ISIFUNDAZWE SAKWAZULU-NATALI
PROVINCE OF KWAZULU-NATAL
PROVINSIE VAN KWAZULU-NATAL

Monitoring, Evaluation and Reporting Framework and Implementation Guide for the Multi-Sectoral Provincial Strategic Plan for HIV and AIDS, STIs and TB 2012-2016

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CONTENTS

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal clinic
ART	Antiretroviral therapy
ARV	Antiretroviral (drugs)
CBO	Community Based Organisation
CD HIV &AIDS	Chief Directorate HIV & AIDS in the Office of the Premier
CSO	Civil Society Organisation
DAC	District AIDS Council
DOE	Department of Education
DOH	Department of Health
FBO	Faith-Based Organisation
HBC	Home-Based Care
HCT	HIV Counselling & Testing
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
KZN	KwaZulu-Natal Province
KZNPSP	Multi-Sectoral Strategic Plan for HIV & AIDS, STIs and TB for KwaZulu-Natal 2012-2016
LAC	Local AIDS Council
ME&R	Monitoring, Evaluation & Reporting
MTCT	Mother-to-Child Transmission
NGO	Non-governmental Organisation
OVC	Orphans and Other Vulnerable Children
PCA	Provincial Council on AIDS Council
PEP	Post-exposure Prophylaxis
PLHIV	People/Person living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
STI	Sexually Transmitted Infection
TB	Tuberculosis

GLOSSARY OF TERMS

Activity	Actions taken or work performed through which inputs such as funds; technical assistance and other types of resources are mobilised to produce specific results (outputs). A related term is intervention.
Advocacy	Efforts made to get due support and recognition for a cause, policy or recommendation.
Assessing	The process that attempts to determine the merits or value of an intervention as systematically and objectively as possible.
Baseline	A situation or condition prior to putting in place an intervention
Civil-Society Organisations	A generic term for Non-Governmental Organisations, Faith Based Organisations and Community Based Organisations.
Constraints	Difficulties that impede action.
Data Element	A particular event or factor that must be counted or measured. An example of a data element would be male condoms in stock or male condoms distributed.
Gender Mainstreaming	A strategy to ensure that gender analysis is used to incorporate women's and men's needs, constraints and potential into all development policies and strategies and into all stages of planning, implementing and evaluation of development interventions.
HIV & AIDS Mainstreaming	HIV & AIDS mainstreaming implies that HIV & AIDS responses are aligned with the core mandate of the sector, and not considered an 'add-on' issue. It means that all sectors determine how the spread of HIV is caused or contributed by their sector; how the epidemic is likely to affect their sectors goals, objectives and programmes and where their sector has a comparative advantage to respond to limit the spread of HIV; and to mitigate the impact of the epidemic.
Infant Mortality Rate	The number of children less than 12 months old who die annually per 1000 live births.
Impact Indicator	Measures the extent to which the goal has been achieved. These are usually longer term achievements and are measured at population level, assessing changes in health patterns which have resulted from the outcomes of the plan.
Implementation	To carry out an action as per laid out plan as a means to achieving specific objectives and goals.
Information Management	The collation, storage and use of information in a systematic and optimal manner taking into account resources availability in terms of human, financial and time resources to bring about the desired benefits and realise the intended goals.
Life Skills	Practical skills and values to prepare a child, youth or adult for real living and to be more self-assured and self-reliant. Subject content often includes teaching people how to protect themselves from harm, including HAST infection.

Marginalised or Disadvantaged	These two terms are used almost interchangeably, and refer to those people in society who are deprived of opportunities for living a reasonable life and for self-respect which is regarded as normal by the community to which they belong.
Measure	To determine size, magnitude or extent of certain parameters by comparing it with a fixed unit or to a certain quantity
Management	The application of certain skills and resources in terms of human, information, financial and time to bring about benefits and realise the intended goals of the system in the most optimum way.
Mitigation	Efforts made to reduce the severity or appease the expected impact or outcome.
Monitoring	The process of tracking or measuring what is happening. This includes measuring progress in relation to an implementation plan for an intervention/programme /projects, activities, strategies and/ or policies.
Multi-Sectoral HAST Response	This refers to the involvement of all sectors/organisations in responding to the HIV & AIDS, STIs and TB through interventions/projects and programmes usually based on the comparative advantage these sectors/organisations have in a particular field.
Orphan	A child whose parent or parents have died. An orphan may be classified as maternal (one who has lost a mother), paternal (one who has lost a father) or double orphan (one who has lost both parents).
Outcome Indicator	Measures changes that result from the outputs (usually relatively short term) e.g. changes in knowledge, attitudes and behaviour. Outcome indicators show to what extent planned results have been achieved.
Output	This refers to information, products, or results produced by undertaking activities or projects in the immediate.
Output Indicator	Measure the products (or desired results) of services and systems that are put in place through activities of the plan. Examples are; staff trained and clients served. They show achievement (what activities have been completed) in terms of stated interventions.
Process	Refers to a set of activities in which programme/project resources are used to achieve the results expected from the programme.
Process Indicator	Measures the activity (ies) in which the programme resources are used. An example is training sessions conducted. Process indicators show what tasks and activities are being implemented in order to achieve the desired result/s.
Psychosocial Support	Physical, economic, moral or spiritual support provided to an individual under any form of stress.
Stigmatisation	The process of labelling individuals (mostly negatively) with the intent of treating them differently.
Strengths	Those characteristics that can be regarded as bringing benefits to the system. Strengths can be built upon to make the system more beneficial.
Voluntary Counselling and Testing	A confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV and AIDS, including testing for HIV.

Vulnerable Child	A child who has been, is in, or is likely to be in, a situation, where they may suffer physical, emotional or mental harm and includes children with special needs such as those with physical or mental disability.
Weaknesses	Those characteristics that can be regarded as bringing disadvantages to the system. Weaknesses could result in part or the entire system failing to function to the required standard.
Workplace	Refers to occupational settings, stations and places where workers spend time for employment.

Strategic Foundation of the Multi-sectoral Provincial Strategic Plan for HIV & AIDS, STIs and TB 2012-2016 for KwaZulu-Natal

Vision

A KwaZulu-Natal Province that has **zero** new HAST infections, **zero** new infections due to vertical transmission, **zero** preventable deaths associated with HIV and TB and **zero** discrimination associated with HIV and TB

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Mission

The people of the Province of KwaZulu-Natal, **commit** themselves to putting in place a well- coordinated, managed and demonstrably **effective** response to HIV and AIDS, STI and TB informed by **evidence** and geared towards **eliminating** new infections and ensuring a high **quality** of life for the infected and affected.

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Values

Transparency and Accountability

Partnerships, Collaboration and Collective Accountability

Public Participation and Involvement

Upholding Human Rights and Equity

Integrity and Ubuntu

EXECUTIVE SUMMARY

Purpose, Goals & Objectives: This monitoring, evaluation and reporting (ME&R) framework has been put in place as part of the support to the ME&R function of implementation of the HAST multi-sectoral response over the next five years (2012-2016). The framework aims to enhance coordination; harmonise efforts in HAST M&E and reporting; and sets the basis for increased collaboration and information exchange among the stakeholders in the province. It also provides opportunities for increased collective actions and defines the following:

1. Common objectives for ME&R and reporting in the province
2. Core indicators at impact, outcome and output levels
3. Reporting and information flow and;
4. The role of the various stakeholders in ME&R and reporting of the response.

The goal of the framework is to provide guidance on a standardised and coordinated data collection, analysis, use and information sharing system in order to enhance tracking progress on the implementation of the provincial multi-sectoral response to HAST. The objectives of the framework are as follows:

1. To assist all stakeholders in gathering and reporting information that will be used to monitor and evaluate the provincial HAST strategy 2012-2016
2. To harmonise, standardise and coordinate reporting for the multi-sectoral response in the province
3. To guide stakeholders in the development and strengthening of their sectoral level ME & R systems
4. To contribute to the reporting needs of the national response
5. To contribute in identifying capacity building and technical assistance needs in the area of ME&R in the province
6. To promote the culture of ME&R, the need for systematic data collection and utilisation amongst all stakeholders

The KZN HAST Monitoring, Evaluation and Reporting System: The KZN HAST ME&R system comprises the following four key components crucial to achieving the system's purposes; products/outputs; processes leading to generation of reports; guiding documents; human resources and informatics.
Products/outputs comprise of reports ranging from those produced on a quarterly basis to review reports and special studies reports. Processes comprise of activities leading to development of these reports while guiding documents are put in place to support stakeholders in adhering to the processes. Human resources and informatics are also support components to ensure that processes are implemented.

The Framework for Monitoring, Evaluation & Reporting of HAST Response for KZN: The result framework depicted below forms the foundation upon which the entire KZN HAST response will be implemented for the next five years. It provides a coherent chain of results that lead towards the attainment of the provincial HAST long term vision as shown by the figure below.

Core Indicators: Core indicators are critical components of the framework. Stakeholders will be expected to adhere to data elements that will generate information for these indicators when reporting.

For the HAST response, core indicators have been developed in line with the goals, objectives and interventions of the KZNPSP 2012-2016. They are classified into impact, outcome and output indicators. In developing/selecting the indicators, cognisance was taken of the national, regional and global indicators. Below is a list indicators grouped according to the strategic objectives (SO).

Core Indicators for Strategic Objective 1: Addressing Social and Structural Drivers of HAST Prevention, Care and Impact

Impact Indicators

Data Source: Population based surveys, Special Studies

Frequency of Reporting: At mid-term and end-term

1. Multiple Poverty Index[1]
2. Stigma Index[2]
3. Gender Inequality Index[3]

[1] Parameters for the index include measures of Health- (Child Mortality & Nutrition); Education(Years of schooling/Children enrolled) Cooking fuel/Toilet/Water: Livings Standards (Electricity/Floor/Assets)

[2] The index focusses on stigma among PLHIV focusing on external & internal stigma, accessibility to work, health education; rights laws and policies; and advocacy among others.

[3] The gender Inequality index is measured by reflecting women's disadvantage across the following three areas, reproductive health, empowerment and labour market. The health dimension is measured by MMR & adolescent fertility rate; Empowerment is measured by parliamentary seating and secondary and higher level educational attainment while the labour dimension is measured by female participation in the workforce.

