Malawi National AIDS Commission

National HIV/AIDS Monitoring and Evaluation Plan

PART B: OPERATIONS PLAN

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List of Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ARV	Anti-retroviral treatment
BCI	Behavioural Change Intervention
BLM	Banja La Mtsogolo
BSS	Behavioural Surveillance Survey
CBO	Community Based Organization
CHAM	Christian Hospital Association of Malawi
CHS Unit	Community Health Sciences Unit
CMS	Central Medical Stores
CWIQ	Core Welfare Indicator Questionnaire
DAC	District AIDS Coordinator
DACC	District AIDS Coordinating Committee
DHS	Demographic and Health Survey
EMAS	Education Methods Advisory Services
FBO	Faith Based Organisation
FMA	Financial Management Agent
GFATM	Global Fund to fight AIDS, Tuberculosis, and Malaria
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPME	Head of Planning, Monitoring and Evaluation at National AIDS Commission
HTS	Health Technical Services
IT	Information Technology
LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MAP	Multi-Country AIDS Program
MEIS	Monitoring, Evaluation and Information Systems
MERSIS	Monitoring, Evaluation, Research, Surveillance and Information Systems
MOEST	Ministry of Education Science and Technology
MOGCS	Ministry of Gender and Community Services
MOHP	Ministry of Health and Population
MOLVT	Ministry of Labour and Vocational Training
NAC	Malawi National AIDS Commission
NCPI	National Composite Policy Index
NGO	Non-governmental Organization
NSO	National Statistics Office
NTBS	National Blood Transfusion Service
OI	Opportunistic Infection
PISAD	Pre Inspection Self Assessment Form
PLWHA	Persons Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
QSCR	Quarterly Service Coverage Report
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TWG	Malawi Technical Working Group on HIV/AIDS
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

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All the staff at the National AIDS Commission provided valuable insights, helpful suggestions, and much support. We hope this document will be useful for them in their fight against AIDS in Malawi.

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Both these documents are available from NAC on 01 727 900, or at www.aidsmalawi.org.mw

1 Introduction

To effectively fulfil its mandate to co-ordinate the national response, the National AIDS Commission needs to understand the scope and effect of HIV interventions in Malawi. In order to do this a functional and effective Monitoring and Evaluation (M&E) system needs to be in place.

This document is Part B of the National M&E Plan. It provides (i) an overview of NAC's M&E system on a conceptual level, (ii) defines the denominators and numerators for each of the indicators contained in Part A, (iii) detailed descriptions of each of the core data sources, (iv) definitions and descriptions of the M&E information products that NAC will produce, and (v) recommends an overall 5 year implementation cycle for National M&E system.

2 National HIV/AIDS M&E System

On a generic level, a monitoring and evaluation (M&E) system can be defined as a system designed to guide the process of collecting, analysing and presenting specific data, based on pre-defined indicators, with the purpose of *quantifying* achievement (or levels of success) of a defined strategy and *guiding* future strategy and interventions.

Based on this generic definition, the Malawi National AIDS Commission's M&E system for HIV/AIDS consists of the following elements:

a) understanding the ***overall goal/s*** of country's national response

b) setting the quality standard (i.e. defining how we will know when we have achieved the overall goal/s). This is done by defining specific ***indicators***, which would provide guidance as to whether the interventions have been successful in achieving the goal.

c) Further to the definition of a set of indicators, ***each indicator should also be described in detail***, including what the indicator measure, how the denominator and numerator is calculated, how often it will be measured and what the strengths& limitations of the indicator is.

d) Definition of the ***data sources*** from where information will be obtained for the measurement of the indicators

e) A detailed description of the ***information products*** that will be produced by the National AIDS Commission on a periodic basis, using the data sources

f) The goal/s, indicators and data sources need to form the backbone of the M&E system, and should be clearly linked using a *conceptual framework* such as a logical framework[1].

g) A ***process flowchart*** that details the activities involved in the data collection, capture, analysis and presentation cycles, the sequencing of these activities as well as the responsibilities of the internal (to NAC) and external (to NAC) stakeholders responsible for the execution of these activities

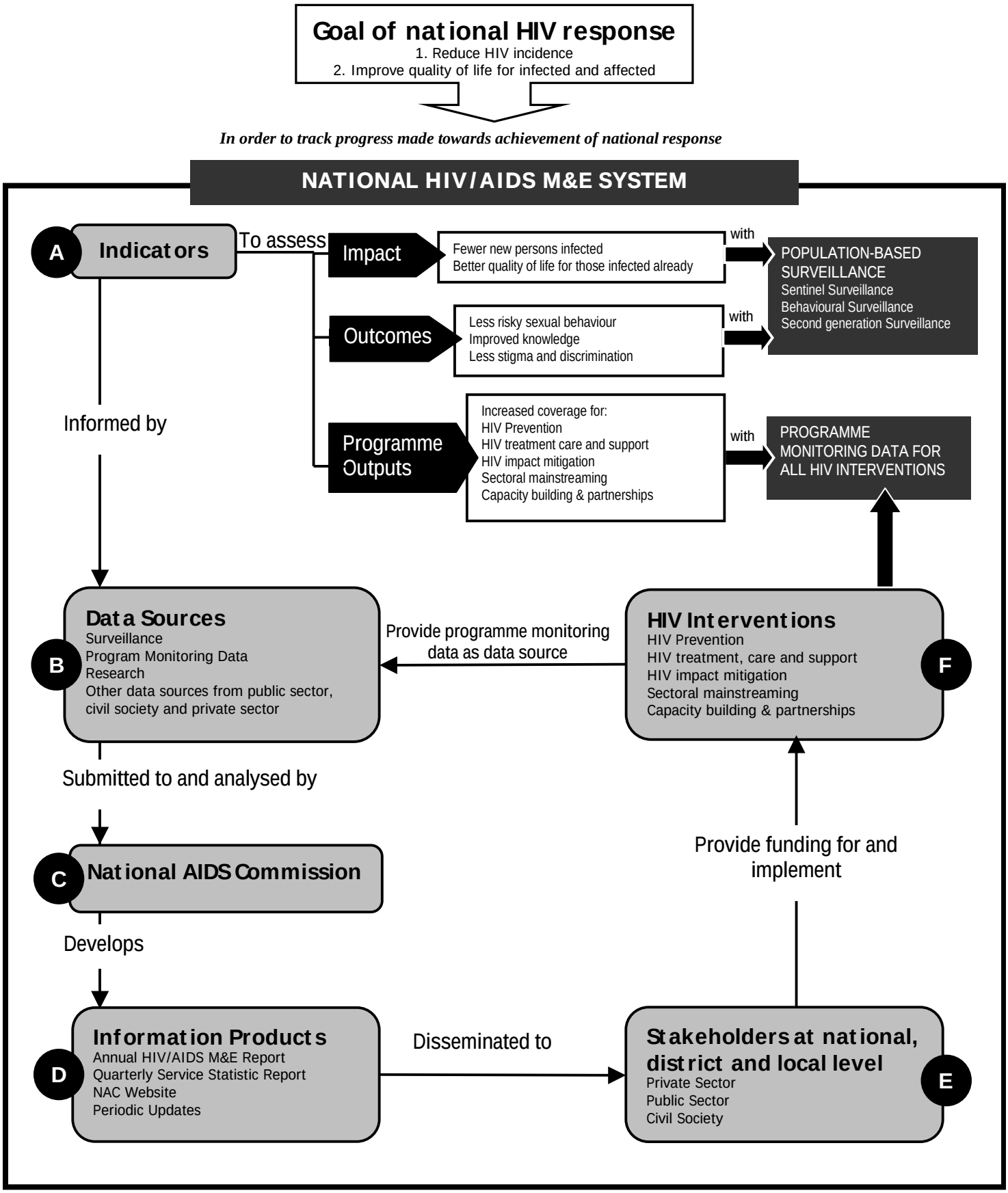
h) Description of the ***responsibilities*** of the members of the NAC's M&E unit

i) ***Annual work plan*** for the execution of the M&E system, including the annual responsibilities of NAC's internal and external stakeholders

j) ***Annual operational budget*** to execute the M&E work plan

Key elements of NAC's HIV/AIDS M&E system, as well as the relationships between the elements, have been visualised below:

[1] *This logical framework should not be separated from the M&E system itself, but the M&E system should be based on this framework, and the elements of the system itself should flow from this framework.*


Goal of national HIV response
1. Reduce HIV incidence
2. Improve quality of life for infected and affected
In order to track progress made towards achievement of national response
NATIONAL HIV/AIDS M&E SYSTEM
A
Indicators
To assess
Impact
Fewer new persons infected
Better quality of life for those infected already
with
POPULATION-BASED SURVEILLANCE
Sentinel Surveillance
Behavioural Surveillance
Second generation Surveillance
Outcomes
Less risky sexual behaviour
Improved knowledge
Less stigma and discrimination
with
Programme Outputs
Increased coverage for:
HIV Prevention
HIV treatment care and support
HIV impact mitigation
Sectoral mainstreaming
Capacity building & partnerships
with
PROGRAMME MONITORING DATA FOR ALL HIV INTERVENTIONS
Informed by
B
Data Sources
Surveillance
Program Monitoring Data
Research
Other data sources from public sector, civil society and private sector
Provide programme monitoring data as data source
HIV Interventions
HIV Prevention
HIV treatment, care and support
HIV impact mitigation
Sectoral mainstreaming
Capacity building & partnerships
F
Submitted to and analysed by
Provide funding for and implement
C
National AIDS Commission
Develops
D
Information Products
Annual HIV/AIDS M&E Report
Quarterly Service Statistic Report
NAC Website
Periodic Updates
Disseminated to
Stakeholders at national, district and local level
Private Sector
Public Sector
Civil Society
E

2.1 NATIONAL HIV/AIDS M&E PLAN

NAC's National HIV/AIDS M&E Plan is the documentation of the NAC HIV/AIDS M&E system visualised above. The national HIV/AIDS M&E Plan is divided into two parts:

- Part A, *the Conceptual Framework*, lays the conceptual foundation for the M&E system, by providing a logical framework for organizing and prioritizing national efforts. Next, it provides a description of goals, illustrative activities, and measurable indicators by programme area. Finally, it defines a set of data sources that will be used to gather necessary M&E information and calculate the indicators contained in the logical framework.

- Part B, *the Operations Plan*, provides detailed indicator descriptions and describes the collection, flow, analysis, reporting, and dissemination of information, the organizations and individuals responsible for these tasks, and the data systems necessary to accommodate this information.

