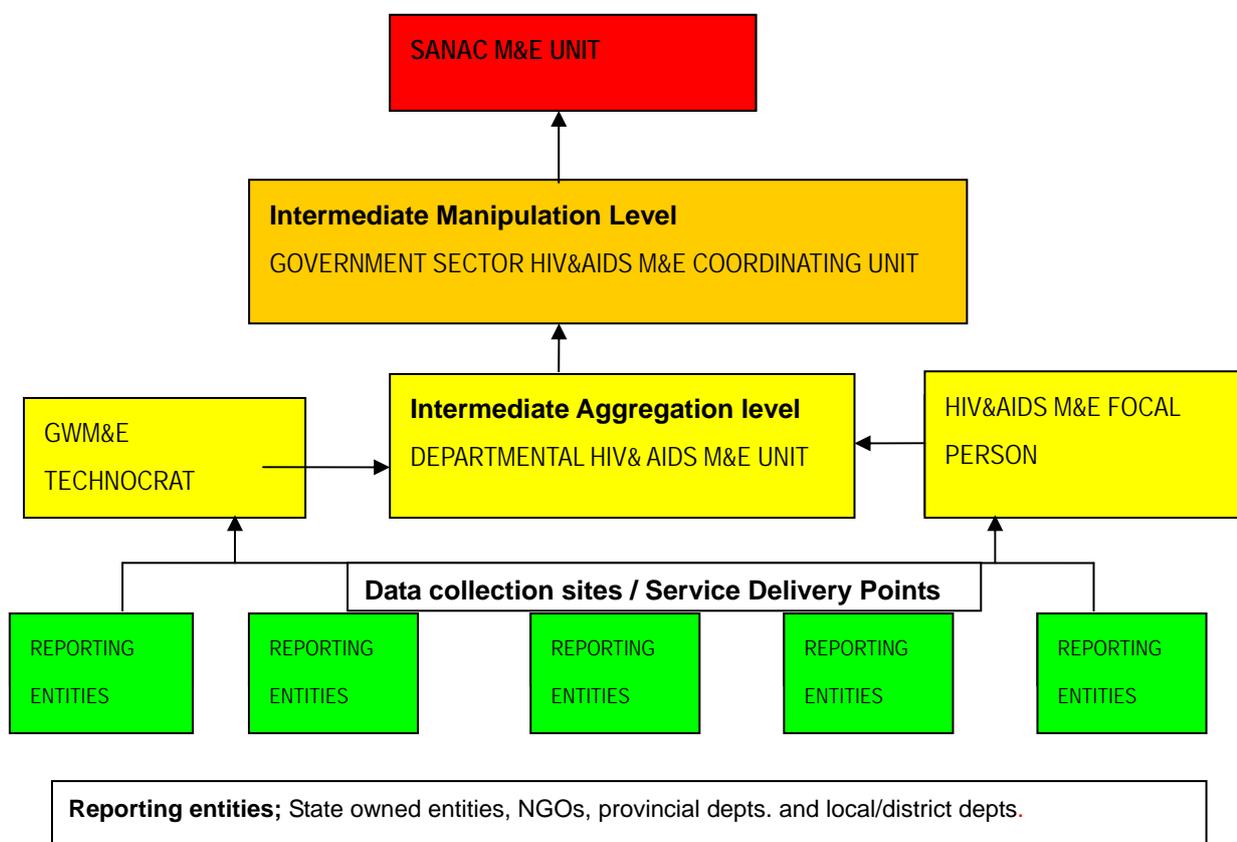
The aim of this M&E plan is not to develop new or parallel structures, but to strengthen and adapt existing structures for effective HIV&AIDS M&E activities within government sector.

i. Human resource

Implementing organizations are expected to appoint or assign M&E focal persons for NSP implementation. The role of the appointed/assigned M&E focal person in each department should be closely aligned to that of the existing GWM&E technocrats in his/her department. The key role of the focal person would be:

- Identify key person for GWM&E in his/her organization
- In association with GWM&E officer plan and implement HIV&AIDS related data-management and flow between the organization/department and Government Sectors HIV&AIDS M&E Coordinating Unit
- Facilitate introduction of NSP data collection templates as agreed upon by Government sector for the purpose of reporting to SANAC.
- Implement good quality record keeping in partnership with the GWM&E officials
- Compile monthly summary records on departmental HIV &AIDS response
- Adhere to timelines on data reporting requirements
- Participate in all HIV&AIDS M&E related trainings and activities
-

ii. The organizational structure for the M&E of HIV and AIDS



3.2. Human Capacity for M&E

- Essential competencies required for M&E are stated in National HIV and AIDS M&E Framework. Training plan will be developed based on the outcomes of the M&E readiness assessment done by Government Sector using the MESST Check lists¹, inputs from focal persons and any other relevant training needs.
- The M&E focal person for NSP implementation should have competent data management and reporting skills, supported by the GWM&E technocrat within the organization. The supporting mechanism of supervision, in-service training and mentoring will be developed, planned and exercised.