Outcome Indicators

Data Source: Population based surveys; multiple indicator surveys and routine programme data

Frequency of Reporting: 2 yearly

Objective Area: Poverty, unemployment and gender inequality

1. Percentage of population with clean and sustainable water sources within 200m
2. Percentage of population with access to sanitation within yard
3. Percentage of the population with adequate housing
4. Percentage of the population with electricity as source of lighting in their household
5. Percentage of the population using other sources of cooking fuel other than firewood
6. Percentage of population with at least 8 years of formal schooling
7. Percentage of children enrolled in schools
8. Percentage of labour force in employment
9. Percentage of women who have ever experienced sexual violence from an intimate partner
10. Percentage of women aged 18-24 who were married before the age of 18
11. Percentage of men that agree that women should have same rights as men

Objective Area: Orphans & Vulnerable Children

1. Percentage of orphans and vulnerable children aged 0-17 whose households have received at least basic external support in caring for the child/children
2. Percentage of child headed households placed in the supervision of an adult
3. Percentage of child headed households receiving care and support services
4. Current school attendance among orphans and non-orphans aged 10-14

Output Indicators

Data Source: Routine programme data

Frequency of Reporting: Quarterly

Intervention Area: Impact of OSS

1. Number of households profiled
2. Number of households with established gardens
3. Number of community gardens established
4. Number of schools with established gardens
5. Number of fixed primary health facilities with established gardens
6. Number of hospitals with established gardens
7. Number of hectares under food production
8. Food kilograms produced by the communal gardens
9. Number of people referred for ID documents

10. Number of people that obtained ID documents
11. Number of people referred for birth certificates
12. Number of people that obtained birth certificates
13. Number of people referred for HAST services
14. Number of people that received HAST services
15. Number of households connected to a source of electricity supply
16. Number of households connected to a piped water supply source
17. Number of households connected to sanitation services
18. Number of support groups engaged in income generating activities
19. Number of people in employment

Intervention Area: Community Mobilisation & Promotion of positive social-cultural norms and values

1. Number of people aged 25-49 reached with prevention awareness campaigns including anti-gender based violence information
2. Number of commercial sex workers reached with prevention awareness campaigns including anti-gender based violence information
3. Number of long distance truck drivers reached with prevention awareness campaigns including anti-gender based violence information
4. Number of miners reached with prevention awareness campaigns including anti-gender based violence information
5. Number of PLHIV reached with prevention awareness campaigns including anti-gender based violence information
6. Number of young people (aged 15-25) reached with prevention awareness campaigns including anti-gender based violence information
7. Number of children under 15 years reached with prevention awareness campaigns including anti-gender based violence information
8. Number of LGBTI reached with prevention awareness campaigns including anti-gender based violence information
9. Number of people living in hostels reached with prevention awareness campaigns including anti-gender based violence information
10. Number of prison inmates reached with prevention awareness campaigns including anti-gender based violence information
11. Number of farm dwellers reached with prevention awareness campaigns including anti-gender based violence information

12. Number of people in informal settlements reached with prevention awareness campaigns including anti-gender based violence information
13. Number of substance abusers & IDUs reached with prevention awareness campaigns including anti-gender based violence information
14. Number of people with disabilities reached with prevention awareness campaigns including anti-gender based violence information

Intervention Area: Orphans & Other Vulnerable Children

1. Number of registered OVC
2. Number of registered OVC of school going age in school
3. Number of OVC of school going age that are not in school
4. Number of registered OVC receiving care and support
5. Number of registered OVC with access to social grants
6. Number of identified child headed households
7. Number of identified child headed households receiving care & support
8. Number of identified child headed households with access to social grants
9. Number of OVC in alternative care
10. Number of children enrolled in early childhood facilities

Intervention Area: Community Support for Infected & Affected

1. Number of registered community organisations
2. Number of registered community organisations providing HAST related services to infected & affected
3. Numbers of clients receiving HAST related services provided by registered community organisations
4. Number of eligible adults receiving palliative care services
5. Number of eligible children receiving palliative care services
6. Number of people receiving psycho-social support
7. Number of people with disabilities receiving care and support

Intervention Area: Life Skills

1. Number of learners reached with life-skills focussed campaigns
2. Number of learners pregnant

Intervention Area: Workplace Programmes

1. Number of employers organisations with workplace HAST policies
2. Number of employees reached with prevention awareness information
3. Number of employee wellness testing sessions held in the workplace

4. Number of employees pre-test counselled during wellness testing sessions
5. Number of employees testing for HIV
6. Number of employees testing positive for HIV
7. Number of employees disclosing their HIV + status
8. Number of employees in need of psycho-social support receiving counselling
9. Number of employees screened for TB
10. Number of employees referred for clinical TB testing
11. Number of male condoms distributed in the workplace
12. Number of female condoms distributed in the workplace
13. Number of employees registered on aid to AIDs programme via their respective medical aids

Core Indicators for Strategic Objective 2: Prevention of HIV, STIs and TB Infection

Impact Indicators

Data Sources: Annual, mid and end term evaluations, Surveys (KYR, KYE, Sentinel Surveillance), Routine programme data

Frequency of Reporting: Annual, Mid and End Term

1. HIV incidence in the general population
2. HIV prevalence among men and women aged 15-24
3. HIV prevalence in key populations
4. TB prevalence
5. TB incidence
6. STI incidence

Outcome Indicators

Data Source: Population based surveys e.g. Behaviour surveys

Frequency of reporting: 2 year basis

Objectives Area: Behaviour Change

1. Percentage of women and men age 15 - 49 who have had more than one sexual partner in past 12 months
2. Percentage of women and men age 15 - 49 who have had more than one sexual partner in past 12 months reporting use of condom during their last sexual intercourse
3. Percentage of women and men aged 15 - 24 who reject misconceptions about HAST transmission
4. Percentage of women and men aged 15 - 24 who correctly identify ways of preventing sexual transmission of HIV

5. Percentage of young men and women aged 15-24 who have had sexual intercourse before 15
6. Percentage of deliveries to mothers less than 18 years in the last 12 months
7. Median age of partners of pregnant women aged 15-19

Objective Area: Prevention of Mother to Child Transmission

1. Percentage of infants born to HIV mothers who are HIV positive at 6 around weeks and 18 months post- partum

Objective Area: Male Medical Circumcision

1. Percentage of males aged 0-49 that have undergone circumcision

Objectives Area: Sexually Transmitted Infections

1. Percentage of population 15 years and above and treated with STI

Objectives Area: HIV Testing & TB Screening

1. Percentage of men and women aged 15-49 who received an HIV test in the last 12 months and know their results
2. Percentage of people falling under the key population group that have received an HIV test in the last 12 months and know their results
3. Percentage of men and women aged 15-49 who have been screened for TB in the last 12 months

Objective Area: Condoms Distribution

1. Percentage of men and women aged 15-49 who report easy access to condom at last sex

Objective Area: Tuberculosis Treatment

1. TB Cure rate
2. Annual smear positive defaulter rate

Objective Area: HIV transmission through Occupational Exposure/Sexual Violence

1. Number of individuals with new HIV infections due to occupational exposure
2. Number of individuals with HIV due to non-occupational risk exposure

Output Indicators

Data Source: Routine programme data

Frequency of reporting: Quarterly

Intervention Area: Contraceptives Access

1. Number of family planning acceptors aged 18 years and older
2. Number of family planning acceptors under 18 years
3. Couple year protection rate[4]

Intervention Area: PMTCT

1. Number of infants born to HIV positive women
2. Number of Infants baby PCR test done around 6weeks
3. Number of infants baby PCR tested positive around 6 weeks
4. Baby PCR tested positive at around 6 weeks rate
5. Number of ANC clients first visit
6. Number of ANC clients first visit test positive
7. ANC clients first visit positive rate
8. Number of ANC clients first visit know HIV positive (not on HAART)
9. Number of ANC clients retest positive at 32 weeks or later
10. Number of ANC clients initiated on AZT
11. ANC clients initiated on AZT rate
12. Number of clients already on HAART
13. Number of ANC clients eligible for HAART
14. Number of eligible ANC clients initiated on HAART
15. ANC clients initiated on HAART rate

Intervention Area: Male medical circumcision

1. Number of males aged 15-49 undergoing male medical circumcision

Intervention Area: Maternal Child & Women's Health

1. Number of deliveries less than 18 years at public health facilities
2. Number of maternal deaths at public health facilities
3. Number of infant deaths at public health facilities

[4] No. of people accessed the protection/ sexual active population

Intervention Area: Sexually Transmitted Infections

1. Number of new STI episodes treated
2. Number of new STI partners treated
3. STI partner treatment rate

Intervention Area: HCT & TB Screening

1. Number of new HIV tests carried out
2. Number of new HIV positive cases
3. Number of HCT clients screened for TB
4. Number of TBHIV + cases obtained

Intervention Area: TB Treatment

1. Number of people screened for TB
2. Number of TB positive people
3. Number of TB patients completing treatment
4. Number of people who defaulted from treatment

Intervention Area: Condoms Distribution

1. Number of male condoms distributed (PUBLIC HEALTH FACILITY)
2. Number of male condoms distributed by non-traditional/non-health facilities
3. Male condoms distribution rate
4. Number of female condoms distributed

Intervention Area: Prevention of HIV Transmission from Occupational Exposure, Sexual Violence

1. Number of accidentally exposed workers who receive PEP
2. Number of new sexual assault cases
3. Number of new sexual assault cases given ARV prophylaxis
4. Number of new sexual assault cases who test HIV+ prior to PEP
5. Number of sexual assault cases reported after 72 hours

Core Indicators for Strategic Objective 3: Sustaining Health and Wellness

Impact Indicators

Data Source: Mid and end term evaluations, Routine programme data, and vital registration

Frequency of Reporting: Mid and end term

1. Cause specific mortality rate (AIDS related)
2. Cause specific mortality rate (TB related)

Outcome Indicators

Data Source: Mid and end term evaluations, Routine programme data

Frequency of Reporting: 2 year basis

Objective Area: Anti-retroviral therapy

1. Percentage of eligible HIV positive adults receiving antiretroviral therapy
2. Percentage of eligible HIV positive children receiving antiretroviral therapy
3. Percentage of adults with HIV known to be on treatment 12 months after initiation of antiretroviral therapy
4. Percentage of children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

Objective Area: TB & HV co-infection

1. Percentage of TBHIV patients initiated on ART

Objective Area: Access to Support

1. Percentage of PLHIV whose households receive appropriate package of services
2. Percentage of patients in need of supportive and palliative care receiving comprehensive package of care in the past 12 months

Output Indicators

Data Source: Routine programme Data

Frequency of reporting: Quarterly

Intervention Area: Comprehensive ART services & Adherence Monitoring

1. Number of children receiving ART
2. Number of adults receiving ART
3. Number of ART patients de-registered due to loss of follow up
4. Number of ART patients de-registered due to death

Intervention Area: Access to TB/HIV Services, Social Mobilisation & Adherence

1. Number of TB patients with DOTS supporters
2. Number of TB/HIV patients started on CPT

Core Indicators for Strategic Objective 4: Ensuring Protection of Human Rights and Improving Access to Justice

Impact Indicator

Data Source: Population Based Survey

Frequency of Reporting: Mid & End Term

1. Composite Policy Index in the area of human rights promotion and protection

Outcome Indicators

Data Source: Mid and end term; Routine programme data

Frequency of reporting 2 years basis

Objective Area: Stigma & discrimination

1. Percentage of people who report that leadership is visible, decisive and effective in promoting human rights within the province

Objective Area: Legislation and Policy

1. Percentage of stakeholders adhering to legislation and policies relating to human and legal rights
2. Percentage of the population aware of policy framework and legislation relating to HAST and human rights

Objective Area: Greater Involvement of People living with AIDS

1. Percentage of organisations of PLHIV, LGBT and other marginalised groups reporting involvement in the HAST response

Output Indicators

Data Source: Routine programme data

Frequency of reporting: Quarterly

Intervention Area: Capacity Development

1. Number of PLHIV & other marginalised groups trained on human & legal rights

Intervention Area: Orientation on policy framework and legislation

1. Number of stakeholders orientated on policy framework and legislation relating to HAST, gender & human rights

Intervention Area: Public Awareness Campaigns

1. Number of people reached with awareness campaigns on human & legal rights

Intervention Area: PLHIV & Other Groups Representation

1. Number of coordination structures with representation of PLHIV& other marginalised groups

Intervention Area: Access to Justice

1. Number of gender based cases reported to the police
2. Number of gender based cases reported to police resulting into conviction
3. Number of rights violations cases reported to the police
4. Number of rights violations cases reported to the police resulting in conviction

Core Indicators for Strategic Objective 5: Coordination, Monitoring and Evaluation

Impact Indicator

Data Source: Mid-term and end-term evaluations

Frequency of reporting: End term

1. Percentage achievement of impact and outcome targets

Outcome Indicators

Data Source Mid-term and end-term evaluations

Frequency of reporting: 2 years

Objectives Area: Effective coordination & management

1. Percentage of sectors/stakeholders reporting satisfaction with HAST coordination and management in the province
2. Provincial council on AID fully functional[5]

Objectives Addressed Monitoring, Evaluation & Reporting:

1. Percentage of DAC providing quarterly reports on a timely basis using recommended tools
2. Percentage of LAC providing quarterly reports on a timely basis using recommended tools
3. Percentage of WAC providing quarterly reports on a timely basis using recommended tools
4. Percentage of coordination structures providing quarterly reports on a timely basis using recommended tools
5. Percentage of annual output targets of the KZNPSP2012-2016 achieved

Output Indicators

Data Source Routine programme data

Frequency of reporting Quarterly

Intervention Area Coordination, Monitoring & Reporting

1. Number of DAC holding meeting as scheduled
2. Number of DAC in which at least 70% of designated DAC members attended meeting
3. Number of DAC meeting chaired by designated chairpersons
4. Number of DAC submitting quarterly report to PCA secretariat in a timely manner
5. Number of DAC submitted minutes of meeting to PCA secretariat in a timely manner
6. Number DAC submitted minutes of LAC meeting to PCA secretariat in a timely manner

[5] A fully PCA monitors the implementation of KZNPSP 2012-2016 operational plan through timely quarterly reporting to the meetings; holds meetings as scheduled in which at least 70% of designated members attend; is chaired by the designated chair and submits a report with complete data to the line structure.

