

ZIMBABWE DISTRICT MONITORING AND EVALUATION TOOLKIT

Strengthening Implementation of
the District HIV/AIDS M&E
Reporting System.

July 2012





PREFACE

This district M&E model toolkit is a comprehensive package intended to provide DACs and District M&E Taskforces with all the information and tools needed to fulfil their role in the national M&E system and in providing important strategic information for strengthening services at local level.

The district model is designed to build upon existing M&E systems, procedures and guidelines and to aid in the operationalization of these systems at local level. The toolkit includes an overview and references for all of the main national HIV/AIDS policies, strategic plans, and M&E policies and procedures (copies of these documents are also available in the electronic version and on an accompanying CD).

In addition, a number of new or improved guidelines and tools have been developed and are provided in the toolkit. These include the following:

1. A new two-stage bi-quarterly schedule for the preparation, validation, submission and dissemination of district M&E reports, including for the submission of internal NAC reports
2. Guidelines on the composition and operating procedures for District M&E Taskforces
3. Standard Terms of Reference for use by District M&E Taskforces and guidelines (including a pro-forma Agenda for taskforce meetings and performance indicators for use in implementation)
4. A schedule for routine review of selected key core output indicators coupled with cyclical comprehensive review of indicators by thematic area
5. New tools for use in data analysis – including graph templates for key core output indicators integrated into the standard NAC Excel spreadsheets and OCHA district maps for use in displaying service coverage by ward



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1. INTRODUCTION

This toolkit is an action-oriented document that incorporates and builds upon pre-existing policies, procedures, tools and guidelines to enhance the quality and utilisation of data at district level. Whilst comprehensive systems for M&E of HIV/AIDS programmes have been established in Zimbabwe, a number of challenges still remain especially when it comes to practical implementation. The national systems rely heavily on local structures at the district and sub-district levels yet these structures have limited skills, capacity and resources to implement M&E activities and this affects the completeness and quality of M&E data. In addition, it has been observed that relatively little in the way of data analysis and interpretation, dissemination and utilisation of results is done at district level. Furthermore, personnel engaged in M&E at district level face challenges in linking and standardising the information contained in the NAC M&E database with information from the Ministry of Health and Child Welfare's own M&E national ART programme records.

It is becoming increasingly important for countries to be able to report accurate, timely and comparable data to international authorities and donors in order to secure continued funding for expanding health programmes and, most importantly, to utilize this information locally to strengthen evolving programmes. This toolkit aims to assist districts in measuring, reporting and using good quality health and health-related information in a manner that meets both donor and local needs. It is particularly important for national programme implementers and managers to have access to the quality information they need to make appropriate adjustments to programmatic strategies.

In the light of these challenges, this toolkit has been developed to provide a template, guidance and tools for strengthening the M&E system at district level and for improving local utilisation of M&E data to enhance programme activities.

An initial needs assessment was conducted to inform the design of the district model. The assessment comprised three elements:

- (i) A review of existing national M&E policies and procedures with attention to current terms of reference, guidance and training given to district taskforces;
- (ii) Consultations with NAC, MOHCW and UNAIDS M&E officers, the National M&E Advisory Group, NGOs, and other national stakeholders to assess whether there is need for a district model, what it should comprise of, and arrangements that will be needed to support effective implementation;
- (iii) A national survey of the 85 NAC districts to assess the functionality and needs of M&E taskforces. A brief questionnaire was distributed to District AIDS Coordinators, MOHCW M&E Officers and other district M&E taskforce members to determine *inter alia* aspects such as the frequency of taskforce meetings, current activities and their impact on local programmes, compliance with existing national guidelines, challenges and perceived needs, and views on the utility of a standard district model and what it should comprise.

Findings from the needs assessment and from stakeholder feedback from Mutasa and Makoni districts in Manicaland were used as the basis for developing this toolkit.

The District M&E Model toolkit is designed for District AIDS Coordinators and district HIV M&E taskforce members responsible for implementation of the national HIV M&E reporting system at district level. Other audiences include:

- District managers and policy makers
- District medical officers, nurses and midwives
- Representatives of Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs), and Faith-Based Organisations (FBOs)
- District coordinating and/or development committees



2. OVERVIEW OF POLICY DOCUMENTS AND GUIDELINES

NAC and its partners have developed detailed systems for monitoring and evaluating HIV/AIDS programmes in Zimbabwe. This toolkit is intended to build upon (rather than replace or amend) these pre-existing systems and to provide further guidance and tools for implementing these systems at district level. This section provides a brief overview of the national policies and strategies for HIV control and the main national and international documents describing and providing guidance on how these policies and strategies are being monitored and evaluated.

2.1 Zimbabwe National AIDS Strategic Plans – NAC

2.1.1 Zimbabwe National AIDS Strategic Plan 1 (2006-2010)

The Zimbabwe National AIDS Strategic Plan 1 (ZNASP 1) provides policy and strategic guidance in HIV and AIDS planning, implementation, monitoring and evaluation. The ZNASP 1 also gives a brief background on the relationship between NAC and national strategy on the response to the HIV and AIDS epidemic, the strategic planning process, statements of vision, mission and values, operational environment, strategic focus, outcomes, outputs, activities, risk analysis and implementation and management of the strategic plan i.e. The 3 Ones. The document provided a guide for all HIV and AIDS programming for implementers and highlighted M&E as a major component in implementing programmes.

2.1.2 Zimbabwe National AIDS Strategic Plan 2 (2011-2015)

The second Zimbabwe National HIV and AIDS Strategic Plan (ZNASP 2) succeeds the first ZNASP and is a five-year (2011 to 2015), multi-sectoral framework developed to inform and guide the national response towards achieving zero new infections, zero discrimination and zero AIDS deaths by 2015. The strategic plan mainstreams gender dimensions in the response strategies and sets out indicators that will be used to measure performance and anticipated results. The plan provides meaningful opportunities for many and diverse stakeholders to participate in the implementation of the national response.

The ZNASP 2 envisages that the National M&E system will be strengthened and decentralised to provide the evidence necessary to support “evidence and results-based” management of the response. In particular, it is anticipated that the M&E system will provide all the indicator values and baselines of the second ZNASP.

To encourage community-led planning, monitoring and evaluation, CBOs, FBOs and NGOs are to be trained in participatory approaches, on community planning, leadership and governance. Accountability and ownership will be enhanced. Skills in data collection, analysis and reporting will be developed. Communities will be encouraged to use strategic information collected to improve their interventions. According to the ZNASP 2, part of the training will focus on but not be limited to:

- Evidence and results based planning and programming
- Financial planning and management
- Human resource capacity development, and
- Advocacy and networking

2.1.3 NAC Strategic Plan: July 2011 – December 2015

After the Zimbabwe National HIV and AIDS Strategic Plan 2 (ZNASP, 2011-2015) was formulated, the National AIDS Council (NAC) Organizational Strategic Plan for the period July 2008-June 2011 was due for renewal (Table 1). Therefore, NAC formulated a new strategic plan that would be aligned to ZNASP 2.

The strategic planning process comprised a review of relevant documents, stakeholder consultations and a strategic planning workshop. NAC’s role is to lead and facilitate the attainment of the “3 Ones” principle enunciated in the ZNASP.

The strategic plan has a Results Framework (RF) with clear outcomes, outputs, indicators, baseline values, targets, sources of information, frequency of monitoring and responsibilities. The performance parameters are aligned to the ZNASP 2. This will facilitate

monitoring and evaluation of the strategic plan as well as the adoption of the Balanced Scorecard System for personnel performance measurement.

The RF is to be supported by detailed action plans covering the whole life of the strategic plan. These action plans will be used as a basis for formulating annual and quarterly work plans and budgets.