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2.2 ORGANISING THE NATIONAL HIV INDICATORS: STRUCTURE OF LOGICAL FRAMEWORK

Conceptually, the logical framework of the National HIV/AIDS M&E system is structured as follows[2]:

IMPACT ASSESSMENT

OUTCOMES ASSESSMENT

MONITORING PROGRAMME OUTPUTS

1. HIV Prevention
- Information, Education and Communication
- Promotion of Safe Sex Practices (ABCs)
- Prevention of Mother-To-Child Transmission (PMTCT)
- Sexually Transmitted Infections (STIs) Treatment and Prevention
- Safe Blood Supply and Universal Precautions
- Voluntary Counselling and Testing (VCT)

2. HIV/AIDS Treatment, Care, and Support
- Clinical Care including ARV
- Community and Home-based Care and Support

3. Impact Mitigation
- Support for Orphans and Other Vulnerable Children

4. Capacity Building & Partnerships

5. Sectoral Mainstreaming

MONITORING NATIONAL EFFORTS

1. National Management and Commitment

2. Monitoring and Evaluation of National Effort

All 6 of the above elements that have been listed under "Monitoring Programme Outputs" have been referred to as *HIV Programme Areas* in the remainder of this document.

[2] *Malawi: National HIV/AIDS Monitoring and Evaluation Plan, Part A: Conceptual Framework*

2.3 SUMMARY OF NATIONAL HIV INDICATORS

Part A of the National M&E plan[1] has defined a number of indicators for NAC to monitor the national HIV response. It should be noted that this logical framework contains all of the core data sources that were defined in Part A of this National HIV/AIDS Monitoring and Evaluation Plan (Conceptual Framework). The text of the Conceptual Framework also suggests additional data sources, but these are seen as optional extras and not the core backbone of NAC's M&E system. Thus, this Operations Plan is built around these core data sources. This does not imply that the additional data sources are not relevant or valuable, but rather that the focus of creating a functional, flexible and responsive M&E system is on ensuring that the core data sources are all well-developed and in existence.

Table 1: National Indicators for HIV/AIDS M&E System

LEVEL, AREA, AND OBJECTIVE	CORE INDICATORS	REF	DATA SOURCE
IMPACT ASSESSMENT			
Reduced HIV incidence	*% of people who are HIV-infected (by age group (15 – 19, 20 – 24 and 25 – 49), gender and residence) (GFATM)*	IA1	Sentinel surveillance report[3] Second generation surveillance – to determine national prevalence estimates
	Syphilis prevalence among pregnant women (by age group (15-19, 20 – 24 and 25 – 49), and residence) (GFATM)	IA2	Sentinel surveillance report
	% of HIV-infected infants born to HIV-infected mothers	IA3	Formula-based estimate[4]
Improved quality of life of those infected and affected[5]	% of orphans and other vulnerable children[6] to whom community support is provided (by gender and residence)	IA4	Population-based survey (e.g. DHS, BSS, CWIQ)
	Ratio of current school attendance among orphans to that among non-orphans, among 10-14 year-olds (by gender and residence)	IA5	Population-based survey (e.g. DHS, BSS, CWIQ)
OUTCOMES ASSESSMENT			
Reduced high-risk sexual behaviours	% of sexually active respondents who had sex with a non-regular partner within the previous 12 months (by gender, residence and marital status)	OA1	Population-based survey (e.g. DHS, BSS)
	% of people reporting the consistent use of a condom during sexual intercourse with a non-regular sexual partner[7] (by gender, residence and age (15 – 24, 25 – 49)) (GFATM)	OA2	Population-based survey (e.g. DHS, BSS)
	Median age at first sex among 15-24 year-olds (by gender, residence) (GFATM)	OA3	Population-based survey (e.g. DHS, BSS)
	% of young people aged 15-24 who had sex with more than one partner in the last 12 months (by gender, residence)	OA4	Population-based survey (e.g. DHS, BSS)
Increased knowledge of HIV/AIDS prevention	*% of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (*by gender and residence) (GFATM)	OA5	Population-based survey (e.g. DHS, BSS)
	% of people in general population exposed to HIV/AIDS media campaign (by gender, type of employment and residence)	OA6	Population-based survey (e.g. DHS, BSS, CWIQ)
Decreased stigma and discrimination among general population towards PLWHAs	% of population expressing accepting attitudes towards PLWH/As (by gender and level of education)	OA7	Population-based survey (e.g. DHS, BSS)

[3] Sentinel surveillance report is used, together with other data sources such as HIV prevalence data from the Blood Transfusion Service, VCT clinics and AIDS Case reports to determine annual prevalence estimates

[4] The formula is as follows: *Indicator score = {T*(1-e) + (1-T)} x v*, with T = % of HIV infected pregnant women with ARV treatment, v = MTCT rate in absence of treatment and e = efficacy of treatment provided (50%)

[5] It is recognised that there is a need for a special Quality of Life survey to be undertaken in order to accurately measure the quality of life, and change in the quality of life of those infected and affected by HIV/AIDS. This will be included in the national HIV/AIDS research strategy.

[6] Orphan is defined as any person of age younger than 18 years who has lost one or both parents

[7] The UNGASS indicator only refers to % of young people aged 15 – 24, but the NAC felt that it wanted the statistics for all age groups. The statistics for young people will then be extracted for UNGASS reporting purposes.

Table 1: National Indicators for HIV/AIDS M&E System (continued)

LEVEL, AREA, AND OBJECTIVE	CORE INDICATORS	REF	DATA SOURCE
MONITORING PROGRAMME OUTPUTS			
Area 1: HIV Prevention	Objective: To Reduce HIV Incidence in Malawi		
Information, Education, and Communication (IEC) - Improved, standardized, comprehensive, and effective IEC strategy	# of HIV/AIDS radio/television programs produced and number of hours aired in the past 12 months (by type of media (radio/television))	IEC1	Quarterly Service Coverage Report
	# of HIV/AIDS brochures/booklets produced and number of copies distributed in last 12 months (by district)	IEC2	Quarterly Service Coverage Report
Promotion of Safer Sex Practices (ABCs) Reduced high-risk sexual behaviour, especially among priority groups such as youth	*% of schools with teachers who have been trained in life-skills-based HIV/AIDS education and taught it during the last curriculum year* (by type of school (primary/secondary, school proprietor (public / private) and school location (rural / urban)) (GFATM)	ABC1	MOEST Inspection Report
	# of young people aged 15 – 24 exposed to life-skills-based HIV/AIDS education in past 12 months (by gender, district and whether they are in-school or out-of-school youth)	ABC2	Quarterly Service Coverage Report
	# of condoms distributed by social marketing agencies in last 12 months (by type of outlet, district and type of condom)	ABC3	Data from social marketing agencies
	# of condoms distributed to end user[8] in last 12 months (by type of condom and district)	ABC4	Quarterly Service Coverage Report Supply Chain Manager Report
Prevention of Mother-to-Child Transmission (PMTCT) Reduced mother-to-child (vertical) transmission of HIV	*% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT* (by type of provider, district and age (0 – 24, older than 24) (GFATM)	PM1	Census Data HMIS Annual Report
	% of health facilities providing at least the minimum package of PMTCT services in the past 12 months (by location and district)	PM2	Health Facility Survey
	% of pregnant women who have been counselled in PMTCT, tested and received their serostatus results in the past 12 months (by age group (0 – 24, older than 24), type of institution (private/public) and district)	PM3	Quarterly Service Coverage Report HMIS Annual Report
	% of pregnant women that have been tested, who are HIV positive in the past 12 months (by age group (0 – 24, older than 24) and district)	PM4	Quarterly Service Coverage Report HMIS Annual Report
	% of HIV positive mothers who have been provided with 3 month supply of alternative infant feeding in the past 12 months (by age group (0 – 24, older than 24) and district)	PM5	Quarterly Service Coverage Report
	% of HIV positive pregnant women offered PMTCT who are referred for care and support services in the past 12 months (by age group (0 – 24, older than 24) and district)	PM6	Quarterly Service Coverage Report
STI Treatment Improved management and reduced incidence of STIs other than HIV	*% of patients with STIs at health facilities who have been diagnosed, treated, and counselled according to national management guidelines* (by gender and age (> 20, and 20 years and older) (GFATM)	STI1	Health facility survey
	% of health facilities with STI drugs[9] in stock and no STI drug stock outs of >1 week within last 12 months (by district)	STI2	Drug Stock Supply Report
	# of STI cases seen at health facilities in the past 12 months (by type of case (new case or referred partner), district and by gender)	STI3	HMIS Annual Report
Blood Safety, Injection Safety, and Health Care Waste Management Improved blood safety, injection safety, and health care waste management	% of health facilities that apply national guidelines for blood screening, storage, distribution & transfusions (by district)	BS1	Health facility survey
	% of health care facilities that apply national standards for infection prevention and health care waste storage and disposal (by district)	BS2	Health facility survey
	% transfused blood units in last 12 months that have been screened for HIV according to national guidelines (by district)	BS3	NBTS report
Voluntary Counseling and Testing (VCT) Improved access to ethically sound VCT services	% of districts where VCT sites (integrated or stand alone) are located as per national guidelines (every 8 kms in rural areas, and 1 site for every 10 000 people in urban areas)	VCT1	HMIS Annual Report
	# of VCT clients tested for HIV at VCT sites and receiving their serostatus results in the past 12 months (by age (0 – 12, 12+ to 24 , older than 24), district and gender)	VCT2	Quarterly Service Coverage Report HMIS Annual Report
	% of clients who have been tested for HIV, who are HIV positive in the past 12 months (by age (0 – 12, 12+ to 24 , older than 24), district and gender)	VCT3	Quarterly Service Coverage Report
	% of HIV positive VCT clients who are referred to care and support services in the past 12 months (by age (0 – 12, 12+ to 24 , older than 24), district and gender)	VCT4	Quarterly Service Coverage Report

[8] These are condoms distributed by MOHP and tracked in MOHP's Supply Chain Manager System, and other condoms distributed to end users (last point in supply chain)
[9] Refer to Annexure L for a list of STI drugs that will be tracked

Table 1: National Indicators for HIV/AIDS M&E System (continued)

