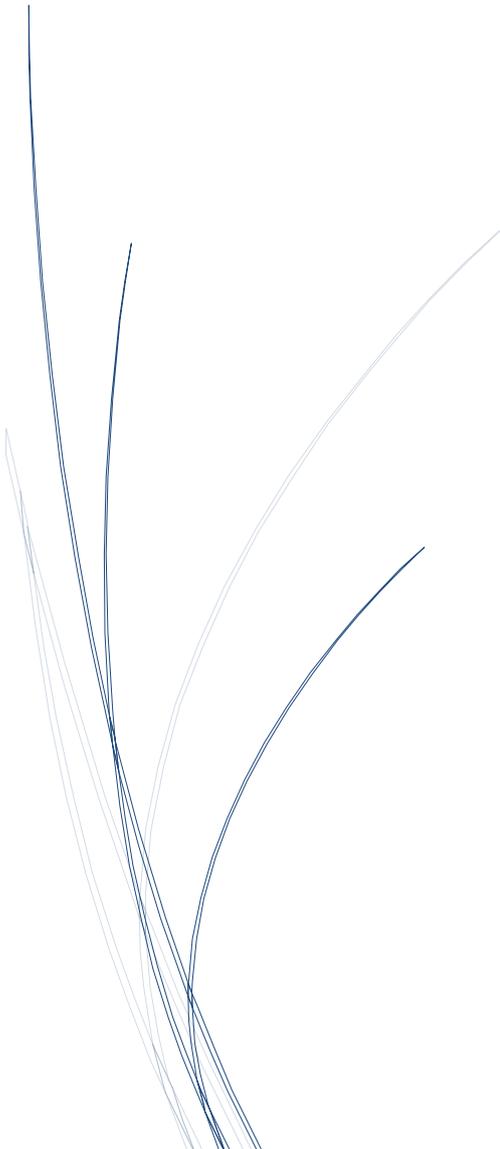




# Malawi National HIV and AIDS Monitoring and Evaluation Framework **2015 - 2020**



## TABLE OF CONTENTS

<b>Preface</b> .....	<b>3</b>
<b>Acknowledgements</b> .....	<b>4</b>
<b>1.0 INTRODUCTION AND BACKGROUND</b> .....	<b>5</b>
1.1 NSP COMMITMENT .....	5
1.2 SUMMARY OF THE M&E STATUS .....	4
1.3 OBJECTIVES OF THE M&E FRAMEWORK .....	8
1.4 IMPORTANCE OF THE M&E PLAN .....	8
1.5 LOGICAL FRAMEWORK IN M&E .....	9
1.6 GUIDING PRINCIPLES IN THE DEVELOPMENT OF FRAMEWORK .....	10
1.7 ORGANIZING STRUCTURE OF THE M&E FRAMEWORK .....	12
<b>2.0 COMPONENT 1: STRUCTURE AND ORGANIZATIONAL ALIGNMENT FOR M&amp;E SYSTEMS</b> .....	<b>13</b>
2.1 COORDINATION OF MONITORING AND EVALUATION .....	14
2.1.1 National AIDS Commission (NAC) .....	14
2.1.2 Ministry of Health (MOH) .....	14
2.1.3 District HIV and AIDS Coordinating Committees (DACCS) .....	14
2.1.4 District HIV and AIDS Focal Person .....	15
2.1.5 Community HIV and AIDS Coordinating Committees (CACC) .....	15
2.1.6 Other Line Ministries .....	15
2.1.7 National Statistics Office (NSO) .....	16
2.1.8 Umbrella Organizations and Self Coordinating Entities (SCE).....	16
<b>3.0 HUMAN CAPACITY FOR M&amp;E</b> .....	<b>17</b>
<b>4.0 M&amp;E PARTNERSHIPS</b> .....	<b>19</b>
<b>5.0 COMPONENT 4: NATIONAL M&amp;E FRAMEWORK</b> .....	<b>19</b>
<b>6.0 HIV ADVOCACY, COMMUNICATIONS AND CULTURE</b> .....	<b>24</b>
<b>7.0 SURVEYS, HIV SURVEILLANCE, EVALUATIONS AND OPERATIONAL RESEARCH</b> .....	<b>24</b>
7.1 BIOLOGICAL HIV SURVEILLANCE .....	24
7.2 BIOLOGICAL AND BEHAVIOURAL SURVEILLANCE SURVEY (BBSS).....	25
7.4 PROGRAMME EVALUATIONS, ASSESSMENTS AND SERVICE DELIVERY SURVEYS .....	25
7.4.1 Workplace HIV and AIDS Programme Survey .....	26
7.4.2 Integrated Household Surveys.....	26
7.4.3 Assets inventory, procurement and logistics supply and administrative records analysis.....	26
7.4.4 HIV and AIDS stakeholders and service providers mapping .....	26
7.4.5 Resource Tracking, HIV and AIDS Accounts, Budget & Expenditure Analysis.....	27
7.4.6 HIV Operational Research and Special Studies .....	27

7.4.7	Social Economic Impact Studies (SEIS).....	27
7.4.8	Independent Assessments, Joint Annual, Mid Term And End of Term Reviews .....	27
<b>8.0</b>	<b>ROUTINE MONITORING.....</b>	<b>28</b>
8.1	OVERVIEW.....	28
8.2	HEALTH SECTOR PROGRAMME ACTIVITY MONITORING DATA .....	29
8.3	NON HEALTH SECTOR PROGRAMME ACTIVITY MONITORING DATA.....	30
8.4	ROUTINE PROGRAMME MONITORING DATA FROM OTHER AGENCIES & PROJECTS.....	30
8.5	FIELD MONITORING AND SUPPORT SUPERVISION .....	31
<b>9.0</b>	<b>SUPPORTIVE SUPERVISION AND DATA AUDITING .....</b>	<b>31</b>
<b>10.0</b>	<b>SUB-NATIONAL AND NATIONAL DATABASES .....</b>	<b>32</b>
<b>11.0</b>	<b>DATA ANALYSIS, INFORMATION DISSEMINATION AND USE.....</b>	<b>33</b>
11.1	DATA AND INFORMATION FLOW ARRANGEMENTS IN THE NATIONAL RESPONSE .....	33
11.1.1	Information Products, Dissemination and Utilization .....	34
11.1.2	Addressing Ad hoc & Emerging Information Needs for the National Response .....	34
11.1.3	Information Dissemination.....	35
<b>12.0</b>	<b>MONITORING AND EVALUATION WORKPLAN.....</b>	<b>35</b>
<b>13.0</b>	<b>CONCLUSION - IMPLEMENTATION OF THE M&amp;E PLAN .....</b>	<b>45</b>

## **Preface**

The Government of Malawi along with national stakeholders and development partners have recently developed and adopted a new National Strategic Plan (NSP) which spans the period 2015-2020 and replaces the current National Strategic Plan (2011-2016). The new NSP was necessitated by strategic and policy developments in the global as well as national response to the HIV and AIDS, the adoption of the Global Fund's New Funding Model and the paradigm shift towards 3<sup>rd</sup> generation NSP's with their characteristic emphasis on investment thinking. The adoption of the new strategic document is historic, as Malawi now joins a number of countries that have adopted the ambitious 90-90-90 targets (90% of PLHIV knowing their status; 90% of those tested put on treatment; and 90% of the people on ART virally suppressed) which were released by UNAIDS in 2014.

Following the adoption of the NSP (2015-2020), the Government of Malawi through the National AIDS Commission commissioned the revision of the M&E Plan to accompany the revised NSP. The new M&E Plan will primarily guide and enable the generation and availability of strategic information for effective management of the national response; the tracking and assessment of both the HIV epidemic as well as the performance towards the attainment of the ambitious 90-90-90 targets, the intermediate strategic outcomes as well as outputs. The NSP (2015-2020) thus provides the frame of reference for the new M&E Plan.

I sincerely hope that this M&E Plan will help partners in the national response measure their programme results, which will in turn provide a basis for accountability and informed programmatic and policy decisions.

Mr. Davie Kalomba  
**ACTING EXECUTIVE DIRECTOR,  
NATIONAL AIDS COMMISSION**

## **Acknowledgements**

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The following deserve special mention for their role in facilitating and compiling the M&E Plan: Dr Juliann Moodley (the lead consultant), Mr. Steve Chizimbi (local consultant), Ms Alex Shields of CHAI (who carried out the costing) and Mr. Trouble Chikoko of UNAIDS. The following members of staff at the National AIDS Commission also deserve mention for their dedication and tireless effort during the whole process: Mr. Davie Kalomba, Mrs. Chimwemwe Mablekisi, Mr. Lonjezo Sithole, Mr. Moses Chikowi, Mr. Levi Lwanda, Miss Jessie Khaki and Mr. Blackson Matatiyo. Last but not least, the Commission also appreciates the invaluable technical input from members of the Monitoring, Evaluation and Information Systems Technical Working Group (MEIS TWG).

## 1.0 INTRODUCTION AND BACKGROUND

### 1.1 NSP COMMITMENT

Malawi's rapid and successful Antiretroviral Therapy (ARV) scale-up from 2004 to 2014 has critically influenced the HIV epidemic, reducing mortality, morbidity, and transmission. In the one decade since starting the national treatment program:

- 1 out of every 20 Malawi adults are now on ART
- 275,000 deaths have been averted
- 1.4 million life-years have been gained, primarily among young adults in their peak productive life period.

In 2011, Malawi started implementing Prevention of Mother to Child Transmission (PMTCT) *Option B+* policy, making life-long ART available for all HIV infected pregnant and breastfeeding women, regardless of clinical stage or CD4 count. This resulted in a 66% reduction of vertical transmission within 3 years. This Malawi-pioneered strategy has since then been included in global guidance by World Health Organisation (WHO). As of February 2014, 12 other African countries were implementing Option B+.

Despite laudable successes in the HIV program, there remains an estimated 34,000 new infections and 48,000 HIV-related deaths annually. An accelerated aggressive scale-up of ART is imperative to both save lives and reduce HIV transmission. In the last two years, strong evidence has accumulated (including trials conducted in Malawi), showing that early universal ART is the most effective intervention available to reduce all HIV transmission, in addition to the known effect of reducing morbidity and mortality. Based on Malawi's proven ability to implement and sustain a rapid ART scale-up in spite of severe health system constraints, this 5 year strategic plan aims to meet the ambitious **90-90-90 Treatment Targets** released by UNAIDS in 2014, preparing to control the HIV epidemic by 2030.<sup>1</sup>

Reaching these **90-90-90** goals by 2020 will result in 756,000 (**73%**) of the projected 1,036,000 total PLHIV being virally suppressed, ensuring a dramatic reduction in

By the end of 2020, Malawi will:

- Diagnose **90%** of all PLHIV
- Start and retain **90%** of those diagnosed on ART
- Achieve viral suppression for **90%** of ART patients

transmission at the population level. By the end of 2020, Malawi aims to virtually eliminate HIV through providing high quality and widely accessible treatment and care for those on ART, and targeting high risk populations with additional high-impact HIV prevention interventions.

<sup>1</sup> UNAIDS. Ambitious treatment targets: writing the final chapter of the AIDS epidemic. In: UNAIDS, ed. Geneva: UNAIDS, 2014.

This 2015-2020 National Strategic Plan (NSP) for HIV will focus on meeting the 90-90-90 targets through identifying critical program and system gaps and ensuring those gaps are closed within the next five years. The NSP cuts across multiple sectors including health, and creates a common understanding for all HIV and AIDS stakeholders: government, civil society, the private sector, and development partners to work together towards achieving the expected results.

The Government of Malawi (GOM), civil society, private sector and development partners are committed to meeting the 90-90-90 targets. The country has realised that in order to ensure that the targets committed to are met a robust monitoring and evaluation system is required. In addition, the country is committed to implementing the principle of “Three One’s”:

- One agreed HIV and AIDS action framework that provides the basis for coordinating the work of all partners.
- One national AIDS coordinating authority, with a broad based multi-sector mandate.
- One agreed HIV country-level monitoring and evaluation system

Undoubtedly, an appropriate and efficient M&E system is the cornerstone of the country’s HIV response: it provides the data needed to make evidence-based decisions for programme management and improvement, policy formulation, and advocacy, and is necessary to satisfy accountability requirements. Such information is useful to understand the scale and outcome of implementation and can be used to secure continued funding for the expansion of HIV and AIDS programme. More importantly, it can be used locally to enhance community and health-facility-based programs. The National HIV and AIDS M&E Framework provides stakeholders with a tool for well-coordinated, harmonized and functional HIV and AIDS M&E systems that allow them to efficiently assess how well HIV and AIDS interventions are contributing to achieving the national program goals.

The following reasons justify the necessity of having National HIV and AIDS M&E Framework:

- a. It provides opportunities to develop integrated national and sector specific M&E systems to guide a national response to HIV and AIDS;
- b. It assists in responding to the international commitments and reporting requirements;
- c. It provides the platform for partnership, networking, and collaboration between national-level and local-level stakeholders in monitoring and evaluating national and decentralized responses to HIV and AIDS.