7. Number of LACs holding meetings as scheduled
8. Number of LAC meetings in which at least 70% of designated members attended meeting
9. Number of LAC meeting chaired by designated chairpersons
10. Number of LAC submitting quarterly report to DAC in a timely manner
11. Number of LAC submitting minutes of meeting to DAC
12. Number of WACs holding meetings as scheduled
13. Number of WAC meetings in which at least 70% of designated members attended
14. Number of WACs meeting chaired by designated chairpersons
15. Number of WACs submitting quarterly report to LAC secretariat in a timely manner
16. Number of WACs submitting minutes of meeting to LAC secretariat
17. Number of functional war rooms

Intervention Area: Research

1. Number of research projects initiated
2. Number of research projects completed
3. Number of research projects whose findings are disseminated

Data Collection: Data will be obtained from four main sources namely: routine programme data; regular surveys conducted for national level purposes. and through commissioning of specific studies and scientific, social and economic impact studies by other stakeholders and research institutions.

Reports: Reports are a critical output of a functional monitoring, evaluation and reporting system, of which information generated will be used for planning and decision making purposes[6]. Monitoring reports that the system will produce will include; quarterly reports; operational research reports and programme/project reports**.** Evaluation reports to be produced by the system will be as follows- behavioural surveillance surveys (BSS); biological surveillance reports; HAST strategy annual review report, HAST mid-term evaluation report, HAST end-term evaluation report and scientific, social & economic research.

Data and Information flow: A standardised and clearly defined data and information flow system from ward level to provincial level will facilitate reporting and ensure that movement of data and information is consistent. Implementing organisations and coordination structures will be expected to adhere to the system.

Implementation of the Framework: Successful functioning of the monitoring, evaluation and reporting system at all levels will be based on defined structural arrangements; ME&R components which is prerequisite to a functional ME&R system; clear ME&R activities and; information,

[6] Refer to M&E diagram on page 29

dissemination and reporting structures. Therefore all coordinating structures will have specifically defined structural arrangements, ME&R components; clear ME&R activities and information, dissemination and reporting patterns that will be followed.

Roles of Coordination Structures and Implementing Partners: Role clarity is critical to a smooth functioning of coordination, monitoring, evaluation and reporting. It is aimed contributing to addressing some of the challenges experienced in the previous implementation period. Role clarity will be defined for key stakeholders of the framework viz; implementing stakeholders, coordinating structures and development partners.

INTRODUCTION

The monitoring, evaluation & reporting (ME &R) framework for the multi-sectoral provincial strategic plan for HIV & AIDS, STIs and TB (HAST) 2012-2016 for KwaZulu-Natal is integral to the monitoring, evaluation and reporting system of the multi-sectoral response in the province. It sets out the parameters within which ME&R of the strategic plan will be implemented and in doing so provides guidance in the areas of indicators; tools development; data collection, collation; analysis and use; reporting and information flow. This framework should contribute to the full functionality of the KZN provincial HAST M E&R system and is directed to and meant for use by all stakeholders involved in the response at all levels.

This document is divided into four sections. Section one provides background information through discussing the multi-sectoral response and the status of the monitoring, evaluation and reporting in the province. The section details the five strategic objectives that are the focus of the response over the next five years and links these with the provincial and national goals. Particular attention is paid to the weaknesses and challenges of monitoring, evaluation and reporting to provide a snapshot of status an emphasis of the need to adequately implement the monitoring, evaluation and reporting function. Section two then dwells on the rationale, purpose, goals and objectives of the framework and mentions the guiding principles for development and implementation of the document. Sections three and four discuss the monitoring, evaluation and reporting system of the province and implementation of the framework respectively. The former section focusses on the theoretical aspects by looking at some key terms and main components of an ME&R system and also discusses indicators, data collection, reporting, evaluation and data and information flow. This theoretical basis then sets the stage for the latter section discussing implementation of the framework at local, district and provincial level. It also specifies the roles of different stakeholders in an effort to provide role clarity during the implementation stage.

1: BACKGROUND INFORMATION

1.1 The Multi-Sectoral Provincial HAST Strategy for HIV & AIDS and STIs Response

The provincial multi-sectoral plan for HIV & AIDS, sexually transmitted infections and tuberculosis (HAST) 2012-2016 identifies five strategic objectives in line with the National Strategic Plan (NSP) 2012-2016 which define the focus of the province in responding to HAST. The five are:

1. Addressing Social and Structural Drivers of HAST Prevention, Care and Impact
2. Prevention of HIV, STI and TB Infections
3. Sustaining Health and Wellness
4. Ensuring Protection of Human Rights and Improving Access to Justice
5. Coordination, Monitoring and Evaluation

The corresponding goals are as follows:

1. To reduce vulnerability to HAST due to poverty, socio-cultural norms and gender imbalance by 2016
2. To reduce new HIV infections to less than 1% by 2016
3. To reduce new smear positive TB infection to less than 200 per 100000 population by 2016
4. To reduce STI incidence to less than 0.5% by 2016
5. To reduce mortality, sustain wellness and improve quality of life to at least 80% of those infected and affected by 2016
6. To reduce vulnerability to HAST by creating a supportive policy, human rights and regulatory environment and; promoting desirable social norms in the province by 2016
7. To have a well-coordinated provincial response to HAST that is informed by an effective ME &R system by 2016

The above goals are aimed at contributing to the broader NSP 2012-2016 goals of:

1. Reduce new HIV infections by at least 50% using combination approaches
2. Initiate at least 80% of eligible patients on antiretroviral treatment (ART) with 70% alive and on treatment five years after initiation
3. Reduce the number of new infections as well as deaths from TB by 50%
4. Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP
5. Reduce self-reported stigma related to HIV & TB by at least 50%

The strategic plan has been developed to depict the logical flow of goals, objectives, targets and indicators. Its implementation and coordination are therefore underpinned by the existence of one coordination authority and one monitoring, evaluation and reporting system.

1.2 Status of M&E for HAST in KwaZulu-Natal

An assessment[7] on monitoring, evaluation and reporting system in the province carried out with the aim of providing information that would contribute to the development of an ME&R system confirmed the following:

1. That indeed a wide range of stakeholders were involved in the response through provision of various services and that all target groups were at least being targeted with some form of service(s)[8]. Hence there was setting for a multi-sectoral response.
2. That there is a commitment to improve ME&R in the province
3. That some level of ME&R and information management already existed amongst various stakeholders; these included availability of specific indicators; evidence of regular data collection; availability of data collection instruments; availability of informatics capacity within some stakeholder organisations and the practice to a certain extent of reporting and data utilisation.

On the other hand, the assessment indicated that:

1. There was lack of linkage between data collection and indicators expected to be generated, particularly amongst civil society organisations (CSO).
2. Data collection tools were in most cases not standardised resulting in information collected not being uniform.
3. Human resource capacity in terms of numbers and skills in ME&R was a challenge.
4. Information flow was one-way (bottom-up) with minimal feedback provided to implementers.
5. Low information utilisation practice especially within provincial level entities was also evident

The review of the provincial strategic plan for the period 2007-2011 revealed progress in the area of ME&R having put in place one overarching ME& R system which together with one co-ordinating authority at various levels had consolidated the “Three Ones” principle. Despite stakeholders’ positive view of the role of ME&R, the review noted among others that ME&R practice remained low and stakeholder ME&R indicators were not fully aligned to those of the multi-sectoral ME&R system.

[7] See “The Assessment Report-Development & Implementation of the KZN M&E System” Chief Directorate of HIV & AIDS, Office of the Premier; 2007: Out of this assessment, the province was able to put in place an M, E &R system.

[8] According to the KwaZulu-Natal HIV- Related Services Directory Series 4 2011, 2352 organisations are involved in HIV & AIDS Services delivery in the Province.

2: DEVELOPMENT OF THE PROVINCIAL HIV & AIDS, STIs and TB MONITORING, EVALUATION & REPORTING FRAMEWORK

2.1 Rationale of the ME&R Framework

Development of the ME&R framework was necessitated to support the strategic plan that will drive the response for the next five years i.e. 2012-2016. In addition, it was critical that the ME&R successes be built upon and the prevailing challenges and gaps be addressed. In this regard, this framework is part of the continued development of the system. The framework will play a key role with regards to the following:

- **Coordination of the multi-sectoral HAST response at all levels:** The primary function of the AIDS councils is coordination of the response. The ME&R framework will contribute to this function by providing the AIDS councils with information to monitor progress of the response in a standardised and harmonised manner. Local, district and provincial coordinating authorities will monitor the response through information generated by the guidelines contained in this framework.
- **Tracking progress in the provincial HAST response:** The ME&R framework will provide guidance to ensuring implementation of holistic tracking of progress of the multi-sectoral response in the province.
- **Tracking performance on the goals, objectives and interventions targets of the provincial strategy:** The KZNPSP has in place clear goals, objectives, interventions and targets to guide the provincial implementation. The framework is the foundation for tracking performance based on a logical flow and gives an opportunity for a standardised tracking of performance.
- **Meeting the local, district, provincial national and international reporting obligations:** The KZN response is part of the national and the global response. The province is therefore obligated to report to the national level and thereby contribute to global level reporting. The framework will assist the province meet this obligation through the use of standardised tools and indicators aligned to national and global indicators.

This framework was developed through participation, consultations and consensus with numerous stakeholders at all levels.

2.2 Purpose

The purpose of the KZN HAST Framework is to enhance coordination; harmonise efforts in HAST ME&R; set the basis for increased collaboration and information exchange among the stakeholders in the province**.** It defines the following:

1. Common objectives for ME &R in the province
2. Core indicators at impact, outcome and output levels
3. Reporting and information flow and;
4. The role of the various stakeholders in M&E and reporting of the response.