Table 1: Strategic Thrusts and Outcomes of the NAC Strategic Plan (July 2011 – Dec 2015)

ZNASP 2 Impact/Outcome Area	NAC strategic thrusts	Outcomes
Coordination	Coordination of national response	National response to HIV effectively coordinated and managed
Monitoring and Evaluation	Information management, M&E and research input	Effective information management and functional M&E system
Coordination and M&E	Communication	Effective internal communication and availability of strategic information
Enabling environment	Enabling policy, legal, regulatory and social environment	Conducive environment for effective HIV response created
Financial gap for ZNASP reduced	Resource mobilisation and management	Financial gap for ZNASP reduced to less than 20%, and effective disbursement and tracking of resources for the national HIV and AIDS response
Capacity to effectively manage the national response	Institutional capacity strengthening	NAC and partners have adequate institutional capacity to plan and implement the national response

Source: NAC Strategic Plan (July 2011 – December 2015) piv



2.2 Monitoring and Evaluation Plans for ZNASP 1&2 – NAC

2.2.1 Monitoring and Evaluation Plan for ZNASP 1 (2006–2012)

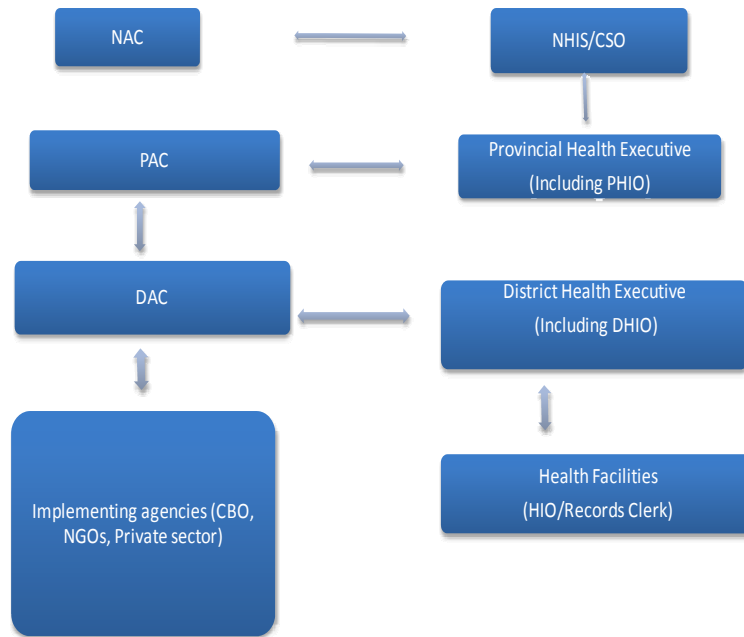
The initial National M&E Plan was aligned with the strategic priority areas of the ZNASP 1. The overall goal was to provide a systematic approach to tracking activities related to the ZNASP 1 strategic areas. It articulated, by programme area, details of the information needed including: indicators (NARF), data sources, data collection methods, data flow, data analysis, data use and reporting, and feedback as well as the responsibilities of implementing partners and stakeholders. Strategies for developing M&E capacity in terms of human, material and financial resources and detailed costed annual action plans were also included in the first national M&E Plan.

The main objectives of the plan were to assist stakeholders to:

- Guide policy and planning of the national response
- Strengthen coordination of all partners and stakeholders working in the area of HIV and AIDS
- Monitor effectiveness of programmes
- Facilitate data dissemination among implementing partners and stakeholders, and
- Guide resource mobilization

The national M&E system to be implemented by NAC was also outlined in the plan. Of particular relevance here is that the districts were to be the main pillar of the functionality of the system as they were the primary data collectors for the M&E System. It is important to note that the validity of the data at this level is crucial as it informs the nation as a whole. Figure 1 shows the structure of the M&E Reporting System which M&E taskforces at all levels are expected to implement.

Figure 1: Linkages between NAC and MOHCW in the National M&E Reporting System



Adapted from: the M&E Plan for Zimbabwe HIV and AIDS National Strategic Plan (2006–2012) p15.

The M&E plan also set out some standard priorities for M&E to be adopted at all levels (Table 2).

**Table 2: District-Level Involvement in Priority and Standard M&E Reports**

REPORT	RESPONSIBLE	KEY PERSONS
DAC District Quarterly Statistical Report*	M&E Officer, DAC	WAAC, VAAC, DA, DMO , NAC, PAC & district level implementers
District Health Information Quarterly Report	Health Information Officer/DMO	DAC, PMD, district implementers
NAC National Quarterly Report	NAC M&E Unit	All stakeholders, umbrella organizations, private sector, DAC , and PAC, MOH and CSO
Quarterly AIDS/TB Unit Report	AIDS/TB unit (Director)	MOHCW Dir of Preventive Services, Members of the planning pool, NHIS, NAC and PMOs
NAC M&E Bulletin	NAC	All stakeholders
NAC Annual M&E Report	NAC M&E Unit (Director)	All stakeholders, umbrella organizations, development partners, private sector, DAC , PAC, Cabinet Committee, Parliamentary Health Committee
Annual AIDS/TB Unit Report	AIDS/TB Unit (Director)	All stakeholders, umbrella organizations, development partners, private sector, DAC , PAC, Cabinet Committee, Parliamentary Health Committee
Thematic reports**	NAC and stakeholders	All stakeholders, umbrella organizations, development partners, private sector, DAC , PAC, relevant government departments

*The DAC District Quarterly Statistical Report is produced using the National Activity Report Form (NARF)

**The current themes are: Prevention, Treatment, Care and Support, Coordination, Management and Systems Strengthening, and Enabling Policy and Legal Environment

District-level inputs are highlighted in bold

Source: M&E Plan for Zimbabwe HIV and AIDS National Strategic Plan (2006–2012) p19.

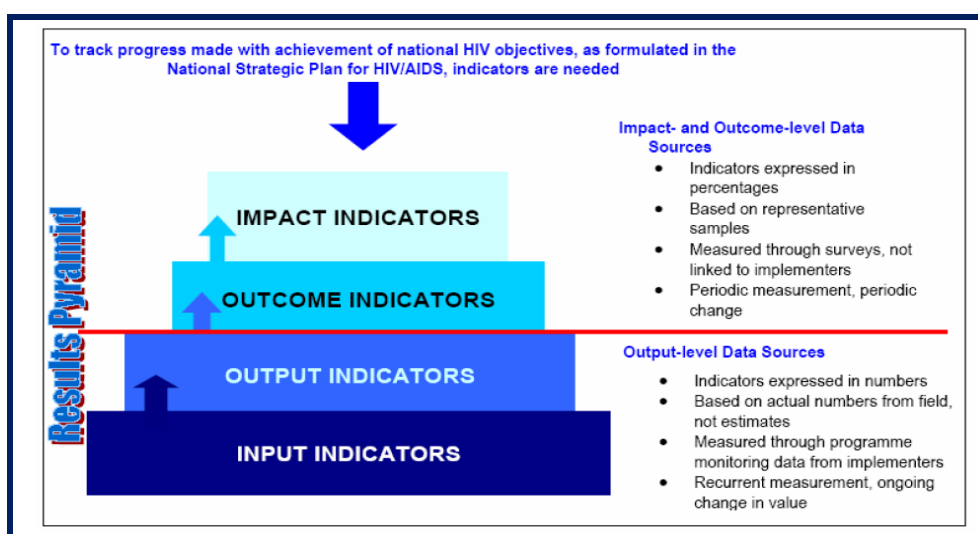
Initially, the plan was that there would be an M&E officer for each district but, due to issues of feasibility and sustainability, the M&E officers were based at provincial level where they have to cover several districts. Therefore the DAC district quarterly reports were developed with support from the provincial based M&E officers.