LEVEL, AREA, AND OBJECTIVE	CORE INDICATORS	REF	DATA SOURCE
Area 2: HIV/AIDS Treatment, Care, and Support	Objective: To Improve the Quality of Life of individuals and families infected and affected by HIV/AIDS		
Clinical Care (including OI Treatment and ARV Therapy) Increased access to improved and comprehensive health treatment for persons infected with HIV	*% of persons with advanced HIV infection receiving ARV therapy* (By age group (0-12, 12+ to 20, older than 20), gender and by type of health facility (public/private)) (GFATM)	CC1	Quarterly Service Coverage Report
	% of AIDS cases managed for OIs in the past 12 months (by gender and district) (GFATM – but different wording)	CC2	HMIS Annual Report
	% of health facilities with drugs for OIs[10] in stock and no stock outs of > 1 week in last 12 months (by district)	CC3	Drug Stock Supply Report
	% of health facilities where ARV services are being offered with no ARV drug[6] stock outs of > 1 week in last 12 months (by district)	CC4	Drug Stock Supply Report
	% of detected TB cases who have successfully completed the treatment (by gender, district and by type of TB)	CC5	HMIS Annual Report
Community and Home-based Care and Support Improved quality of life for PLWAs and affected communities	# of households receiving external assistance in the past 12 months to care for adults who have been chronically ill for 3 or more months during the past 12 months (by residence, district and type of help)	HBC1	Quarterly Service Coverage Report
	# of persons enrolled at PLWA organisations in the part 12 months (by gender, district and age group (0 – 15, 15+ to 24, older than 24))	HBC2	Quarterly Service Coverage Report
	# of community home based care visits in the past 12 months (by residence (rural / urban), district and by type of visit (health care worker / volunteer))	HBC3	Quarterly Service Coverage Report
Area 3: HIV/AIDS Impact Mitigation	Objective: To Improve the Quality of Life of individuals and families affected by HIV/AIDS		
Support for Orphans and Vulnerable Children (OVC) Increased social, financial and legal support for orphans and vulnerable children	# of orphans and other vulnerable children receiving care/support in past 12 months (by type of support (psychosocial, nutrition, financial), district and gender)	OVC1	Quarterly Service Coverage Report
	# of community initiatives or community organizations receiving support to care for orphans in the past 12 months (by district)	OVC2	FMA Financial Management System Report
Area 4: Sectoral Mainstreaming			
Sectoral Mainstreaming[11] Increased level of resources, effort, and coordination to respond to the HIV/AIDS epidemic in all sectors of the economy	*% of large private companies and public institutions that have HIV/AIDS workplace policies and mainstreaming programmes* (by type of institution (public/private) and by type of expenditure) (GFATM)	SM1	Workplace survey
	# and % of employees and their spouses in all sectors that have been reached by interventions defined in their employers' workplace policy in the past 12 months (by sector (public/private/civil society), gender and type of support (prevention / care & support))	SM2	Quarterly Service Coverage Report
Area 5: Capacity building and partnerships			
Capacity Building and Partnerships Increased capacity and participation in decision-making and action among all organizations engaged in the national response to the HIV/AIDS epidemic	Amount and % of overall funding received by the NAC that is granted to CBOs, local NGOs, international NGOs, FBOs, government, private sector, educational institutions and international organisations in the last 12 months (by type of organisation) (GFATM)	OC1	FMA Financial Management System Report
	# of CBO alliances created by the NAC or in which the NAC participates in order to increase demand for and supply services to target population (GFATM)	OC2	NAC database
	Average # of days for grant proposals received by NAC in the past 12 months to be processed (from when the grant proposal is received to when funding is provided)	OC3	FMA Financial Management System Report
	# of project staff and volunteers trained in HIV/AIDS related issues for the purposes of HIV interventions in the past 12 months (by gender and district)	OC4	Quarterly Service Coverage Report

[10] Please refer to Annexure L for a list of OI drugs and ARV drugs for Drug Stock Supply survey
[11] It is recommended that the effectiveness of training be added as an item on NAC's research agenda

Table 1: National Indicators for HIV/AIDS M&E System (continued)

LEVEL, AREA, AND OBJECTIVE	CORE INDICATORS	REF	DATA SOURCE
MONITORING NATIONAL EFFORT			
National Management and Commitment Improved national commitment, leadership, and management of the national response to the HIV/AIDS epidemic	*Amount of funds spent on HIV/AIDS (*by category of expenditure and funding source (government, civil society and donor agencies))	NC1	UNAIDS/NCPI Financial Resource Flow survey
	National Composite Policy Index (by questionnaire component)	NC2	NCPI Questionnaire
	# of times in which the NAC decision-making structures operate to review progress data or to decide program management issues in the past 12 months (# of meetings, agenda, list of participants, decisions made) (GFATM)	NC3	NAC meeting minutes
Monitoring and Evaluation To generate empirical data and information through biological and behavioural surveillance, research, programme monitoring, and financial monitoring that will direct HIV/AIDS prevention, care and support, and impact mitigation efforts.	Dissemination of annual publication, the National HIV/AIDS M&E Report, by NAC at the annual NAC M&E dissemination seminar (by sector)	ME1	National HIV/AIDS M&E Report
	% of organisations that have submitted the required number of completed NAC Activity Report Forms on time to NAC in the past 12 months (by type of organisation and whether the organisation is funded by NAC or not)	ME2	NAC Activity Report Forms NAC database
	Annual sentinel surveillance[12] at antenatal clinics has been completed on time by MOHP	ME3	National HIV/AIDS M&E Report
	Development of functioning, accessible research inventory database that registers HIV/AIDS-related research implemented in Malawi	ME4	National HIV/AIDS research database
	% of HIV/AIDS-related research studies in Malawi that are in line with national research strategy, and tracked annually in the national HIV/AIDS research database (by HIV programme area)	ME5	National HIV/AIDS research database
	% of new research studies submitted to the NAC research inventory database in the past 12 months that have been approved for submission at the annual HIV/AIDS Research conference (by HIV programme area)	ME6	Abstract Book from HIV/AIDS research dissemination conference

Please note that throughout this report, wherever it refers to "rural" and "urban", the definitions are as follows (in line with NSO definitions) –

- URBAN is defined as any activity that takes place in the boundaries of the city assemblies of Lilongwe, Blantyre, Mzuzu or Zomba.
- RURAL is defined as all activities that take place in any other area.

Annexure A provides the following information for EACH indicator:

- How the data should be disaggregated
- The numerator and denominator (for all percentage-based interventions)
- A description of the indicator value
- The frequency of collection of each data source

[12] **Sentinel Surveillance** is an epidemiology term, and is surveillance that is based on the collection of data from a sample (random or non-random) of collecting sites as indicator data for the rest of the population, in order to identify cases of a disease early or to obtain indicative data about trends of a disease or health event. One instance of sentinel surveillance is the use of a particular population group (e.g., monitoring the serology of syphilis or HIV infection among pregnant women as an indicator of trends in the general population).

2.4 RELATIONSHIP BETWEEN NATIONAL M&E SYSTEM AND PROGRAMME-LEVEL M&E SYSTEM

A strong link exists between a national HIV/AIDS M&E system - the goal of which is to track the progress made in terms of the national response - and the M&E systems of specific programmatic areas (such as PMTCT, clinical care and VCT). A national M&E system provides a national overview to enable decision-making and track progress from a national perspective. A programmatic-level M&E system collects data for use by the implementers of the HIV programme ***and*** for feedback to the national M&E system. Thus, a programme-level M&E system will collect more indicator data than what is required by the national M&E system – but as a minimum requirement it should collect ALL of the information that is needed to measure the national indicators.

Thus, a programme-level M&E system should use some of the data that it collects for feedback to the national level, whilst the balance of information that has been collected will be used at programme level. This implies the need for the information that is collected at local level to be useful to the person who collects that information – the principle of "collect it only if it is useful to use".

The other link between the national M&E system and programme-level M&E systems is that reporting to the national M&E system should be defined in the HIV programme area's set of implementation guidelines. This will ensure implementers of programmes are clear on their responsibilities in terms of data collection for their own management purpose and for the purpose of providing feedback to the national M&E system.

Please refer to Annexure B for a more detailed description of the status of programme-level M&E systems for each of the HIV programme areas, as at April 2003.

3 National HIV/AIDS M&E Plan: Part B – Operations Plan

3.1 GUIDING PRINCIPLES FOR OPERATIONS PLAN

The Operations Plan has been developed with the following understanding or guiding principles:

a) Not all data sources are available immediately or in a uniform state of readiness

b) The majority of data sources are already in existence. These will not be collected by NAC, but the information, once analysed, will be used by NAC as part of the national M&E system.

c) A monitoring and evaluation system needs to "earn its keep" – implying that it has a responsibility to be responsive to the information needs of NAC and its stakeholders.

d) The system needs to be understood by and accessible to all stakeholders involved in the HIV response. By implication it should not be complicated and should provide useful information to stakeholders.

e) The structure and components of the M&E system needs to be integrated into existing systems and be acceptable to stakeholders. This will ensure information flows well from stakeholders to NAC

f) Specific persons needed to be assigned specific responsibilities for data collection, as "data collection will not happen on its own or by itself".

g) M&E is a dynamic field and new developments, such as the results of pilot studies, need to be incorporated into NAC's M&E System.

h) Data is generated at varying levels and in various forms – either as part of implementation of HIV interventions, or in a stand alone manner as part of research or survey activities. The M&E system needs to draw on existing data and generate new data to avoid duplication of data and avoid gaps in data analysis.

i) System needs to be underpinned by an annual work plan and operational budget – to prevent a situation where a system is implemented within the scope of an unfunded mandate.

j) There is a need to provide output data about HIV services offered (also referred to as "sales data"). This data is often not collected by implementers, nor aggregated on a national level..

k) The M&E System needs to be useful to a variety of stakeholders, and be responsive to their needs.

l) It is important that the logical arrangement of NAC's M&E System should be done in such a way that both donors, civil society, government and implementers know where their HIV programmes fit into the national HIV AIDS Plan.

m) The M&E System needs to strike a balance between providing a meaningful overview of every programme area and providing a national overview.

n) People do not like collecting data, and every person-hour spent on collecting data is one less hour that is spent in service delivery. Thus, monitoring and evaluation needs to earn its keep and the principle of "collecting data that will be useful for collectors to use" will be applied wherever possible to ensure a sustainable system where the impetus to collect data does not only reside with the NAC.

o) To maximise the use of the indicators and be able to link programme activities with financial monitoring, it is recommended that a standard conceptual framework be used to classify HIV/AIDS activities – the recommended standard conceptual framework is the one used in the structure of the logical framework of this M&E plan (refer to section 2.2), as follows:

1. HIV Prevention
- Information, Education and Communication
- Promotion of Safe Sex Practices (ABCs)
- Prevention of Mother-To-Child Transmission (PMTCT)
- Sexually Transmitted Infections (STIs) Treatment and Prevention
- Blood Safety, Injection Safety, and Health Care Waste Management
- Voluntary Counselling and Testing (VCT)

2. HIV/AIDS Treatment, Care, and Support
- Clinical Care including ARV therapy and treatment for Opportunistic Infections (OIs)
- Community and Home-based Care and Support

3. HIV/AIDS Impact Mitigation
- Support for Orphans and Other Vulnerable Children

4. Sectoral Mainstreaming

5. Capacity Building & Partnerships

3.2 CORE DATA SOURCES FOR NATIONAL HIV/AIDS M&E PLAN

In order to measure the indicators defined above, core data sources for each of the indicators were indicated in the logical framework. The table overleaf provides key implementation-oriented information about each of the core data sources listed in the log frame.