2.3 Goal and Objectives

Goal: The goal of the framework is to provide guidance on a standardised and coordinated data collection, analysis, use and information sharing system in order to enhance tracking progress on the implementation of the provincial multi-sectoral response to HAST.

Objectives: The objectives of the framework are as follows:

1. To assist all stakeholders in gathering and reporting information that will be used to monitor and evaluate the provincial HAST strategy 2012-2016
2. To harmonise, standardise and coordinate reporting for the multi-sectoral response in the province
3. To guide stakeholders in the development and strengthening of their sectoral level ME&R and reporting systems
4. To contribute to the reporting needs of the national response
5. To contribute in identifying capacity building and technical assistance needs in the area of ME&R and reporting in the province
6. To promote the culture of ME&R and reporting, the need for systematic data collection and utilisation amongst all stakeholders

2.4 Guiding Principles

The development of this framework was guided by the following key principles

1. **Decentralisation:** Where coordination and reporting requirements are decentralised to the local and district municipal levels
2. **Mainstreaming:** Where HAST ME&R becomes integral to overall ME&R and reporting functions of stakeholders
3. **Practicality:** Where data collection, analysis and reporting remains practical and feasible
4. **Relevance:** Where the framework, as part of the entire ME&R and reporting system is consistent with beneficiaries requirements including stakeholders; country needs and global needs.
5. **Simplicity:** Where the indicators, procedures and processes remain simple and easy to apply by all stakeholders
6. **The "Three Ones" principle:** Where the framework contributes to one ME&R and reporting system together with one coordinating structure and one HAST strategy as part of the whole.

3: THE MONITORING, EVALUATION AND REPORTNG SYSTEM FOR MULTI-SECTORAL RESPONSE TO HIV & AIDS, STIs and TB FOR KWAZULU-NATAL PROVINCE

3.1 Some Key Terms

The key terms[9] relating to the KZN HAST ME&R system are defined below. These are aimed at contributing towards stakeholders having a uniform understanding and ensure consistency in the application of the monitoring, evaluation and reporting.

Evaluation: Evaluation refers to the systematic process of collecting and analysing data in order to determine whether and to what degree the strategic goals and objectives have been or are being achieved. Evaluation therefore measures how well the project/programme activities have met expected objectives and/or the extent to which changes in outcomes can be attributed to the project/programme or intervention. Evaluation is episodic and looks at overall achievements of goals and objectives. It focuses on determining the impact.

Monitoring: Monitoring refers to routine regular collection and analysis of data to assist in timely decision making and in ensuring accountability. Monitoring looks at what activities have been done and the corresponding outputs that have been attained. It provides the basis for evaluation and learning.

Research: Research refers to activities based on investigative questions aimed at discovering, interpreting and revising knowledge on different aspects, in this case the HAST response. Research may be used to gather information for both monitoring and evaluation purposes.

Core Indicators: Core indicators are closely linked to the concept of minimum data/indicator set i.e. the minimum amount of data required to provide a sufficient perspective of the situation. Core indicators will usually be aligned to information required at national and global level, but are critical at local level (provincial, district, ward) to allow for reporting on data that is absolutely useful at these levels.

Data: This refers to counts or measures to particular events, factors or levels and may either be quantitative or qualitative. Quantitative data counts or measures particular events or factors presented in numerical form while qualitative data on the other hand is non-numerical and is mainly descriptive.

Data Collection: The act of gathering information (data) for purposes of measurement is known as data collection.

[9] Additional terms can be found in the glossary section of this document

Database: A database is an organised collection of data typically in digital form. The data will usually be organised in a way that supports processes requiring this information. One can think of a database as an electronic filing system. To access information from a database, one needs a data management system, a collection of programmes that enables one to enter, organise and select data in a database. More recently the term database has been used to refer to the entire data management system.

Data Source: Refers to the point used to obtain data for ME&R activities. There are several levels from which data can come from including the target group being served, programme activities, service environment and the general population.

Indicators: These are quantitative or qualitative factors or variables that provide simple and reliable means to measure achievement resulting from implementation of a plan. They reflect changes connected to interventions. Indicators therefore convert raw data into information that can be interpreted and used for decision making.

Information: Refers to collation, analysis and organisation of data to derive patterns, trends or prevalence. It involves making inferences about the meaning of data.

Informatics: Refers to the science of processing, storage, retrieval and communication of information through use of computer systems. Since the advent of the computers, individuals and organisations have increasingly resorted to processing information digitally.

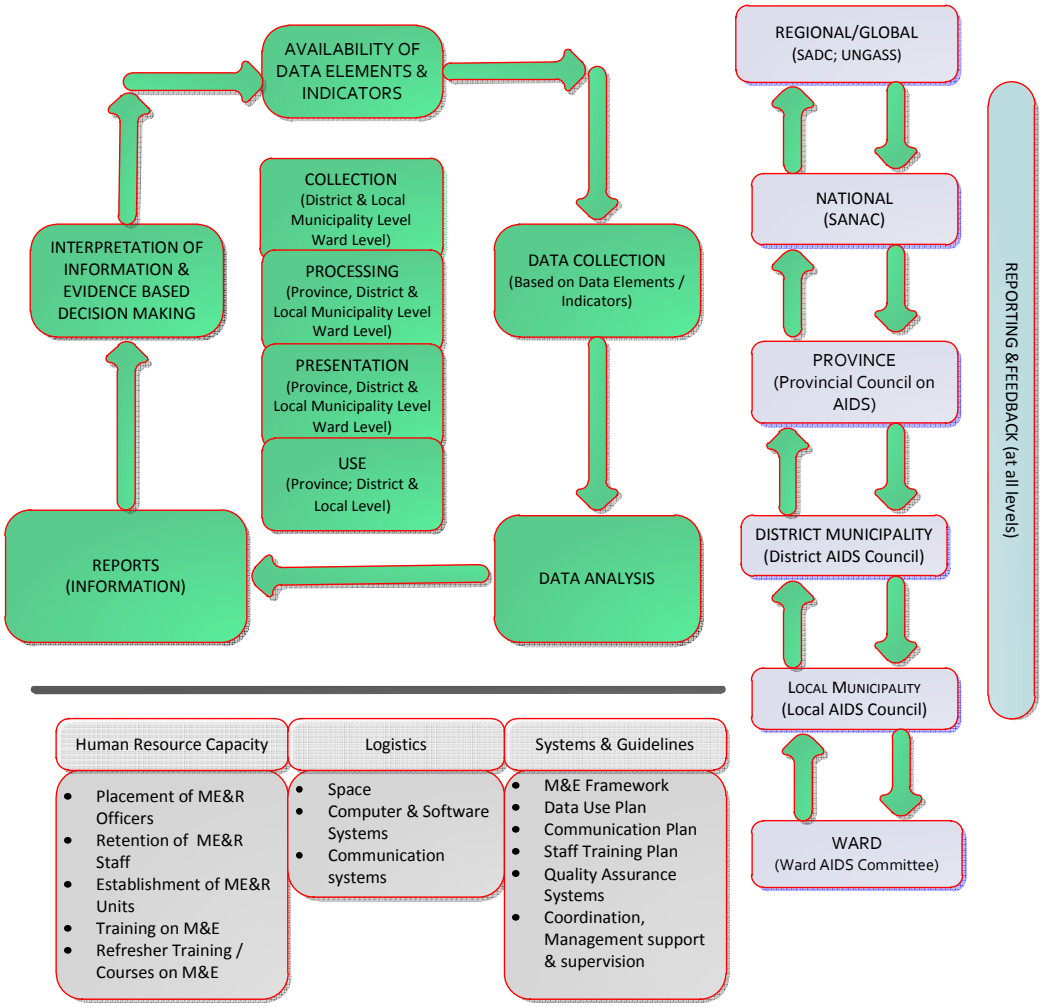
Reliable Data: Data that is consistent and accurate even when subjected to repeated measurement

Valid Data: Data that measures accurately what it purports to measure.

3.1 The Provincial Multi-Sectoral Monitoring, Evaluation and Reporting System

The diagram below illustrates the concept of a functional M, E and R system for the province.

Concept of a functional HAST monitoring, evaluation and reporting system for KZN



3.2 Main Components of the KZN M&E System

The KZN HAST ME&R system comprises the following four key components; products/outputs; processes leading to generation of reports; guiding documents; human resources and informatics. These components are crucial for full functionality of the system.

Products/Outputs: The primary output of the ME&R system will be reports containing usable information derived from data collected by stakeholders implementing the HAST response activities and through studies/surveys/research within the province, including those carried out under national level auspices and are appropriate to the province. Information contained in the reports should be

relevant; be interpreted and be used for planning and decision making. Reports coming out of the system will include the following:

1. Quarterly monitoring reports on planned activities and on output indicators (from routine data)
2. Annual HAST Strategic Plan review reports
3. Mid-term HAST Strategic Plan review report
4. HAST Strategic Plan end-term evaluation report
5. Reports from operations research
6. Reports from project/programme evaluations
7. Reports from special studies.

All reports produced will be disseminated at all levels of coordination i.e. at ward, local municipal level, district municipal level and the provincial level on specified basis or as is relevant. For example, routine monitoring reports on planned activities and output indicators will be produced and shared at all levels on a quarterly basis through forums such as the AIDS Councils.

Processes: For reports to be generated, certain processes should be put in place and applied in a logical and complimentary manner leading to production of quality, reliable and valid information. These processes include:

1. Data collection and storage by various implementing stakeholders
2. Data collection through research/surveys at implementation level
3. Data collation and analysis at all levels i.e. ward, local municipality; district municipality and provincial level
4. Reporting and feedback at all levels
5. Dissemination of reports at all levels
6. Interpretation and use of information at all levels for decision making and planning.

Guiding Documents: The following documents will guide stakeholders of the provincial system for its smooth functioning.

1. *The ME&R Framework and Implementation Guide:* This document provides guidance by describing each of the core indicators in terms of their definition; specific data required; how it will be collected; when and by whom. The framework will also describe the role of different stakeholders and information flow (reporting mechanisms) including systems for disseminating particular reports in order to fulfil stakeholders' information needs. The framework will provide guidance on implementation of the system through describing standard operating procedures.

2. *Tools and Instruments:* These will include reporting templates for use at each level and some specific data collection tools geared towards meeting the multi-sectoral response requirements.
3. *Training Package:* A standardised training package based on the KwaZulu-Natal Provincial ME &R system. This package will be used to provide structured training.
4. *ME&R Plan:* The plan will have information describing specific activities designed to establish and make the M&E system fully functional, including timeframes and resources needed at particular points.
5. *The Provincial Multi-Sectoral Strategic Plan for HAST 2012-2016:* The strategy is the blueprint for implementation of activities and will therefore be supported by the framework.
6. *Monitoring & Evaluation Framework (2012-2016) National Strategic Plan HIV & AIDS, STIs and Tuberculosis:* This national M&E framework provides information on the core indicators required at national and international level and is a critical alignment document.
7. *National Evaluation Policy Framework:* This is the government document setting the basis for minimum system for evaluations across government and all government programmes and projects that supported by partners as part of aligning to the implementation of Government wide monitoring and evaluation system.

Human Resources and Informatics: Shortage of skilled human resource capacity remains a challenge and this should be taken cognisance of when implementing the ME&R system. For the system to realise its full potential, adequate capacity is needed. It will thus be necessary that both short and long term strategies are put in place to address this challenge.

Informatics such as electronic and communication systems on the other hand should make the system more efficient and effective. In regard to databases, the province will need to start working towards development of a system that can accommodate potentially large amounts of information, make data collection, analysis and transmission efficient.