2.2.2 Monitoring and Evaluation Plan for ZNASP 2 (2011-2015)

The M&E Framework and Plan for 2011-2015 was developed by NAC with support from the multi-sectoral National Monitoring and Evaluation Advisory Group (NRMEAG). The plan builds on the M&E Plan for 2006-2010. It aims to guide all stakeholders in effective monitoring and evaluation of the national strategy throughout the 5-year period of the ZNASP 2 (2011-2015). This is in accordance with the “3 Ones” principle, particularly the 3rd “One” which prescribes “*One agreed country-level M&E system*”. The main purpose in developing the second M&E framework and plan was to closely monitor and evaluate the implementation and progress towards achieving the goals of the ZNASP 2.

The National M&E Plan is aligned with the strategic priority areas of the results based ZNASP 2011 - 2015. The overall goal of the current national M&E plan is to provide a systematic approach to tracking activities related to the ZNASP strategic areas. The plan spells out, by programme area, details of what information is needed including: indicators data sources, collection methods, flow, analysis, use and reporting, and feedback as well as the responsibilities of implementing partners and stakeholders. It outlines strategies for addressing each of the 12 components of a functional M & E system.

Figure 2: M&E Results Chain

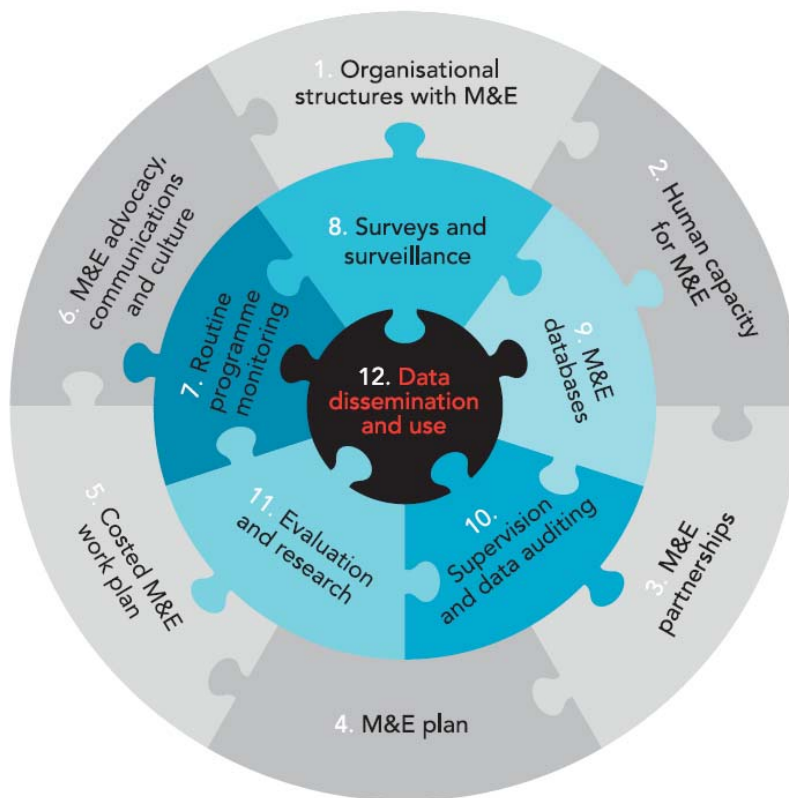


Source: Monitoring and Evaluation Plan for ZNASP 2 (2011-2015) p12

Figure 2 shows the results chain that is being used to track progress made with national HIV objectives as formulated in the ZNASP 2.

The M&E Plan also outline the 12 components of a good M&E system (Figure 3) that includes individuals, organizations, functions/actions, and the organizational culture that are fundamental to improving and sustaining M&E system performance. The middle ring focuses on the mechanisms through which data are collected, verified and analyzed. Data dissemination and use (for decision making) has been placed at the centre of the framework to represent the primary purpose of the M&E system.

Figure 3: Organizing Framework for a functional National HIV M & E system



Source: Monitoring and Evaluation Plan for ZNASP 2 (2011-2015) p13



2.2.3 National HIV & AIDS Activity Report Form Indicator Guide – NAC

This document is the indicator guide for the National Core Output Indicators in the national M&E system managed by the National AIDS Council. It provides detailed descriptions of the following:

- Indicator definitions and narratives
- The indicator code
- The rationale for the indicator
- Proposed methods for measuring the indicator
- Frequency of collection
- Data source i.e. implementer providing the data
- Source tools
- Forms of disaggregation, and
- Guidance on interpretation of indicators.

The indicator guide helps to create a good understanding of what an indicator is intended to measure, how to collect it, and how to interpret and use the data. The indicator guide is one of several documents that form the components of the national M&E system, which also include the M&E framework, the M&E plan, the indicator framework, and the national database system. This guide enhances data utilisation in that it provides information on the usefulness of the indicators and how they can be used to guide district programming.

2.2.4 Structure of the National M&E Reporting System

The structure of the national M&E reporting system is summarized in Figure 4.

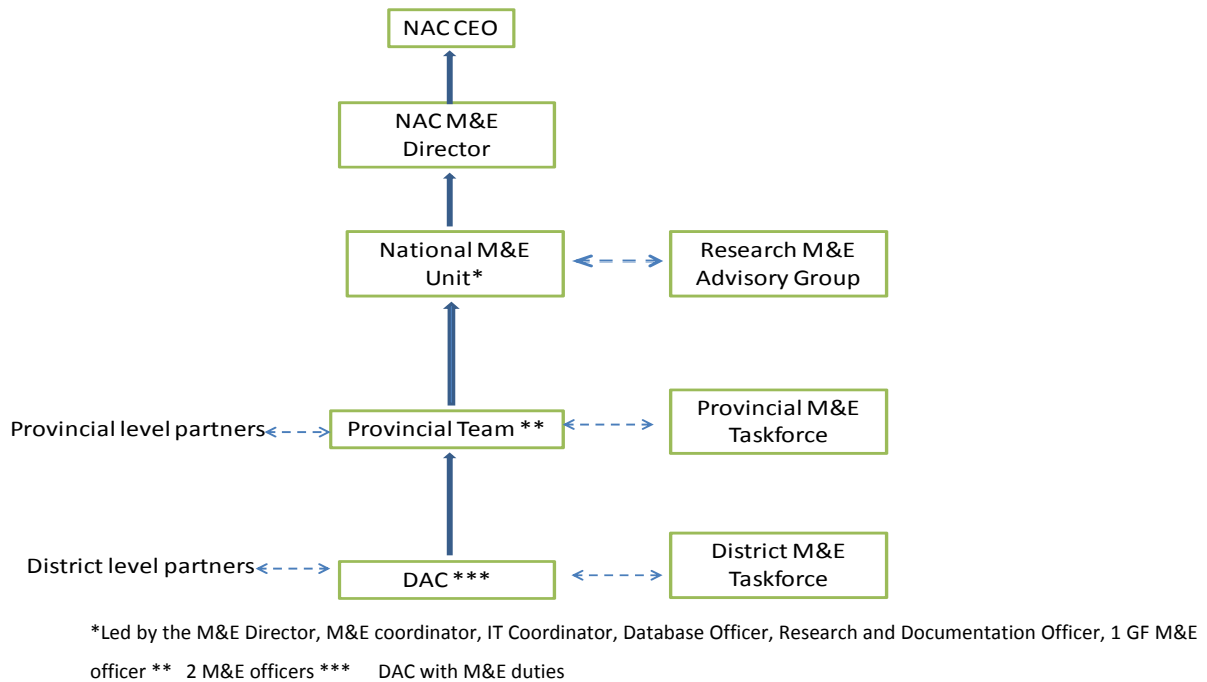
Figure 4: Structure of the National M&E Reporting System

Figure 4 shows the multi-sectoral implementation of the M&E Reporting system that is being led by NAC under the '3 Ones' principle. Reports from district level are submitted through the levels for national reporting.