## 1.2 SUMMARY OF THE M&E STATUS

M&E System Component	Strengths, enabling factors* & achievements;	Weaknesses & disabling factors* & gaps	Priority Actions for M&E System Improvement
Organizational structures responsible for M&E	<p>NAC, MOH, line ministries and umbrella organizations for self-coordinating entities and districts have M&amp;E unit/Division/Directorate or units responsible for M&amp;E with staff. The agencies/ units have written mandate to execute its M&amp;E functions</p>	<ul style="list-style-type: none"> <li>• Weak organizational and M&amp;E structures at the umbrella organizations</li> <li>• There are inadequate numbers of M&amp;E staff in the M&amp;E Units of the key National lead agencies</li> <li>• Limited disciplinary scope of the M&amp;E staff towards inclusion of Statisticians, Economist, Sociologists, Epidemiologists, and Demographers, IT Specialists and Database Managers in key agencies.</li> <li>• Low motivation of staff responsible for M&amp;E, especially at district levels—DACs owing to poor remuneration and career prospects.</li> </ul>	<ul style="list-style-type: none"> <li>• Have the rationalized non-established M&amp;E positions fully established in government departments</li> <li>• Enhance the motivation of M&amp;E personnel (M&amp;E, DAC and MISOs) at district levels</li> <li>• Strengthen the M&amp;E function at umbrella organizations</li> <li>• Expand disciplinary scope of the M&amp;E staff to include Statisticians, Economists, Sociologists, Epidemiologists, and Demographers, IT specialists and database managers in lead agencies</li> </ul>
Human Capacity building for HIV M&E	<ul style="list-style-type: none"> <li>• M&amp;E Training funding as part of available grants from Global fund and other projects</li> <li>• Training being offered with NAC and some training institutions in country i.e. Malawi Institute of Management (MIM) support different categories of implementing partners</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of a comprehensive and coordinated M&amp;E Capacity Building</li> <li>• Lack of a data base of up to date directory on HIV M&amp;E capacity building resources</li> <li>• Limited M&amp;E Capacity in Some DACs prerequisite M&amp;E capacity requirements.</li> <li>• Some M&amp;E personnel in the CSO and CBOs not matching reporting capacity requirements</li> <li>• Limited dissemination of M&amp;E assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Widen the support supervision scope</li> <li>• Regular M&amp;E Capacity assessments</li> <li>• Develop a comprehensive National HIV M&amp;E Capacity plan and programme</li> <li>• Establish a directory or data base for HIV M&amp;E Resources: Curricular, Courses, trainers, funding</li> <li>• Plan training interventions involving the lead actors and umbrella</li> </ul>

M&E System Component	Strengths, enabling factors* & achievements;	Weaknesses & disabling factors* & gaps	Priority Actions for M&E System Improvement
Partnerships for HIV M&E	<ul style="list-style-type: none"> <li>• Existence of a functional national multi-sectoral HIV M&amp;E technical working group (the MEIS TWG) coordinated by NAC</li> <li>• A functional national M&amp;E/HIS technical working group under the Ministry of Health.</li> <li>• Operational mechanisms for feedback through reports and partnership forum to communicate about HIV M&amp;E activities and decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Too busy membership of TWG that reduces participation.</li> <li>• Non functioning M&amp;E TWG at district level</li> <li>• Lack of a stakeholder inventory</li> </ul>	<ul style="list-style-type: none"> <li>• Include district representation in the MEIS TWG</li> <li>• Revive District M&amp;E Coordination Committees</li> <li>• Establish functional linkages &amp; feedback between National &amp; District TWGs.</li> <li>• Undertake a stakeholder mapping</li> </ul>
National HIV M&E Plan	<ul style="list-style-type: none"> <li>• Existence of a functional national multi-sectoral HIV M&amp;E technical working group (the MEIS TWG) coordinated by NAC technically guiding M&amp;E planning and management in the National response.</li> <li>• A functional national M&amp;E/HIS technical working group under the MoH</li> </ul>	<ul style="list-style-type: none"> <li>• Bulky M&amp;E Plan</li> <li>• Plan not promoted adequately for stakeholder buy in</li> </ul>	<ul style="list-style-type: none"> <li>• Have a less bulky/ summarized M&amp;E plan to ease reference</li> <li>• NAC and the partners should be committed to supporting the implementation the M&amp;E plan at all programme levels</li> </ul>

M&E System Component	Strengths, enabling factors* & achievements;	Weaknesses & disabling factors* & gaps	Priority Actions for M&E System Improvement
Costing and annual roll out of a National HIV M&E Workplan	<ul style="list-style-type: none"> <li>• Costed National Integrated Annual Work Plan (IAWP)</li> <li>• Costed DIP with M&amp;E funding as part of overall HIV response funding at district level</li> <li>• Major HIV M&amp;E Projects such as the DHS, MICS, NASA and Bio and BSS</li> <li>• Functional inter-sectoral Linkages with the other lead sector actors in relation to M&amp;E funding: the Ministry of Finance; the MDCP, the National Statistical Office (NSO)</li> </ul>		<ul style="list-style-type: none"> <li>• M&amp;E TWG should lead in developing an integrated and multi-sectoral master HIV M&amp;E plan largely input into the IAWP.</li> <li>• Integration of HIV M&amp;E in DDP with M&amp;E workplan to roll it out</li> <li>• Mainstreaming M&amp;E in plans and budgets from Finance, Local Government, LGFC and DPDC</li> </ul>
Advocacy, communication and the culture of HIV M&E	<ul style="list-style-type: none"> <li>• Significant reach of the GF as a source of funding</li> <li>• Most development partners emphasize the need for evidence which necessitate use of M&amp;E information products and involvement of M&amp;E personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Performance based funding is now mainly in the donor funded projects / programmes/ activities</li> <li>• Limited appreciation of HIV M&amp;E at district levels and discretionary involvement of M&amp;E personnel</li> <li>• Inadequate advocacy for M&amp;E</li> </ul>	<ul style="list-style-type: none"> <li>• Promote evidence based planning and performance based funding to make use of M&amp;E data a necessity</li> <li>• NAC should sustain a strong M&amp;E advocacy</li> </ul>

M&E System Component	Strengths, enabling factors* & achievements;	Weaknesses & disabling factors* & gaps	Priority Actions for M&E System Improvement
Routine programme monitoring	<ul style="list-style-type: none"> <li>• Good performance of routine programme reporting in the healthy facility based services</li> <li>• Decentralized responsibility to districts</li> <li>• Existence of guidelines to guide collection, collation, analysis, reporting, data quality assurance and audit</li> <li>• Having standard reporting forms</li> <li>• Regular (quarterly, biannual and annual) production of routine programme coverage and progress reports by NAC, MOH and implementing partners.</li> <li>• Online reporting MIS by key partners like OVC, MOH (HMIS)</li> <li>• DACs in most districts</li> <li>• Existence of the Logistics Information System (LOGIS) under the GF grants</li> <li>• Observing/ meeting of the international reporting requirements like UNGASS</li> </ul>	<ul style="list-style-type: none"> <li>• Routine monitoring more biased in favour of/ tied to funding and thus not covering all response whose funding does not go through NAC</li> <li>• Limited use of the sectors and umbrella organizations for monitoring of HIV and AIDSS programmes in respective constituencies</li> <li>• Lack of reporting forms beyond the local authorities</li> <li>• Lack of a more comprehensive stakeholder and service mapping</li> <li>• LAHARF tool being reported not user friendly and not cost- effective</li> <li>• Well circulated but limited promotion of the LAHARF</li> <li>• HIV and AIDS data in DHIS2 is mostly incomplete</li> </ul>	<ul style="list-style-type: none"> <li>• NAC needs to make adequate provision for non sub grantee monitoring/ reporting (the grants should strengthen but not engulf NAC)</li> <li>• Provide protected and minimum required funding for core coordination functions the coordinating offices like districts, sectors and umbrella agencies to enhance</li> <li>• Build capacity for districts and facilitate the collation, reporting and utilization of the data/ information for decision making</li> <li>• Enhance the standardization and harmonization of reporting forms</li> <li>• Enhance feedback and interaction between those IPs submitting and receiving reports</li> <li>• Revise the LAHARF to make it more user friendly and cost effective</li> <li>• Implement the planned computerization of data capture in the health facilities and as well as in community based services</li> <li>• Institutionalize routine reporting on the Financial information</li> </ul>

M&E System Component	Strengths, enabling factors* & achievements;	Weaknesses & disabling factors* & gaps	Priority Actions for M&E System Improvement
Surveys and Surveillance	<ul style="list-style-type: none"> <li>• The Antenatal Clinic (ANC) based surveillance reports have been produced every 2 years.</li> <li>• The Demographic and Health Surveys (DHS),</li> <li>• A series of Behavioural Surveillance Surveys (BSS) in 2004, 2006 and 2011 having bio and behavioural components and focus on most at risk population groups (MARPS).</li> <li>• A modes of transmission study (MOT) in 2013 that was useful in deepening the understanding of the sources of the new infections, patterns of the epidemic</li> <li>• Impact studies on effectiveness of mainstreaming of HIV and AIDS, non-bio-medical interventions and data triangulation exercises being done every 2 years since 2007.</li> <li>• Impact Evaluation study on scale up of the fight against AIDS, TB and Malaria (with specific reference to GF) in 2009</li> <li>• Drug resistance studies</li> <li>• Multi- indicators cluster Surveys.</li> </ul>	<ul style="list-style-type: none"> <li>• Workplace and facility based surveys not undertaken as regularly as required</li> <li>• No recent survey on condom access as required in every 1-2 years</li> </ul>	<ul style="list-style-type: none"> <li>• Sustain the functioning of the National Surveillance TWG to steer the planning and guiding of surveillance.</li> <li>• Reduce dependency of surveillance and research on external funding</li> </ul>

M&E System Component	Strengths, enabling factors* & achievements;	Weaknesses & disabling factors* & gaps	Priority Actions for M&E System Improvement
HIV data bases	<ul style="list-style-type: none"> <li>• Establishment of the following data bases fed by the key Information management systems in place: HMIS data base, The LAHARS data base, MASEDA and; the OVC data base in place</li> <li>• Access to ICT by NAC, sectors, umbrella agencies, most key partners and offices at national level and districts.</li> <li>• Establishment of Technical back up services at MDPC that regularly offer support to key stakeholders at national and districts</li> </ul>	<ul style="list-style-type: none"> <li>• Incomplete design and launch of some of the data bases</li> <li>• Limited internet connectivity</li> <li>• Limited reporting to populate data bases</li> <li>• Little utilization of information from data bases and thus reduced commitment to get the systems up and running.</li> <li>• Prohibitive costs for reliable internet.</li> <li>• Insufficient desegregation of data in some data bases.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete the design and set up of data bases and make them more user friendly and on disaggregation of the resultant information products.</li> <li>• Build the capacity of the users at national, sectoral and district levels</li> <li>• Enhance the inter-operability of the different data bases</li> <li>• Promote and popularize the use of the data bases</li> </ul>

M&E System Component	Strengths, enabling factors* & achievements;	Weaknesses & disabling factors* & gaps	Priority Actions for M&E System Improvement
Support supervision, data quality assurance and audit	<ul style="list-style-type: none"> <li>• Support supervision and DQA guidelines in place</li> <li>• NAC and other coordinating agencies and development partners having qualified technical personnel to carry out the function</li> <li>• Funding from major projects, especially the GF grants to procure logistics</li> <li>• Willingness of the implementing partners to be audited</li> </ul>	<ul style="list-style-type: none"> <li>• Mainly limited to the sub grantees i.e. in case of the GF the SR and SSRs</li> <li>• Not adequate time is given to the support supervision and DQA function either due to low prioritization of human and logistical capacity. There is limited interaction between NAC and the implementing partners.</li> <li>• Verbal feedback is the main format and written ones are not adhered to.</li> <li>• Costly biannual support supervision by MOH for the ART programmes</li> <li>• Inadequate technical capacity building and facilitation for the decentralized staff (i.e. in health sector) to undertake support supervision and DQA</li> </ul>	<ul style="list-style-type: none"> <li>• Simplify data collection tools</li> <li>• Extend support supervision beyond the sub grantees</li> <li>• Increase interaction between coordinating agencies and implementing partners.</li> <li>• Provide systematic written feed back to the implementing partners.</li> <li>• Build adequate human technical capacity and facilitate the umbrella agencies and districts/ decentralized offices to undertake support supervision and DQA. This will free time for the national level personnel to be more focused on more response strategic issues.</li> <li>• Ensure that the community based interventions also have well guided processes for support supervision and DQA</li> </ul>
Evaluation and Research.	<ul style="list-style-type: none"> <li>• Existence of a functional national research and surveillance Technical Working Group (TWG) with clear TOR and procedures of coordinating and appraising research.</li> <li>• The new NSP 2015- 2020 has prioritized HIV research and surveillance under the strategic information management thematic area.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of a comprehensive and regularly updated research and evaluation inventory</li> </ul>	<ul style="list-style-type: none"> <li>• Disseminate the National HIV and AIDS Research Strategy.</li> <li>• Strengthen and Sustain the coordination for HIV and AIDS research and evaluation</li> <li>• Produce a national research compendium or inventory and update it ever 2-3 years</li> <li>• Sustain HIV and AIDS modelling</li> <li>• Enhance the documentation, sharing and utilization of research results for policy</li> </ul>

M&E System Component	Strengths, enabling factors* & achievements;	Weaknesses & disabling factors* & gaps	Priority Actions for M&E System Improvement
	<ul style="list-style-type: none"> <li>• NAC has been able to hold an annual national stakeholders forum that shares research findings</li> <li>• A current HIV and AIDS Research Strategy</li> <li>• An annual joint review of the response</li> <li>• Annual independent assessments of the national response</li> </ul>		development and programming
HIV and AIDS information dissemination and use	<ul style="list-style-type: none"> <li>• A wide collection of useful information products on HIV and AIDS epidemic and national response</li> <li>• Regular sharing of information</li> <li>• Existence of websites with HIV and AIDS information</li> <li>• Regular response assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Limited and untimely circulation of information</li> <li>• Limited utilization of available information service delivery points and decentralized levels.</li> <li>• Lack of systematic dissemination guidelines with well-defined audiences, appropriate channels, appropriate information packaging &amp; schedule.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment of information needs;</li> <li>• Develop comprehensive and systematic dissemination guidelines.</li> <li>• Establish and strengthen information centres</li> <li>• Strengthen the ICT capacities</li> </ul>



### 1.3 OBJECTIVES OF THE M&E FRAMEWORK

The M&E Framework will facilitate integration of information from various programmes and stakeholders involved with the delivery of the 2015-2020 NSP. The goal of the M&E Framework is to enable the process and generation of data addressing information requirements for:

- enabling planning, learning and effective decision making at various levels using evidence
- addressing accountability and improve performance
- meeting various national and international reporting needs

The successful adoption and implementation of the M&E Plan will lead to a change in systemic behaviour or system strengthening which will be a result at outcome level. The strategic objective of the M&E Plan will be: ***“Enhanced utilization of reliable and timely available strategic information for National HIV and AIDS Response management, response performance and epidemic assessments”***

More specifically, the objectives of the M&E are:

- a) Strengthened leadership and Coordination of HIV and AIDS Monitoring and Evaluation
- b) Enhanced Strategic, Human resource and Logistical capacity for Monitoring and Evaluation (M&E) of the National Response
- c) Improved routine HIV and AIDS data collection, management and quality
- d) Strengthened systems to undertake HIV and AIDS and related biological and behavioural Surveillance, Surveys and Research
- e) Enhanced HIV and AIDS Information & Knowledge Management
- f) Strengthened HIV and AIDS financial monitoring, budget and expenditure analysis

Through the M&E Framework, the programme results at all levels (impact, outcome, output) will be measured to provide the basis for accountability and informed decision-making at both programme and policy level. It is also a required document for the Global Fund and other similar funders as it provides the background information for the indicators included in the Performance Framework and for the M&E Framework that produces the results reported to the development partners. The M&E Framework will allow for data to be collected, processed and transformed into strategic information (SI), to allow for informed decision-making at all levels: country, regional and global level.

