

Tool 19

Section Three

Monitoring an HIV/AIDS strategic plan

Description and purpose of the tool

Without an effective monitoring plan it is impossible to manage implementation, to measure progress in a systematic way, or to report on a LA HIV/AIDS response. This is therefore a critical (though often neglected) part of the strategic planning process. This tool provides guidelines on how to develop indicators and a monitoring plan, and some tips on reporting on an HIV/AIDS plan.

Although not in this tool, periodic, systematic evaluation of a LA HIV/AIDS response is also important.

Estimated time to use the tool



5hrs

depending on the complexity of the plan.

Instructions for using the tool

1. Reconstitute the planning team, if necessary, to ensure a widely representative group of LA officials with information management expertise.
2. Examine available and necessary data sources to identify those that can be used – with or without amendments – to manage and monitor the LA's HIV/AIDS response.
3. Then identify any information that the LA is NOT currently collecting that is critical for effective management and monitoring of the HIV/AIDS response and the actions that need to be taken to collect the information required to manage and monitor the HIV/AIDS response.
4. Develop indicators that can be used for monitoring.
5. And finally, formalise the HIV/AIDS reporting requirements.

Monitoring an HIV/AIDS strategic plan

The LA of

will develop a monitoring plan as follows:

Step One – Data sources for monitoring

Monitoring requires the collection and interpretation of information over time. The starting point is to decide what information to collect, how often to collect it and what the information can tell you (and what it can't).

List the data available to the LA and then mark those sources of data that can be used to track progress in implementing the HIV/AIDS strategic plan. The data sources could include:

1. Basic demographic information

- ▶ Total population;
- ▶ Population by age and sex;
- ▶ Deaths;
- ▶ Births;
- ▶ Births to teenage mothers;
- ▶ Infant mortality rate; and
- ▶ Under 5 mortality rate.

2. Sectoral information

- ▶ # +/-or % employed;
- ▶ # +/-or % unemployed;
- ▶ Absenteeism days;
- ▶ # of deaths in employees;
- ▶ # of AIDS related deaths; and
- ▶ # of workplaces with HIV/AIDS workplace programmes.
- ▶ Children in primary school by age and sex;
- ▶ Children out of school by age and sex;
- ▶ Children dropping out of schools by age and sex; and
- ▶ Children in secondary school by age and sex.
- ▶ # of STI clients;
- ▶ # of patients admitted to medical wards;
- ▶ Average length of stay in medical wards; and
- ▶ # of TB patients.
- ▶ # of orphans – estimated;
- ▶ # of orphans registered by age and sex;
- ▶ # of children receiving grants; and
- ▶ # of children in foster care.

3. Civil society information – # or coverage (area and services) of:

- ▶ Development NGOs with HIV/AIDS-related functions;
- ▶ CBOs with HIV/AIDS-related functions; and
- ▶ HIV/AIDS Service Organisations (ASOs).

4. HIV/AIDS information and services

- ▶ HIV prevalence.
- ▶ # of non-clinic/non-traditional condom outlets;
- ▶ # of condoms distributed from non-clinic/non-traditional condom outlets; and
- ▶ # of condoms distributed from clinics.

Examples of data that may be selected to track progress towards key indicators are:

- ▶ HIV prevention – base-line and periodic surveys, to measure changes in knowledge, attitudes and practices;
- ▶ Treatment and care for infected persons – records of health services, such as TB cases, to measure epidemiological (disease) trends;
- ▶ Social support for affected persons and households – # of children identified (registered) who are vulnerable or who have been orphaned, to link them to appropriate support;
- ▶ Mitigating the socio-economic impact of the epidemic – household income levels, to target poverty relief optimally; and
- ▶ Partnerships and multisectoral responses – HIV/AIDS activities within sector plans and budgets, to track progress in integrating HIV/AIDS into the functions of sectors.

Now identify any gaps in data that are critical to effective management and monitoring of the HIV/AIDS response and detail the means to access this data.

Step Two – Indicator development

Indicators are the cornerstone of M&E. An indicator is a measure of the progress made towards an objective. It can be quantitative or qualitative. It can be a process, outcome or impact indicator. It can also be a project target.

Indicators should be:

- ▶ Simple, clear and understandable as a measure of project effectiveness;
- ▶ Reliable – conclusions based on any indicator should be the same, regardless of who, when and under what circumstances the assessment is conducted;
- ▶ Replicable, allowing for comparative analysis and potential replication of the programme; and
- ▶ Available – using data that is available.

Select indicators carefully, since they can be difficult to change later, and make sure that there are ways to obtain the necessary information for each indicator with a reasonable level of effort and cost.

Examples of indicators from MTP III are:

- ▶ % of population expressing accepting attitudes towards PLWHAs by gender, residence and level of education;
- ▶ % of health care facilities that apply national standards for infection prevention; and
- ▶ % of 15-49 year age group have correct knowledge of the principal services and key therapies available for treatment, care and support.

Examples for the LA could be:

- ▶ # of public hearings/town meetings on HIV/AIDS attended by LA officials
- ▶ # of municipalities that report on HIV/AIDS in Local Government Association meetings

Step Three – Draw up a monitoring plan

The plan should state each indicator, the data to be used to measure progress or success, the time frames for monitoring each indicator and a remedial action section that will allow for changes to be made if problems are identified.

Step Four – Reporting requirements

- ▶ Identify all LA reporting requirements;
- ▶ Mark each of those that do (or should) include an element of HIV/AIDS reporting;
- ▶ Decide what is appropriate to report on in each identified instance and capture this information in a template such as the example below.

REPORT TO: _____

HIV/AIDS OBJECTIVE	INDICATOR	DATA SOURCE	MEANS OF VERIFICATION	DEVIATION AND REMEDIAL ACTION

- ▶ Finally develop a reporting time line that includes deadlines for:
 - Data collection;
 - Data analysis;
 - Report preparation; and
 - Report submission.