The M&E taskforces are multi-sectoral with NAC acting as the secretariat at all levels. NAC District M&E systems on HIV/AIDS are implemented by NAC under The 3 Ones Principle. The system requires that all programme implementers do the following:

- Complete the Implementers Details Form and submit this form to the local DAC Office where a data entry code is issued
- Complete the NAC Activity Report Form in duplicate every month (only reporting indicators for relevant programme areas); keep one copy and submit the second copy to the local DAC by the 5th of every month.



2.2.5 National M&E Database and Tools - NAC

The National M&E Reporting System adopted the CRIS database that was established by UNAIDS. CRIS provides support to monitoring and evaluation activities in National AIDS Committees/Councils. It is intended to facilitate the organization, entry, analysis, exchange, and reporting of information on a country's response to HIV and AIDS. Currently the CRIS database is being used together with an Excel COI spreadsheet that has a list of the national Core Output Indicators.

All NAC M&E Personnel, including the DACs, receive training on the CRIS and Excel COI databases.

2.2.6 TORs for the M&E Taskforce – NAC

NAC has developed standard TORs for use by M&E taskforces at all levels. The district taskforce is expected to work with the NAC secretariat to ensure implementation of the national M&E system. The taskforce is expected to be an engine to fuel data utilisation at district level. However, these terms of reference are not tailor-made for districts but are intended to apply at all levels. The standard NAC TORs for M&E taskforces are as follows:

- Ensure timely submission of relevant HIV and AIDS data on a monthly basis
- Verification and validation of HIV and AIDS data e.g. COI and baseline data
- Analyse and interpret data and disseminate information to stakeholders and policy makers on a regular basis
- Capacity building of ASOs in the implementation of the M&E system
- Identify best practices, document and share with partners for replication
- Identify and spearhead the carrying out of HIV and AIDS research studies
- Initiate exchange visits to facilitate a “look and learn” approach to programming



2.3 International Guidelines

2.3.1 Basic Terminology and Frameworks for M&E – UNAIDS

This is part of the international guidelines provided by UNAIDS to national AIDS councils to assist in implementation of national M&E systems. It defines the basic language of M&E and introduces concepts and frameworks that form the foundation of M&E for example:

- Programme logic model
- Utilisation of programme data for programme improvement, accountability and feedback to partners
- Types of data i.e. inputs, activities, outputs, outcomes, impact
- Levels of M&E - input, output and process monitoring mainly for districts, and
- The main components of an M&E system to be implemented at each level.

2.3.2 Guidance on Capacity Building for M&E (2008) – UNAIDS

The guidance provides practical advice for national AIDS programmes to develop a unified and effective national monitoring and evaluation system. The guidance also helps countries to define an agreed set of national performance objectives of the M&E system. The guidance includes basic concepts related to M&E capacity building, focuses on planning for capacity building, explores strategies and interventions for addressing capacity gaps and gives recommendations for M&E capacity building. Capacity building strategies and interventions to strengthen the national M&E system are also highlighted at all levels and how the data can be used for decision making.

2.3.3 An Introduction to Indicators – UNAIDS

This guideline gives the fundamentals of indicators i.e. definition, importance, essential components, types and how to select indicators. Its focus is on indicators as they are an essential component of an effective M&E system.



2.3.4 Making M&E Systems work – A Capacity Development Toolkit – World Bank

(ived.dpt.gov.tr/DocObjects/.../Making_M_and_E_Systems_Work.pdf)

The handbook provides a roadmap of the components to sustainable M&E system. It basically defines all the pieces of an M&E jigsaw puzzle to help ensure the sustainability of investments in M&E systems. The book describes strategies that increase the extent to which information from M&E system is used to inform decisions that will improve results even at the lowest level.

The handbook gives several reasons why information is not always used to making decisions to improve organisation's results as:

- Timing
- Conflicting government
- Political ideology and public opinion
- Dispute over data, measures of impact, data collection methods or data analysis tools, and
- Unclear measurement or analysis tools, challenges with data storage and analysis



3. DISTRICT M&E TASKFORCES: COMPOSITION AND OPERATING PROCEDURES

The District HIV/AIDS M&E Taskforce is a committee of approximately 15 local programme officers with M&E expertise and responsibilities who work together to advise and assist the DAC in monitoring and evaluation of local HIV/AIDS programmes.

3.1 Composition of District M&E Taskforce

District M&E taskforces include representatives from:

- Government – MOHCW (2-3), Youth, Social Welfare, MOESC, DA and RDC
- NGOs – 3-4 representatives
- FBOs – 1 representative
- CBOs – 1-2 representative
- Private Sector – 1-2 representatives
- Provincial NAC Office – 1 M&E officer

Each of these organisations nominates individual staff members to represent them on the taskforce on a regular basis to ensure continuity and also nominates an alternate to represent them when the regular representative is not available. Each of these staff members should have an M&E role in the nominating organisation and, where possible, have experience and knowledge of M&E. There should be a balance amongst the participating organisations so that all the thematic areas are represented. The DAC has the discretion to rotate the participating organisations for the M&E taskforce based on their contribution to the work of the taskforce. The term of office for individual taskforce members is indefinite subject to their continuing to work in the district for the organisations they represent and the discretion of the nominating organisation and the DAC.



3.2 Operating Procedures

District M&E taskforces shall operate using the following procedures:

- Meetings are quorate when 6 people are present
- Members of the taskforce elect the Chairperson and the Vice Chairperson, and the appointment of the officers is reviewed annually
- The DAC will provide the Secretariat for the taskforce, coordinate the taskforce activities and provide training in NAC M&E systems for taskforce members (with support from the Provincial M&E officer). The DAC is responsible for the duties of the Secretariat but can delegate some organisations to assist
- Members will meet quarterly or more often at the discretion of the DAC, the Chairperson and other taskforce members
- Meeting agendas will be prepared by the DAC in consultation with the Chairperson and will be circulated to members a week before each meeting together with the minutes of the previous meeting. Routine agenda items include review of NAC internal reports and discussion of reports for dissemination (see s4.3)
- The M&E taskforce is accountable to NAC (through the DAC) for advice and assistance with NAC M&E reports and to the community in the district (through the DAAC and other stakeholders) for production and local dissemination of M&E data.



4. DISTRICT M&E TASKFORCES: TERMS OF REFERENCE

4.1 Terms of Reference for District M&E Taskforce

Taskforce members are more likely to attend regularly and contribute usefully if they have a specific role to play, see the benefits to their organizations, perceive that the meetings are productive, and feel that progress is being made with deliverables (World Bank 2009. Making M&E Systems Work). The taskforce members will work as a team with the DAC to:

1. Assist in the collection of baseline data and data on core output indicators from partners in accordance with NAC deadlines (as described in s5)

Members can assist the DAC by helping to make sure that each organisation (including their own) in the system understands its role and responsibilities and by making follow-ups on the submission of reports by partners. The latter can be done by analysing the reporting status of all partners (see Appendix 6 for data analysis template) and by making follow-ups on organisations that have missing or incomplete reports.

Deliverable: Complete, verified and corrected datasets in CRIS and Excel format for each quarter finalised by the end of the following quarter.