¹ MESST Check lists -The M&E Systems Strengthening Tool can be used at the national level, within groups of projects, and within individual projects or organizations that are seeking to assess M&E data collection and reporting systems, and to implement action plans for strengthening M&E.(World Bank:2007)

- Orientation workshops on the Government sector HIV&AIDS M&E plan will be conducted from the second quarter of the current financial year. The target group will be departmental HIV&AIDS M&E focal persons and their corresponding GWM&E technocrats.
- Limited number of HIV&AIDS M&E focal persons and managers will further be accommodated in the regional HIV&AIDS M&E training for SADC countries which will be held in the third quarter.
- The ongoing support to the HIV&AIDS M&E focal people on practical reporting requirements for SANAC will be provided by the Government Sector HIV&AIDS M&E Coordinating Unit
- It is envisaged that PALAMA will develop or adapt their M&E curriculum accordingly to ensure ongoing professional development for the HIV&AIDS M&E focal persons

3.3. M&E partnership

- Government sector HIV&AIDS M&E forum comprising of M&E and HIV&AIDS representatives from all government departments will be convened quarterly to review progress, identify further learning needs and share lessons learned during the early stages of the implementation of this plan.
- Partnerships need to be strengthened at various levels of the implementation of this M&E plan among identified stakeholders under government sector.
- At organizational level between HIV&AIDS M&E focal persons, HIV&AIDS programme managers, HIV&AIDS wellness (Workplace) officers and organizational GWM&E officers to discuss the M&E of HIV&AIDS response, database management and reporting mechanisms
- At the Government sector M&E coordination level between DPSA, Treasury, DPLG, PALAMA, University of Pretoria and GWM&E Unit in Presidency.
- IDC (Inter-departmental Committee on HIV and AIDS) will be convened quarterly to review progress of government sector HIV and AIDS M&E activities.
- Partnerships need to be strengthened at various levels of the implementation of this M&E plan among identified stakeholders outside of government sector, such as CARE, HSRC and SAMEA

3.4. M&E plan

- Broad-based government departments have participated in developing Government Sector Multi-Sectoral M&E Plan for HIV and AIDS
- Government Sector Multi-Sectoral HIV M&E Plan will be regularly updated to make adjustments in data collection needs associated with revisions of the NSP, and to strengthen M&E system performance based on periodic M&E assessments.
- Review will be conducted with the participation of all stakeholders.

3.5. Costed M&E work plan

For the government sector HIV and AIDS M&E plan to be operationalised, an annual costed HIV&AIDS M&E work plan needs to be developed that describes the priority M&E activities in the government sector for the year with defined responsibilities for implementation, costs for each activity, identified funding, and a clear timeline for delivery of outputs.

- Government sector HIV and AIDS M&E work plan explicitly links to the government Medium Term Expenditure Framework (MTEF) budgets of the SANAC.
- All relevant stakeholders develop, review, update and endorse the HIV&AIDS M&E work plan annually based on performance monitoring.

3.6. Advocacy, communication and culture

It is important to create a supportive M&E culture, and to promote effective and efficient service delivery through M&E activities. The importance of M&E and mechanisms to sustain HIV&AIDS M&E system are explicitly stated in NSP and the National HIV and AIDS M&E Framework.

- Government Sector HIV and AIDS M&E communication and advocacy plan will be developed with tailored messages for different audiences, including the general public.
- Government Sector HIV and AIDS M&E communication and advocacy plan should be part of the country's national HIV communication strategy to ensure that M&E is being mainstreamed into all SANAC functions.
- HIV and AIDS M&E advocacy activities, such as developing and disseminating M&E materials that target different audiences and support data sharing and use,

will be implemented according to the Government Sector HIV/AIDS M&E advocacy plan.

- Presidency is a champion in the area of M&E activities in the South Africa and he should actively endorsing and supporting a transparent environment for M&E activities including those for HIV and AIDS.

3.7. Surveys and surveillance

Biological and behavioral surveillance and surveys are essential to determine the drivers and the spread of the HIV epidemic in the country. HIV surveillance and HIV surveys may focus on the general population, most-at-risk populations or both.