Table 2: Summary of All Core Data Sources to be Commissioned and Funded by NAC

DATA SOURCE	INDICATOR REFERENCE	TIME PERIOD COVERED IN DATA SOURCE	PUBLICATION DATE	FREQUENCY OF DATA COLLECTION	INSTITUTIONAL RESPONSIBILITY	DOES DATA SOURCE IN CURRENT FORMAT FULFIL NAC DATA NEEDS?	LEVEL OF READINESS			NAC M&E FUNDING?
1. FMA Financial Management System Report	OC1, OC3, OVC2	Jan - December	January (1st one by Jan 2004)	Monthly	Financial Management Agency (FMA)	It will meet all needs, as it will be designed for specific purpose	ND	*Data specifications*	Defined in contract	*Yes*
								Methodology	Agreed in contract	
								Budget	Prepared – in FMA contract	
2. Quarterly Service Coverage Report	ABC2, CC1, HBC1, HBC2 HBC3, IEC1, IEC2, OC4 OVC1, PM3, PM4, PM5, PM6, SM2 ,VCT2, VCT3, VCT4	3 calendar months (preceding quarter)	4 weeks after end of the quarter (1st one by Dec 03)	Monthly submission to FMA	Financial Management Agency (FMA)	It will meet all needs, as it will be designed for specific purpose	ND	*Data specifications*	Defined in this plan	*Yes*
								Methodology	Agreed in contract	
								Budget	Prepared – in FMA contract	
3. Workplace survey	SM1	Survey data collection period	*January* (1st one by Jan 2005)	Biennial	*Ministry of Labour and Vocational Training (MOVLT)*	It will meet all needs, as it will be designed for specific purpose	ND	*Data specifications*	Defined in UNGASS guide	*Yes*
								Methodology	To be agreed with MOLVT	
								Budget	To be prepared	
4. Health facility survey	BS1, BS2, STI1, VCT1, PM2	Combined with health facility supervision (July)	*November* (1st one by Nov 2003)	Annual	*Ministry of Health & Population (MOHP) - Planning Unit*	It will meet all needs, as it will be designed for specific purpose.	ND	*Data specifications*	Defined in this plan	*Yes*
								Methodology	To be agreed with MOHP	
								Budget	To be prepared	
5. Behavioural Surveillance Survey	IA4, IA5, OA1, OA2, OA3, OA4, OA5, OA6 , OA7	Survey data collection period	January (1st one in 2004)	Biennial	*Ministry of Health & Population (MOHP) - CHS Unit*	It will meet all needs, as the Technical Working Group on Behavioural Surveillance will design it for specific purpose.	ND	*Data specifications*	Defined in this plan	*Yes*
								Methodology	Agreed: international practice	
								Budget	To be prepared	
6. Abstract Book from HIV/AIDS Research conference	ME6	New research in the last 12 months	January (1st one in Jan 2004)	Annual	National AIDS Commission	It will meet all needs, as it will be designed for specific purpose	ND	*Data specifications*	Partly defined in this plan	*Yes*
								Methodology	To be agreed	
								Budget	Prepared – in this plan	
7. National HIV/AIDS M&E Report	ME3	Jan – Dec of previous year	March (1st one in March 2004)	Annual	National AIDS Commission	It will meet all needs, as it will be designed for specific purpose	ND	*Data specifications*	Defined in this plan	*Yes*
								Methodology	Agreed in this plan	
								Budget	Prepared – in this plan	
8. National HIV/AIDS research database	ME4, ME5	Cumulative data submitted to database	Not relevant – available online	Periodic updates as and when information is submitted	National AIDS Commission	It will meet all needs, as it will be designed for specific purpose	ND	*Data specifications*	Partly defined in this plan	*Yes*
								Methodology	To be agreed	
								Budget	Dev budget this plan	
9. NAC database	ME2, OC2	Cumulative data submitted to database	Not relevant – available online	Periodic updates as and when information is submitted	National AIDS Commission	Current database needs to be updated to include registration of NGO/CBO alliances	NF	*Data specifications*	Partly defined in this plan	*Yes*
								Methodology	To be agreed	
								Budget	Dev budget in this plan	
10. NCPI questionnaire	NC2	Cumulative data on status of policy development	Not relevant – part of UNGASS report	Biennial, when UNGASS report is prepared	National AIDS Commission	Yes	FF	*Data specifications*	Defined in this plan	*Yes*
								Methodology	Agreed	
								Budget	Prepared	

NOTES: ND = New data source FF = Functional and funded NF = Not Functional FNF = Functional, but not funded

Table 3: Summary of All Core Data Sources to be Commissioned and Funded by other Stakeholders

DATA SOURCE	INDICATOR REFERENCE	TIME PERIOD COVERED IN DATA SOURCE	PUBLICATION DATE	FREQUENCY OF DATA COLLECTION	INSTITUTIONAL RESPONSIBILITY	DOES DATA SOURCE FULFIL NAC DATA NEEDS?	LEVEL OF READINESS			NAC M&E FUNDING?
11. MOEST Inspection Report	ABC1	Jan - December	January (1st one in Jan 2004)	Per term reports	Ministry of Education Science and Technology	No – PISAD form need to have column added to capture HIV education	FF	*Data specifications*	Defined in this plan	*No*
								Methodology	Agreed in MOEST plan	
								Budget	MOEST budget	
12. Sentinel surveillance Report	IA1, IA2	Time period that survey was undertaken	January (next one in Jan 2004)	Annual	MOHP (CHS Unit)	Yes	FF	*Data specifications*	Defined by MOHP	*No*
								Methodology	Defined (MOHP/WHO)	
								Budget	Donor funding secured	
13. Drug Stock Supply Report	CC3, CC4, STI2	Oct (year 1) – September (year 2)	October	Annual	MOHP (RH unit)	Yes – NAC needs to provide list of all drugs to be tracked	FF	*Data specifications*	Defined by RHU	*No*
								Methodology	Agreed by MOHP	
								Budget	MOHP budget	
14. HMIS Annual Report	CC2, CC5, PM1, STI3	Jan – December	January (1st one in Jan 2004)	Monthly	MOHP (HMIS unit)	No – data to be aggregated on calendar year basis	FF	*Data specifications*	Defined in this plan	*No*
								Methodology	Agreed by HMIS	
								Budget	MOHP budget	
15. Supply Chain Manager Report	ABC4	Jan - December	January (1st one in Jan 2004)	Monthly	MOHP (RH Unit)	No – data needs to be aggregated on annual basis	FF	*Data specifications*	Defined by RHU	*No*
								Methodology	Agreed by MOHP	
								Budget	MOHP budget	
16. NBTS Report	BS3	Jan - December	January (1st one in Jan 2004)	Annual	National Blood Transfusion Service	Yes	FF	*Data specifications*	Defined by NTBS	*No*
								Methodology	Agreed by NTBS	
								Budget	NTBS budget	
17. CWIQ Survey	IA4	Time period that survey was undertaken	January (next one in Jan 2004)	Annual	National Statistics Office	No, want to add a question about life skills education for youths	FNF	*Data specifications*	Defined by NSO	*NAC cost sharing*
								Methodology	Agreed by NSO	
								Budget	Donor funding needed	
18. Demographic and Health Survey	IA4, IA5, OA1, OA2, OA3, OA4, OA5, OA6, OA7	Time period that survey was undertaken	December (next one in 2005)	Every 5 years	National Statistics Office	No – cross tabulations should be as per this Ops Plan requirements	FF	*Data specifications*	Defined in this report	*NAC cost sharing*
								Methodology	MEASURE method	
								Budget	Donor funding secured	
19. Condom distribution data from social marketing agencies	ABC3	Jan - December	January (1st one in Jan 2004)	Monthly	Sales Agencies (PSI, BLM, etc.)	No – data needs to be aggregated on annual basis	FF	*Data specifications*	Defined in this plan	*No*
								Methodology	Agreed, by agencies	
								Budget	Agency budget	
20. UNAIDS Financial resource flow Survey	NC1	Cumulative totals for last fiscal year	January (1st one in Jan 2005)	Biennial	UNAIDS Country Office	Yes	FF	*Data specifications*	As per UNGASS guide	*No*
								Methodology	UNAIDS method	
								Budget	UNAIDS budget	

NOTES: ND = New data source FF = Functional and funded NF = Not Functional FNF = Functional, but not funded

3.3 INSTITUTIONAL RESPONSIBILITY FOR NEW DATA SOURCES

As can be seen from Tables 2 and 3 above, the majority of data sources are existing data sources. This was done in line with the guiding principles of this M&E System, which stated that wherever possible, the M&E system should draw from existing data sources, rather than to create more fragmentation and segmentation by defining its own data sources.

However, it has not been possible in all cases to draw on existing data sources. Thus, some new data source/s have been defined. Out of the 21 core data sources, 8 are new data sources and the other 13 are existing data sources at various levels of functionality.

Specific institutions will need to take responsibility for each new data source. Proposed institutional responsibilities for the new data sources are:

Table 4: Proposed Institutional Responsibility for New Data Sources

NEW DATA SOURCE	FREQUENCY	INSTITUTIONAL RESPONSIBILITY	FIRST YEAR OF IMPLEMENTATION (after development)
1. Health facility survey	Annual	MOHP (Planning Unit)	October 2003
2. Behavioural Surveillance Survey	Biennial	MOHP	January 2004
3. Workplace survey	Biennial	Ministry of Labour and Vocational Training	February 2004
4. FMA Financial Management System report	Monthly	FMA	December 2003
5. Quarterly Service Coverage Report	Monthly submission of data, quarterly report	FMA	December 2003
6. Abstract Book from HIV/AIDS research conference	Annual	NAC	December 2003
7. National HIV/AIDS M&E Report	Annual	NAC	January 2004
8. National HIV/AIDS research database	Periodic	NAC	February 2004

As NAC will carry the institutional responsibility for most of the new data sources, no major challenges in terms of institutionalisation of these data sources are envisaged. The operationalisation of each of these new data sources and specific requirements are included in the implementation plan.

3.4 DESCRIPTION OF CORE DATA SOURCES

Each of the 21 core data sources are described in detail below (for ease of reference, the list has been sorted alphabetically):

3.4.1 ABSTRACT BOOK FROM ANNUAL HIV/AIDS RESEARCH DISSEMINATION CONFERENCE

Description of data source

This is a publication, developed by NAC, which will contain the abstracts of all of the research that will be presented as part of the annual HIV/AIDS Research Dissemination Seminar.