### 1.4 IMPORTANCE OF THE M&E PLAN

Implementation of a National Strategic Plan in the multi-sectoral response of Malawi entails so many actions and activities; by many actors/players; with varying specific objectives and responsibilities; capacities, mandates, acting at different levels and with different approaches; generating a lot of results and information and measuring their inputs and results in varied ways. To effectively manage a national response therefore requires the adoption and the roll out of a robust coordination framework and a matching Monitoring and Evaluation (M&E) Plan. The M&E Plan will be vital to guide the collection, collation,

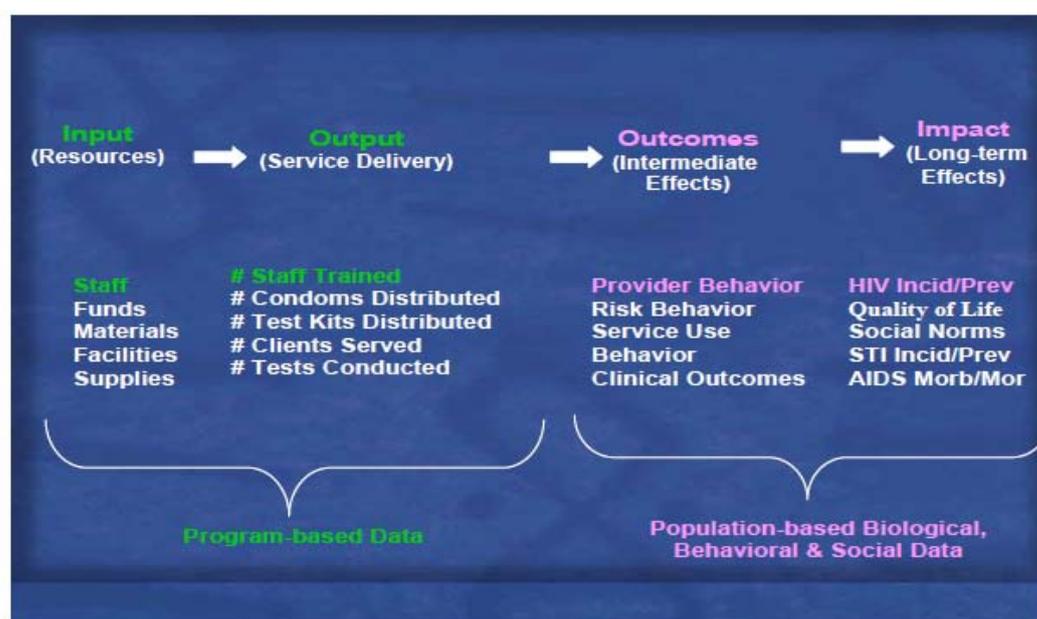
analysis, management and dissemination of strategic information on the HIV and AIDS epidemic and the performance of the responses to the epidemic. The M&E plan, adopted and popularized among stakeholders will, among other benefits, serve the following purposes:

Guiding and enabling priority setting in planning Enabling response performance assessment Enhancing technical support supervision and quality assurance Determination of the attainment of results by the response Providing baseline data and time series information for projecting the epidemic and mapping out patterns and make possible trends assessment/analysis Informing HIV and AIDS and related policy development and monitoring policy compliance Facilitate response coordination, building programme synergy, consistency and coherence Basis for maintaining programme relevancy and logic evolution Guide the institutional and Community competency building Enabling the intra response sharing, learning and best practices adoption
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## **1.5 LOGICAL FRAMEWORK IN M&E**

There is a simple distinction between monitoring and evaluation. Monitoring is the routine, regular assessment of ongoing activities and progress being made in a programme or project. On the other hand, evaluation is the episodic assessment of overall achievements and the extent to which they can be attributed to specific interventions. In short, monitoring looks at what is being done while evaluation examines the effectiveness of what is being done. Evaluation draws from data generated by the monitoring system and links this to primary beneficiaries to determine the impact of programmes. Monitoring must be integrated within the programme management structure, whilst evaluation with its comparative characteristics may not need such integral component. An effective M&E system has a clear logical pathway of results which encompass the major levels that include inputs, outputs, outcomes and impacts:

Figure 1: M&E Results Pathway



- Inputs** are the people, training, equipment and resources that are put into a programme in order to achieve the delivery of services;
- Outputs** are the activities or services delivered, including HIV and AIDS prevention, care and support services, in order to either improve the well-being of beneficiaries or change their behaviours;
- Outcomes** are changes in behaviour or skills, especially safer HIV prevention practices and increased ability to cope with AIDS;
- Impact** is, for example, measurable health changes that are associated with outcomes, particularly reduced STI/HIV transmission.

## 1.6 GUIDING PRINCIPLES IN THE DEVELOPMENT OF FRAMEWORK

The M&E Framework outlined in this document has been developed and will be implemented within the context of the “three ones” principle. The M&E Framework is explicitly linked to the 2015-2020 NSP and equips the country and coordinating mechanisms at national and sub-national level with effective tools aimed at informed decision-making and improved planning of evidence based interventions. The principles that guided the development of this M&E Framework are as follows:

### a) Strong consensus on “three one” principle

One of the critical components of the “three one’s” principle is “One agreed country level Monitoring and Evaluation System”. The harmonised M&E Framework in Malawi has facilitated efforts to increase capacity for quality assurance, national oversight and adequate use of M&E for policy adaptation. The common M&E framework ensured alignment of core national M&E system with 2012-2016 NSP and the 2007-2012 NSPs.

### b) Using the 12 Components

Sustaining an M&E system that can produce trustworthy, timely, and relevant information on the performance of government, civil society, or private sector projects,

programmes, and policies requires that one overcome many M&E system challenges and approach the implementation of such a system with experience, skill, and real institutional capacity. The 12 Components of a Functional M&E System offers a framework for what a strong M&E system that works.<sup>2</sup>

**c) Building on existing system**

The 2015-2020 M&E Plan has existing data flow mechanisms that provide a base for building a comprehensive M&E system. The existing M&E mechanisms that can be continued with improvement are detailed in the body of this document. The approach of developing this M&E Framework will be not to create additional layers and means of information collection and processing but to improve the existing layers and means.

**d) Evidence and Results based**

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

**e) Simplicity**

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

**f) Key Information Needs**

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

**g) Mechanisms**

These include both independent, impartial assessments along with internal self-assessments

**h) Harmonization of tools and formats**

Standard set of tools to collect and analyse information

**i) Feedback loops operate**

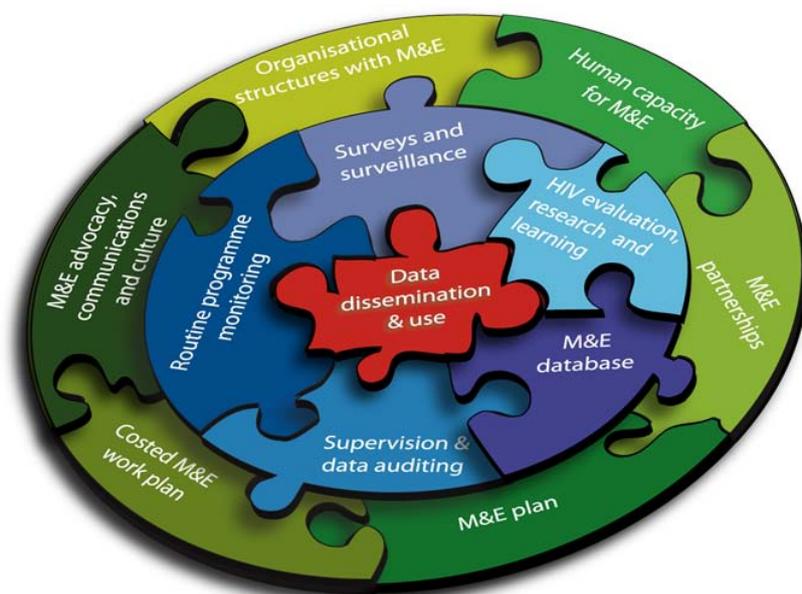
System works in circular fashion of action-analysis-reporting feedback-action. Not just one way.

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<sup>2</sup>MarelizeGörgens and Jody Zall, Making monitoring and evaluation systems work : a capacity development tool kit. 2009

## 1.7 ORGANIZING STRUCTURE OF THE M&E FRAMEWORK

Figure 2: 12 Components of a Functioning M&E System



The following is a brief description of the 12 components.<sup>3</sup>

- **Component 1: Organisational Structures for HIV M&E Systems** - This aspect– is therefore about the *people* involved in the M&E system.
- **Component 2: Human Capacity for the M&E System** - Both capacity and capacity development focus on three levels: individual, organisational, and systems. This component focuses on the level of an individual when building human resource skills in the HIV M&E system, including individuals at the national level, sub-national level, and HIV service delivery level (project level) involved in executing HIV M&E functions, or managing employees with HIV M&E functions..
- **Component 3: M&E Partnerships** - M&E partnerships are part of the “people, planning and partnerships” ring of the 12 components of a functional HIV M&E system. Establishing and maintaining strong partnerships provides a mechanism for a group of diverse people from different organisations to work together around the same set of objectives. This is especially important for an HIV M&E system, given that many of the people involved do not work in the same institutions or come from the same sector.
- **Component 4: National M&E Framework** -A national HIV M&E plan, is at the heart of HIV M&E systems as it describes the purpose of the system, the data the system will collect, and details of how the system will operate.
- **Component 5: Costed M&E Work Plan** -For a national HIV M&E system at country level to become, and remain, operational, it is essential to co-ordinate the efforts of all stakeholders involved in the HIV M&E system. A costed, M&E work plan is

<sup>3</sup>The 12 components of a functional HIV M&E system. Global AIDS Monitoring and Evaluation Team (GAMET).

therefore a very useful tool for prioritising, planning and co-ordinating activities relating to the HIV M&E system.

- **Component 6: HIV Advocacy, Communications and Culture** – this element advocates for, *HIV monitoring and evaluation*.
- **Component 7: Surveys and HIV Surveillance** - Data for the national HIV response can be collected through a range of methods, from observation, through to structured methods (such as surveys and surveillance). More structured methods are preferred for national HIV M&E systems, as this approach means that data can be compared year-on-year.
- **Component 8: Routine Monitoring** -For HIV results at all levels to be measured, the entire spectrum of input, output, outcome and impact data are needed. Input and output monitoring data are important, as these answer questions about the resources and interventions needed and provided, and whether planned programmes have been implemented. Input and output monitoring data are *collected through routine monitoring systems*.
- **Component 9: 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. Data auditing is the process of verifying the completeness and accuracy of a selection of HIV output/programme monitoring.
- **Component 10: Sub-National and National Databases** - A Database is a collection of data which has been organised so that a computer programme can quickly select desired items. The database management system is the computer programme used to manage data.
- **Component 11: Operational Research and Evaluation** - Research refers to a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.
- **Component 12: Data analysis, Information Dissemination and Use** - This component is about using data to create information for decision-making, and is the primary and overriding purpose of M&E systems. If data are used to create valuable information that informs decision-making, these decisions can be improved and then inform and improve subsequent actions.

## **2.0 COMPONENT 1: STRUCTURE AND ORGANIZATIONAL ALIGNMENT FOR M&E SYSTEMS**

Organizational structure describes the hierarchy, reporting lines, and systematic arrangement of work in an organization. It is depicted in an organizational chart or organogram, showing how the various parts of the organization relate to each other.

The M&E system is one component of the “Three Ones”, and a crucial tool for an effective, efficient, and accountable response to the HIV epidemic. The goal of the M&E system is to provide timely and relevant support for an effective response at national, regional and district level. Since the 2012-2016 NSP the Government of Malawi, Civil Society and Development Partners have made great efforts to strengthen the M&E system.

## **2.1 COORDINATION OF MONITORING AND EVALUATION**

### **2.1.1 National AIDS Commission (NAC)**

The National AIDS Commission (NAC), as the “one Coordinating Authority”, and; the secretariat of the “one Plan of action”, the NSP, will continue to champion the planning, monitoring and evaluation the National HIV and AIDS response in line with the “one M&E System” principle. NAC shall be expected to support the strengthening and sustenance of coordination arrangements in both public and non-public sectors and with all the different categories of stakeholders in the national response at all programme levels.