2. Assist in the verification and validation of baseline data and data on core output indicators in accordance with DAC requests

Partner organizations reporting on HIV/AIDS activities are required to validate their reports before submitting them to the DAC. The DAC will select appropriate* members of the taskforce to assist in conducting verification visits to organizations and/or facilities to verify data as a team. Visits will be made each quarter with or without the DAC to organizations for which the NARF forms appear to contain gaps or errors plus a small sample of other organizations for spot checks. Then members will provide feedback on these activities to the DAC and to the taskforce at its next meeting. In this way, the meeting is not dominated by the DAC and other participants are not passive but have an equal role and contribution to make in the taskforce meetings. *i.e. to safeguard personal and other confidential information and to avoid conflicts of interest.



Deliverables: (i) Verification reports presented at each M&E taskforce meeting; and (ii) Complete, verified and corrected datasets in CRIS and Excel format for each quarter finalised by the end of the following quarter.

3. Assist in the extraction, analysis and interpretation of district M&E data using the CRIS and Excel tools to inform the preparation of internal NAC reports

A core team of M&E taskforce members (with rotating membership) can meet after the DAC has entered the data for a given quarter in accordance with the work plan developed for the taskforce. The team can assist in the analysis of the data (including generating charts and tables) and with interpretation of the results (including assessment of data completeness and quality and gaps in service provision) for use by the DAC in compiling the narrative sections of the NAC reports.

Deliverable: Comprehensive and accurate narrative sections in internal NAC quarterly reports.

4. Prepare and disseminate quarterly and *ad hoc* reports on M&E findings to local stakeholders and policymakers with support from the DAC

Members should play a leading role in the design and preparation of reports for use in local dissemination of M&E results so as to ensure that these meet the needs of local stakeholders. To this end, members should work with the DAC in the preparation of PowerPoint presentations on M&E findings and special reports on best practices in the district for dissemination amongst local stakeholders. Presentations in meetings (pre-existing and/or initiated by the taskforce) and reports (distributed in the form of hard copies or through the internet / e-mail) can be used to disseminate M&E results. To ensure that the dissemination takes place, it is necessary to include these activities in the taskforce work plans and performance indicators.

Deliverables: (i) Reports and PowerPoint presentations for use in dissemination of M&E findings to local stakeholders; and (ii) M&E findings presented at local stakeholder meetings.



5. Capacity building of AIDS Service Organisations in implementing the M&E system

The DAC, with support from the Provincial M&E Officer and other experienced taskforce members, is responsible for arranging training in NAC M&E systems for new and less experienced taskforce members. Wider capacity building in the M&E system will be done by the DAC and the taskforce by carrying out visits to local partner organisations and conducting on-the-job training. To minimise the resources required, this on-the-job training can be done during follow-up and verification visits. Where resources can be mobilised, formal training sessions can be held facilitated by NAC personnel and local taskforce members.

Deliverables: (i) Taskforce members trained in NAC M&E systems; and (ii) Strong capacity in M&E systems amongst ASOs in the district.

6. Identify, document and share best practices with local partners for replication

Best practices can be identified for sharing with partners and other districts in a number of different ways. For example, from members' experience, during verification visits, from reports and presentations made by partners at stakeholders meetings, and from the findings of research studies conducted locally and elsewhere (see next point and the NAC Guidelines on Identifying and Documenting Best Practices). Arrange for the best practices identified to be disseminated locally through presentations and written reports.

Deliverable: Reports on best practices distributed to local partners.

7. Identify and support the carrying out of HIV/AIDS research studies in the district

Possible areas for research can be identified at taskforce meetings. Taskforce members can lobby for research in relevant areas through NAC's research office and with other partners. The taskforce will also mobilise and coordinate organisations conducting research in the district and the dissemination of research findings to local partners. Particular areas for research which are likely to be of value include exploratory studies of



promising new approaches and studies that measure the outcomes and impact of HIV prevention, mitigation and treatment programmes.

Deliverable: Research studies completed and disseminated in the district.

8. To keep up-to-date with changes in national and international policies and guidelines on M&E and provide feedback on local experiences in implementing M&E systems

Members of the taskforce should be updated on developments in the national M&E system during meetings and will make arrangements for implementation of changes at district level. District M&E taskforces can also review the operation of national M&E systems at district level and provide feedback on how these systems might be improved for possible inclusion by the DAC in the internal NAC quarterly reports.

Deliverables: (i) Timely updates to local M&E procedures in accordance with changes in national policies and guidelines; and (ii) Recommendations on alterations to national M&E systems to improve effectiveness at district level.

9. Assist in mobilising resources for the implementation of M&E systems in the district

Members of the taskforce can identify resource gaps (e.g. for training, transport and research) when they meet, identify potential funders, and develop and submit proposals to these funders in order to mobilise the required resources.

Deliverable: Proposals submitted to funding organisations.

4.2 Performance Indicators

The performance of M&E taskforces will be assessed using the following indicators:

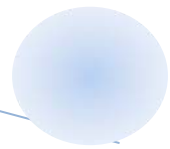
1. Number of taskforce meetings with minutes conducted over the past 12 months
2. The M&E taskforce adhering to a work plan that they have developed (Yes/No)
3. The average number of members attending meetings in the past 12 months



4. The percentage of partners for whom complete data has been collected and entered for all relevant programme areas by the end of the following quarter
5. The percentage of partners receiving verification visits from taskforce members in the last quarter
6. The number of times that the core team has met with the DAC to assist in compiling the narrative sections of the NAC quarterly reports in the past 12 months
7. The number of presentations of M&E findings made to local stakeholders and policymakers in the past 12 months
8. The percentage of current taskforce members trained in NAC M&E systems at the date of assessment
9. The number of research studies that have been conducted and disseminated in the past 12 months
10. The M&E taskforce uses the most up-to-date NAC procedures and guidelines for M&E (Yes/No)
11. The number of funding proposals (M&E capacity building, research etc.) developed and submitted to possible donors by the taskforce in the past 12 months.

4.3 Sample Agenda for M&E taskforce

The following is a pro-forma Agenda for district M&E taskforce meetings which can be used in conjunction with the bi-quarterly schedule of activities set out in s5. Individual district taskforces may, of course, add additional items as and when the need arises.



AGENDA

Welcome

Introductions

Previous Minutes

Matters Arising from the Minutes

Standing items:

1. Verification & validation visits report – **Core Team**
2. Final report for previous quarter – **DAC/Core Team**
3. Preliminary NAC internal report for current quarter (including reporting status of partners) - **DAC**
4. Data analysis and interpretation for current quarter – **DAC/Core Team**
5. Agreement on follow-up action (including verification & validation) – **Taskforce**
6. Training activities (including support visits to partners) - **DAC**
7. Local dissemination activities – **Taskforce/DAC**
8. Programme developments – **DAC/Taskforce**
9. Research results, opportunities and mobilization – **DAC/Taskforce**

AOB

Closing Remarks – **Chairperson**

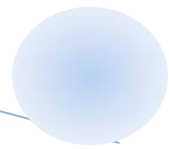


5. DISTRICT M&E TASKFORCES: QUARTERLY SCHEDULE OF ACTIVITIES

The routine schedule of M&E activities to be undertaken by the DAC and District M&E Taskforce is summarised in Table 3. The schedule is based on a rolling bi-monthly cycle designed to meet the reporting deadlines of NAC and the Ministry of Health and Child Welfare whilst, at the same time, providing for meaningful participation of M&E taskforce members so that *inter alia* valid and reliable data are collected and captured in the national CRIS database and Excel spreadsheets and disseminated at local level.

During the first week following the end of a quarter, partners providing HIV/AIDS services in the district submit their reports to the DAC. The DAC commences data entry into the CRIS and Excel systems whilst following up with partners on missing reports and data and obvious errors. In the second week, data entry is completed and preliminary data analysis and interpretation is undertaken together with a small core team of taskforce members. At the end of this week, the DAC submits the standard statistical and narrative reports based on this preliminary analysis to the NAC provincial office for processing and onward to transmission to Head Office.