3.3 The Framework for Monitoring and Evaluation of HAST Response for KZN

The result framework forms the foundation upon which the entire KZN HAST response will be implemented for the next five years. It provides a coherent chain of results that lead towards the attainment of the provincial HAST long term vision as shown by the figure below[10].

[10] See the "Multi-Sectoral Provincial Strategic Plan for HIV&AIDS, STIs and TB for the Province of KwaZulu-Natal 2012-2016"

3.3.1. Indicators

Core indicators have been developed in line with the goals, objectives and interventions of the KZNPSP 2012-2016 and are thus classified into impact, outcome and output. In developing/selecting the indicators, it was necessary to keep national, regional and global requirements. Stakeholders will be expected to adhere to data elements to ensure generation of information for these indicators and one that is standardised when reporting[11]. For purposes of this framework, indicators have been grouped according the strategic objectives (SO).

Core Indicators for Strategic Objective 1: Addressing Social and Structural Drivers of HAST Prevention, Care and Impact

Impact Indicators

Data Source: Population based surveys, Special Studies

Frequency of Reporting: At mid-term and end-term

1. Multiple Poverty Index[12]
2. Stigma Index[13]
3. Gender Inequality Index[14]

Outcome Indicators

Data Source: Population based surveys; multiple indicator surveys and routine programme data

Frequency of Reporting: 2 yearly

Objective Area: Poverty, unemployment and gender inequality

1. Percentage of population with clean and sustainable water sources within 200m
2. Percentage of population with access to sanitation within yard
3. Percentage of the population with adequate housing
4. Percentage of the population with electricity as source of lighting in their household Percentage of the population using other sources of cooking fuel other than firewood
5. Percentage of population with at least 8 years of formal schooling
6. Percentage of children enrolled in schools

[11] Implementers may collect much more information they consider relevant to their programmes than what is required by the framework.

[12] Parameters for the index include measures of Health- (Child Mortality & Nutrition); Education(Years of schooling/Children enrolled) Cooking fuel/Toilet/Water: Livings Standards (Electricity/Floor/Assets)

[13] The index focusses on stigma among PLHIV focusing on external & internal stigma, accessibility to work, health education; rights laws and policies; and advocacy among others.

[14] The gender Inequality index is measured by reflecting women's disadvantage across the following three areas, reproductive health, empowerment and labour market. The health dimension is measured by MMR & adolescent fertility rate; Empowerment is measured by parliamentary seating and secondary and higher level educational attainment while the labour dimension is measured by female participation in the workforce.

7. Percentage of labour force in employment
8. Percentage of women who have ever experienced sexual violence from an intimate partner Percentage of women aged 18-24 who were married before the age of 18
9. Percentage of men that agree that women should have same rights as men

Objective Area: Orphans & Vulnerable Children

1. Percentage of orphans and vulnerable children aged 0-17 whose households have received at least basic external support in caring for the child/children
2. Percentage of child headed households placed in the supervision of an adult
3. Percentage of child headed households receiving care and support services
4. Current school attendance among orphans and non-orphans aged 10-14

Output Indicators

Data Source: Routine programme data

Frequency of Reporting: Quarterly

Intervention Area: Impact of OSS

1. Number of households profiled
2. Number of households with established gardens
3. Number of community gardens established
4. Number of schools with established gardens
5. Number of fixed primary health facilities with established gardens
6. Number of hospitals with established gardens
7. Number of hectares under food production
8. Food kilograms produced by the communal gardens
9. Number of people referred for ID documents
10. Number of people that obtained ID documents
11. Number of people referred for birth certificates
12. Number of people that obtained birth certificates
13. Number of people referred for HAST services
14. Number of people that received HAST services
15. Number of households connected to a source of electricity supply
16. Number of households connected to a piped water supply source
17. Number of households connected to sanitation services
18. Number of support groups engaged in income generating activities
19. Number of people in employment

Intervention Area: Community Mobilisation & Promotion of positive social-cultural norms and values

1. Number of people aged 25-49 reached with prevention awareness campaigns including anti-gender based violence information
2. Number of commercial sex workers reached with prevention awareness campaigns including anti-gender based violence information
3. Number of long distance truck drivers reached with prevention awareness campaigns including anti-gender based violence information
4. Number of miners reached with prevention awareness campaigns including anti-gender based violence information
5. Number of PLHIV reached with prevention awareness campaigns including anti-gender based violence information
6. Number of young people (aged 15-25) reached with prevention awareness campaigns including anti-gender based violence information
7. Number of children under 15 years reached with prevention awareness campaigns including anti-gender based violence information
8. Number of LGBTI reached with prevention awareness campaigns including anti-gender based violence information
9. Number of people living in hostels reached with prevention awareness campaigns including anti-gender based violence information
10. Number of prison inmates reached with prevention awareness campaigns including anti-gender based violence information
11. Number of farm dwellers reached with prevention awareness campaigns including anti-gender based violence information
12. Number of people in informal settlements reached with prevention awareness campaigns including anti-gender based violence information
13. Number of substance abusers & IDUs reached with prevention awareness campaigns including anti-gender based violence information
14. Number of people with disabilities reached with prevention awareness campaigns including anti-gender based violence information

Intervention Area: Orphans & Other Vulnerable Children

1. Number of registered OVC
2. Number of registered OVC of school going age in school
3. Number of OVC of school going age that are not in school
4. Number of registered OVC receiving care and support
5. Number of registered OVC with access to social grants
6. Number of identified child headed households

7. Number of identified child headed households receiving care & support
8. Number of identified child headed households with access to social grants
9. Number of OVC in alternative care
10. Number of children enrolled in early childhood facilities

Intervention Area: Community Support for Infected & Affected

1. Number of registered community organisations
2. Number of registered community organisations providing HAST related services to infected & affected
3. Numbers of clients receiving HAST related services provided by registered community organisations
4. Number of eligible adults receiving palliative care services
5. Number of eligible children receiving palliative care services
6. Number of people receiving psycho-social support
7. Number of people with disabilities receiving care and support

Intervention Area: Life Skills

1. Number of learners reached with life-skills focussed campaigns
2. Number of learners pregnant

Intervention Area: Workplace Programmes

1. Number of employers organisations with workplace HAST policies
2. Number of employees reached with prevention awareness information
3. Number of employee wellness testing sessions held in the workplace
4. Number of employees pre-test counselled during wellness testing sessions
5. Number of employees testing for HIV
6. Number of employees testing positive for HIV
7. Number of employees disclosing their HIV + status
8. Number of employees in need of psycho-social support receiving counselling
9. Number of employees screened for TB
10. Number of employees referred for clinical TB testing
11. Number of male condoms distributed in the workplace
12. Number of female condoms distributed in the workplace
13. Number of employees registered on aid to AIDs programme via their respective medical aids

Core Indicators for Strategic Objective 2: Prevention of HIV, STIs and TB Infection

Impact Indicators

Data Sources: Annual, mid and end term evaluations, Surveys (KYR, KYE, Sentinel Surveillance), Routine programme data

Frequency of Reporting: Annual, Mid and End Term

1. HIV incidence in the general population
2. HIV prevalence among men and women aged 15-24
3. HIV prevalence in key populations
4. TB prevalence
5. TB incidence
6. STI incidence

Outcome Indicators

Data Source: Population based surveys e.g. Behaviour surveys

Frequency of reporting: 2 year basis

Objectives Area: Behaviour Change

1. Percentage of women and men age 15 - 49 who have had more than one sexual partner in past 12 months
2. Percentage of women and men age 15 - 49 who have had more than one sexual partner in past 12 months reporting use of condom during their last sexual intercourse
3. Percentage of women and men aged 15 - 24 who reject misconceptions about HAST transmission
4. Percentage of women and men aged 15 - 24 who correctly identify ways of preventing sexual transmission of HIV
5. Percentage of young men and women aged 15-24 who have had sexual intercourse before 15
6. Percentage of deliveries to mothers less than 18 years in the last 12 months
7. Median age of partners of pregnant women aged 15-19

Objective Area: Prevention of Mother to Child Transmission

1. Percentage of infants born to HIV mothers who are HIV positive at 6 around weeks and 18 months post- partum

Objective Area: Male Medical Circumcision

1. Percentage of males aged 0-49 that have undergone circumcision

Objectives Area: Sexually Transmitted Infections

1. Percentage of population 15 years and above and treated with STI

Objectives Area: HIV Testing & TB Screening

1. Percentage of men and women aged 15-49 who received an HIV test in the last 12 months and know their results
2. Percentage of people falling under the key population group that have received an HIV test in the last 12 months and know their results
3. Percentage of men and women aged 15-49 who have been screened for TB in the last 12 months

Objective Area: Condoms Distribution

1. Percentage of men and women aged 15-49 who report easy access to condom at last sex

Objective Area: Tuberculosis Treatment

1. TB Cure rate
2. Annual smear positive defaulter rate

Objective Area: HIV transmission through Occupational Exposure/Sexual Violence

1. Number of individuals with new HIV infections due to occupational exposure
2. Number of individuals with HIV due to non-occupational risk exposure

Output Indicators

Data Source: Routine programme data

Frequency of reporting: Quarterly

Intervention Area: Contraceptives Access

1. Number of family planning acceptors aged 18 years and older
2. Number of family planning acceptors under 18 years
3. Couple year protection rate[15]

Intervention Area: PMTCT

1. Number of infants born to HIV positive women
2. Number of Infants baby PCR test done around 6weeks
3. Number of infants baby PCR tested positive around 6 weeks
4. Baby PCR tested positive at around 6 weeks rate

[15] No. of people accessed the protection/ sexual active population

5. Number of ANC clients first visit
6. Number of ANC clients first visit test positive
7. ANC clients first visit positive rate
8. Number of ANC clients first visit know HIV positive (not on HAART)
9. Number of ANC clients retest positive at 32 weeks or later
10. Number of ANC clients initiated on AZT
11. ANC clients initiated on AZT rate
12. Number of clients already on HAART
13. Number of ANC clients eligible for HAART
14. Number of eligible ANC clients initiated on HAART
15. ANC clients initiated on HAART rate

Intervention Area: Male medical circumcision

1. Number of males aged 15-49 undergoing male medical circumcision

Intervention Area: Maternal Child & Women's Health

1. Number of deliveries less than 18 years at public health facilities
2. Number of maternal deaths at public health facilities
3. Number of infant deaths at public health facilities

Intervention Area: Sexually Transmitted Infections

1. Number of new STI episodes treated
2. Number of new STI partners treated
3. STI partner treatment rate

Intervention Area: HCT & TB Screening

1. Number of new HIV tests carried out
2. Number of new HIV positive cases
3. Number of HCT clients screened for TB
4. Number of TBHIV + cases obtained

Intervention Area: TB Treatment

1. Number of people screened for TB
2. Number of TB positive people
3. Number of TB patients completing treatment
4. Number of people who defaulted from treatment

Intervention Area: Condoms Distribution

1. Number of male condoms distributed (PUBLIC HEALTH FACILITY)
2. Number of male condoms distributed by non-traditional/non-health facilities
3. Male condoms distribution rate
4. Number of female condoms distributed

Intervention Area: Prevention of HIV Transmission from Occupational Exposure, Sexual Violence

1. Number of accidentally exposed workers who receive PEP
2. Number of new sexual assault cases
3. Number of new sexual assault cases given ARV prophylaxis
4. Number of new sexual assault cases who test HIV+ prior to PEP
5. Number of sexual assault cases reported after 72 hours