The NAC shall also be responsible for leading and supporting the mobilization of the strategic, human, logistical and material resources for the implementation of the National Monitoring and Evaluation Plan at all programme levels and in all thematic areas. To develop the “one M&E system the NAC will also be responsible for promotion and popularization of the adopted plan; development and supporting the partnerships needed for M&E, supporting the development of the standard and harmonized data collection and reporting tools; establishment and sustaining the functioning of a master national HIV and AIDS data base; guiding the undertaking of HIV and AIDS Research; guiding the data management; data bases development and inter-operability; development of user friendly information products and dissemination and; promotion of utilization of the M&E and information products. The NAC District M&E Officers will also have an important role in coordinating M&E activities at the district level.

### **2.1.2 Ministry of Health (MOH)**

The MoH Health Central Monitoring and Evaluation Department and the HIV and AIDS Department of the MoH which is charged with the overall planning, management and coordination of all HIV and AIDS interventions under the health sector shall be responsible for the overall sector technical guidance for M&E in the sector and supporting the rest of the sectors.

The HIV and AIDS Department being the historical response leader and as one of the key actors, will be expected to ensure that the huge volume of data from the health sector is fed into the “One National M&E System” of the response. The HIV and AIDS Department will also ensure that there is synchronization and inter-operability between their rich and wide data bases and the other non health sector response data bases managed by NAC, other line ministries and MDAs for completeness of response reporting. The sector shall also sustain the functioning of the health sector M&E TWG that brings together a wide range of actors across different sectors. This sector wide M&E TWG will also be responsible for M&E of HIV and AIDS as part of the sector programmes.

### **2.1.3 District HIV and AIDS Coordinating Committees (DACCS)**

The Response Institutional and Coordination arrangements for the implementation of the National HIV and AIDS response require each of the 28 District Councils/ Assemblies and 6 City/ Municipal Councils/ Assemblies in Malawi to have a AIDS Coordinating Committees

(DACC) with the HIV and AIDS Focal Person providing its secretariat. Each District assembly or council is expected to have M&E officers and M&E Coordinating Committees. These M&E Coordinating Committees have been in existence for some years but have largely not been very active to the desired levels.

These committees will support the councils to monitor HIV and AIDS activities in the district as part of the district development and service delivery programmes. The NAC, particularly its District M&E team, will support the functioning of the DAC and the District M&E Coordinating Committees to ensure vibrant decentralized response monitoring. This support shall be defined by the National MEIS TWG and be reflected in the M&E implementation plan and the Integrated Annual Work Plan. These structures shall also support Evaluation activities normally executed by the national agencies but implemented at the population level.

#### ***2.1.4 District HIV and AIDS Focal Person***

The district, City and municipality HIV and AIDS Focal persons designated to serve as the secretariat for the District HIV and AIDS committees shall be supported by NAC and respective districts to technically guide the effective management and monitoring of the response in the area of jurisdiction.

#### ***2.1.5 Community HIV and AIDS Coordinating Committees (CACC)***

A Traditional Authority (TA) as administrative unit nearest to the community has government structures and staffed offices for service delivery and coordination of community social development programmes. Traditional Authorities shall spearhead the monitoring of the HIV and AIDS Interventions through Community HIV and AIDS Coordinating Committees (CACC) by replicating the roles of the DAC in M&E at a District to Traditional Authority level.

The TAs will have one of the offices from the Government departments such as the staff of the Community development workers, the Community Development Assistants (CDAs) to serve as secretariat or Focal point. Government, with joint collaboration and guidance from the Department of Nutrition, HIV and AIDS at the OPC; NAC and the District Councils shall provide logistical and technical support for the Traditional Authorities and CACC to undertake their functions as defined in the National HIV and AIDS Policy and other frameworks guiding the Management and Coordination of the national Response.

#### ***2.1.6 Other Line Ministries***

To effectively monitor the multi sectoral HIV and AIDS Response, all the line ministries are expected to have HIV and AIDS Desks/ Focal Persons/ focal points to lead the planning, implementation, coordination and monitoring of all HIV and AIDS interventions targeting the sector/ ministry employees and the population groups whose development and well-being is the mandate of the sector.

The respective Ministry HIV and AIDS units with the support of the planning units shall coordinate the development and implementation of M&E of HIV and AIDS activities in the sector implementing public and non-public departments and agencies. Key line ministries like those of Education; Ministry responsible for the youth, Gender, Children and Community Affairs; and Ministry of Labour shall be key sources of information for the computation of output indicators from the routine reporting supported by the respective Management Information systems (MIS). The sector ministries will also be key in leading and coordinating population based assessments, surveys and research that will generate the data for the computation of outcome and impact indicators.

### ***2.1.7 National Statistics Office (NSO)***

The National Statistics Office (NSO) is the mandated National body responsible for leading and guiding the collection, compilation, analysis, validation and dissemination of all official and other statistical information in the country. NSO will technically support NAC, the MEIS TWG and other stakeholders in ensuring that methodologies used in collecting data, generation of scientific representative samples, management of data during research, monitoring and evaluation of HIV and AIDS activities are compliant with the national and international standards and specifications or technical protocols. NSO will be playing a lead role in questionnaire designs, development of methodologies for surveys, censuses or routine data collection and has to ensure that NAC updates it on the values of the HIV indicators baselines and targets set in the NSP and this M&E Plan.

NSO will involve NAC and the MEIS TWG in planning for the HIV and AIDS, Reproductive Health and related Social Economic surveys so that the content makes enough provisions for the generation of information needed by the National HIV and AIDS response for outcomes and impact level measurements only derived from the surveys and other studies.

### ***2.1.8 Umbrella Organizations and Self Coordinating Entities (SCE)***

The implementation of the M&E plan shall make use of the strategic positioning of umbrella agencies and SCE and networks that coordinate the various constituencies of actors in the National response. These SCE and umbrella agencies shall play a key role in the monitoring of several HIV and AIDS programmes at the national and local/district levels.

CSO networks are also required to, in addition to reporting; provide alternative assessment of the national response when preparing the Global AIDS Response Report (GARPR) every two years. The CSO participation is also an important component in constructing an indicator on national programme effort Index. The umbrella agencies and SCEs shall be supported by NAC and development partners to in turn support and guide the collection of data required under the M&E Plan, compilation and submission of NAC M&E Forms, supervision visits, M&E capacity building; report production and; utilization of data to improve the way that they plan and manage the implementation of HIV and AIDS interventions at different levels in the country.

Networks and umbrella organizations of NGO/CSO/FBO such as MANET+, MIAA and MANASO shall also be represented by the relevant technical persons in the National HIV and

AIDS MEIS TWG and District M&E Coordinating Committees; shall develop and keep inventories and data bases and be channels for dissemination of the HIV and AIDS information products.

### **3.0 HUMAN CAPACITY FOR M&E**

Monitoring and Evaluation Capacity Building, an approach for the development of monitoring and evaluation systems, is the integrated and planned development of skills, resources and infrastructures and the intentional shift towards an M&E culture. Nonetheless, getting to grips with the institutionalization of the discipline of monitoring and evaluation and the building of an ongoing capacity turns out to be extremely difficult.

Human resource capacity building for the stakeholders including NAC is vital for the successful implementation of the proposed M&E activities and development systems in this Plan. The priority capacity building needs for both the M&E Coordination units and stakeholders based on the M&E systems and practices assessment undertaken as part of the plan development are reflected in the assessment report and implementation plan.

In recognition of existing gaps in M&E skills and infrastructure the development and strengthening of the existing M&E system is critical for the realization of the goals and objectives of the M&E Framework. The M&E Framework would the focus on institutional capacity building, strengthening of existing structures and systems, building linkages between ongoing systems, and enhancement of procedures and guidelines for implementation.

Sustainability measures instituted will include technical guidance, close supervision, periodic and continued capacity building through on site mentoring and coaching. Infrastructure development based on assessments and lessons learned during implementation may have to be phased based on resources available. Institutional capacity building and infrastructure strengthening would be done through:

- Recruitment (subject to availability of funds)
- Infrastructure development
- Training and Development (capacity building trainings to be conducted for key M&E)

The NAC shall develop and have a capacity building programme implemented covering the key offices responsible for coordination and M&E of the response at national levels. This programme should also enable stakeholders' access the data bases with information on the reference resources, M&E curricular, M&E trainers and available opportunities for building M&E Capacity. The activities that will be focused on in the 2015-2020 M&E Framework will include:

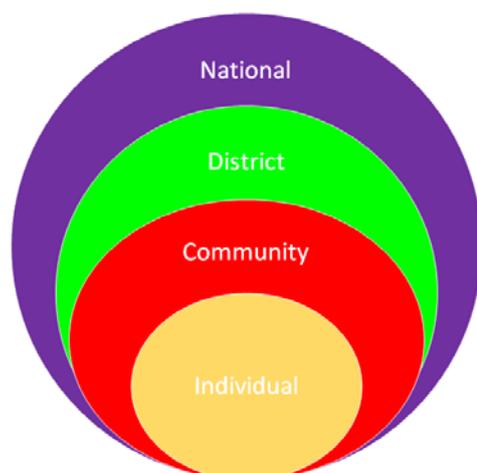
- Development of a trainer-of-trainer curriculum to assist in on-going skills building and training in areas including data collection, analysis, and utilisation of data planning and program implementation.

- Development of reporting strategies which will facilitate the timely submission of data and the development of mechanisms for the return of data to Directorate Policy, Legislation and M&E.
- Development of the assessment tools to improve data utilization at National level
- Directorate Policy, Legislation and M&E will collect and consolidate the data into a quarterly report to be submitted on a quarterly basis or as per indicator decision.

Capacity building or capacity development will be focused on three levels, including the individual, organizational and systems. This component focuses on the level of an individual; building the human resource skills in the M&E system. The capacity building is therefore focused on the individuals at national, directorate policy, legislation and M&E and provincial level that are involved in monitoring and evaluation functions or the management of staff members with M&E functions. A dedicated team that is already established in the NAC and MoH will be responsible for monitoring and evaluation of the implementation of the 2015-2020 NSP.

It has been acknowledged that limited human resource capacity exists both at national and district level to effectively and efficiently implement this M&E Framework. The M&E Unit at both the NAC and MoH remain strongly committed to strengthening M & E capacity in both the immediate short-term and in the long term at the national and district levels.

Figure 2: Levels of Capacity Building



- Level 1 illustrates the broader environment in which the M&E Framework should be implemented. This level is often referred to as the national level the “action environment” or simply the environment.
- Level 2 consists of Districts responsible for functions associated with the M&E framework.
- Level 3 consists of Community Structures responsible for functions associated with the M&E framework.
- Level 4 comprises the individual(s) functioning within various organisations or at various levels of the system. This includes individuals within the Line Ministries, NAC, Districts and Communities.

The capacity building requirements for the implementation of the 2015-2020 NSP would focus on the providing technical assistance to individuals involved in monitoring and evaluation as part of the on-the-job training. The capacity building would focus on the building of institutional memory within the programme by ensuring that all individuals trained are in a position to train others in their respective organisations. The training strategy and plan should be relevant to the programme.

The capacity building would focus on some of the following elements:

- Context of Monitoring and Evaluation
- Planning – Results Based Management
- Monitoring and Evaluation Models
- Developing Logic Models
- Developing Indicators
- Developing data collection tools
- Data management and analysis
- Reporting

#### **4.0 M&E PARTNERSHIPS**

An M&E partnership refers to a cooperative relationship between people or groups of people who agree to share responsibility for achieving the requirements of the M&E Framework. Such partnerships are characterised by commitment to cooperation, shared responsibility and the achievement of common goal. Partnerships are both internal (units within NAC) and external (e.g. other government ministries, such as (MOH) civil society organisation, private sector and development partners.

The National HIV and AIDS M&E and Information Systems Technical Working Group (MEIS TWG) with its multi sectoral membership shall provide the overall technical guidance to the roll out and implementation of the Plan. The TWG will ensure that the implementation of the Plan meets the technical and stakeholders' expectations.

The NAC M&E Unit will provide the secretariat to the MEIS TWG which will lead the operational planning for M&E, development of strategic resources for M&E, mobilization of support to the M&E efforts by stakeholders and monitoring the compliance to the provisions of the Plan by different stakeholders, including the critical role assigned to NAC under this Plan. The MEIS TWG shall operate as independent technical forum based on the technical interpretation of the 2015-2020 NSP and M&E plan by the members, supported by NAC as a secretariat. The TWG will not take directives from NAC. The TWG will serve as the stakeholders' forum which will among other functions ensure that the NAC plays its expected pivotal role in the execution of the M&E Plan. The TWG will also be expected to support the major national data collection and research related to HIV and AIDS and other thematic TWGs for quality assurance and promotion of coherence to the one M&E system.

Implementation of some specific specialized activities of the M&E plan shall require the constitution of key task forces or Technical Resource Networks (TRN) by the MEIS TWG that

will guide the conceptualization and crystallizing of technical view points on to guide implementation. Such activities may include definition of some new indicators in the context of the country, scope of some studies or surveys and the modelling, projections and target setting tasks.

Technical Resource Networks (TRN) shall also be used to arrive at the best national estimates or informed guesses where specific data is not available for determination of a given indicator but must yet be reported upon through estimation informed by credible assumptions. The TRN will also be needed for related policy development, further indicator analysis and development and production of the National HIV and AIDS Status and thematic reports production. The committees to preside over surveys and surveillance that will be made use of during the next 5 years of this Plan such as the HIV and AIDS Surveillance Technical Committee (formed and chaired by MOH or MOH designated sector institution), Workplace Survey Committee chaired by the Ministry responsible for human resources or labour in close collaboration with NSO and; a projections and modelling group headed by a relevant University department/ research institution. The Technical Committees shall also be used to help develop Terms of Reference, approve the protocol documents, and appraise the applications or proposals for ethical approval among other key technical inputs to major and highly specialized M&E processes or activities. The committees will also be responsible for advising on the procurement services of independent contractors/firms to conduct such M&E related undertakings.