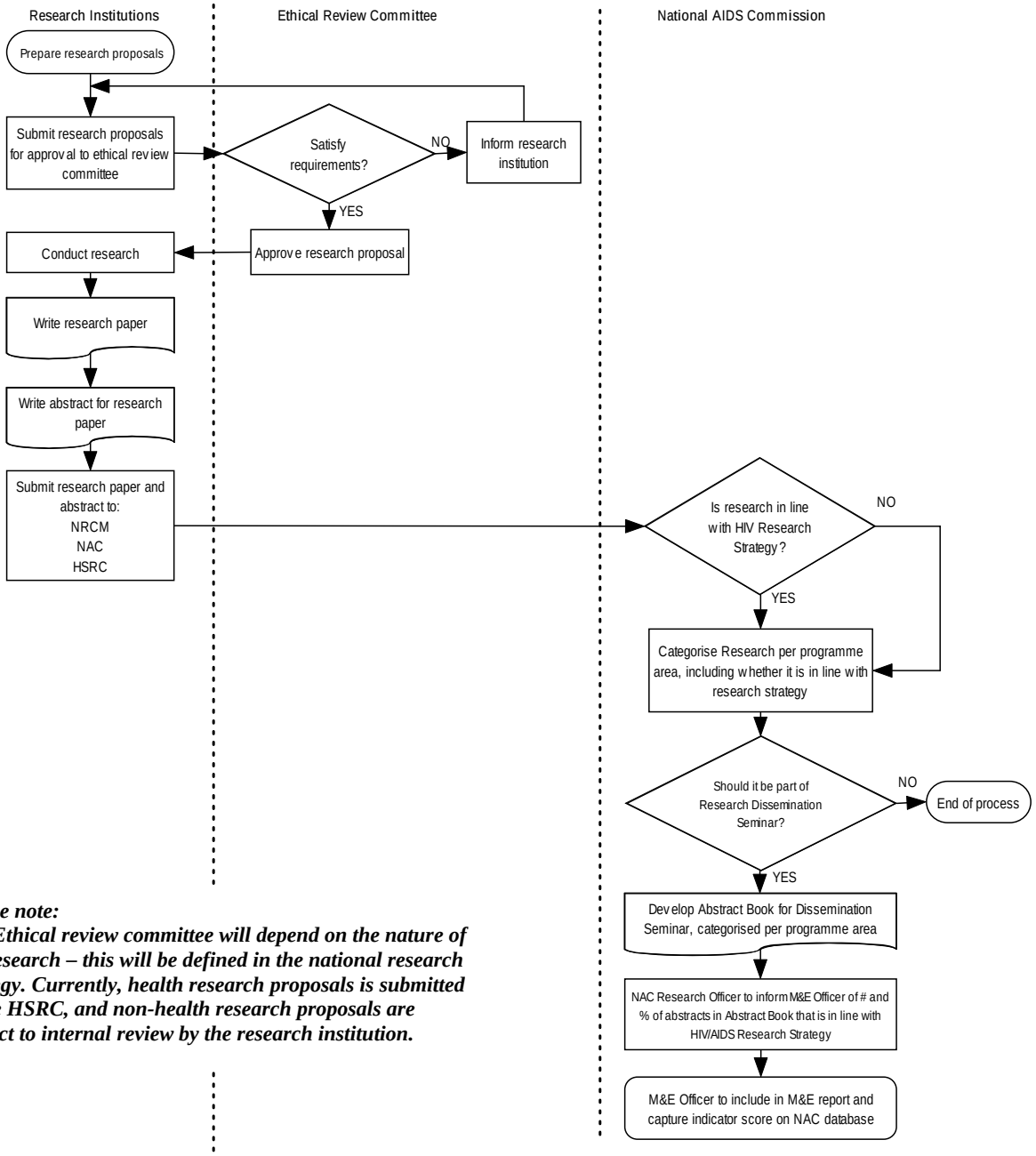
What data does NAC need from this data source

- # of new research studies submitted to the NAC research inventory database in the past 12 months, by HIV programme area
- # of new research studies submitted to the NAC research inventory database in the past 12 months that have been approved for submission at the annual HIV/AIDS Research conference, by HIV programme area

Frequency

This Abstract Book will be compiled on an annual basis in November preceding the conference date, and will be ready for publication in the month of January, before the annual HIV/AIDS Research dissemination conference.

Data source flow chart



Please note:
The Ethical review committee will depend on the nature of the research – this will be defined in the national research strategy. Currently, health research proposals is submitted to the HSRC, and non-health research proposals are subject to internal review by the research institution.

3.4.2 BEHAVIOURAL SURVEILLANCE SURVEY (BSS)

Description of data source

In order for second-generation surveillance to be undertaken, it is necessary that 2 types of surveillance is done – behavioural surveillance and biological surveillance. In second-generation surveillance, these 2 data sources would then be combined to form a coherent picture and explain biological trends in the epidemic. BSS is a type of behavioural surveillance. It is designed to systematically monitor trends in HIV risk behaviours over time in key target groups. BSS is carried out through a series of repeated cross-sectional surveys conducted at regular intervals on a national or regional scale.

Due to the fact that in Malawi, a DHS is already undertaken every 5 years, it has been agreed that a BSS should be done every 2 years, focusing on key sub-populations. The National Technical Working Group on Behavioural Surveillance, chaired by NAC and MOHP, will advise on the sub-populations to be targeted.

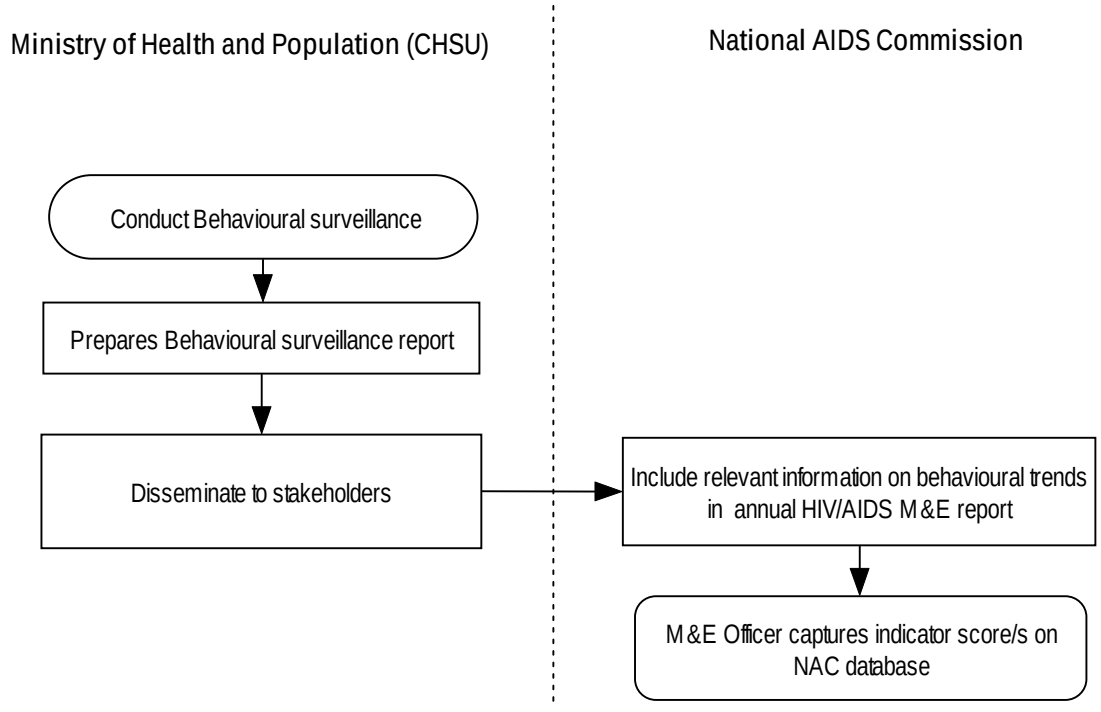
What does NAC need from this data source

- Quantitative and qualitative trend analysis data on behaviour change, as per NAC indicators at outcome assessment level

Frequency

It has been agreed that behavioural surveillance in one form or the other will be done on a biennial basis.

Data source flow chart



3.4.3 CONDOM DISTRIBUTION DATA FROM SOCIAL MARKETING AGENCIES

Description of data source

This data source is based on the number of condoms distributed to retail outlets for sales purposes, or purchased by either clinics or private sector companies for distribution in those organisations.

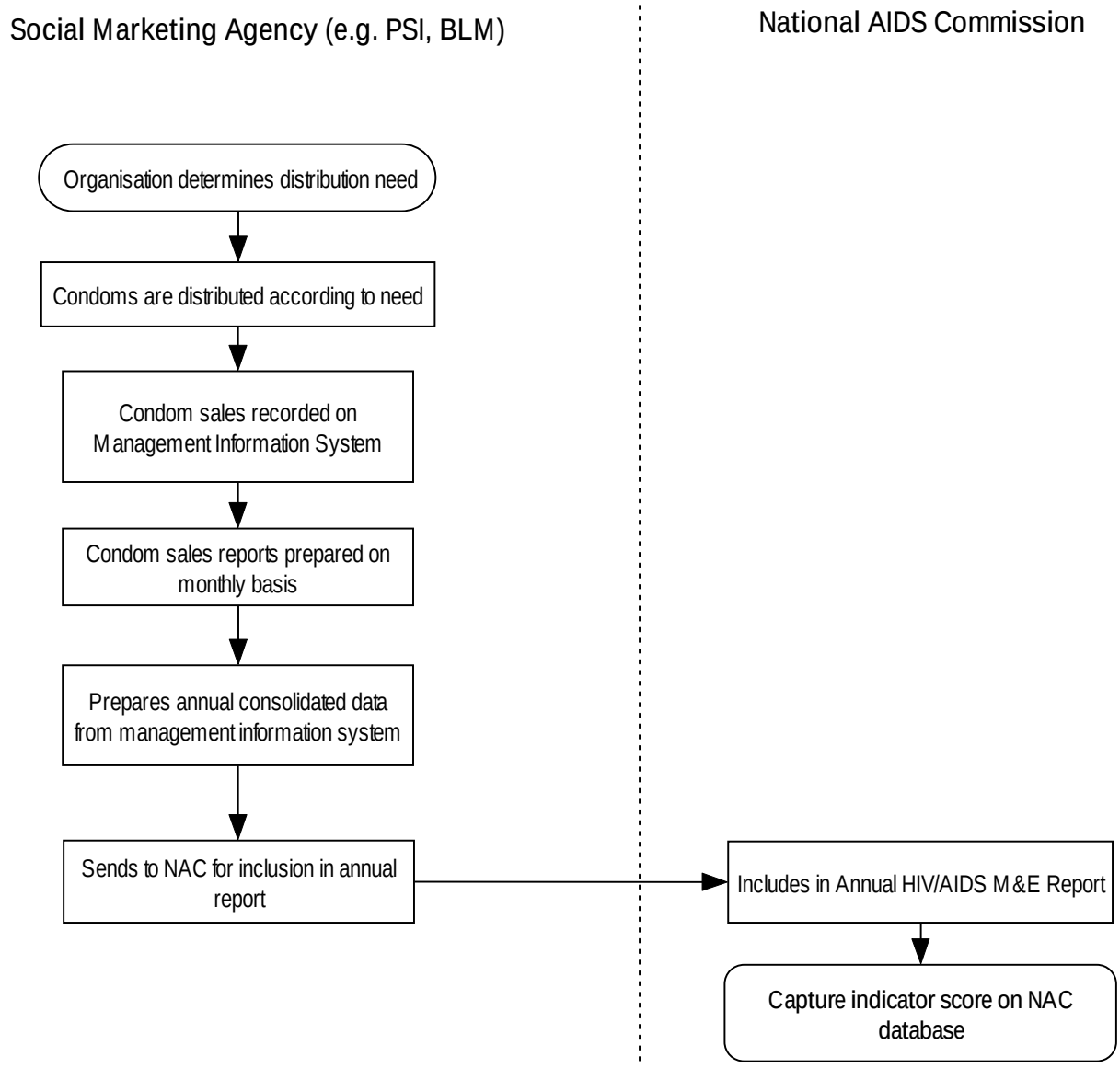
What does NAC need from this data source

- # of condoms distributed by social marketing agencies to retail outlets (i.e. for selling) or to clinics (for free distribution by clinics) in last 12 months, by district, relating distribution to population size in district

Frequency

This information is being collected by the agencies responsible for distribution of socially marketed condoms on a monthly basis in electronic information management systems. Agencies that do social marketing of condoms will be required to submit data on condom distribution in a calendar year (January - December every year) to the M&E Officer at NAC by January of the following year.