- Protocols and data collection tools for all surveys and surveillance based on international standards and indicator requirement will be established and reviewed.
- Inventory of HIV and AIDS related surveys and surveillance within the government sector will be conducted with support from department of Science and Technology (DST)
- Specified schedule for data collection should be linked to stakeholders' needs, including identification of resources for implementation.
- The followings are types of some surveys to be conducted; and roles and responsibilities of the concerned department for the surveys should be identified;
 - survey capturing knowledge and attitudes of the general population
 - school survey on HIV education and students' knowledge
 - work place survey on HIV policies and services
 - survey of the quality of HIV services delivered at health facilities
 - survey on the availability of condoms or other HIV prevention commodities
 - AIDS impact mitigation survey and others specified in the NSP M&E framework.

3.8. Routine monitoring

i. Data collection

- Comprehensive and good quality data that will be used to guide decision-making at all levels, and routine data needs to be made available in a timely fashion.
- The data should include the four priority areas of NSP and other NSP domains that are being monitored (epidemic, and proximate determinants) where required.

- Data collection mechanism from the government departments will be designed to gather and compile the data. to monitor the HIV/AIDS services delivery and HIV and AIDS response in the government sector.
- The Government Sector HIV&AIDS M&E coordinating unit will coordinate the routine data collection activities among the departments; to facilitate the departments to identify all existing data sources, and appropriate links.

ii. Data flow

Government sector HIV&AIDS M&E Coordinating Unit will coordinate the routine data collection activities among the departments; to assist the departments to:

- identify all existing data sources,
- identify the duplication or oversight of data collection,
- modify data collection tools when necessarily to align to NSP and other reporting requirements

Data will flow from the reporting entities, to individual departments or provinces, which will in turn submit reports to the Government Sector HIV&AIDS M&E Coordinating Unit, for submission to SANAC.(see organizational structure in 3.1.1.above)

iii. Reporting requirements and data sources

Reporting from government department to the Government sector HIV&AIDS M&E coordinating unit will be compiled as outlined in Chapter 2- Summary of indicators(which describes indicator definitions, data sources, frequency of reporting and institutional responsibilities).

- While most of the indicators are to be reported annually to SANAC, the Government sector HIV&AIDS M&E coordinating will collect quarterly reports from departments.
- Departments are expected to collect and submit data within 21 days after the end of each quarter.
- The Government Sector HIV and AIDS M&E Coordinating Unit will consolidate data for SANAC reporting.
- The Government Sector HIV and AIDS M&E Coordinating Unit will facilitate the periodical review in terms of overall workload of the reporting entities so that data collection will not be the hindrance to service delivery or programme implementation.

3.9. Supervision and data auditing

Supportive supervision refers to overseeing and directing the performance of others and transferring the knowledge, attitudes, and skills that are essential for successful M&E of HIV activities.

Data auditing is the process of verifying the completeness and accuracy of reported aggregate HIV programme data. This typically requires field visits to organizations that reported the data in order to check these data against client or other individual records.

The following activities will be in place to implement supervision and data auditing;

- Guidelines for supervising routine data collection at facility- and community-based HIV service delivery levels will be developed to define minimum requirements for data auditing and supervision.
- Routine supervision visits, including data assessments and feedback to local staff will be conducted by the HIV&AIDS M&E focal person in individual departments. The focal person should provide supportive supervision to the reporting entities and using this as a mechanism to strengthen local M&E capacity.
- Periodic data quality audits will be conducted by HIV and AIDS M&E focal person and GWM&E technocrats in the department. Data auditing requires that indicator protocols as well as protocols for data quality audits be developed.
- Supervision reports and audit reports will be produced and shared with the stakeholders at facility, community-based and departmental HIV and AIDS service delivery levels
- The Coordinating Unit for the Government sector HIV and AIDS M&E will coordinate and assist each department to establish a mechanism of providing the high quality of supportive supervision and data auditing

3.10. Database

- The infrastructure (hardware) and databases to capture, verify, transfer, analyze, and share data which are important elements of the government sector HIV/AIDS M&E information system, needs to be designed to respond to the decision-making and reporting needs of different stakeholders.