## 5.0 COMPONENT 4: NATIONAL M&E FRAMEWORK

The National M&E plan is the main guide in determining the extent to which the aims of the response have been attained. To attain this, a selected set of core Indicators shall, to extent possible, be aligned to the 2015-2020 NSP results. The core indicators being proposed in this section will respond to all levels of measurement or the entire length of the M&E results chain (Long term Impact, Intermediate Outcome, Short-term Outcome and Output). The indicators shall also be able to meet the regional and international reporting requirements to which Malawi is a participating stakeholder such as for SADC and Global AIDS Response Progress Report (GARPR formerly, UNGASS). The overall Goal, thematic goals and objectives and strategies are as represented in NSP results framework in the table 1 below.

Level of Results	Result Statement	Indicator	Baseline data 2013	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target
				2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Impact	Reduction in new HIV infections and prevalence	Incidence of new HIV infections in adults (15-49)	0.49	0.36	0.31	0.26	0.22	0.2
Medium term Outcome	Reduction in new HIV infections in adults and children	Number of new HIV infections in adults (15+)	37 209	29 835	25 977	22 997	20 516	18 741
		Number of new infections among children (0-14 years)	8 619	6 749	5 898	5 097	4 399	3 753
		Number of new infections among infants (0-11 months)	6 250	4 803	4 155	3 544	3 016	2 532
Outcome	Primary prevention of HIV/AIDS among women of childbearing age	HIV prevalence in reproductive age women (15-24 years)	8.2 (2010)		6.3		5.8	
Outcome	Reduce unplanned or unintended pregnancies among HIV+ women	Number of unplanned or unintended pregnancies among		42 645	41 962	41 213	40 410	39 565

Level of Results	Result Statement	Indicator	Baseline data 2013	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target
				2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
		HIV+ women						
Outcome	Reduced new HIV infections among children	Percentage of Infants born to HIV-Infected Mothers that are HIV positive at 6 weeks	3.4%	3.7%	2.8%	1.7%	1.1%	1%
		Percentage of Infants born to HIV-Infected Mothers that are HIV positive end of breastfeeding	13%	10%	8.2%	6.2%	5.1%	5%
		Percentage of infants born to HIV positive women who are alive at 12 months of age and HIV negative (i.e. 12 month Infant HIV-Free Survival)	82%	82%	83%	85%	87%	87%
Outcome	Improved HIV exposed infant follow up according to national guidelines	Percentage of HIV infected pregnant women who received antiretroviral to reduce the risk of mother to-child transmission in accordance with national protocols	75%	82%	83%	84%	85%	85%

Level of Results	Result Statement	Indicator	Baseline data 2013	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target
				2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Outcome	Increased uptake by exposed infants to Nevirapine at birth	Percentage of exposed infants given Nevirapine at birth (includes only women giving birth at facility)	92%	92%	93%	94%	95%	95%
		Percentage of infants born to HIV infected women started on cotrimoxazole prophylaxis within two months of birth	88%	90%	91%	92%	93%	94%
Outcome	Increased testing of HIV exposed infants	Percentage of infants born to HIV+ women receiving a virological test for HIV within 2 months of birth	40%	50%	55%	60%	65%	70%
		Infant Art coverage (Early infant treatment access)	18%	25%	30%	35%	37%	40%
Outcome	Maintain low level of blood-borne transmission	Percentage of donated blood units screened for markers of infectious diseases (HIV, Hepatitis B and Syphilis) in a quality-assured manner.	93%	99%	99%	99%	99%	99%

Level of Results	Result Statement	Indicator	Baseline data 2013	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target
				2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Outcome	Increased access to post exposure prophylaxis	Number of persons started on post-exposure prophylaxis (PEP)	2,300	2500	2600	2700	2800	2900
Medium term Outcome	Reduced sexual transmission of HIV	Prevalence (15-49)	10.3%	9.8%	9.5%	9.3%	9.0%	8.7%
		Percentage of sex workers living with HIV	23.1%					50.0%
		Percentage of men who have sex with men who are living with HIV	15.0%					50.0%
Outcome	Increased uptake of male circumcision services	Number of males aged 10-34 circumcised in targeted districts	18% (67 952)	214 524	237 530	259 186	282 271	307 057
Outcome	Management of STI syndromically	Percentage of STI cases treated according to national guidelines	41%	50%	60%	65%	70%	75%
Outcome	Increased universal and targeted HIV testing and counselling	% of expected new infection identified and linked to care and treatment per annum	80%	40%	50%	60%	70%	80%
Outcome	Increased universal and targeted HIV testing and counselling	Number of HIV tests per year	1 702 627	2 615 238	2 641 390	3 512 719	4 022 835	4 428 512

Level of Results	Result Statement	Indicator	Baseline data 2013	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target
				2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
		Number of targeted tests for high risk populations (FSW, MSM)	N/A	26 123	25 971	33 484	37 043	39 566
Outcome	Increased use of male and female condoms	% of women and men aged 15-49 who reported using a condom the last time they had high risk sexual intercourse (non-married non-cohabitating partner) (disaggregated by age and sex)	M - 23.5% F - 27.3%	M - 30% F - 30%	M - 40% F - 40%	M - 50% F - 60%	M - 60% F - 60%	M - 70% F - 70%
Outcome	Scale up distribution of condoms (male and female)	Number of condoms distributed to KPs	38 922	1 000 000	1 000 000	1 000 000	1 000 000	1 000 000
Outcome	General population reached by comprehensive HIV prevention programs especially condom use (disaggregate by age, sex, workplace)	Percentage of women and men aged 15-49 years with more than one sexual partner in the past 12 months and who report the use of a condom during their last sexual intercourse	25.10%					
			F-27.3%	F: 35%				
			M-24.6%	M: 30.8%				

Level of Results	Result Statement	Indicator	Baseline data 2013	Y1 Target	Y2 Target	Y3 Target	Y4 Target	Y5 Target
				2015/2016	2016/2017	2017/2018	2018/2019	2019/2020
Outcome	Key populations reached by comprehensive HIV prevention programs especially condom use	Percentage of most at risk populations with more than one sexual partner in the past 12 months reporting the use of condoms during last sexual intercourse	11.7% BBSS					
		MSM						
		Female Sex Workers	91.80%					
Outcome	General population reached by comprehensive HIV prevention programs especially condom use (disaggregate by age, sex, workplace)	Percentage of population who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (disaggregated by age and sex)	M – 65.4% F – 58.5%	M - 70% F - 65%	M – 75% F - 70%			

## 6.0 HIV ADVOCACY, COMMUNICATIONS AND CULTURE

It is critically important to develop advocacy and communication strategies to help communicate messages that will help popularise monitoring and evaluation as an effective tool for managing performance. The overarching objective is to obtain buy in and thereby help building the 2015-2020 NSP as a way of doing business. The performance goal is to ensure knowledge of, commitment to M&E among programme managers, programme staff and other stakeholders.

Advocacy to key audiences, such as policy makers, donors, program planners, and the general public is critical for ensuring effective national and localized responses to the epidemic. The appropriate selection of data can support the planning of multiple HIV programs. Estimating the extent of the epidemic can also help better decision making about allocating resources. It is important that the relevant information is communicated to the right audience and that data reports should address concerns using the appropriate language and length and be delivered in a timely manner to the appropriate audience. The following will be the critical means of institutionalising M&E:

- **Advocacy** – the intention here is to educate, sensitise, influence and change opinion or motivate by creating and implementing favourable policy
- **Communication** – Good communication always has clear purpose, content, reliable source, effective transmission and is effectively delivered to intended recipients
- **M&E Culture**- shared set of values, conventions, or social practices associated with M&E

### ***Action plan for implementing the performance goal***

- Conduct change management/Orientation Workshop
- Develop communication and advocacy plan by target date
- Develop communication and advocacy M&E material
- Support development of M&E plans within respective chief directorates
- Capacity Building for implementation of M&E Framework

To ensure that the Monitoring, Evaluation and Research activities remain priorities in the National HIV and AIDS response, the Planning, Monitoring and M&E unit of NAC with support from OPC, MDPC and development partners shall undertake the needed high level advocacy to enhance the M&E culture in the National response. Advocacy for HIV and AIDS M&E shall also be part of the National Advocacy and Communications strategy. NAC will also guide the stakeholders on what proportion of resources that should be reserved for Monitoring and Evaluation. NAC, MoH, Line ministries and SCEs will also undertake advocacy for M&E at national, sectoral and decentralized levels.

## 7.0 SURVEYS, HIV SURVEILLANCE, EVALUATIONS AND OPERATIONAL RESEARCH

### 7.1 BIOLOGICAL HIV SURVEILLANCE

Biological HIV surveillance along with the behavioural surveillance is an important component of this HIV and AIDS M&E plan to produce both bio makers and social-behavioural indicators. This source is very

important since it generates information that is used to monitor trends in the epidemic and effectiveness of the response which are key for designing interventions. Key data sources among the biological HIV surveillance in the Malawi National HIV and AIDS response will consist of:

- Sentinel surveillance for HIV and STIs at ANC clinics using the MOH protocols for sentinel surveillance
- HIV Sero Prevalence Survey
- Demographic and Health Survey plus (DHS Plus)

## **7.2 BIOLOGICAL AND BEHAVIOURAL SURVEILLANCE SURVEY (BSS)**

A number of regular reproductive Health and HIV and AIDS related behavioural surveillance, which are usually undertaken alongside biological surveillance, will continue as an important component of the M&E plan for monitoring the epidemic and for evaluation of the effectiveness of the various BCC interventions. BSS will be used to monitor the proximate determinants underlying or driving the epidemic associated with social and sexual behaviours and practices relating to HIV and AIDS prevention, care and treatment and support.

BSS will be critical in the understanding and explanation of HIV infection patterns and trends and provides critical information that serves as basis for priority interventions and programmes development. BSS information will also serve as an early warning system, alerting policy makers and stakeholders to emerging risks or changes in existing risk behaviours. The behavioural surveillance including for MARPs will be undertaken every two years where possible. The data from these surveys will also be submitted by the respective responsible agencies to NAC for input into the one M&E System.

## **7.3 QUALITY OF HEALTH RELATED HIV SERVICES SURVEY**

The Health Sector response with a larger proportion of HIV and AIDS interventions in Health facilities will be undertaking regular surveys of health services. It is therefore important to collect data on both the quantity and quality of these services provided at health facilities. The assessment of the quality of care or of HIV service provision required will be done in independent surveys. MOH will be responsible for the Quality of Health related HIV Services Survey every two years, resources permitting. The data from this source will also be submitted to NAC as part of one M&E system.

## **7.4 PROGRAMME EVALUATIONS, ASSESSMENTS AND SERVICE DELIVERY SURVEYS**

A number of key thematic assessments and evaluations will also be undertaken as part of M&E of the response to enhance the in-depth understanding of the performance of key interventions. A specific evaluation or assessment of ART programme is likely to produce deeper analysis and understanding of the key sub theme compared to when ART is reported upon in routine reporting or assessed as part of overall National response strategic theme or assessment/ review track of treatment, care and support.

This need for deeper investigation, however, does not rule out the wider thematic component or wider response evaluation that examines the inter-relationships within a thematic area or even between different thematic areas (i.e. ART adherence and community and family level support structures that could fall in two components of Care: the ART provision at clinical setting and the Home based care). MOH and other thematic lead actors will be responsible for the Quality of Service Delivery Surveys and

assessments every two years, resources permitting. The data from this source generated by the agencies commissioning the evaluations will also be submitted to NAC as part of one M&E system.

#### ***7.4.1 Workplace HIV and AIDS Programme Survey***

Workplace surveys covering a sample of public and private sector work places will be undertaken to assess the adherence to workplace HIV and AIDS policy and regularly track the extent to which HIV and AIDS prevention and care policy provisions have been mainstreamed in workplaces. Private sector establishments are selected on the basis of the size of the labour force and feed into the National M&E system steered by NAC and the indicators for the biennial GARPR reporting.

The workplace survey will be undertaken every two years. The DHRMD and the ministry responsible for labour will be responsible for manage the survey team, and they will use the workplace survey protocol produced by UNAIDS and ILO.

#### ***7.4.2 Integrated Household Surveys***

HIV impact and other social economic indicators will be generated through household surveys by the National Statistics Office (NSO) or sub contracted agencies. These will be the basis for generation of some of the NSP outcome and impact indicators. The NAC and the sector line ministries and Partners will ensure that questions on HIV and AIDS are part of tools for the integrated household surveys' data collection modules.

#### ***7.4.3 Assets inventory, procurement and logistics supply and administrative records analysis***

All stakeholders implementing the HIV and AIDS interventions, under the guidance of NAC, will be required to keep an asset inventory and Procurement and Supplies Management (PSM) records as a vital source of input indicators. The data is important for monitoring the volume, quality, durability, timely delivery and cost of the inputs and the efficient use of the different types of logistics. This data will be fed into the Logistics Information System (LOGIS) data base or sub component of the National Master HIV and AIDS data base. Normally this information is reported/ submitted and aggregated annually.

#### ***7.4.4 HIV and AIDS stakeholders and service providers mapping***

A national service provider mapping will be commissioned by NAC every 2 years. Such mapping was undertaken in early 2007. This will enhance the building of an inventory and data base at NAC, Districts, sectors and umbrella agencies and will greatly aid the coordination and monitoring of the National Response. In the 2013/14 financial year, the Center for Diseases Control (CDC) through NAC funded a stakeholder (GIS) mapping undertaking to identify organizations, their contact persons, thematic areas, target population as well as catchment area in the local councils, with a view to enhancing coordination of the response at the district level.

The database from the service providers mapping will be able to support the production of service maps against geographical areas to produce an atlas and maps on different services in HIV and AIDS across the country. These maps will be useful for monitoring of Service distribution and an analysis of possible relationship with observed levels of different HIV and AIDS indicators.