Core Indicators for Strategic Objective 3: Sustaining Health and Wellness

Impact Indicators

Data Source: Mid and end term evaluations, Routine programme data, and vital registration

Frequency of Reporting: Mid and end term

1. Cause specific mortality rate (AIDS related)
2. Cause specific mortality rate (TB related)

Outcome Indicators

Data Source: Mid and end term evaluations, Routine programme data

Frequency of Reporting: 2 year basis

Objective Area: Anti-retroviral therapy

1. Percentage of eligible HIV positive adults receiving antiretroviral therapy
2. Percentage of eligible HIV positive children receiving antiretroviral therapy
3. Percentage of adults with HIV known to be on treatment 12 months after initiation of antiretroviral therapy
4. Percentage of children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy

Objective Area: TB & HV co-infection

1. Percentage of TBHIV patients initiated on ART

Objective Area: Access to Support

1. Percentage of PLHIV whose households receive appropriate package of services
2. Percentage of patients in need of supportive and palliative care receiving comprehensive package of care in the past 12 months

Output Indicators

Data Source: Routine programme Data

Frequency of reporting: Quarterly

Intervention Area: Comprehensive ART services & Adherence Monitoring

1. Number of children receiving ART
2. Number of adults receiving ART
3. Number of ART patients de-registered due to loss of follow up
4. Number of ART patients de-registered due to death

Intervention Area: Access to TB/HIV Services, Social Mobilisation & Adherence

1. Number of TB patients with DOTS supporters
2. Number of TB/HIV patients started on CPT

Core Indicators for Strategic Objective 4: Ensuring Protection of Human Rights and Improving Access to Justice

Impact Indicator

Data Source: Population Based Survey

Frequency of Reporting: Mid & End Term

1. Composite Policy Index in the area of human rights promotion and protection

Outcome Indicators

Data Source: Mid and end term; Routine programme data

Frequency of reporting 2 years basis

Objective Area: Stigma & discrimination

1. Percentage of people who report that leadership is visible, decisive and effective in promoting human rights within the province

Objective Area: Legislation and Policy

1. Percentage of stakeholders adhering to legislation and policies relating to human and legal rights
2. Percentage of the population aware of policy framework and legislation relating to HAST and human rights

Objective Area: Greater Involvement of People living with AIDS

1. Percentage of organisations of PLHIV, LGBT and other marginalised groups reporting involvement in the HAST response

Output Indicators

Data Source: Routine programme data

Frequency of reporting: Quarterly

Intervention Area: Capacity Development

1. Number of PLHIV & other marginalised groups trained on human & legal rights

Intervention Area: Orientation on policy framework and legislation

1. Number of stakeholders orientated on policy framework and legislation relating to HAST, gender & human rights

Intervention Area: Public Awareness Campaigns

1. Number of people reached with awareness campaigns on human & legal rights

Intervention Area: PLHIV & Other Groups Representation

1. Number of coordination structures with representation of PLHIV& other marginalised groups

Intervention Area: Access to Justice

1. Number of gender based cases reported to the police
2. Number of gender based cases reported to police resulting into conviction
3. Number of rights violations cases reported to the police
4. Number of rights violations cases reported to the police resulting in conviction

Core Indicators for Strategic Objective 5: Coordination, Monitoring and Evaluation

Impact Indicator

Data Source: Mid-term and end-term evaluations

Frequency of reporting: End term

1. Percentage achievement of impact and outcome targets

Outcome Indicators

Data Source Mid-term and end-term evaluations

Frequency of reporting: 2 years

Objectives Area: Effective coordination & management

1. Percentage of sectors/stakeholders reporting satisfaction with HAST coordination and management in the province
2. Provincial council on AID fully functional[16]

Objectives Addressed Monitoring, Evaluation & Reporting:

1. Percentage of DAC providing quarterly reports on a timely basis using recommended tools
2. Percentage of LAC providing quarterly reports on a timely basis using recommended tools
3. Percentage of WAC providing quarterly reports on a timely basis using recommended tools
4. Percentage of coordination structures providing quarterly reports on a timely basis using recommended tools
5. Percentage of annual output targets of the KZNPSP2012-2016 achieved

Output Indicators

Data Source Routine programme data

Frequency of reporting Quarterly

Intervention Area Coordination, Monitoring & Reporting

1. Number of DAC holding meeting as scheduled
2. Number of DAC in which at least 70% of designated DAC members attended meeting
3. Number of DAC meeting chaired by designated chairpersons
4. Number of DAC submitting quarterly report to PCA secretariat in a timely manner
5. Number of DAC submitted minutes of meeting to PCA secretariat in a timely manner
6. Number DAC submitted minutes of LAC meeting to PCA secretariat in a timely manner

[16] A fully PCA monitors the implementation of KZNPSP 2012-2016 operational plan through timely quarterly reporting to the meetings; holds meetings as scheduled in which at least 70% of designated members attend; is chaired by the designated chair and submits a report with complete data to the line structure.

7. Number of LACs holding meetings as scheduled
8. Number of LAC meetings in which at least 70% of designated members attended meeting
9. Number of LAC meeting chaired by designated chairpersons
10. Number of LAC submitting quarterly report to DAC in a timely manner
11. Number of LAC submitting minutes of meeting to DAC
12. Number of WACs holding meetings as scheduled
13. Number of WAC meetings in which at least 70% of designated members attended
14. Number of WACs meeting chaired by designated chairpersons
15. Number of WACs submitting quarterly report to LAC secretariat in a timely manner
16. Number of WACs submitting minutes of meeting to LAC secretariat
17. Number of functional war rooms

Intervention Area: Research

1. Number of research projects initiated
2. Number of research projects completed
3. Number of research projects whose findings are disseminated

3.4 Data Collection

Data will be obtained from four main sources namely: routine programme data collection; regular surveys conducted for national level purposes and for which the province takes part or initiates; through commissioning of specific studies and scientific, social and economic impact studies by other stakeholders and research institutions.

- *Routine Data Collection.* Implementing stakeholders are expected to regularly collect data through the implementation of their routine services delivery activities. Data will be collected using their established tools; thereafter relevant information will then be extracted and fed into HAST reporting tools.
- *Regular Surveys:* The national level usually commissions regular surveys in which the province takes part in. These include: Annual ANC Prevalence Survey (national Department of Health); AIDS Impact Studies conducted by Organisations such as Medical Research Council and Behaviour Surveys conducted by Human Sciences Research Council among others.[17] It is necessary that the province, through the proposed research coordinating body, monitor the implementation of these surveys and ensure that the relevant results are received, disseminated and used by the province.

[17] The Monitoring & Evaluation Framework (2012-2016) for the NSP lists the surveys as follows-(1) Annual HIV Prevalence Survey among Pregnant Women; (2) Behavioural & HIV prevalence Surveys among key populations (e.g. prisoners, mine workers, migrant labourers) (3) South African National HIV, Behavioural & Health Survey; (4) South African National Health & Nutrition Survey; (5)Drug Resistance & Adverse Reaction Surveillance; (6) the Know your Response and Know your Epidemic; (7) HIV Prevalence among TB Patients and (8) National Communication Survey

- *Specific Studies:* The province may commission some studies to collect specific information exclusively relevant to the province. The OTP (CD HIV & AIDS) will need to ensure that such studies are commissioned[18]. These will include: baseline studies; mid-term review of the KZNPSP; programme evaluation studies; terminal evaluation of the KZNPSP and operations research. On the other hand, the province, through the research coordinating body will need to ensure that operations research is conducted for improving programme implementation.
- *Other Scientific, Social and Economic Impact Studies:* Development partners and research institutions e.g. those based at the University of KwaZulu-Natal may periodically commission these kinds of studies for specific reasons. The province through the proposed research coordinating body will be required to work closely with these organisations to ensure the research findings are available to stakeholders and used for programme improvement and policy.

3.5 Reports

Reports are a critical output of a functional monitoring, evaluation and reporting system, of which information generated will be used for planning and decision making purposes[19]. It is envisaged that the system will produce various reports as described below.

3.5.1 Monitoring Reports

Monitoring implementation of the provincial HAST strategy will be done through quarterly reports; operational research reports and programme/project reports.

- **Quarterly Reports:** Respective secretariats of the coordinating structures at all levels[20] will be required to produce a report on a quarterly on a timely basis that will detail progress of implementation activities of the response. The report will focus on outputs and will be based on standardised templates[21]. Therefore all implementing stakeholders are expected to submit their progress reports to the respective secretariats at ward, local and district level for collation; thus for instance, the secretariat at provincial level will receive district reports and collate this.
- **Operations Research Reports:** The province will be required to put in place mechanisms to monitor operations research (OR) carried out by stakeholders and/or implementing partners. Findings of the OR must then be disseminated to stakeholders during meetings of the AIDS councils or any other agreed upon forums. Ensuring that such results are disseminated will be the function of the proposed research coordinating body. Towards this end, the CD HIV& AIDS will need to ensure that this body is functional
- **Programme/Project Evaluation Reports:** Programme/Project evaluations are bound to be carried out during the course of the plan period by various stakeholders and/or implementing partners.

[18] The OTP CD HIV & AIDS should consider studies such as baseline studies, reviews and evaluations are compulsory.
[19] Refer to M&E diagram on page 29.
[20] viz; Ward AIDS Council, Local AIDS Council, District AIDS Councils (DAC) and Provincial Council on AIDS
[21] See Annex 1 for List of data elements for quarterly reporting

Results of these evaluations will have to be disseminated to the AIDS councils. The provincial research coordinating body will be required to ensure that these disseminations take place

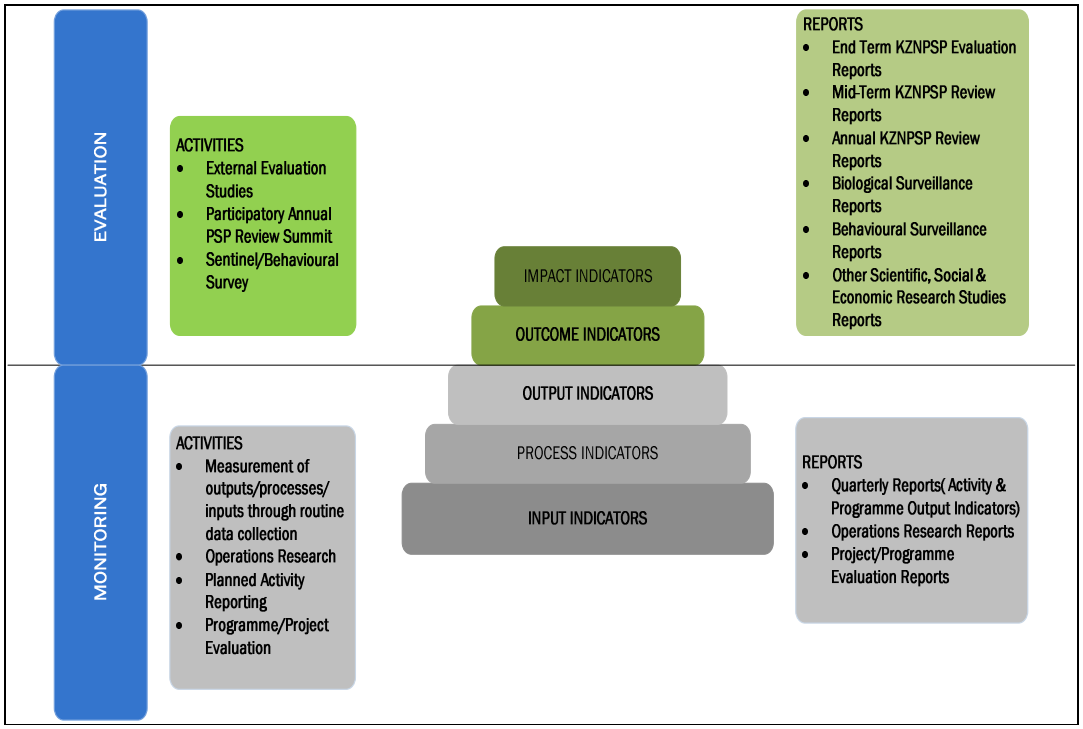
3.5.2 Evaluation

The following reports should form part of the evaluation of the provincial multi-sectoral response.