Data source flow chart



3.4.4 CWIQ SURVEY

Description of data source

The 1st CWIQ (Core Welfare Indicator Questionnaire) survey was completed by the NSO in 2002. It is a population-based, nationally representative survey focusing on welfare issues. It was undertaken in 2002 at 9816 households in all 27 districts, using the Enumerator Areas developed for the census. This is demographically comparable with the DHS, which surveyed 14213 households in all 27 districts in 2000 (and thus considered to be a national sample). The intention is for this survey to be undertaken on an annual basis by the National Statistics Office – as indicated in the NSO's Strategic Plan for 2002 - 2006.

One of the modules of the CWIQ survey is an HIV/AIDS module. This module focuses both on HIV/AIDS at household and at individual level. The range of questions currently contained in this module is in alignment with the outcomes assessment indicators and some of the programme area indicators (orphans, community home based care, VCT) defined in the NAC's national M&E plan.

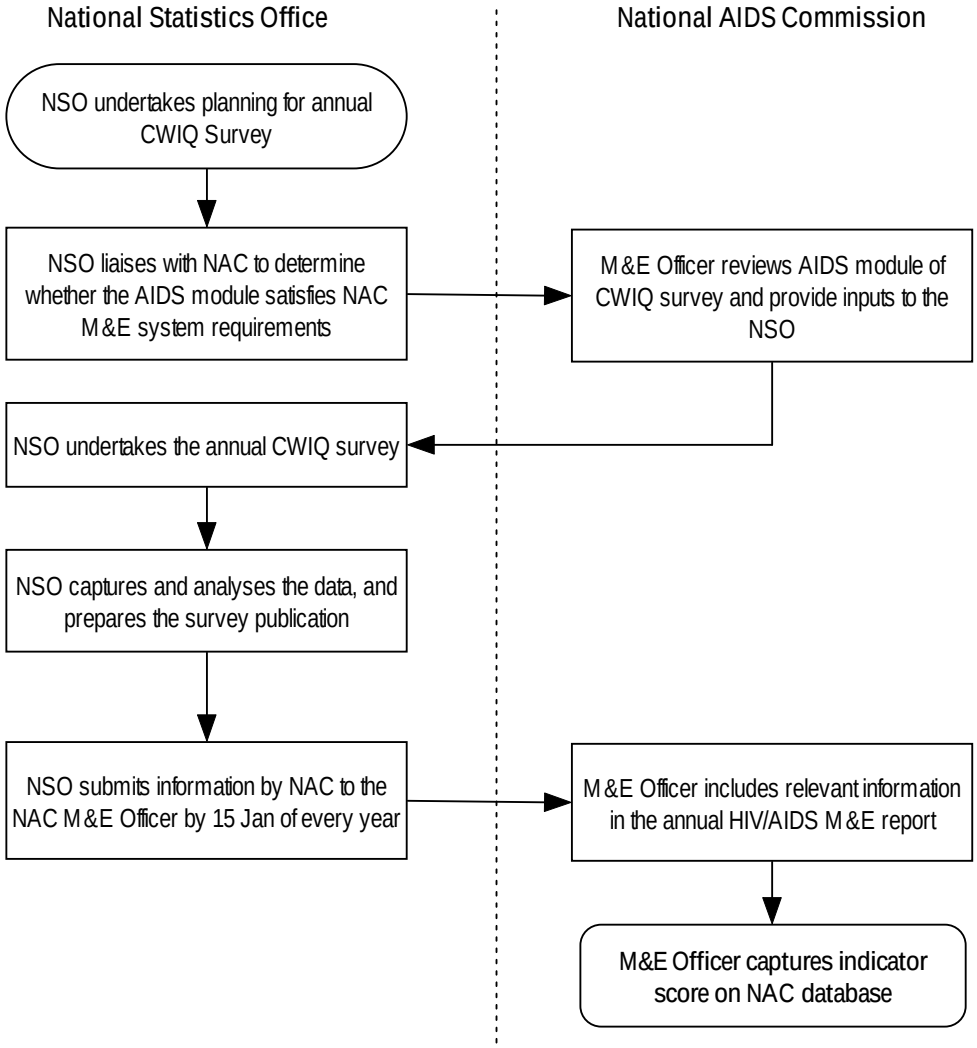
What does NAC need from this data source

- Quantitative and qualitative trend analysis data on household care and orphan data

Frequency

The CWIQ Survey will be done on an annual basis by the NSO, and the report should be available by January every year, in time for the HIV/AIDS M&E report.

Data source flow chart



3.4.5 DEMOGRAPHIC AND HEALTH SURVEY (DHS)

Description of data source

The DHS is a robust instrument for tracking changes in knowledge and behaviour at a national level. This survey is conducted every 5 years. The core DHS questionnaire emphasizes basic indicators and flexibility. It allows for the addition of special modules so that questionnaires can be tailored to meet specific country data needs. The standard DHS survey consists of a household questionnaire and a women's questionnaire. A nationally representative sample of people ages 15-49 are interviewed.

Please note that wherever in the log frame the data source is indicated as "population-based survey", the DHS has been assumed as the primary data source. However, it is acknowledged that this data will be supplemented by BSS and the CWIQ survey data. NAC's M&E officer will have to use the most recent sources of data, and use this data for triangulation purposes.

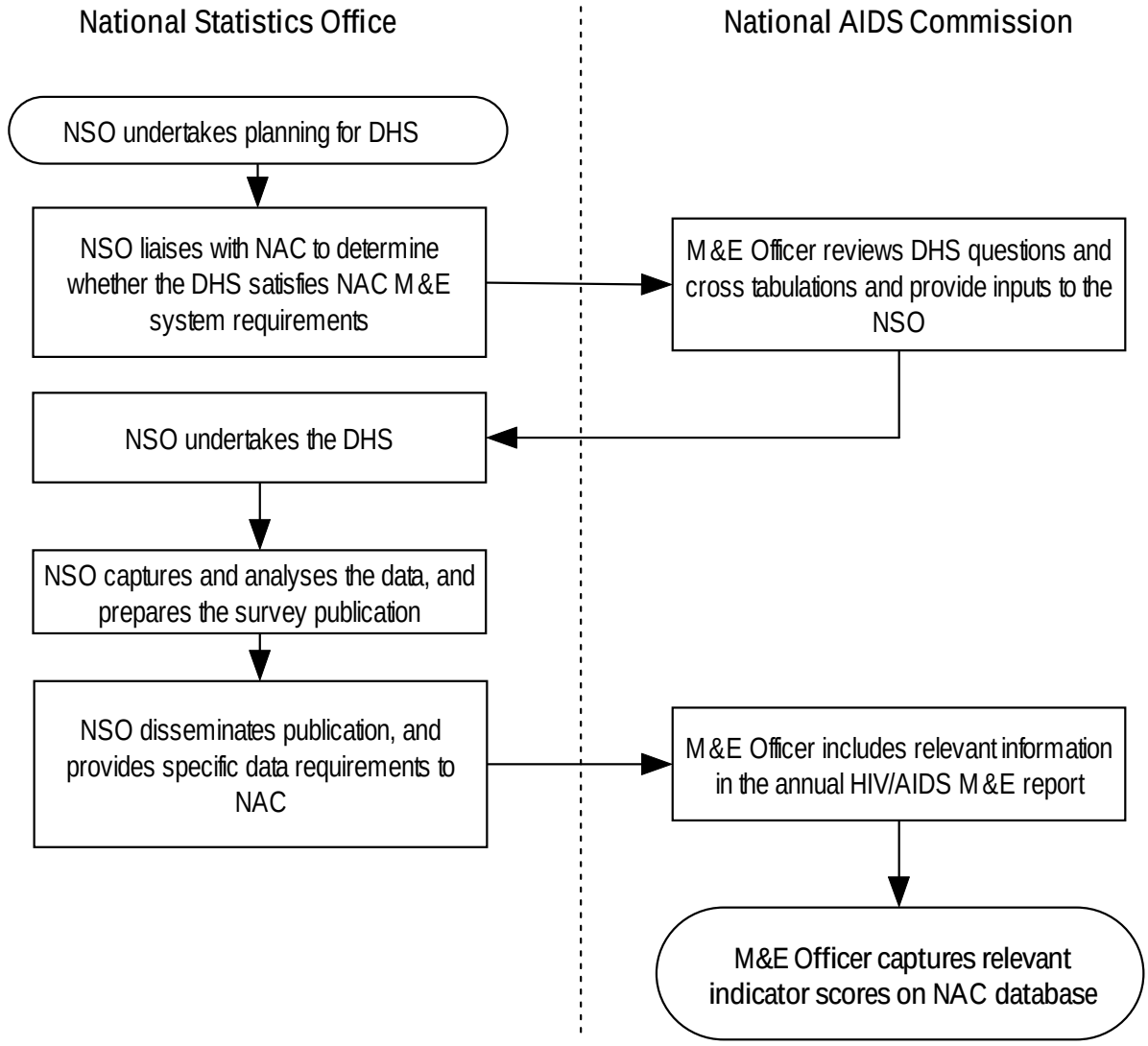
What does NAC need from this data source