#### **7.4.5 Resource Tracking, HIV and AIDS Accounts, Budget & Expenditure Analysis**

National AIDS Commission and the Ministry of Economic Planning and Development (MoEP&D) will commission or undertake National HIV and AIDS Spending Assessments (NASA) every two years. In addition, NAC and MoEP&D will circulate a Resource Tracking Form at the end of every financial year that will require stakeholders to submit summaries of information on resources accessed and committed to HIV and AIDS interventions in the financial year.

Resource Tracking will also be undertaken through resource tracking studies, HIV and AIDS budget analysis, national accounts analysis and unit cost studies by other partners and independent researchers and advocacy groups. These will be targeted at major programmes and projects to determine the proportional expenditures between different thematic areas, beneficiary populations, production factors, unit costs, programme cost-effectiveness/ efficiency, by service delivery approaches, by categories of actors and by programme levels. These analyses will be useful for advocacy purposes, promotion of cost-effective approaches and will also help in prioritization of interventions that will have been regarded as more effective studies.

#### **7.4.6 HIV Operational Research and Special Studies**

Operational research and special studies will be undertaken to complement the data from the other data sources. Operational research and special studies will include both quantitative and qualitative research. The National HIV and AIDS M&E and information Systems (MEIS) Technical Working Group (TWG) and the National Research and Surveillance Committee will spearhead the development of a national HIV and AIDS research and evaluation Agenda and Strategy. In the research strategy, formal reporting procedures will be formulated that will enable NAC to capture findings arising from the research that different research/academic institutions undertake. The results of this research and special studies will also feed into the one National M&E system by responsible lead agencies as indicated in the Data sources table.

#### **7.4.7 Social Economic Impact Studies (SEIS)**

Specific Socio Economic Impact studies will be undertaken to help identify the effects and impacts of the epidemic on the various population groups and geographical areas. These can be commissioned by the MEIS TWG, development partners in collaboration with the MEIS and the research and surveillance committee or independent research and training institutions.

#### **7.4.8 Independent Assessments, Joint Annual, Mid Term And End of Term Reviews**

The MEIS TWG will support NAC, funding, responsible line ministry or other supervising organizations or agencies to commission annual Independent Response Assessments, Joint Annual Reviews (JAR), Mid Term Review (MTR) and End of Term or Terminal Reviews for specific national programmes (i.e. Prevention, ART programme) or major projects and the National Strategic Plan of the entire multi-sectoral HIV and AIDS response. These assessments help to stake stock of the progress made along the Integrated Annual Work plan (IAWP), action plans and NSP targets and provide information for more strategic response re-programming.

## 8.0 ROUTINE MONITORING

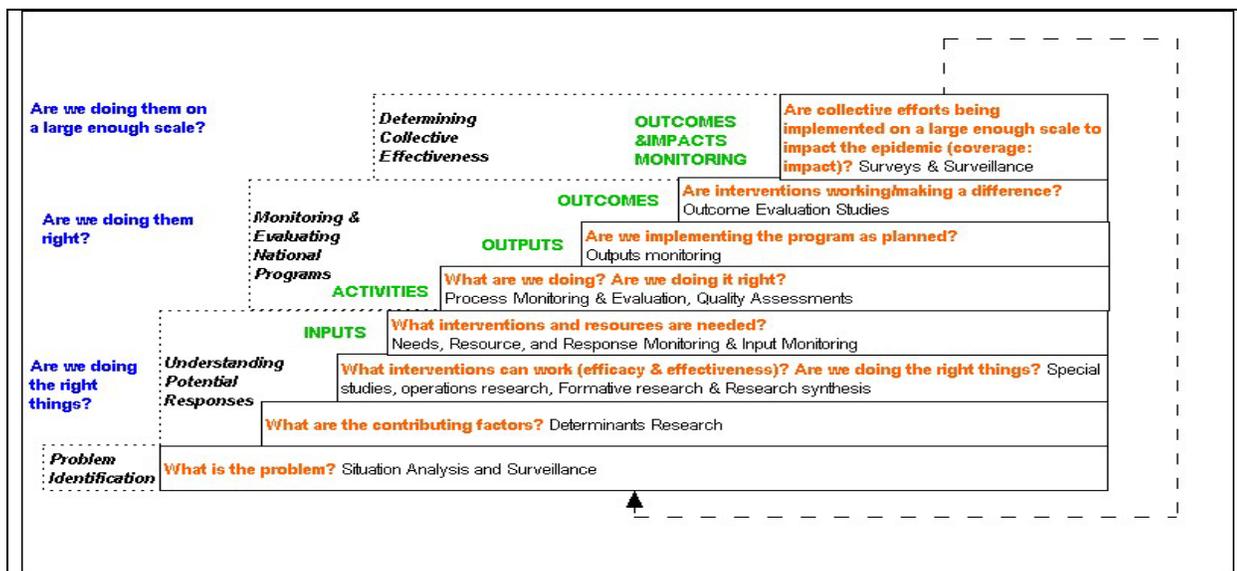
### 8.1 OVERVIEW

*Not everything that can be counted counts, and not everything that counts can be counted.*" Albert Einstein (1879-1955)

For HIV results at all levels to be measured, the entire spectrum of input, output, outcome and impact data are needed. Figure 3 illustrates the different types of data required. Input and output monitoring data are important, as these answer questions about the resources and interventions needed and provided, and whether planned programmes have been implemented. Input and output monitoring data are collected through routine monitoring systems. Routine monitoring refers to the frequency of data collection and the type of data collected.

Routine monitoring is the *routine* tracking of the key elements of program/project performance (usually inputs and outputs) through record-keeping, regular reporting and surveillance systems, as well as surveys. Monitoring helps program or project managers determine which areas require greater effort and identify areas which might contribute to an improved response. In a well-designed monitoring and evaluation system, monitoring contributes greatly towards evaluation. Indicators selected for monitoring will be different, depending on the reporting level within the system. Routine monitoring is used for measuring trends over time, thus the methods used need to be consistent and rigorous to ensure an appropriate comparison.

Figure 3: An approach to Monitoring and Evaluation HIV and AIDS Programmes



There are two major sources of data for the core indicators – periodic and routine: (a) data sources for indicators that will be measured by surveys (outcome and impact indicators and outcome/impact data sources) are periodic; and (b) data sources for indicators that will be measured continuously – monitor programme outputs (output indicators and output data sources) are routine.

Input and output monitoring data are important, as these answer questions about the resources and interventions needed and provided, and whether planned programmes have been implemented. Input and output monitoring data are *collected through routine monitoring systems*, and are addressed by this Component.

Two questions arise in respect of routine data:

- Is it really necessary to collect data on issues other than whether or not interventions are making a difference and whether they are being implemented as planned?
- Is it really necessary to use routine monitoring systems to collect data about available funding (input data) and whether programmes have been implemented as planned (output data)

This framework purports that routine data is important for a number of reasons:

- Routine monitoring data provides data to explain the changes at the outcome and impact level. This project intervention is needed to bring about higher-order changes. Therefore the implementation of such interventions and the inputs supplied to deliver these, need to be monitored, the data helps to interpret positive and negative changes (or lack thereof) at the higher order level.
- Routine monitoring provides real-time data that can be used for day-to-day monitoring, coordination and planning for the project, unlike surveys and evaluation which simply provide a snapshot in time.
- Routine monitoring data can be used to validate service coverage data generated through the baseline and the training needs assessment.

## **8.2 HEALTH SECTOR PROGRAMME ACTIVITY MONITORING DATA**

The HIV and AIDS Unit of the MOH is responsible for monitoring the health facility based and other community health HIV services including HCT, ART, ANC, PMTCT, Sexually Transmitted Infection, STI, OI management, care, blood products safety, Post Exposure Prophylaxis (PEP), prevention programmes for MARPs, Universal precautions for infection control, and clinical care, condom distribution and Community Home Based Care (CHBC). The MOH has developed its own data collection tools for routine reporting of HIV information on each of these services.

All health facilities in the country providing any of these services, regardless of the mother or founding agency and the sector they belong to (government departments, faith based, non-governmental, workplace based or private for profit) will be required to submit routine reports to the District Health Offices and MOH every month and aggregated reports quarterly. The District MOH Department will be expected to enter this data, undertake a limited analysis and send the reports to the MOH with a copy to the district M&E and DAC for use by the respective District/Local Councils. The Health service providers or facilities at national level such as regional and national hospitals will directly remit the data/ reports to MOH. MOH will also aggregate and analyze the data from the reports, enter the reports into the data base (HMIS) and share with NAC.

### **8.3 NON HEALTH SECTOR PROGRAMME ACTIVITY MONITORING DATA**

NAC will develop and harmonize reporting tools and reporting formats with existing sector specific reporting tools and formats to enhance the capture data on all non-health sectors HIV services (i.e. all HIV services that are not provided by the Ministry of Health such as the Ministry of Education, ministry of Gender, Community and Child Affairs (MGCCA) into the one M&E System. The data collected includes HIV prevention, care and impact mitigation interventions. This is a routine data source that requires strengthening and will not be limited to the ministries funded through NAC but will cover all Government Ministries, Departments and Agencies (MDAs) and private sector institutions implementing HIV and AIDS activities. This source will be vital in production of report routine data to for computation of non-health output level indicators in the national set of indicators.

The Government Ministries, Departments and Agencies (MDAs) at the national level offering non health HIV services will complete the routine Service Coverage Reporting (SCR) forms on a quarterly basis and submit directly to the Department of Human Resources Management and Development (DHRMD) and to NAC. DHRMD will also aggregate data from the forms submitted by Government Ministries, Departments and Agencies (MDAs) and Implementing Partners (IP), enter the data into respective sectoral national level data bases, undertake limited analysis of key parameters or output indicators onto one public sector level summary report. The Human resource unit at NAC will also submit its routine report to the DHRMD. The DHRMD will submit a summary report to NAC.

The district level non health sector departments will receive LAHARF reports from service delivery points (SDPs) and IP in their respective sectors (implementing the thematic interventions under their national mandates and have the data entered in their respective data bases. The District level departments will collate and aggregate data from the individual forms submitted, undertake limited analysis of key parameters or output indicators onto one district level summary report. These reports will be submitted to DACs and M&E offices at the respective district councils, to respective regional and National level mother ministries/ offices and retain file copies. DACs will collate the District level summary forms along with data from other sources and produce a district Quarterly Service Coverage Report. The DACs will in turn submit summaries from these reports to NAC to able to produce and disseminate the Quarterly Service Coverage Report to stakeholders at all levels at national and district levels on quarterly and annual basis.

### **8.4 ROUTINE PROGRAMME MONITORING DATA FROM OTHER AGENCIES AND PROJECTS**

The Non-Governmental / non-public sectors are key actors in the national response. Using the same National level Service Coverage Report form (SCR) as for the MDAs, NAC will also solicit quarterly reports from other umbrella agencies other than MDAs. These will include Self Coordinating Entities (SCEs), Development Partners, major National Projects such as Global Fund and World Bank supported MAP. The Umbrella Agencies and SCEs secretariats will be vital hubs and engines for M&E of the response by strengthening routine reporting in their respective constituencies into the “One M&E system”.

The SCEs include Malawi Network of AIDS Service Organizations (MANASO); Malawi inter- faith AIDS Association (MIAA); Malawi Network of People Living with HIV (MANET+) and NAPHAM; Malawi Business Coalition Against AIDS (MBCA); National Youth Council (NYCOM); AIDS Development Partners (ADPs) as an

SCE, including the Joint UN Team on AIDS (JUNTA) international; and large national NGOs with national and regional coverage implementing or supporting HIV and AIDS interventions in the country. The district level offices of these SCEs will also receive LAHARF reports from the IP in their respective constituencies have the data entered in their respective sub national data bases. The District level SCE offices will collate and aggregate data from the individual IP submitted forms, undertake limited analysis of key parameters or output indicators onto one district level summary report of their respective constituencies. These reports will be submitted to respective regional and National level secretariat offices with copies to line/ sector ministries departments, District AIDS Coordinators (DACs) and M&E offices at the respective district councils and retain file copies.

The SCE National level Secretariats will collate the District level summary reports along with data from other sources and produce a Quarterly Service Coverage Report for the SCE. The SCEs will then submit the reports to the NAC and the relevant Sector Ministries with whom they are partners in execution of the respective mandates. The SCEs will also be expected to disseminate the Quarterly Service Coverage Report to stakeholders in their respective constituencies at national and district levels on quarterly and annual basis.

## **8.5 FIELD MONITORING AND SUPPORT SUPERVISION**

Field support supervision reports by organizations responsible for the HIV and AIDS response coordination including: NAC, MDAs, Umbrella agencies; District Assemblies, Development Partners and major National Projects such as Global Fund constitute another key source of data. These agencies/ organizations and projects will produce reports based on the field monitoring and support supervision undertaken. The field monitoring and support supervision reports will complement the data from the regular reporting generated using the LAHARF and other regular reports from the IPs or Grantees and sub grantees in their respective sectors, constituencies and projects that have been entered in their respective sub institutional/ organizational and project data bases and produce reports as part of the routine progress data reports. These reports will enrich the one M&E system to which they regularly submit reports.

## **9.0 SUPPORTIVE SUPERVISION AND DATA AUDITING**

**Data quality** refers to the “fitness for use” of the collected data and focuses on ensuring that the process of data collection, collation and analysis enables the data reported is fit to be used and can withstand an internal and external data quality audit. If data management is flawed there is a risk that the data will be of poor value. As programme planners/implementers it is prudent to make plans to ensure that data collected will be of good quality.

Data quality reflects the value / accuracy of data and is a measure of how well an information system represents the real world - the real world in this instance, being HEADS programme activities and their results. Data quality, therefore, is a measure of how well the data collection tools being used reflect or mirror the activities or services being implemented. Good data quality is when our information system accurately collects, processes and disseminates information on needs, interventions and the results of these activities.