- **Behavioural Surveillance Survey:** Behavioural surveillance surveys (BSS) will usually be conducted under the national umbrella every two years by specialist research organisations such as the Human Sciences Research Council (HRSC). Though these studies mainly focus on the national outlook, the province should take the opportunity to use data from the survey to derive/measure information considered useful especially from a behavioural outcome indicators perspective. Further, the province through the research coordinating body will have to actively participate in the preparation of these surveys to ensure that the provincial areas of interest are fully catered for.
- **Biological Surveillance Reports:** The Department of Health conducts a national ANC sentinel prevalence survey annually. Data from the survey will be disaggregated by province, district as well as age group and will therefore form a critical part of information for the province in determining the success of response programmes. As in BSS the province should actively participate in its preparations to ensure that its interests are fully catered for.
- **HAST Strategy Annual Review Report:** At the end of every plan year, the CD HIV&AIDS with the support of the PCA and in collaboration with stakeholders will review implementation of the KZNPSP 2012-2016 and make recommendations for improvement. A report arising from the work of this forum will be produced detailing implementation status and disseminated as part of strategy formative evaluation. It will be worthwhile that this be extended to the lower level, particularly district level which will incorporate both local municipalities and wards.
- **HAST Mid-Term Evaluation Report:** The province will conduct a mid-term review of the KZNPSP in 2014 to assess the extent to which the strategic goals and objectives have been achieved; how well the province is positioned to reach the 2016 targets and; determine the challenges and bottle necks in the provincial response.

  HAST End-Term Evaluation Report: This will constitute the final evaluation in preparation for the development of the next strategic plan, presumably 2017-2022. Information obtained from the evaluation will be used for this next period strategic planning. The evaluation will measure the achievements the province made on all the goals, objectives and the set targets. It will also measure the entirety and effectiveness of the provincial response and challenges thereof.
- **Scientific, Social & Economic Research:** Specific studies will be conducted by institutions with capacity to do so on issues of priority relating to HAST. The provincial research coordination mechanism will be required to ensure that these studies benefit the province by developing a provincial research agenda through which research priority will be determined, implemented, coordinated and monitored.

The figure below provides a summary on the above discussion.



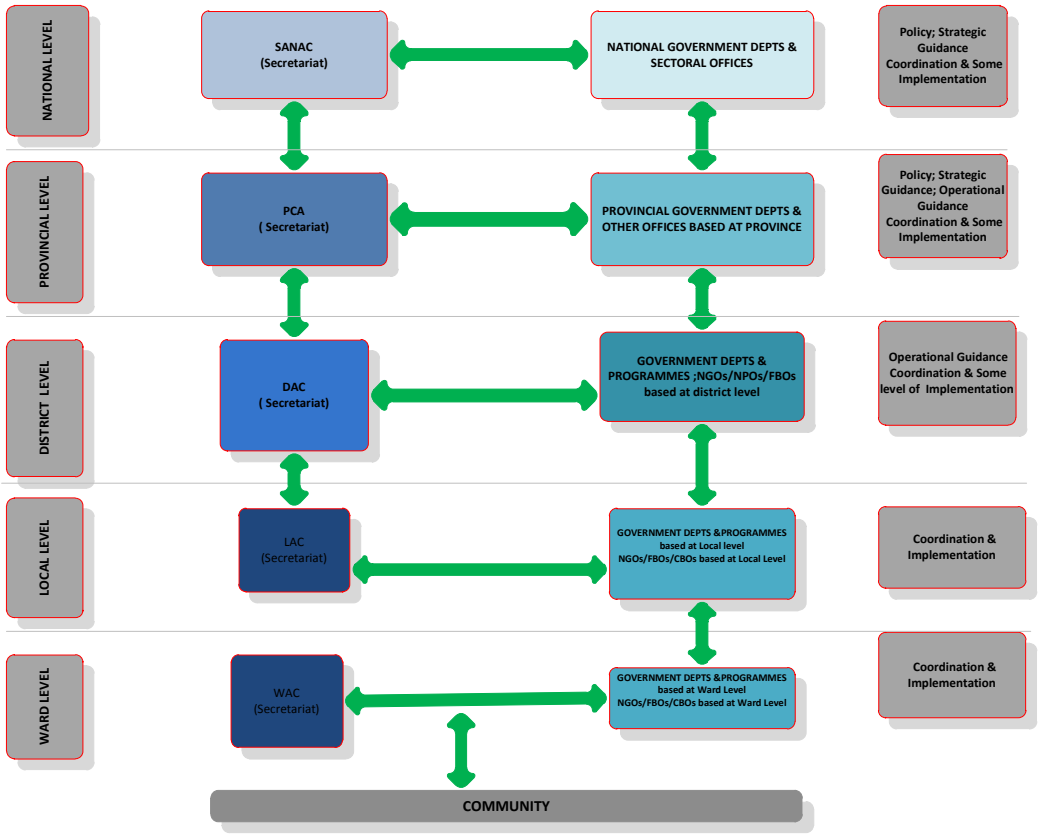
3.6 Data and Information flow

A standardised data and information flow system is critical to movement of information as it will facilitate reporting and ensure that movement of data and information is consistent. Its success will however depend on its adherence by the implementing stakeholders.

- **Ward Level:** Implementing organisations based at the ward will be required to provide a report to the Ward AIDS Council secretariat which will then collate the information based on the recommended template. The report will then be deliberated upon in WAC meetings and feedback provided to the ward level stakeholders. The WAC secretariat will also be required to thereafter forward the report and the minutes to the Local AIDS Council secretariat and make presentations in these meetings.
- **Local Level:** The local level comprises of the implementing organisations at local municipality level and will include the LAC and WACs falling under the local municipality. As at ward level, implementing organisations based at local municipality level will submit data to the LAC secretariat which will then collate the data using the recommended format. These will then be discussed at the LAC meetings along with information emanating from the wards. Feedback will be provided to the respective wards. The LAC will be required to forward the report to the district AIDS council along with the minutes of the WACs and the LAC meetings.

- **District Level:** The district level comprises of the DAC, the LACs falling under the district and district level implementing partners. District level implementing organisations will submit information to the DAC secretariat for collation and presentation for discussion at the DAC meetings. The LACs will also be required to present reports for discussion at DAC meetings. Feedback will then be provided to the local municipalities and district level implementing stakeholders. The district will then submit the report to the PCA (CD HIV & AIDS) along with the minutes of the DAC, LAC and WAC meeting minutes.
- **Provincial Level:** The PCA secretariat will receive reports from the District AIDS Councils, collate the information for a provincial outlook report and discuss these in meetings. However, districts will be required to present their report to the PCA for discussion. Equally, the PCA will report to the national AIDS council (SANAC) and is expected to receive feedback from national level.

An information flow illustration follows below.



SECTION 4: IMPLEMENTATION OF THE FRAMEWORK

The successful functioning of the monitoring, evaluation and reporting system at all levels will be based on defined structural arrangements; ME&R components that are prerequisite to a functional ME&R system; clear ME&R activities and; structured information, dissemination and reporting. This section provides a description on these components at the four levels.

4.1 Ward Level Implementation

Ward Level Structures

Implementing and coordination of HAST activities at ward level is crucial to the success of the response. The broad categories of organisations involved in the implementation of the HAST response at the community level are governmental institutions, civil society organisations and private sector institutions. The programmes/projects they may be involved in will include health focussed responses, poverty alleviation and information, education and communication (IEC) activities among others. These entities are expected to have laid down internal management systems that support and guide implementation of these programmes/projects at organisational level. The systems include those that address planning, monitoring, evaluation and reporting and; in some instances coordination.

The coordinating structure for the community level response will be the Ward AIDS Council. The WAC should have clearly defined terms of reference to support its coordination role including planning, monitoring, and evaluation and reporting. The WAC should also have a secretariat to provide day to day support of the coordination and ME&R function. As the first step to coordination and ME&R, each WAC is expected to have and maintain updated database of implementing organisations within its area of jurisdiction[22]. This database is critical to the composition of membership in the WAC in terms of the number of organisations, what they do and where they are based.

Ward Level Monitoring, Evaluation and Reporting Components

Implementing organisations and the WAC will be required to have the following components in order to adequately support the ME & R function.

- Ward level HAST operational plan aligned to Local Municipality HAST plan which in turn is aligned to Provincial HAST Strategic Plan. The Ward level plan will include activities of all implementing stakeholders in the ward. The following key components will make up the operational plan: (1) Strategic Objective (2) Goal (3) Sub-Objectives (4) Interventions/Main Activities (5) Implementers responsible (6) Indicators (7) Baseline Data (8) Targets and (9) Accompanying budget.
- A unit, team or person responsible for the M E &R function.

[22] The KwaZulu-Natal HIV-Related Services Directory Series 4 2011 can be a useful document in this regard.

- Defined methodologies, procedures and tools for data collection; analysis; reporting; feedback and use[23]
- A budget for ME&R component (at least 10% of total HAST activities budget).
- Computers to support the informatics system that may include at least a data collation, storage and transmission capabilities.

Ward Level Main M E &R Activities

Implementing Organisations

- Data collection, storage, processing, analysis
- Dissemination of information to internal structures and partners
- Dissemination of information to external organisations and agencies
- Reporting to local municipality level programme coordinating office
- Reporting to the Ward AIDS Council

Ward AIDS Council

- Receiving, collating and analysing data from implementers
- Dissemination of information to community structures and partners
- Use of information for decision making
- Providing feedback to the implementing organisations
- Reporting to the Local AIDS Council

Ward Level Information, Dissemination and Reporting

The Ward HAST report will be the primary tool for information, dissemination and reporting. All the wards through the WAC secretariat will be expected to produce a report that will essentially provide progress on ward level implementation. Thus:

- Ward level implementing organisations will collect data based on their activities at designated periods.
- This information will then be submitted to the WAC secretariat, where the ME&R unit or the individual responsible for ME&R will collate the data and feed it into the reporting template.
- This will then be discussed at the Ward AIDS Council meetings and feedback provided to the implementing organisations and other stakeholders.
- The WAC secretariat will then submit this information to the LAC secretariat and present the same to the Local AIDS council meeting

[23] This document will provide that direction

4.2 Local Municipality Level Implementation

Local Municipality Level Structures

Broad categories of organisations involved in the implementation of the HAST response at the local municipality level will include both governmental and non-governmental institutions, civil society organisations and private sector institutions. The organisations are expected to have laid down internal management systems that support and guide implementation of programmes/projects they are implementing. These systems should address planning, monitoring, evaluation and reporting and; in some cases coordination.