Orphan school attendance: # of children who have lost both parents; *Non-orphan school attendance:* # of children, both of whose parents are still alive, who live with at least one parent.	By gender and residence (rural/urban)
Orphan school attendance: # of children who have lost both parents and are still in school; *Non-orphan school attendance:* # of children, both of whose parents are still alive, who live with at least one parent and who are still in school	By gender and residence (rural/urban)
# of respondents (15 - 24) who responded to the question on whether they have had sex with a non-regular partner in the past 12 months	By gender, residence (rural/urban) and marital status
# of respondents (15 - 24) who responded YES to the question on whether they have had sex with a non-regular partner in the past 12 months	By gender, residence (rural/urban) and marital status
# of respondents who responded to the question on condom use during sexual intercourse with a non-regular sexual partner	By gender, age (15 - 24, 25 - 49) and residence (rural and urban)
# of respondents who responded YES to the question on condom use during sexual intercourse with a non-regular sexual partner	By gender, age (15 - 24, 25 - 49) and residence (rural and urban)
The age by which one half of young men or young women aged 15-24 have had penetrative sex (median age), of all young people surveyed	By gender and residence (rural and urban)
# of respondents (15 - 24) who gave answers to the question relating to the number of sexual partners	By gender and residence (rural and urban)
# of respondents (15 - 24) who responded YES to the question on whether they have had more than one sexual partner in the last 12 months	By gender and residence (rural and urban)
# of respondents (15 - 24) who gave answers to the 5 questions relating to HIV knowledge (as per UNGASS guidelines)	By gender and residence (rural and urban)
# of respondents (15 - 24) who gave correct answers to all 5 questions relating to HIV knowledge (as per UNGASS guidelines)	By gender and residence (rural and urban)
# of respondents who have heard of AIDS and who responded to a question relating to AIDS messages in the media	By gender, type of employment and residence (rural/urban)
# of respondents who have heard of AIDS and who responded YES to a question relating to AIDS messages in the media	By gender, type of employment and residence (rural/urban)
# of respondents who gave answers to the question relating to attitudes towards PLWHAs	By gender and level of education
# of respondents who expressed accepting attitudes relating towards PLWHAs	By gender and level of education
# of orphans who are part of the household of the respondents and who are 18 years or younger	By gender and residence (rural/urban)
# of orphans who are part of the household of the respondents and who are 18 years or younger to whom community support is provided	By gender and residence (rural/urban)

Frequency

As per the Strategic Plan of the National Statistics Office, the DHS is done every 5 years. The next DHS will take place in 2005, and then 2010 thereafter.

Data source flow chart



3.4.6 DRUG STOCK SUPPLY REPORT

Description of Data Source

On an annual basis the Reproductive Health Unit (RHU) at MOHP undertakes a Drug Stock Supply survey. The purpose of this survey is to check drug stock outs at health facility level. The survey involves visiting all health facilities and doing a physical inspection of the drug stock cards at the facility itself. NAC supplied a list of drugs for OIs, ARVs and STIs to the Reproductive Health unit of MOHP in order for it to be included in the annual survey.

What NAC needs from this data source

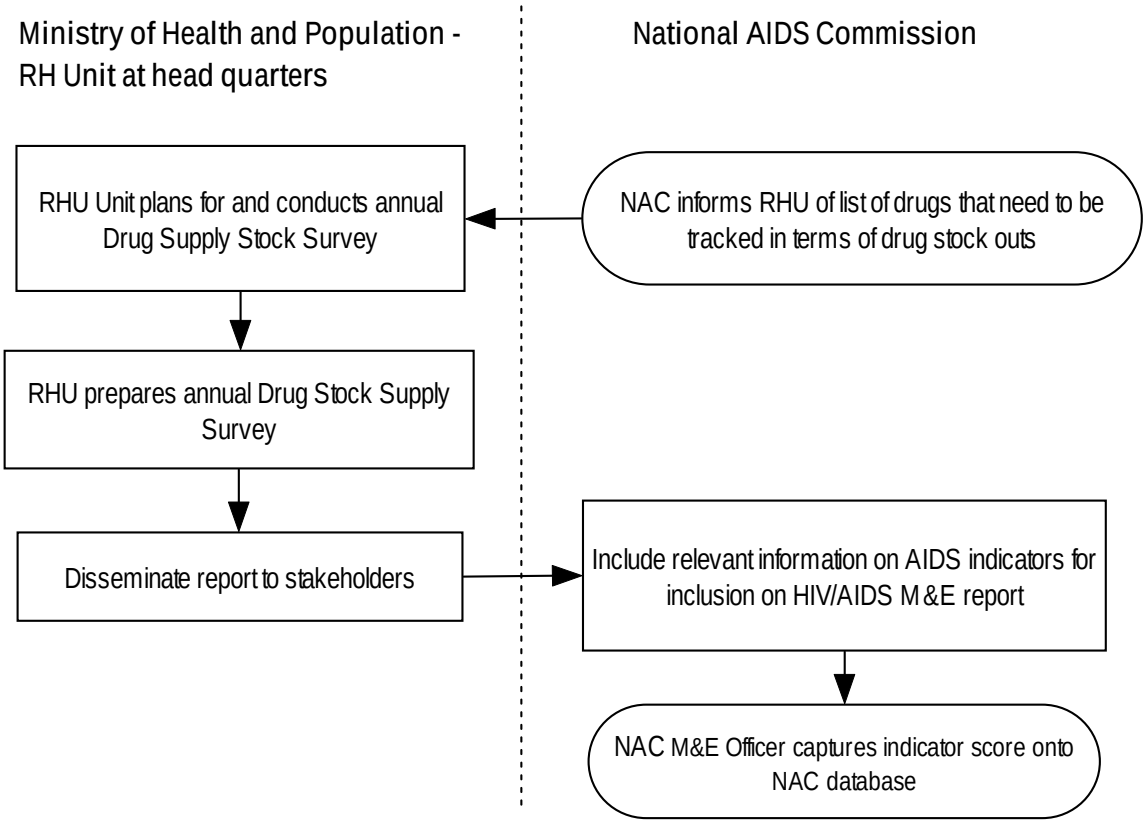
- # of health facilities that were surveyed, by district
- # of health facilities that were surveyed where there were no STI drug stock outs or more than a week for the last 12 months, by district
- # of health facilities that were surveyed where there were no OI drug stock outs or more than a week for the last 12 months, by district
- # of health facilities that were surveyed where there were no ARV drug stock outs or more than a week for the last 12 months, by district

Refer to Annexure L for a list of OI drugs, STI drugs and ARVs.

Frequency

This survey is done in September every year, and covers the time period October of year 1 to September of year 2. The report is available by November every year.

Data Flow Chart



3.4.7 FMA FINANCIAL MANAGEMENT SYSTEM REPORT

Description of data source

The Financial Management Agency has been tasked and contracted by NAC to manage NAC's grants disbursement system. This system will ensure that funding for HIV interventions is channelled through to the grassroots level, through a series of umbrella NGOs who will provide support and capacity building to the grassroots organisations. As part of the FMA's contract, they will need to submit monthly financial reports to NAC, disaggregated in a specific manner. This will be used as a data source by the M&E team at NAC to calculate certain indicator scores.

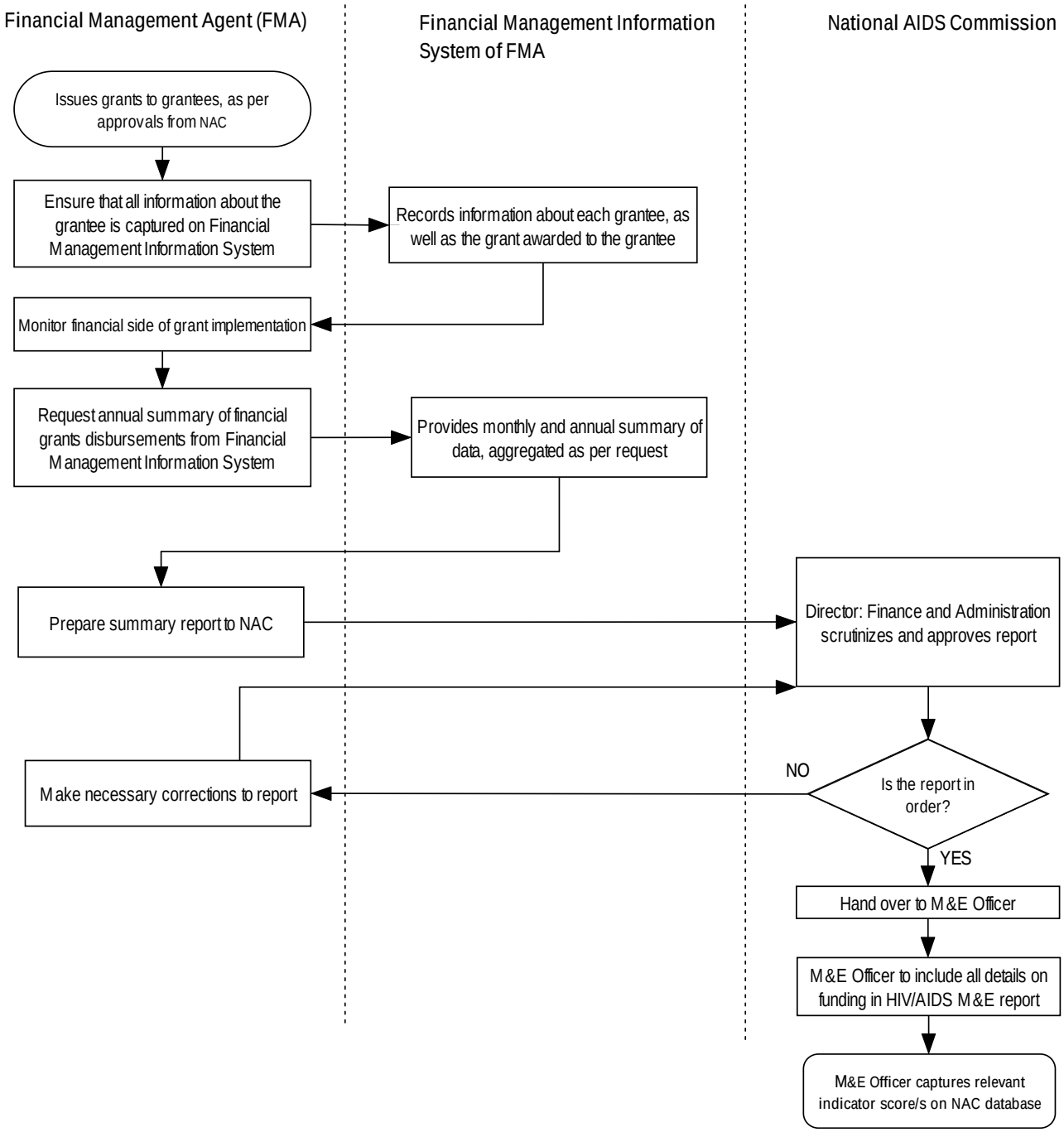
What does NAC need from this data source

- Total amount of funding received by NAC through basket and discreet funding, and government contributions in the past 12 months
- Amount of overall funding received by the NAC that is granted to CBOs, local NGOs, international NGOs, government, private sector, educational institutions and international organisations in the last 12 months, by type of agency to whom grant is provided
- Total number of GRANT PROPOSALS received by NAC in past 12 months
- TOTAL number of days that it took to process ALL of the proposals received in the past 12 months
- # of organisations receiving funding through the NAC grants management system for orphan care, or through umbrella NGOs for orphan care in the past 12 months, by district

Frequency

The FMA will continuously update its system as and when transactions occur, and will be able to aggregate data on a monthly and annual basis for use by NAC. The reporting channels from the FMA to NAC have been clearly defined in the FMA's Terms of Reference.