**Data Quality Assessment** is the process of verifying the completeness and accuracy of a selection of HIV output/program monitoring forms through, a) field visits to the organisations that submitted the forms; b) checking the quality of raw data kept by the reporting organisation by examining the daily records used to complete the output monitoring form for a specific reporting period; c) comparing the output monitoring form data against the raw data; and d) checking for internal consistency.

Data quality assessment is useful because:

- The data assessment processes help improve the credibility of the M&E data by improving HIV stakeholders' confidence that the data presented to them presents a true picture of the HIV Services delivered.
- These processes help build capacity in routine data collection and capture, and the way in which they can use data to improve their own programmes.
- These processes help to improve the use of information for decision making, as more HIV implementers collect and capture better quality data, and learn how to use this data.

**Data quality assessment involves both verifying that appropriate data management systems are in place and the quality of reported data, for key indicators.** This implies that data-quality processes need to assess the design of the data management and reporting systems; check system implementation for design compliance at selected service delivery and intermediary reporting sites; trace and verify historical reporting on a limited number of indicators at a few sites; and communicate the audit findings and suggested improvements in a formal audit report. The quality of data and information generated by the M&E system is central to its effectiveness. NAC, in collaboration with other National partners will spearhead the Data Quality Assessment (DQA) using the current National DQA Protocol.

The DQA will basically focus on verifying the quality of reported data and assessing the underlying data management and reporting systems for standard program-level output indicators. The Routine Data Quality Assessment facilitates programs and projects to strengthen their data management and reporting systems. Each of the non routine data sources will also have the DQA measures specified as part of the protocols. The MEIS TWG will review the DQA protocol guidelines when need arises but at most every 2 years to ensure sustained relevance and appropriateness. Provision is also made for process and schedule for external data audits where need arises. *Refer to Annex I, Data Quality Protocol.*

## **10.0 SUB-NATIONAL AND NATIONAL DATABASES**

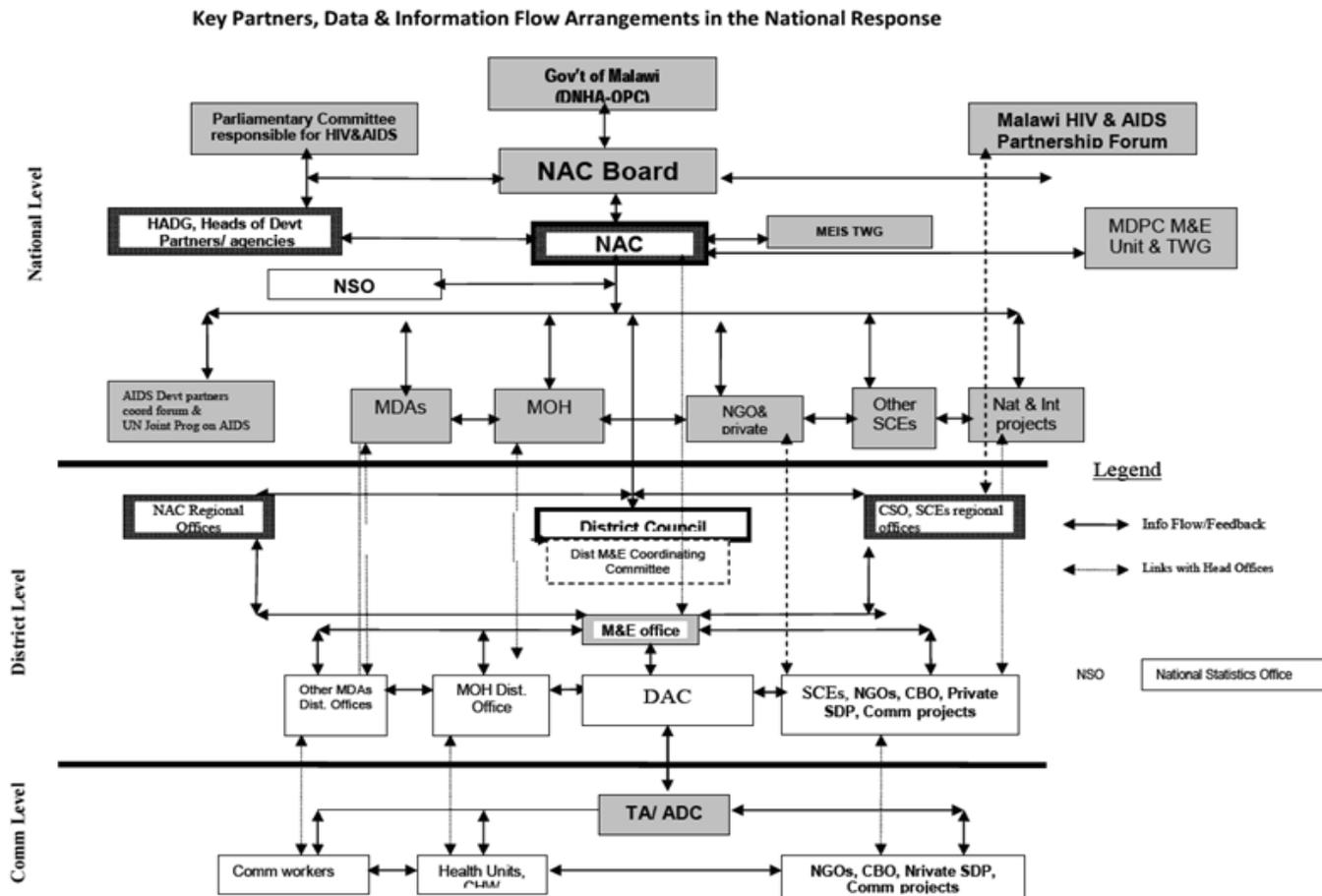
National and sub national data bases, notable of which are: a planned National HIV and AIDS Master Data Base; the HMIS run by MOH, MASEDA run by the NSO and LAHARS component of district databank run by NAC, OVC data base run by MGCCA shall be strengthened and sustained. The data bases shall be enhanced to enable easy access, have inter-operability to enhance the sharing of information on HIV and AIDS. NAC will establish the Master National HIV and AIDS database to serve as the main national repository for data from routine programme monitoring; population based surveys, surveillance, research, financial monitoring and other relevant sources as shall be defined by the MEIS TWG.

All the national and sub national data bases shall have user friendly procedures or database management protocols to ensure that its data are updated regularly, consistently and on time and accessed with relative ease even in the largely resource constrained settings with poor connectivity.

All data bases will be required to ensure data disaggregation by district & traditional Authority, by thematic areas and target beneficiary population and service provider categories. NAC will encourage and work towards the creation of geo referenced HIV and AIDS data through the application of Geographic Information Systems (GIS). Once such data exists, relevant geo referenced data will be used to create maps and data atlases for inclusion in M&E information products for enhanced strategic information management.

## 11.0 DATA ANALYSIS, INFORMATION DISSEMINATION AND USE

### 11.1 DATA AND INFORMATION FLOW ARRANGEMENTS IN THE NATIONAL RESPONSE



The figure above illustrates the flow of data/ information right from the community level service delivery points to the national repository of the one M&E System at NAC. The structure also indicates the coordination, reporting and partnerships at each of the TA and Area Development Committee (ADC) level, district, regional (or zonal) and national levels. The arrangements also provide for the continued reporting and other functional linkages expected between the individual agencies or offices in the field and their mother offices or sectors to which they are affiliated at national level. The information flow system also

emphasizes the need for feedback at all levels between those who generate and submit the information and those who collate, analyse, store and disseminate the information.

The National HIV and AIDS Commission will support the fast data and information flows in the response through the decentralized and self-coordinating entities (SCE) structures.

### **11.1.1 Information Products, Dissemination and Utilization**

In pursuit of the above information needs, the following key information products will be generated by under the 2011- 2016 National M&E Plan:

Monthly, Quarterly and Annual progress /service coverage reports	Mapping reports Mapping Atlas
Field monitoring & support supervision specific reports	NASA reports Budget and expenditure analysis reports
Monthly, quarterly and annual surveillance reports	Study reports Fact sheets
Survey reports	Wall Charts
Brochures, leaflets, fact sheets	Estimates and projections reports
Evaluation and Assessment reports	Annual programme thematic reports
Brochures, leaflets, fact sheets	Biennial GARPR Report
Assets registers and inventory, PSM reports	Policy briefs
Service delivery returns	

To the extent possible, all the information products above will contain information/data analyzed by sex, age group, social status/ groups and location (district or other administrative units). This will be done to enhance the monitoring of the coverage of interventions, address gender issues, disparities in service utilization by sex and age, which also allows for targeting and re directing of interventions.

### **11.1.2 Addressing Ad hoc and Emerging Information Needs for the National Response**

The M&E plan is anchored on to the NSP but would also cater for M&E needs beyond the NSP results framework provided the information need is considered relevant. From time to time situations may arise where some stakeholders might have information needs that are not adequately covered by the information products in the National HIV and AIDS M&E Plan. Such requests should be made in writing to NAC which will in turn consider whether it can accommodate the requests within the available resources and technical appraisal by the MEIS TWG.

Information needs may emerge that require re-analysis of the existing data or the collection of raw data beyond what is routinely collected. Depending on the information needs in question and their relevance to the management of the National response, the TWG and NAC will make effort to commission an activity to generate such information with support from the relevant partners if resources are available or give the necessary technical guidance to the stakeholders in need of such information.

### **11.1.3 Information Dissemination**

The sustainability of the application and the buy-in into this Plan will to a large extent depend on the user friendly nature of the products for stakeholders to utilize the information products produced by this Plan. There is no point at all in collecting data that cannot be used or will not be used. The ultimate use of data should serve to direct HIV control efforts at all levels: national, sectoral, district and the traditional authority and community levels. Data from the monitoring and evaluation of the national response will be disseminated widely to various stakeholders using different channels that will include the following:

- a. The Malawi National HIV and AIDS Partnership Forum to bring together stakeholders at national and district levels to share the information products of this Plan and those sourced from elsewhere by NAC. The stakeholders' partnership fora at national and district level will enable all categories of stakeholders share the HIV and AIDS status reports and other resources key for the strategic development and technical references for the national response interventions. It will also be the channel for sharing information on the national response in the preceding implementation period with key focus on the scope of service coverage, the best practices and management of challenging and emerging issues.
- b. Quarterly coordination and planning meetings with the HIV and AIDS Focal Persons in the ministries at National levels. National level quarterly coordination meetings with HIV and AIDS and M&E focal persons from SCEs including: national and international NGOs, networks of PLHIV, networks and umbrella organizations, Inter Faith Forum, private sector associations and federations, and the research and teaching institutions.
- c. District level quarterly HIV and AIDS Committee and Coordination meetings and feedback workshops. These will also be used to monitor progress of implementation of the HIV and AIDS and M&E activities within the districts, share any available HIV and AIDS information, identify the lessons learnt, challenges and constraints and then map the way forward.
- d. Traditional Authority stakeholders' forum involving all the Community development workers from the key sectors (Health, Education, Agriculture and Social welfare), the CBOs and NGO's operating in the localities and representatives of Area and Village Development Committees.
- e. Use of the print and electronic media by having airtime and newspaper space and pull outs in the widely circulated newspapers.
- f. Websites and electronic platforms or common email addresses to health partners forum. This will require:
  - Regularly uploading and updating the NAC and other linked websites
  - National, sectoral, district and other public and private Resource Centres
  - Stakeholder Mailing lists—electronic and manual
  - Stakeholder dissemination workshops
  - Coordination meetings of the Self Coordinating Entities (SCEs)
  - District Councils meetings
  - Training Workshops and Seminars
  - National Exhibitions at different fairs and days that involve exhibitions
  - National and International Conferences
  - Social and professional media platforms such as LinkedIn and Twitter.

## 12.0 MONITORING AND EVALUATION WORKPLAN

Result	Broad Activities	Timelines					Lead Agency	Annual Budget (US\$)					Total (US\$)	Funding Source	
		Yr1	Yr2	Yr3	Yr4	Yr5		Yr1	Yr2	Yr3	Yr4	Yr5			
M&E Plan Goal (NSP Goal): "Prevent HIV Infection and Mitigate the Impact of HIV and AIDS on the Malawian Population"															
Strategic Objective (Outcome) "Enhanced utilization of reliable and timely available strategic information for National HIV and AIDS Response management, response performance and epidemic assessments"															
Thematic Objective 1 : Strengthened leadership and Coordination of HIV and AIDS Monitoring and Evaluation (M&E)															
Output 1.1: Strengthened HIV and AIDS M&E Coordination units/function at National, sectoral, district and Umbrella Organizations (SCEs)	1.1.1: Review the structures of M&E National, sectoral, district and Umbrella Organizations (SCEs and define the TOR and Scope of work	X		X		X	MEIS TWG, NAC	16,160.00		16,160.00		16,160.00	48,480.00	Pool, CDC	
	1.1.2: Develop M&E managers' handbook on M&E planning, management, coordination and field support supervision for Overall National Multi-sectoral, Sectoral and District/ decentralised and SCE levels/constituencies	X							36,600.00					36,600.00	Pool
	1.1.3: Hold training and orientation workshops for M&E staff from NAC and Line ministry/ Sectoral FP						NAC,		7,360.00		7,360.00			14,720.00	CDC

Result	Broad Activities	Timelines					Lead Agency	Annual Budget (US\$)					Total (US\$)	Funding Source
		Yr1	Yr2	Yr3	Yr4	Yr5		Yr1	Yr2	Yr3	Yr4	Yr5		
	and Umbrella Organizations (SCEs)													
	1.1.4: Conduct National and district M&E Advocacy workshops, meetings and other promotional events for public and non-public sector leadership and Policy makers & programme managers	X		X			NAC, MEIS TWG	1,210.00		1,210.00			2,420.00	CDC
	1.1.5: Produce an M&E Calendar and a coordination tool or as part of an integrated response Year planner	X		X			NAC,	10,040.00		260			10,300.00	CDC
Output 1.2: Sted technical leadership, partnerships and for HIV and AIDS M&E	1.2.1: Review/ develop TORs of National MEIS TWG, and TORs for TWGs responsible for HIV M&E for Sectoral/ line ministries, District and SCEs	X					MEIS TWG	390					390	CDC
	1.2.2: Develop annual M&E Integrated Work plans	X	X	X	X	X	MEIS TWG	3,878.00	2,548.00	2,548.00	2,548.00	2,548.00	14,070.00	Pool
protocols and strategic reference resources	1.3.1: Production (print) and dissemination of full and popular versions of the National M&E Plan, NSP Results Framework,	X			X		NAC, MEIS TWG	15,000.00			9,000.00		24,000.00	UNAIDS , CDC