During the third week after the end of the quarter, the DAC and the core team carry out further analyses on the key thematic indicators and the core output indicators for the focus thematic area for the quarter (i.e. in accordance with the quarterly cycle described in s6 and Table 3 below) and prepares a presentation for the taskforce meeting. In the fourth week of the month after the end of the quarter, the taskforce meets and the core team presents the results from the data analysis. These results are considered by the taskforce focusing initially on aspects of data completeness and data quality and then on possible explanations for observed patterns and trends and the implications for programme coverage, quality and effectiveness. At the end of the discussion, a plan of action should be agreed covering further more in-depth data analysis work (if required), verification and validation activities, investigation of factors that might account for observed successes and weaknesses in programme performance, and local dissemination activities.



In the next month, the agreed verification and validation activities should be completed and the CRIS database and Excel spreadsheets updated to correct all gaps and errors identified. In the third month, the preliminary data analyses and the internal NAC statistical and narrative reports for the quarter should be updated using the corrected data. Reports for dissemination within the district should be prepared and presented at DAAC meetings and meetings of partners and other key stakeholders. Finally, in the second week of the next quarter, the final internal NAC report (with corrected analysis and more reliable interpretation) for the earlier quarter should be submitted together with the preliminary report for the new quarter.

Throughout each quarter, the DAC and taskforce members should remind local partners to submit their reports on time, provide on-site training and support to partners on M&E issues, discuss the interpretation of M&E findings with partners, and encourage partners to address programmatic as well as data quality issues highlighted in the M&E results.

Table 3: Schedule of Activities for District M&E Taskforces

TIMETABLE OF ACTIVITIES FOR DISTRICT HIV/AIDS M&E TASKFORCE

ACTIVITY	RESPONSIBLE ORGANISATION	1st Quarter												2nd Quarter																			
		JAN				FEB				MAR				APRIL				MAY	JUNE														
		Week 1	Week 2	Week3	Week4	Week 1	Week 2	Week3	Week4	Week 1	Week 2	Week 3	Week4	Week 1	Week 2	Week3	Week4																
		1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10		
1 Reminder of report submission to partners	NAC/Members																																
2 Report submission from partners	NAC/Members																																
3 Data entry	NAC																																
4 Follow up on missing reports and data	NAC/Members																																
5 Data entry for missed data	NAC																																
6 Preliminary data analysis	NAC/Core team																																
7 Submission of preliminary NAC report to province	NAC																																
8 Data analysis and agenda setting for taskforce meeting	NAC/Core team																																
9 M&E taskforce meeting: review of reports for last 2 quarters	NAC/Members																																
10 Verification and validation	NAC/Members																																
11 Updating of databases	NAC																																
12 Updating of data analysis and NAC report	NAC/Core team																																
13 Preparation of local dissemination report/presentation	NAC/Core team																																
14 Dissemination of reports (DAAC, Stakeholder meetings)	NAC/Members																																
15 Submission of NAC final report to province	NAC																																
16 M&E support visits to partners and health centres	NAC/Members																																

Key

	Ongoing Activity
	Deadline



6. INDICATORS

6.1 Schedule of Review of Core Output Indicators

Core Output Indicators for use in the National M&E Reporting System are given in the National HIV/AIDS Activity Report Form (NARF) Indicator Guide (see s2 and Appendix 4). Indicators are specified and defined by thematic area (e.g. HIV prevention) and programme area (e.g. PMTCT). For each indicator, the Guide provides a definition of the indicator together with information on its purpose, how to measure it, the frequency of measurement, data sources, disaggregation and guidance on interpretation.

Given the large numbers of indicators measured using the NARF guide, it may not be feasible for district M&E taskforces to review all indicators every quarter. Therefore it is suggested that taskforces combine routine review of a smaller number of key indicators spanning all of the thematic areas every quarter with a cycle of comprehensive in-depth analysis of indicators by thematic and programme area. For this purpose, HIV prevention could be split into two parts to provide a total of four thematic areas (HIV prevention 1, HIV prevention 2, Care and Treatment, and Impact Mitigation) with each of these thematic areas being covered in turn over a one year period (Table 4).

Table 4: Key Indicators across thematic areas

KEY INDICATORS ACROSS THEMATIC AREAS

Key Indicators		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Indicator code	Indicator description				
1. PMTCT 3	Pregnant women tested for HIV in ANC	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
2. PMTCT 4	Pregnant women tested HIV positive in ANC	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
3. PMTCT 5	HIV infected pregnant women dispensed with PMTCT ARV prophylaxis	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
4. HTC 2	Number HIV tested	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
5. C 1	Male condoms distributed (sold or freely distributed)	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
6. BC 4	People completing community HIV prevention course	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
7. OVC	OVC (<18yrs) benefiting from IG or Livelihoods projects	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
8. PLHIV 3E	PLHIV receiving assistance by type of assistance (E. IG/Livelihoods)	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
9. HIV/TB 1	TB patients tested for HIV	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
10. HBC 2	Clients served by CHBC (by functional status)	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
11. ART 5 & 6	Patients currently on 1st line or 2nd line	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>
12. ART 8	Patients deceased this month	<i>x</i>	<i>x</i>	<i>x</i>	<i>x</i>

THEMATIC AREA→	Prevention 1	Care & Tx	Prevention 2	Mitigation
Programme Area↓				
PMTCT	<i>x</i>			
HTC	<i>x</i>			
STI	<i>x</i>			
Condom distribution			<i>x</i>	
Male circumcision	<i>x</i>			
Youth in school			<i>x</i>	
Youth out of school			<i>x</i>	
Tertiary education			<i>x</i>	
Behaviour change			<i>x</i>	
MARPs			<i>x</i>	
Infection control	<i>x</i>			
Workplace			<i>x</i>	
Gender			<i>x</i>	
OVC				<i>x</i>
PLHIV/MIPA				<i>x</i>
HIV/TB collaboration		<i>x</i>		
C-HBC		<i>x</i>		
ART		<i>x</i>		
IEC materials			<i>x</i>	
Research & M&E				<i>x</i>

6.2 Data Completeness and Data Quality Indicators

To assist in measuring the level of and trends in completeness and quality of the data collected and the impact of inconsistencies in reporting on observed trends in key output indicators, DACs and M&E taskforces can calculate and track trends in data completeness and quality indicators.

For example, the following indicators could be calculated and tracked over time for selected output indicators:

- % of partners providing services in the programme area that have reported on the indicator in the current quarter
- % change in indicator after adjustment for errors identified during verification

Detailed guidance on data quality issues can be found in the Data Quality Audit Tool: Guidelines for Implementation produced by MEASURE Evaluation.

6.3 Outcome Indicators and Comparisons by Ward and District

The NARF indicators are primarily output indicators. However, where possible, it can also be useful to measure outcome indicators so that progress in meeting need can be assessed. Data on outcome indicators can also be used for comparing performance with other districts and for making comparisons across wards so as to identify gaps in service provision.

Districts already report on a number of outcome indicators (e.g. percentage of HIV-infected pregnant women who receive ART to reduce the risk of mother-to-child transmission). Where data or estimates for denominators (populations in need of specific services) are available, further outcome indicators can be calculated. For example, estimates of adult ART coverage in a district can be calculated using estimates of HIV prevalence (from PMTCT surveillance), the proportion of infected individuals who are in need of treatment (CD4 count < 350), and the size of the district population.