The Local AIDS Council is the coordinating structure at this level. Apart from its coordinative role at LM level, the LAC will be the coordinating structure for the respective WACs within the LM. To support this role, the LAC should have clearly defined terms of reference. The LAC should also have a secretariat that will provide day to day support to the coordination and ME&R function. It will be critical that the LAC maintain an updated database of implementing organisations within its area of jurisdiction[24]. This will allow the LAC to determine the composition of its membership, know the number of organisations operating within the locality; what they do and where they are based.

Local Municipality Level ME&R Components

Implementing organisations and the LAC will be required to have the following components that make up the prerequisites of a functional ME&R system.

- Local municipality level HAST operational plan aligned to District HAST operational plan that in turn is aligned to Provincial HAST Strategic Plan. The following key components will make up the operational plan: (1) Strategic Objective (2) Goal (3) Sub-Objectives (4) Interventions/Main Activities (5) Implementers responsible (6) Indicators (7) Baseline Data (8) Target and (9) Accompanying budget.
- A unit, team or person responsible for ME&R
- Defined methodologies, procedures and tools for data collection; analysis; reporting; feedback and use[25]
- A budget for ME&R component (at least 10% of total HAST activities budget);
- An informatics system that includes at least data collation, storage and data transmission capabilities.

Local Municipality Level Main M E&R Activities

Implementing Organisations

- Data collection; collation, storage; processing; analysis and use
- Dissemination of information to internal structures and partners

[24] The KwaZulu-Natal HIV-Related Services Directory Series 4 2011 can be a useful document in this regard.
[25] This document will provide that direction

- Dissemination of information to external organisations and agencies
- Reporting to Local AIDS committee
- Capacity development on ME&R for institutional or related projects staff
- Operations research and project evaluation

Local AIDS Council

- Receiving, collating and analysing data from implementers
- Receiving, collating and analysing data from WACs
- Dissemination of information to community structures and partners
- Use of information for decision making
- Capacity development on ME&R for Implementing Agencies
- Providing feedback to the implementing organisations
- Providing feedback to the WACs
- Reporting District AIDS Council

Local Municipality Level Information Dissemination and Reporting

The Local AIDS Council HAST report will be the primary tool for information, dissemination and reporting. The local municipality will be expected to produce a report reflecting local municipality level implementation progress. Therefore:

- Local municipality level implementing organisations will collect data based on their activities and on designated periods submit the same to the LAC secretariat.
- Similarly, the WACs will submit the quarterly activities report based on the reporting template to the LAC secretariat on designated periods.
- This information will then be collated and fed it into the reporting template by personnel in the ME & R unit or to the individual responsible for ME& R.
- This will then be presented and discussed at the Local AIDS Council meetings and feedback provided to the implementing organisations and other stakeholders.
- The LAC secretariat will then submit this report to the DAC secretariat and present the same to the District AIDS council meeting.

4.3 District Level Implementation

District Level Structures

As at ward and local municipality level, implementation of the HAST response activities at district level will be the mandate of governmental organisations; civil society and private sector organisations. Implementation will be guided by organisations' laid down internal management systems, which address coordination planning, monitoring, evaluation and reporting.

The DAC will be the main coordinating structure for HAST based activities. It is expected that the DAC will have terms of reference to support and strengthen its coordination function, in addition to maintaining an up to data base of organisations providing services in the district. The database of organisations will assist the DAC in deciding on the membership of the DAC in identifying which organisation are involved in what activities and in which localities.[26]

District Municipality Level M E&R Components

The following prerequisites/components are critical to supporting the ME&R function at district municipality level.

- A district operational HAST plan containing activities of the entire multi-sectoral response in the district which is aligned to the provincial multi-sectoral HAST strategy. The following key components will make up the operational plan: (1) Strategic Objective (2) Goal (3) Sub-Objectives (4) Interventions/Main Activities (5) Implementers responsible (6) Indicators (7) Baseline Data (8) Target and (9) Accompanying budget.
- A unit, team or person responsible for ME&R
- Defined methodologies, procedures and tools for collating; analysis; reporting; providing feedback and using data obtained from implementers[27]
- A budget for ME&R component (at least 10% of total HAST activities budget)
- Informatics Systems that includes at least data collation, storage, analysis; and data transmission capabilities.

District Municipality Level Main M E&R Activities

The main monitoring, evaluation and reporting activities for implementers and the DAC are listed below.

District Level Implementing Agencies

- Data collection; storage, processing, analysis and use
- Dissemination of information to internal structures and partners
- Dissemination of information to external organisations and agencies
- Reporting to DAC
- Capacity development on monitoring, evaluation and reporting
- Operations research and project/programme evaluation

District AIDS Council

- Collating and analysing reports submitted by the LAC
- Feedback of information to LAC

[26] The KwaZulu-Natal HIV-Related Services Directory Series 4 2011 can be a useful document in this regard.

[27] This document will provide that direction

- Use of information for decision making
- Capacity development on monitoring, evaluation and reporting for stakeholders
- Reporting to Provincial Council on AIDS

District Municipality Level Information Dissemination and Reporting

The District AIDS Council HAST report will be the primary tool for information, dissemination and reporting. The District municipality will be expected to produce a report reflecting district municipality level implementation progress.

- District municipality level implementing organisations will collect data based on their activities at designated periods and on designated periods submit the same to the DAC secretariat.
- Similarly, the LACs will submit the quarterly activities report based on the reporting template to the DAC secretariat on designated periods.
- This information will then be collated and fed it into the reporting template by personnel in the ME & R unit or to the individual responsible for M E & R.
- A presentation will then be done and discussions held at the District AIDS Council meetings and feedback provided to the implementing organisations and other stakeholders.
- The DAC secretariat will then submit this report to the PCA secretariat and present the same to the Provincial council on AIDS meeting.

4.4 Provincial Level Implementation

Provincial Level Structure

The coordinating structure is the Provincial Council on AIDS (PCA). The PCA, through its secretariat; will maintain a database of all service providers involved in the HIV & AIDS, STIs and TB response activities in the province. This database will enable the PCA determine the numbers of implementation partners in the province, where they are located and what services they provide and thus enable it enhance its coordinative and technical oversight role.

Provincial Level M E &R Components

All stakeholders are expected to have functional internal management systems that take into account the planning, monitoring, evaluation and reporting of their activities. They will also be expected to have the following components as prerequisites of a functional ME&R system;

- The multi-sectoral provincial plan for HAST 2012-2016.
- Provincial multi-sectoral annual HAST operational plan
- Copies of individual district multi-sectoral operational HAST Plans
- A unit, team or person responsible for ME&R

- Defined methodologies, procedures and tools for data collection; analysis; reporting; feedback and use[28]
- A budget for ME&R component (at least 10% of total HAST activities budget)
- Operations research and project/programme evaluation studies capacity
- Informatics systems that includes at least capabilities for data storage, collation, analysis, report generation and a data transmission.

Provincial Level Main Monitoring, Evaluation and Reporting Activities

The main monitoring, evaluation and reporting activities at this level include:

- Collation of output indicators data received from the operational level i.e. at districts level
- Coordination of collection of data for measurement of outcome and impact indicators through population based studies
- Data storage, data analysis and use
- Dissemination of information to internal structures and partners
- Dissemination of information to external organisations and agencies
- Feedback to district level
- Reporting to PCA and to the national level
- Participate in the coordination of national level research such as ANC surveillance and other behaviour surveys in the province
- Coordinate mid-term and final evaluation of the provincial HAST strategy.
- Technical assistance and capacity development on monitoring, evaluation and reporting for the operational level institutions or related projects staff.

Provincial Level Information Dissemination and Reporting

The Provincial Council on AIDS HAST report will be the primary tool for information, dissemination and reporting. The provincial report is expected to reflect the provincial outlook on implementation progress.

- Information emanating from the districts in the form of reports will then be collated and fed it into the reporting template by personnel in the ME&R unit or to the individual responsible for ME& R.
- Presentations will then be done and discussions held at the Provincial Council on AIDS meetings. These presentations will involve the provincial secretariat focusing on the provincial outlook. Districts will be required to present on their performance. The provincial report will also double up as a feedback tool for the districts.

[28] This document will provide that direction

4.5 Roles of Coordination Structures and Implementing Partners

Role clarity is critical to a smooth functioning of coordination, monitoring, evaluation and reporting. Earlier discussions made on structural and monitoring, evaluation and reporting arrangements are part of clarifying roles. However, it is necessary that additional information be provided to address some of the challenges experienced in the previous period.

Role of the Provincial Council on AIDS (PCA)

The PCA is mandated to coordinate the Provincial HIV & AIDS, STIs and TB response. It is technically supported by CD HIV & AIDS in the OTP, whose role involves providing technical oversight including ME&R support at the all levels. The CD HIV & AIDS should ensure that the reporting system is functional and information is reported to PCA on a regular basis.

Specifically, the responsibilities of PCA will be:

- Overall guidance and ensuring implementation of the framework
- Dissemination of the framework to all stakeholders
- Resource mobilisation (financial and technical) for monitoring, evaluation and reporting
- Utilise the reports from ME&R systems and research for policy and decision making
- Provide feedback on the efforts and resources committed to the local/district level response and mapping out lessons and challenges that need strategic focus.
- Reporting to the national level
- Ensuring quality control ME&R in all systems
- Creating institutional collaboration mechanisms critical for the success of the M E&R system.

Role of District, Local and the Ward AIDS Councils

The provincial ME&R reports are primarily generated at operational level (implementation level). Reporting of such information is coordinated at the local level by the WAC, LAC and DAC. For effective reporting, information from various sources must be filtered, coordinated and summarised. Local level coordinating structures will therefore play the following roles in the provincial ME&R system.

- Coordinating reporting at the local level
- Reporting to the PCA (for the DACs)
- Reporting to the DAC (for the LACs)
- Reporting to the LAC (for the WACs)
- Disseminating information to relevant stakeholders within the district or local municipality in a timely and responsive manner
- Providing feedback on the efforts and resources committed to the local/district level response and mapping out lessons and challenges.
- Mobilising resources for capacity development for sectoral/institutional ME&R systems at respective local level

- Mobilising resources for ME&R system implementation at the local level
- Ensuring quality control of the information generated at respective levels

Role of Implementing Organisations at Provincial Level

Implementing organisations at provincial level will mainly be involved in supporting and providing direction to implementation of the KZNPSP. They are expected to have their own functional sectoral level ME&R systems. Specifically, implementing partners will be responsible for the following:

- Coordinating all the ME&R activities within their institutions and/or sector
- Strengthening and developing capacity for their M E &R systems
- Mainstreaming HAST monitoring, evaluation and reporting into their regular ME&R system.
- Ensuring quality control of the data and information generated
- Utilisation of data and information collected for decision making within the institution and programme/projects

Role of Implementers at Community Level

All data and information that is eventually reported to the provincial level via the local level coordinating structures is generated from this level. Validity and reliability of this data is therefore paramount. The role of implementers at operational level will be the following.

- Collection of data in an accurate, timely and complete manner.
- Ensuring quality control of the data collected
- Submitting data and reports to the next level in a timely manner
- Using data and information to monitor trends, routine activities, and progress made to make regular adjustments and informed decisions about the programme implementation and services delivery.
- Providing feedback to the community

Role of Development Partners

Development partners that include multi/bilateral and local donors; and funding intermediaries will support implementation of the response in numerous ways. Further, they may provide capacity critical to developing and supporting the ME &R systems at the human resources, infrastructure and financial levels. In this regard, they will be an important segment for the province.

For development partners with an involvement in implementation, it will be necessary that they use the system in place and avoid a parallel information collection system.