Result	Broad Activities	Timelines					Lead Agency	Annual Budget (US\$)					Total (US\$)	Funding Source	
		Yr1	Yr2	Yr3	Yr4	Yr5		Yr1	Yr2	Yr3	Yr4	Yr5			
	Indicator schedules														
	1.3.2: Develop and review M&E operational guidelines and protocols / guiding documentation on key HIV and AIDS M&E: SOP for Reporting, data management, DQA, Dissemination, institutional Communication policies	X					MEIS TWG, NAC	3,610.00						3,610.00	CDC
Sectoral and decentralised level HIV and AIDS Coordination structures supplied with office and field logistical	1.4.1: Procure Office and field equipment for M&E Coordination units/function at National, sectoral, district and Umbrella Organizations (SCEs)	X		X			NAC	106,992.00	139,684.00					246,676.00	CDC
Thematic Objective 2: Enhanced quantity and quality of Human resources for HIV and AIDS Monitoring and Evaluation															
M&E Human resources at units responsible for HIV and AIDS Coordination at National Sectoral and	2.1.1: Review the M&E HR status among the units / organizations responsible for M&E Coordination units/function at National, Sectoral, District and Umbrella Organizations (SCEs)	X		X			NAC	23,520.00		6,030.00				29,550.00	Pool

Result	Broad Activities	Timelines					Lead Agency	Annual Budget (US\$)					Total (US\$)	Funding Source	
		Yr1	Yr2	Yr3	Yr4	Yr5		Yr1	Yr2	Yr3	Yr4	Yr5			
	2.1.2: Establish an HIV and AIDS Capacity Building registry and data base of available training resources, trained human resource	X					NAC	40,400.00						40,400.00	Pool
	2.1.3: Support the sustenance of motivated staff in units / organizations responsible for M&E Coordination units/function at National, Sectoral, District and Umbrella Organizations (SCEs)	X	X	X	X	X	NAC								Pool
	2.1.4 Support recruitment and mobilisation of M&E HR in the units / organizations responsible for M&E Coordination units/function at National, Sectoral, District and Umbrella Organizations (SCEs) and Motivated M&E staff in.	X		X			MEIS TWG, NAC								Pool
management and technical	2.2.1: Develop National HIV M&E Training Programme and plan	X					MEIS TWG, NAC	16,160.00						16,160.00	Pool

Result	Broad Activities	Timelines					Lead Agency	Annual Budget (US\$)					Total (US\$)	Funding Source
		Yr1	Yr2	Yr3	Yr4	Yr5		Yr1	Yr2	Yr3	Yr4	Yr5		
	2.2.2: Develop relevant M&E skills among the HR in staff in units / organizations responsible for M&E Coordination at National, Sectoral, District and Umbrella Organizations (SCEs) based on National M&E Capacity Building Plan.		X	X					51,590.00	21,440.00			73,030.00	Pool (including GF) and CDC
Thematic Objective 3: Improved HIV and AIDS data collection, management and quality														
Output 3.1: Standard user-friendly routine HIV and AIDS data collection and reporting tools developed and or	3.1.1: Review, revise/develop, adopt and print out data collection and reporting tools & DQA protocol and tools for national, sectoral, district, chiefdom and SDP reporting levels with the right NSP/M&E Plan indicators	X	X	X	X	X	NAC, MEIS TWG	8,400.00	90	6,120.00	90	90	14,790.00	CDC
Output 3.2: Strengthened M&E support supervision, data quality assurance and quality audit processes	3.2.1: Develop, adopt, avail and promote the utilisation of standard data collection tools by all stakeholders	X	X	X	X	X	NAC, MEIS TWG	44,708.00	44,708.00	44,708.00	44,708.00	44,708.00	223,540.00	CDC
	3.2.2: Support the supervision and DQA function of the M&E Coordination units at	X	X	X	X	X	NAC							CDC

Result	Broad Activities	Timelines					Lead Agency	Annual Budget (US\$)					Total (US\$)	Funding Source
		Yr1	Yr2	Yr3	Yr4	Yr5		Yr1	Yr2	Yr3	Yr4	Yr5		
	National, Sectoral, District and Umbrella Organizations (SCEs) and implementing partners													
	3.2.3: Plan and support Data Quality Audits across the National response beyond projects	X		X		X	MEIS TWG							CDC
Output 3.3: Strengthened the data capture, analysis, storage and reporting systems of the HIV and AIDS implementing agencies	3.3.1: Promote the M&E Culture and Build Human Resource Capacity for data collection, management and Use			X		X	NAC, MEIS TWG			1,330.00		1,330.00	2,660.00	Pool
	3.3.2 Produce routine programme coverage/ progress monitoring reports for both National and international (i.e. UNGASS, Universal Access, SADC,...) reporting requirements	X	X	X	X	X	NAC, Districts, SCE, Devt Partners	16,520.00	48,480.00	16,520.00	48,480.00	16,520.00	146,520.00	Pool, UNAIDS
Thematic Objective 4: Strengthened systems to undertake HIV and AIDS and related biological and behavioural Surveillance, Surveys and Research														
AIDS surveillance and survey protocols reviewed/ developed, adopted and in use	4.1.1 Review/ develop Surveillance and survey protocols for: HIV at ANC clinics, Routine AIDS Case reporting, General Population sero Survey, MARPs Sero Surveillance, HIV Incidence surveys,	X	X	X	X	X	NAC, MEIS TWG	2,280.00	6,840.00	2,280.00	4,560.00	2,280.00	18,240.00	Pool (including GF)

Result	Broad Activities	Timelines					Lead Agency	Annual Budget (US\$)					Total (US\$)	Funding Source
		Yr1	Yr2	Yr3	Yr4	Yr5		Yr1	Yr2	Yr3	Yr4	Yr5		
	VCCT testing, Blood screening, DHS, STI , TB													
	4.1.2: Undertake HIV Surveillance of all the components above	X	X	X	X	X	MOH, NAC, MEIS TWG	4,750.00	2,029,784.00	4,750.00	1,065,928.00	968,606.00	4,073,818.00	USAID
Output 4.2: A national HIV and AIDS research and evaluation agenda developed, adopted and in use	4.2.1: Develop a new National Research and Evaluation agenda	X	X				MEIS TWG	1,655.00	27,235.00				28,890.00	CDC
	4.2.2: Review and adopt up to date TORs for the Research and Surveillance Committee and sub committees	X					MEIS TWG	325					325	
Strengthened Surveillance, surveys and research on HIV and AIDS	4.3.1: Support the undertaking of HIV and AIDS and related socio economic impact studies, surveys, research and		X		X		MOH, NAC		48,480.00	48,480.00	48,480.00	48,480.00	193,920.00	Pool (including GF)

Result	Broad Activities	Timelines					Lead Agency	Annual Budget (US\$)					Total (US\$)	Funding Source
		Yr1	Yr2	Yr3	Yr4	Yr5		Yr1	Yr2	Yr3	Yr4	Yr5		
	assessments.													
	4.3.2: Conduct mapping of National HIV and AIDS services & stakeholders	X		X			NAC , MEIS TWG	64,640.00		64,640.00			129,280.00	Pool (including GF)
	4.3.3: Conduct Health Sector HIV and AIDS related services surveys		X		X		MOH		48,480.00		48,480.00		96,960.00	Pool (including GF)
	4.3.4 Synthesize and Document HIV and AIDS Research Findings into biennially updated compendium		X		X		NAC, MEIS TWG		65,000.00		65,000.00		130,000.00	Pool
	4.4.2: Undertake Annual National Data validation	X	X	X	X	X	MEIS TWG							
Thematic Objective 5: Enhanced HIV and AIDS Information & Knowledge Management														
Output 5.3: An HIV and AIDS knowledge management policy developed, adopted and in use	5.3.1: Review/Develop a National HIV and AIDS Information Dissemination strategy	X	X	X			MEIS TWG	15,325.00	17,490.00	15,000.00			47,815.00	Pool
	5.3.2: Produce and disseminate adequate numbers of user friendly HIV and AIDS information products	X	X	X	X	X	NAC	153,545.00	121,330.00	153,545.00	120,000.00	153,545.00	701,965.00	Pool
	5.3.3: Establish linkages between websites and data bases with HIV and AIDS information		X					NAC, MPD C		48,480.00				48,480.00

Result	Broad Activities	Timelines					Lead Agency	Annual Budget (US\$)					Total (US\$)	Funding Source
		Yr1	Yr2	Yr3	Yr4	Yr5		Yr1	Yr2	Yr3	Yr4	Yr5		
	5.3.4.: Establish HIV and AIDS resource Centers (or integrate components in existing) at all HIV and AIDS Coordinating units at national, sectoral, district and SCE levels	X	X			X	NAC							Pool
Output 5.4: Enhanced Data Storage and interoperability of HIV and AIDS related data bases	5.4.1: Establish a National Master HIV and AIDS data base and strengthen existing national and sub national Data bases	X					NAC, MDP C	48,480.00					48,480.00	CDC
Thematic Objective 6: Strengthened HIV and AIDS Financial monitoring, budget and expenditure analysis														
Output 6.1: National HIV and AIDS Spending Assessments	6.1.1: Undertake a NASA Resource Tracking / HIV and AIDS expenditures			X		X	NAC, MPD C, NSO			83,240.00		83,240.00	166,480.00	UNAIDS
	6.1.2: Develop funding & resource utilization reporting criteria/ guides for institutionalization of resource tracking		X				NAC, OPC-DNHA, MPD C,							Pool
Total								641,948.00	2,700,219.00	495,621.00	1,457,274.00	1,337,507.00	6,632,569.00	



## 13.0 CONCLUSION - IMPLEMENTATION OF THE M&E PLAN

The 2015-2020 M&E Plan will be assessed based on the indicators and targets reflected in this plan. This will be done through the annual independent assessments, the Joint AIDS reviews and the Mid-term review of the implementation of the National HIV and AIDS Strategic Plan (NSP) 2011-2016.

Annually or at most every two years, the MEIS TWG shall also undertake an M&E Systems Strengthening Assessment (MESS) using the UNAIDS published assessment tool developed with the consensus of the leading M&E technical agencies. These assessments create opportunities for redirection of efforts in the national response by allowing for use of lessons learnt and addressing of any challenges, gaps and constraints that may be affecting an effective implementation of the M&E plan. Schedules for conducting these reviews have been reflected in the Implementation plan.

The M&E systems assessment findings presented in chapter one of this plan indicate that the national response has registered key and significant M&E system development achievements. These progress milestones relate to data collection for programme planning and performance management as well as for national and international level reporting requirements. The achievements notwithstanding, a number of yet significant weaknesses that threaten the quality of the response and its performance were also identified.

The following are the key conditions for building an effective M&E systems based on the current realities in the national HIV and AIDS response landscape, less of which, it may not be possible to build and sustain an effective M&E system and already attained benefits of the national response:

- i. An elaborate and strengthened M&E coordinating structure at the National HIV and AIDS secretariat (NAC as a coordinating authority of the national response in Malawi) to improve the current arrangements and to effectively offer strategic guidance to the national response beyond the constituent projects or sub grantees.
- ii. Minimum or threshold investment in M&E development in form of a project or any very coherently designed national undertaking to support the strengthening and sustenance of M&E planning and management and implementation by the key Units/ desks or offices responsible for M&E coordination at NAC, all line ministries, Secretariats of all Self Coordinating entities; Research and Training Institutions; the private sector and the district levels. The investment will include funding for strategic resources development; human resource skills development; coordination resources; field monitoring, support supervision and data quality assurance; data collection and management; production of appropriate information products and; advocacy, mobilization and dissemination capacity.
- iii. Sustained support for multi-response development and management by ensuring that there are resources and management support for the units responsible for HIV and AIDS coordination and monitoring at national, sectoral and decentralized levels are mobilized and sustained. This will enable these units undertake their core functions and thus a

sustained multi-sectoral response and M&E beyond the NAC coordinated projects and the health sector which has more developed M&E capacity that is to some reasonable extent already institutionalized. The absence of this multi sectoral support translates into a big vacuum of very limited action at both national workplace programmes and limited or an effective absence of participation of key line sectors at the national and district level. Without this line of HIV and AIDS mainstreaming and response strengthening, the generation of the vital non health sector indicators supposed to be generated by the sectors will at best be ad hoc. More importantly it may not be possible to generate indicators on the HIV and AIDS interventions supposed to reach some of the most vulnerable population such as in schools; population groups under social welfare like OVCs, elderly, community social support structures; population groups in the leisure industry; workplaces.

- iv. Sustained support to decentralized Response/ Initiatives (DRI) strengthening. The districts have to be supported to undertake strategic planning; operational planning, budgeting for HIV and AIDS as part of council plans; coordination and; mobilization and advocacy which will in turn provide an enabling environment for undertaking of M&E activities at the decentralized levels. There is also need to enhance the integration of HIV and AIDS support beyond the District Implementation Plans (DIP) that specifically focus only on HIV and AIDS to the District Development Plans with HIV and AIDS interventions. To have the HIV and M&E for HIV and AIDS response at district level enhanced, districts should be supported to develop multi-sectoral integrated HIV and AIDS plans with M&E components as operational tools for DDP and the respective HIV and AIDS Strategic Plans.