



World Bank Global
HIV/AIDS Program

HIV/AIDS M&E - *Getting Results*

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

“If its not on the Road Map, we’re not going there”

Using National HIV Monitoring and Evaluation Road Maps to reach the “Third One” more quickly and efficiently

The GAMET team and Country Partners

A National HIV M&E Road Map is a practical, concrete way for countries and their partners to work together effectively to achieve the third “one” – one national HIV M&E system. This note explains what Road Maps are, their benefits, and principles and steps for developing them, based on experiences in Swaziland, Tanzania mainland and Zanzibar.

The concept of a national HIV M&E Road Map does *not* imply creating a pool or basket fund for HIV M&E activities, but rather that the implementation of M&E activities should be synchronized.

A template for a national HIV M&E Road Map that has been used in countries where this concept has been implemented is provided in Annex 1 of this note.

What is a National HIV M&E Road Map?

The so-called ‘Three Ones’ principles of establishing one national HIV coordinating body, one national HIV Framework or strategy, and one national HIV M&E strategy/plan for managing the HIV response are sound. Since they were established in 2003, these principles have proven effective in coordinating a multi-sector and decentralized national response to HIV.

However, for a national HIV M&E system at country level to be fully operational, it is not sufficient to have one national M&E strategy. Agreeing on one **coordinated set of M&E activities** with **defined responsibilities** and one **cost estimate** for implementing these activities – a National HIV M&E Road Map – is an essential tool.

A national HIV M&E Road Map is an extension of the principle of ‘one national HIV M&E system’ (the 3rd of the Three Ones). The Road Map is a joint national-level action plan and budget for all HIV M&E activities that all sectors would need to undertake in order to operationalize a national HIV M&E system. It is an M&E planning and coordination tool that enables a country to create one common vision for HIV M&E.

Activities in the Road Map are not only the once-off activities required to *establish* a national HIV M&E system (this is typically what is found in the M&E action plans of National AIDS Committees (NAC)), but also recurrent activities that need to be implemented at defined intervals to ensure the *continued operation* of the HIV M&E system.

Where have National HIV M&E Road Maps been used?

The concept of creating and using a National HIV M&E Road Map was born at Swaziland’s National Emergency Response Council on HIV and AIDS (NERCHA). The Joint Review of Tanzania’s National Multisectoral Strategic Framework identified a similar need, and the Road Map has been used as an integrated planning and implementation tool in Tanzania mainland, Zanzibar, and Rwanda.

Benefits of a National HIV M&E Road Map

Countries that have used an M&E Road Map have found that the joint development of a national action plan and budget for all HIV M&E activities at all levels of the response management changes the approach to HIV M&E from being driven by development partners to being country-driven. It has a number of specific benefits:

- 1. It enables country stakeholders to plan and work together on a practical level, to develop one national M&E system.** Despite all the expressed commitments to the Three Ones principles, it has proved challenging to actually implement them in an easy-to-understand and practical way at country level. The HIV M&E Road Map enables different sectors in a country – NAC, Ministry of Health, other government departments, the private sector, non-governmental sector, and development partners – to truly plan together and therefore work together in

building one M&E system. In Swaziland, for example, development partners agreed to complement each other's efforts, all working together and contributing to what Swaziland needed for its national HIV M&E system. Such joint planning implies that:

- Development partners can tailor their support to the needs articulated in the M&E Road Map.
 - NACs and M&E technical working groups can objectively assess whether or not they require specific M&E technical support or resources that are offered to the country. This leads to a national HIV M&E system that is not development partner-driven, but country-driven. In summary, national HIV M&E Road Maps enables countries to say and act on the principle that “if it is not on the Road Map, we are not going there”.
- 2. It removes uncertainty** in three main areas: uncertainty about who is responsible for each aspect or activity; uncertainty about the resources required for an operational M&E system, and uncertainty about who should be involved in coordinating the M&E system.
- It enables NACs to determine the level of financial and human resources that are needed.
 - It enables costs for HIV M&E to be determined long in advance and included in the medium term expenditure framework of the country.
 - It enables NACs to test the assumption that ‘10% of the HIV program budget should be dedicated to HIV M&E’.
 - It commits development partners to supporting specific aspects of the M&E system.
 - It helps define the members of the country's M&E technical working groups: representatives of all organizations listed in the ‘responsibility column’ of the HIV M&E Road Map should be involved and included as members of the M&E technical working group (TWG).
- 3. It is a resource mobilization tool.** Having an exact picture of the resources that are required also forms a strong basis from which to mobilize new domestic resources or new international resources, or to reallocate and prioritize available resources.
- 4. It is a progress monitoring tool.** It is not only a planning tool to help define what needs to be done, and who should be responsible for it, but the M&E technical working group can also use the national HIV M&E road map to follow up and assess progress in operationalizing the M&E system. If all activities in the M&E Road Map have been implemented on time and to the required level of satisfaction, the M&E technical working group

should be able to say: “the HIV M&E system in the country is operational”.