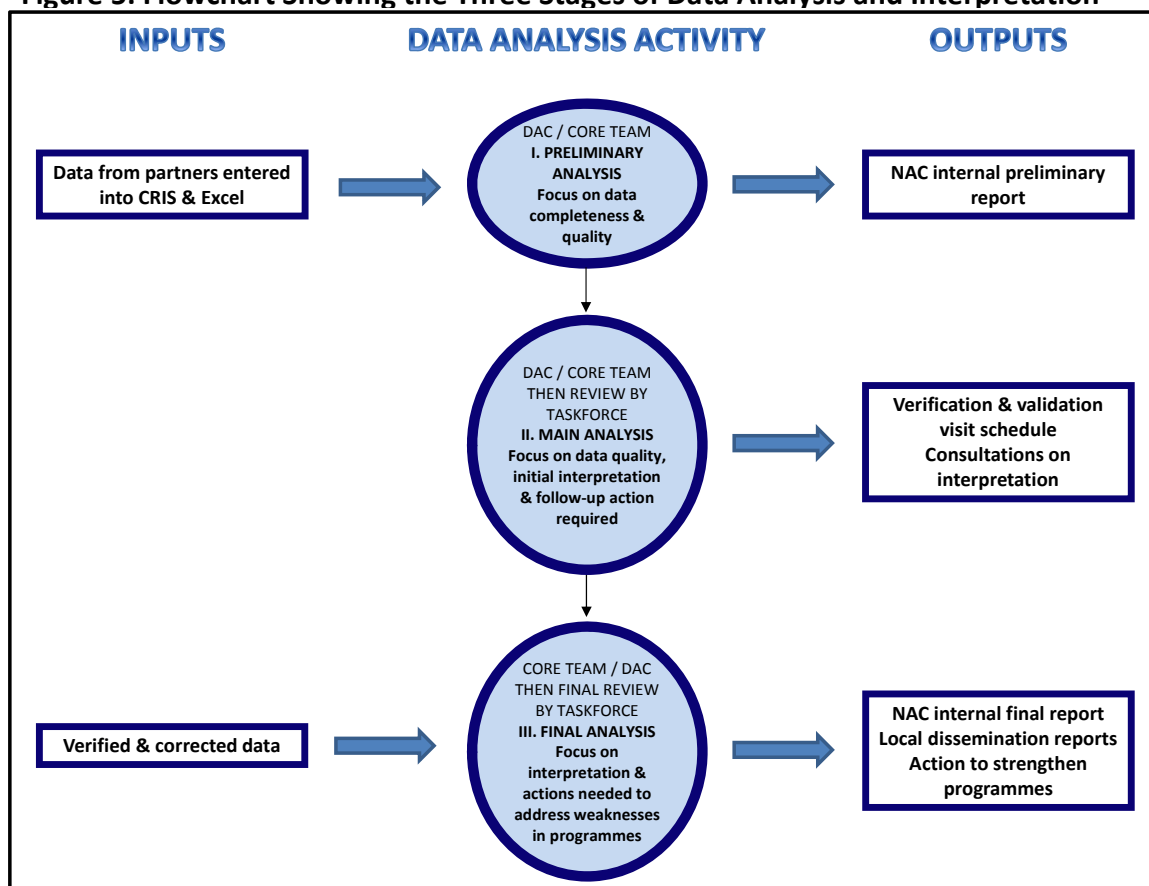
7. DATA ANALYSIS PROCESS AND TOOLS

7.1 Overview of the Data Analysis Process

Data analysis involves manipulating (qualitative or quantitative) data by summarizing, performing calculations, comparing, and using other data analysis methods to better describe, understand and see relationships between data over time. Currently NAC is using the CRIS database together with an Excel template to enter and store data on the Core Output Indicators. The CRIS database system was developed by UNAIDS and contains an archive of all the data captured in the national M&E system since the establishment of the system. The CRIS system can be used to generate graphs displaying M&E data from the database (including trends in Core Output Indicators over time) using Excel Pivot Tables. The NAC Excel templates are used to generate the standard internal quarterly statistical reports submitted by the DACs to the provincial and head offices.

Graphs are pictorial representations of the relationships between two (or more) variables. Different types of graphs can be used for illustration purposes depending on the type of variable (nominal, ordinal, or interval) and the issues of interest. Graphs can be used any time one wants to visually summarize the relationships between variables, especially if the data set is large or unmanageable. They are routinely used in reports to underscore a particular statement about a data set and to enhance readability. Graphs can appeal to visual memory in ways that mere tallies, tables, or frequency distributions cannot. However, if not used carefully, graphs can misrepresent relationships between variables or encourage inaccurate conclusions.

Figure 5 shows the three stages of the data analysis process through which DACs and district M&E taskforces can come up with valid and reliable results. In the early stages, the main focus is on data completeness and data quality and on identifying steps needed to fill in gaps and identify and correct errors. In the later stages, the emphasis shifts towards interpretation of results and identifying the implications for service delivery and any actions required to strengthen programmes.

Figure 5: Flowchart Showing the Three Stages of Data Analysis and Interpretation

7.2 Templates for Displaying M&E Data in Graphical Form

Current levels of service provision are easier to interpret when compared with prior levels. Where possible, this should be done by comparing current levels with those over multiple previous periods so that they can be put in the context of recent trends. Comparisons with a single prior period can be difficult to interpret because the previous period may have been atypical in some way. Trends over multiple periods can be easiest to interpret when displaying visually in graphical form.

As a part of this toolkit (see Appendix 6a), the standard NAC Excel spreadsheet workbook has been updated to include a set of graphs that show trends in the key indicators recommended in the toolkit (s6.1 Table 4). Previously, DACs and taskforce members were required to create new graphs each quarter for use in NAC reports and local presentations. The new graphs in the Excel workbooks are linked directly to the original data capture spreadsheets in such a way that they are updated automatically as soon as data for new



quarters are entered into the data capture spreadsheets. Examples of these graphs are shown in Figure 6.

Figure 6a shows the trends in numbers of clients served by community home-based care services (NAC COI HBC 2) for a hypothetical district for the period January 2012 to June 2013. In this hypothetical example, the total number of clients served by home-based care services in the district is declining steadily over time (perhaps to reduced AIDS morbidity following the scale-up of ARV services). At the same time, it appears that the proportion of those still served by home-based care services who are bedridden or homebound has been falling whilst the proportion who are working has increased.

Figure 6b shows the trend in the cumulative number of people on ART who have died in the year to date for males and females in a hypothetical district for the year 2013. The equivalent figures for 2012 are shown as a benchmark against which the 2013 figures can be compared. For indicators where numbers of cases per month are usually small, cumulating the numbers in this manner may be preferable to showing the numbers for each month because the effects of random fluctuations are smoothed out.