- Since there are existing databases, such as district health information system(DHIS), it is important to build an umbrella system which extracts NSP reporting data from exiting database rather than to establish a parallel system.
- Inventory and linkages with existing data system should be identified both at departmental and government sector coordination level.
- Each department will maintain its database. Where practicable, departmental databases should be linked to that of the central Government sector coordinating Unit .
- Linkage between different relevant databases is important to ensure data consistency and to avoid duplication of efforts.
- Standard exchange formats will be used to facilitate data transfer between different databases
- Government Sector HIV&AIDS M&E Coordinating Unit, will manage, compile, analyze, and present data from all departments and provide the routine reports and other information products to SANAC M&E Unit.
- Clear roles and responsibilities will be established at national, sub-national, and service-delivery levels to ensure appropriate and timely data flow between the different levels.
- A government sector HIV and AIDS database may include the following types of data:
 - **Recent and historical data**
 - Up-to-date registration information or a contact list of organizations involved in HIV and AIDS programmes
 - Data on all government sector standardized HIV indicators specified in the national M&E framework:
 - Data from surveys and surveillance:
 - Routine facility-based programme data:
 - Routine community-based programme data:
 - Information on supervision visits:
 - Inventory of HIV and AIDS research and researchers:
 - Information on HIV and AIDS capacity building activities:
 - Information on HIV and AIDS M&E advocacy and communication activities:
 - Inventory of SANAC and department documents, including all HIV-related information products:
 - Other data from various related sources

3.11. Evaluation, research and learning

Appropriate use of evaluation and research data ensures that the planning of the HIV and AIDS response is evidence-based and guides ongoing programme improvement.

- Government Sector need to coordinate with evaluation/research partners, establishing a process for developing a HIV and AIDS research strategy and for identifying evaluation/research needs relevant to the National Strategic Plan; to avoid duplication of effort; and that study results are shared and available for use in decision-making.
- Inventory of completed and ongoing country-specific HIV evaluation and research studies and local HIV evaluation and research capacity in the government sector, including major research institutions and their focus of work will be conducted in collaboration with evaluation/research partners.
- Procedures for ethical review and reference to guidelines on evaluation and research standards under government sector will be developed in collaboration with evaluation/research partners.
- Conference or forum for dissemination and discussion of HIV and AIDS research and evaluation findings will be planned in collaboration with evaluation/research partners.

3.12. Data analysis, information dissemination and use

The most important reason for conducting HIV and AIDS M&E is to provide the data needed for guiding policy formulation and programme operations for HIV and AIDS responses.

- The data use plan will be included in Government Sector HIV and AIDS M&E plan, including data use calendar to guide the timetable for major data collection efforts and reporting requirements, analysis of data needs and data users, timetable for national reporting, standard format for reporting and data tabulation
- The data use plan will link data needs and data collection efforts with specific information products for different audiences, as well as a timetable for dissemination. It should also include activities to encourage data use, such as

workshops to discuss the implications of HIV and AIDS M&E data for programme planning and improvement.

- Information products will be tailored to different audiences, including the general public and beneficiaries of HIV and AIDS services.
- The strategies to promote data dissemination and use will be developed, including: ensuring ownership of data; ensuring dissemination of good quality data in a timely manner; determining appropriate information products for different users; allocating sufficient resources for data dissemination; and, providing assistance for data use.

4. REQUIREMENTS OR ADDITIONS TO THIS M&E PLAN

- Indicator reference sheet.
- Common reporting tools/templates and formats making sure that we do not develop totally new things. Some departments have their own tools and formats, so that we should focus on common templates for the purpose of compiling the Government sector HIV and AIDS M&E report submitted to SANAC M&E Unit.
- Supervision and data auditing guidelines
- M&E Capacity-building plan
- Annual costed Government sector M&E Work-plan

5. STAKEHOLDERS CONSIDERED

The implementation of this HIV and AIDS M&E Plan for the government as a sector will best be done in recognition of the contributions and the roles played by the following stakeholders

5.1. National

- Department of Health- HIER Cluster
- HSRC
- MRC
- SANAC RM&E Technical Task Team
- GWM&E Coordinating Committee

5.2. Regional and International

- SADC
- UNAIDS

- World Bank and GAMET
- Development Partners (JICA, Global Fund, PEPFAR, GTZ etc.)

6.CONCLUSION

Successful implementation of this plan will be supported by Government sector Handbook on M&E of HIV&AIDS which will be developed to describe the details of:

- Existence of the functional Public Service M&E system, based on consensus built among relevant departments
- Clear roles and responsibilities at different levels of M&E of HIV&AIDS, namely service delivery levels, intermediate aggregation levels and Public service data manipulation level and dissemination to SANAC M&E unit. This section need to be informed by strong consensus among departments, departments-specific M&E organizational structures, available M&E skills and HR capacity within departments
- Agreed-upon specific reporting timelines, supported by standard compatible data collection and reporting tools
- Data review procedures to be performed at all levels and steps for addressing data quality challenges.
- Storage policies that will allow retrieval of documents for auditing purposes.

REFERENCES-