- 5. It enables the NAC to fulfill its mandate of coordinating the monitoring and evaluation of the HIV M&E response.** NACs are not only mandated to coordinate and facilitate the national HIV response, but also to assess whether the national response to HIV is being implemented well: whether and to what extent the response is helping halt the spread of the epidemic and mitigating the impact of the epidemic on sectors, communities and households. A National HIV M&E Road Map makes it clear who should do what in terms of HIV M&E, which makes it easier for the NAC to coordinate HIV M&E activities.

Principles for developing a National HIV M&E Road Map

When developing a national HIV M&E Road Map, the following principles are useful to ensure that the result is a comprehensive, appropriate and accurate Road Map:

- Link the HIV M&E Road Map to the costing of the national HIV strategic plan of the country: the M&E Road Map costing should be the M&E component of the national HIV strategic plan costing.
- Include all M&E activities defined in the national HIV M&E strategy or plan in the Road Map, not just the once-off activities to operationalize the plan.
- Develop a multi-year M&E Road Map that covers the same time period as the national HIV strategic plan.
- Involve HIV implementers, decentralized structures involved in coordinating the national HIV response, the Ministry of Health, program coordination staff at the NAC, research and academic institutions, the team responsible for reviewing the national HIV strategic plan, and PLWA representatives in developing the Road Map.
- The M&E technical working group and UNAIDS M&E advisor (if such a person is available at country level) should exercise leadership in developing the national HIV M&E Road Map.
- Cost development partner contributions – e.g. assign a unit cost to the professional time support provided by development partners, even though this is not funded from country-level resources.

Steps in developing an M&E Road Map

Although different country contexts will determine how each national HIV M&E Road Map is developed, these are the typical basic steps to be followed:

- Step 1.** Advocate for a national HIV M&E Road Map to be developed and used.

- Step 2.** Carry out a national HIV M&E capacity assessment, or distribute the results of a capacity assessment that has already been undertaken.
- Step 3.** Obtain copies of HIV M&E work plans and budgets from all relevant stakeholders: the NAC, development partners, national NGOs, government ministries, academic institutions, the National Bureau of Statistics.
- Step 4.** Ensure that the M&E technical working group has wide representation from all stakeholders mentioned in the Principles for Developing an M&E Road Map (on the previous page).
- Step 5.** Develop a draft HIV M&E Road Map (without costing) in a collaborative manner.
- Step 6.** Build consensus around the activities to be included in the national HIV M&E Road Map.
- Step 7.** Submit the national HIV M&E Road Map for approval to the M&E technical working group (its membership should include all relevant development partners).
- Step 8.** Cost the HIV M&E Road Map.
- Step 9.** Have bilateral discussions with development partners to see where resources are available and which Road Map activities each partner can support.
- Step 10.** Prioritize the Road Map activities and ensure that all priority activities are either funded from the NAC's own government resources, or from secured development partner resources.
- Step 11.** Secure and assign resources for each Road Map activity.
- Step 12.** Obtain written approval from each development partner as to their commitment for the activities that they have agreed to support in the national HIV M&E Road Map.
- Step 13.** Update and finalize the membership of the HIV M&E technical working group (TWG).
- Step 14.** Use the HIV M&E Road Map during M&E TWG meetings - assess the status of each activity on the Road Map.
- Step 15.** Review and update the M&E Road Map once a year, before the NAC budget and work plan for the following year are approved.

The way forward

Developing work plans with costs is not a new concept in development. The innovation in developing a national HIV M&E Road Map is that it brings partners together and creates a practical way in which the 3rd of the Three Ones can be implemented at country level. It holds all sectors accountable.

Country experiences

SWAZILAND

The national HIV M&E Road Map in Swaziland was central to successful operationalization of the national HIV M&E system. Three months after its development, the national HIV M&E system was launched. In the very first reporting period after launching the national programme monitoring system for non-clinical HIV services, 45 out of a possible 240 HIV implementers reported to the National Emergency Response Committee on HIV and AIDS (NERCHA). Two new surveys have also begun, and an HIV research strategy is being developed.

At the time that the Road Map was developed, the US government was interested in undertaking a strategic information assessment in Swaziland, through MEASURE Evaluation. MEASURE and the CDC were both involved in developing the Road Map, and identified 8 activities in the Road Map that they agreed to support as part of the strategic information (SI) assessment. The results of the SI assessment are still used by NERCHA today as a basis for determining who should be invited to attend M&E meetings and training sessions. The SI assessment also provided inputs to the WHO Service Availability Mapping (SAM), which is now being done. Further, the Road Map enabled MEASURE Evaluation to prioritize which activities in Swaziland to support.