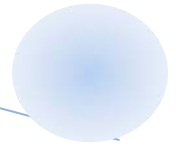
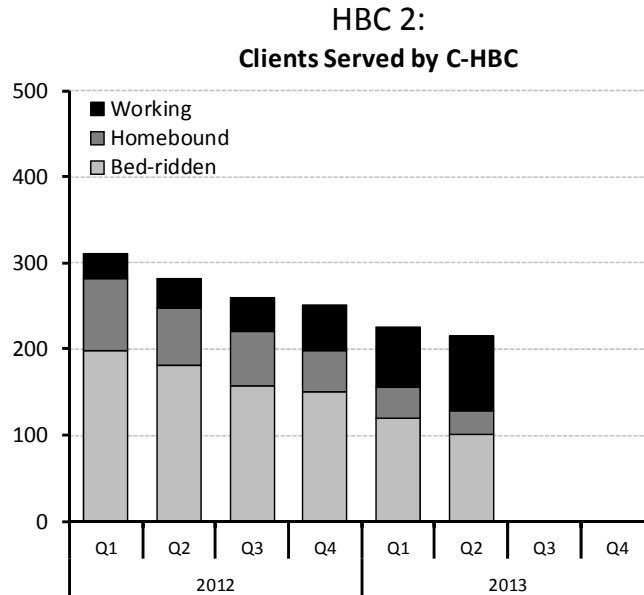
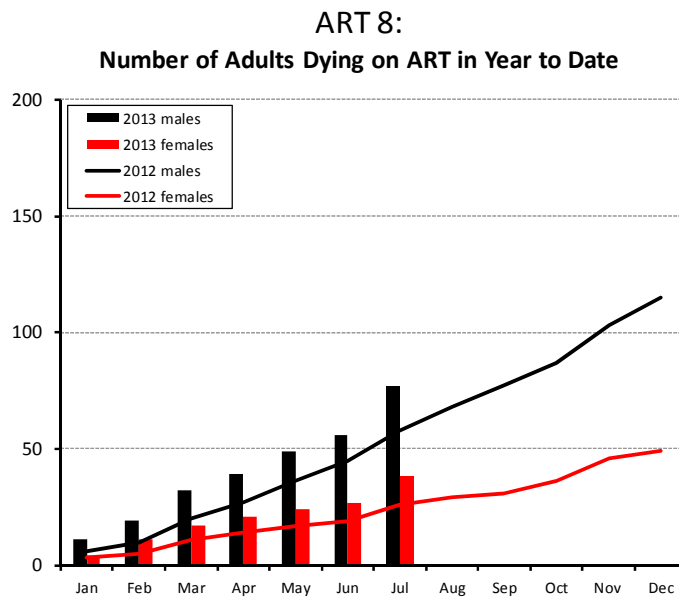


Figure 6: Sample Templates for Displaying M&E Data

(a)



(b)





7.3. Templates for Displaying M&E Data in Maps

The toolkit also includes a set of maps developed by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) which can be used to display data on the coverage of HIV/AIDS services within districts. These maps are available for all districts in Zimbabwe and can easily be updated to display the coverage of key HIV/AIDS services at ward level. This can be useful for identifying and highlighting gaps and overlaps in the coverage of services within districts and as a basis for negotiating with existing and new partners for more equitable distribution of services.

Figure 8 below illustrates the patterns of service provision that can occur based on recent experience in Mutasa District. For example, whilst there are three organisations providing services for PLHIV in Ward 20 in the centre of the district and two organisations providing services in most of the north of the district, there appears to be a gap in service provision in the southern part of the district.

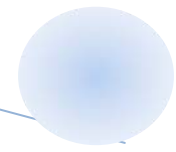
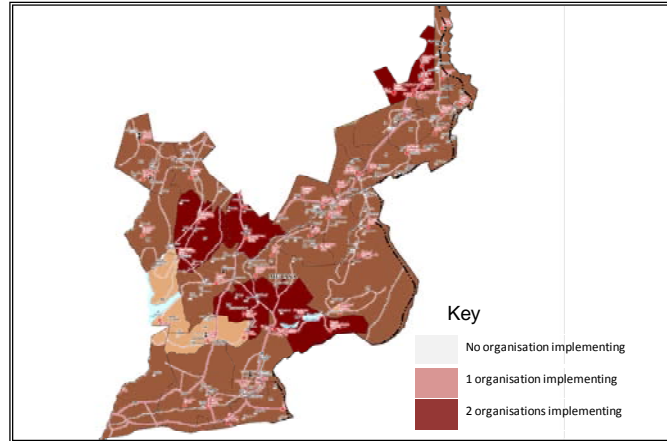
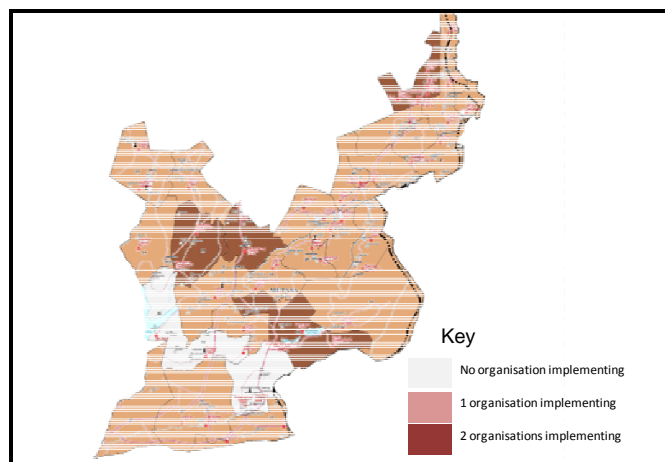


Figure 7: Numbers of implementing partners by service area and ward

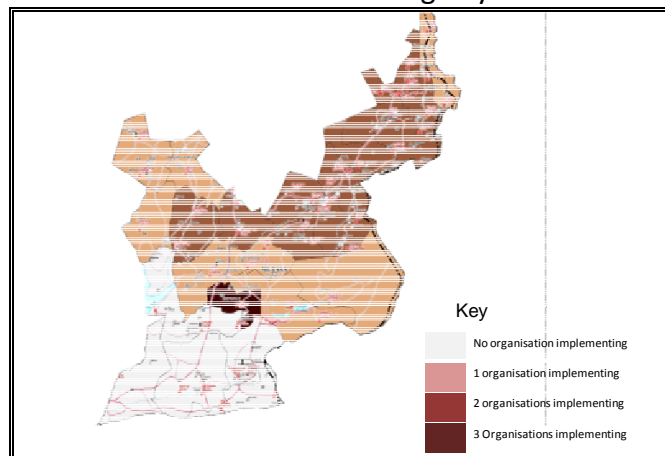
a: OVC service coverage by ward



b: YOS service coverage by ward



c: PLHIV service coverage by ward





8. REPORTS – PROCEDURES, TEMPLATES AND SAMPLE REPORTS

8.1 National setting of district targets

Local participation in the setting of district targets for programme outputs is desirable to reflect local knowledge, priorities and resources. However, in practice, most resources in Zimbabwe are controlled nationally and past experience has shown that districts often set un-realistic targets. Therefore, currently, districts targets are being set nationally.

Setting of targets is based on the ZNASP. Targets are derived from the ZNASP as percentages then calculated per district based on the district population. For example, if the ZNASP targets 80% of PLHIV to be on ART by end of year, 80% of the clients eligible in each district will be calculated as the target on the district plan.

8.2 NAC Internal Reports

NAC has developed a format for statistical and narrative reports that the DACs are expected to submit every quarter (see Appendix 6). These reports provide comparisons of actual outputs achieved against the targets set at national level.

8.3 Local Dissemination Reports

SAMPLE LOCAL DISSEMINATION REPORTS WILL BE ADDED HERE BASED ON EXPERIENCE IN THE PILOT



9. APPENDICES – BACKGROUND INFORMATION AND RESOURCES

Appendix 1: Zimbabwe National HIV/AIDS Strategic Plan

Appendix 2: NAC M&E Strategy

Appendix 3: MOHCW M&E Strategy

**Appendix 4: National HIV/AIDS Activity Report Form
Indicator Guide**

Appendix 5: Organisational Details Form

Appendix 6: Sample Reports

- a) Excel COI Spreadsheet with Graphics Templates
- b) ART Excel Spreadsheet with Graphics Templates
- c) Reporting Status Report by Programme Area
- d) Quarterly Narrative Report Template
- e) Local Dissemination Report (pending)

Appendix 7: International Guidelines

- a) Guidance on Capacity Building for M&E - UNAIDS
- b) World Bank Making M&E Systems work – A
Capacity Development Toolkit

ived.dpt.gov.tr/DocObjects/.../Making_M_and_E_Systems_Work.pdf

**Appendix 8: DAC Job Description – amended to include
responsibility for M&E taskforces**

Appendix 9: CRIS Manual