Before the initiation of the Road Map, there was blurring of roles as to the M&E activities that NERCHA is responsible for implementing, and those they are supposed to coordinate. The Road Map has cemented the National AIDS Committee's role as the coordinator of HIV M&E in the country. This has, indirectly, also improved the relationship between NERCHA and the Ministry of Health and Social Welfare (MoHSW).

The costed HIV M&E Road map has been included in the National Action Plan, ensuring that there is alignment between the National HIV Plan and the plan for HIV monitoring. This has also mainstreamed M&E within NERCHA and the national HIV response.

The Road Map provided the basis for domestic and foreign resource mobilization. NERCHA earmarked 10% of the annual allocation from the Swazi government for road map activities, and the NERCHA M&E team used the Road Map to identify activities that were not yet funded when they compiled their Round 6 proposal to the Global Fund to Fight AIDS, TB and Malaria (GF). This could be done at short notice, as there was a clear understanding of the M&E requirements. So when the GF proposal was prepared, there was no need to reassess M&E needs - these were already clearly specified and costed in the M&E Road Map.

Finally, the Road Map formed a powerful induction and orientation tool. When the M&E coordinator, who was

fundamental to setting up the M&E system, left NERCHA, the new team was able to take over and manage the operationalisation, with less than 4 weeks delay in the original schedule.

ZANZIBAR

By December 2005, Zanzibar had conducted an M&E capacity assessment and developed draft M&E training materials and a draft HIV M&E strategy, but the M&E system was not operational. By July 2006, seven months later, the Zanzibar AIDS Commission (ZAC) had launched the national HIV M&E system, finalized training materials, mobilized a significant amount of funding and technical assistance for operationalizing the M&E system, and were in the process of training all 200 HIV implementers on the islands of Unguja and Pemba on how to report on a regular basis to the ZAC. These achievements were made possible through the development and approval of a national HIV M&E Road Map.

The Road Map was used to draw all development partners together; it provided direction to the M&E technical working group as to what they should be coordinating; built skills needed to manage and operationalise a national HIV M&E system; enabled the ZAC and its partners to obtain funding and technical support for specific M&E activities in the Road Map from SIPAA ActionAid, UNAIDS, UNDP, the US Government, WHO, the World Bank, and others. The Road Map is not a collection of existing work plans, but rather a complete work plan of what is *required* for the M&E system to be fully operational, so it was also used to uncover areas that were not yet funded, which were included in Zanzibar's application for Global Fund Round 6 funding.

TANZANIA mainland

By December 2005, almost two years after the launch of Tanzania's national HIV M&E framework in February 2004, the only evidence of a functional M&E system was the surveys and surveillance work undertaken by the Ministry of Health and Social Welfare's National AIDS Control Programme. Whilst plans were being developed and training had been undertaken, there was no visible evidence that a national HIV M&E system had begun to be operationalized. In particular, little progress had been made on one of the most important requirements of a national HIV M&E system: a national system of reporting for all HIV implementers to report on project progress to TACAIDS - as mandated in the National Multisectoral Strategic Framework.

During a GAMET assessment, it was recommended that developing a national HIV M&E Road Map was essential to operationalize the national HIV M&E system in Tanzania. This was confirmed during the Joint Review of the National Multisectoral Strategic Framework in Tanzania mainland, where TACAIDS was directed to lead the development of such a national HIV M&E Road

Map. A Road Map was developed, and a critical path for following the Road Map was identified. The critical path is the set of sequentially linked activities, which, if delayed, would delay the entire operationalization of the national HIV M&E system.

The national HIV M&E Road Map and the critical path activities extracted from it have brought new impetus to operationalizing the M&E system in Tanzania. Having a list of critical path activities ensured that the new M&E team could 'hit the ground running': they knew, immediately, which activities had to be implemented and where to focus their energy.

In Tanzania, the US government partners needed to be more linked with the development efforts of other partners; the Road Map provided them with an opportunity to add their contributions to that of other partners, and link the work that needs to be done.

The HIV monitoring and evaluation technical working group, which is supposed to be a national reference group for all HIV M&E activities, was not functional in Tanzania. The Road Map was also used to determine who needed to be members of the HIV monitoring and evaluation technical working group. The decision was easy - since the National HIV M&E Road Map encompasses the entire set of HIV M&E activities that need to be coordinated, representatives from all organizations listed in the 'responsibility' column of the Road Map should be members of the M&E technical working group.

The Road Map ensured that all stakeholders had a shared, joint understanding of a realistic time frame for getting the HIV M&E system fully operational, and the level of effort required. It also provided a basis for drawing up a prioritized procurement schedule.

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