Data source flow chart



3.4.8 HEALTH FACILITY SURVEY

Description of data source

Due to the need to understand the health services provided at health facilities as part of the HIV response, specific information about services at health facilities is needed. This can be collated through two sources – a Health Management Information System or a specific health facility survey. Currently, the HMIS does not provide adequate information about HIV-related services at health facilities. Due to this, this Operations Plan suggests a health facility survey through which the required information can be collected. Should the HMIS be updated to include the periodic collection of some of this information (the preferred option), this data source could be amended. *Currently, the Planning Unit at MOHP is planning an annual health facility supervision process. Should this process be finalised, this is another avenue through which the required information can be collected.*

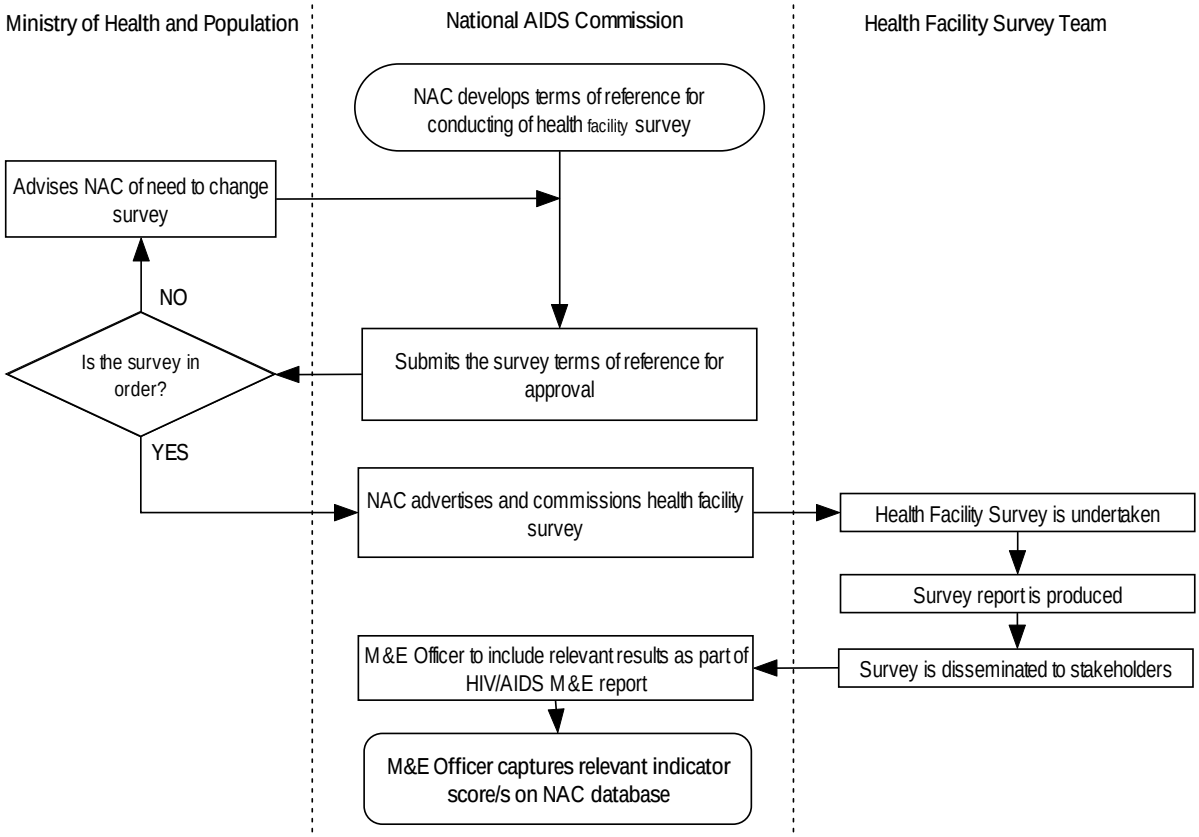
What does NAC need from this data source

- # of STI patients for whom provider-client interactions were observed, by gender and age groups (0 - 20 and older than 20)
- # of STI patients for whom the correct procedures were followed on (a) history taking, (b) examination, (c) diagnosis and treatment and (d) effective counselling on partner notification, by gender and age groups (0 - 20 and older than 20)
- # of health facilities that have been surveyed, by district
- # of health facilities that were surveyed where the national guidelines for blood screening, storage, distribution and transfusions have been met, by district
- # of health facilities that were surveyed where the national guidelines for infection prevention and health care waste management have been met, by district
- # of districts where there are VCT services located as per national guidelines
- # of health facilities where ANC services are offered , by district
- # of health facilities that provide ANC services where women have access to minimum package of PMTCT, by district

Frequency

The health facility survey would need to be undertaken on an annual basis in order to provide relevant information for the national HIV/AIDS M&E system. The report should be available in January every year in time for inclusion in HIV/AIDS M&E report.

Data source flow chart



3.4.9 HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS) ANNUAL REPORT

Description of data source

The HMIS is a public health planning and information system. It tracks a number of national health indicators at all health facilities (MOHP and non-MOHP health facilities) in Malawi. HMIS data is collected by each health facility in the country on a monthly basis. This data is intended to include the non-MOHP health facilities also within the catchment area of the MOHP health facility, and sent to the District Health Offices. This data is then sent to the national HMIS unit, and aggregated at national level. Using the monthly data, quarterly bulletins are prepared, as well as annual record reviews (per fiscal years, i.e. July of Year 1 – June of Year 2). This system collects information for specific months, and annual data would need to be summated in order to obtain annual totals.

Due to the fact that all of the NAC data sources for the national M&E system is based on one calendar year, NAC would need to customise the information provided by the HMIS. This will need to be done by the M&E Officer at NAC, and will involve aggregating the data from January to December of one calendar year, in order to obtain annual figures to be used in the annual HIV/AIDS M&E report.

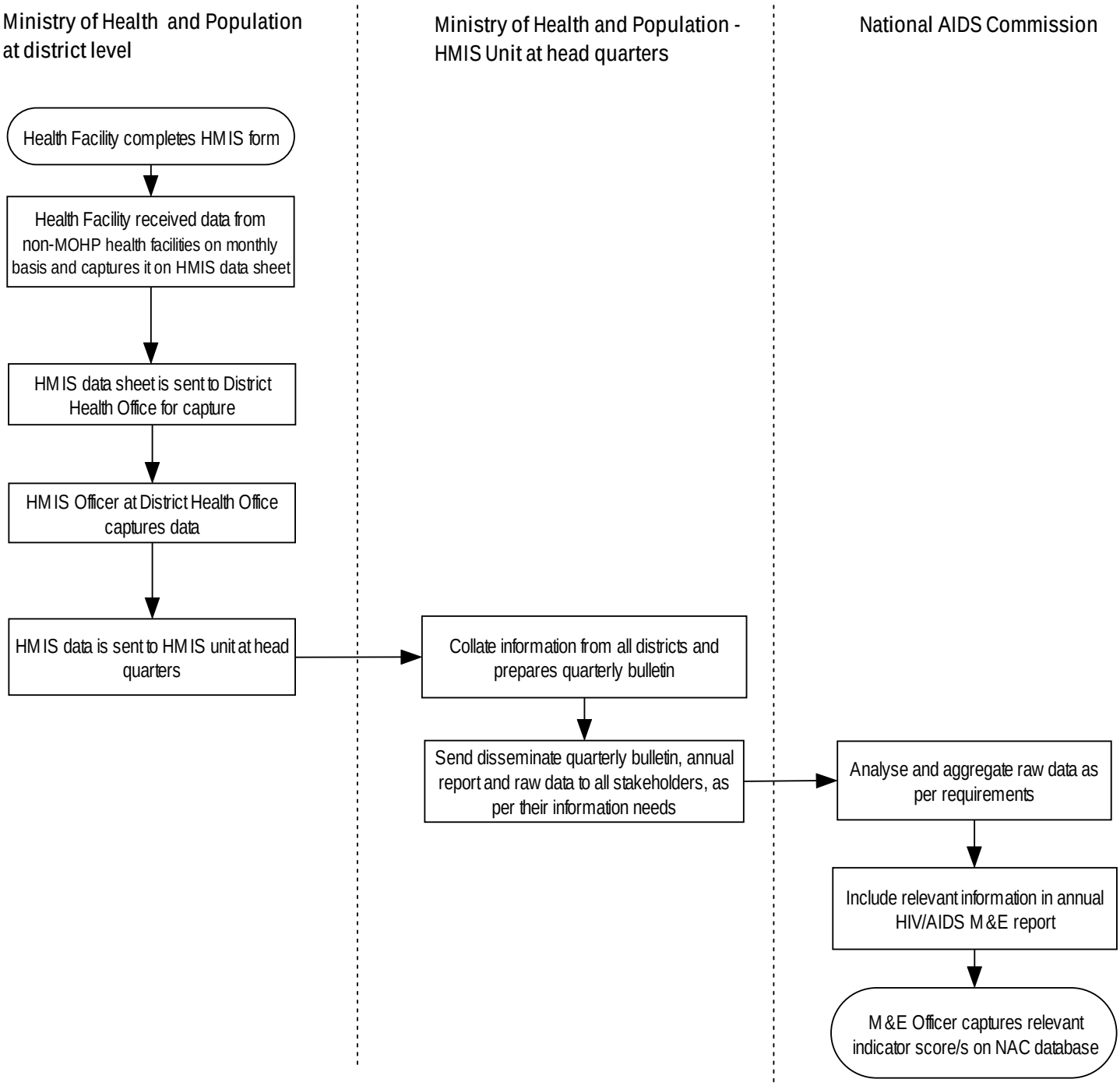
What does NAC need from this data source

- % of AIDS cases treated for OIs in the past 12 months, by gender and district
- TOTAL # of TB cases detected (extra pulmonary TB and smear positive pulmonary TB) in the past 12 months, by gender, district and type of TB (smear negative and extra pulmonary, smear positive)
- Extra pulmonary TB cases who successfully completed treatment ADDED TO smear positive pulmonary TB cases that successfully completed treatment in the past 12 months, by gender, district and type of TB (smear negative and extra pulmonary, smear positive)
- Estimated # of HIV positive pregnant women (Estimated # of births x HIV prevalence)
- # of women who receive Nevirapine during delivery in the past 12 months, by type of provider (public/private sector)
- # of patients with STIs that were diagnosed by the clinical staff and recorded on the HMIS in the past 12 months, by type of case (new/referred partner), gender and district

Frequency

A quarterly bulletin is produced by MOHP, and NAC can draw data directly from the quarterly bulletin. In addition, HMIS does an annual record review, based on the previous fiscal year. The data required by NAC will be data aggregated on a calendar year basis, and will require some customisation of HMIs data in order to fulfil NAC requirements.

Data source flow chart



3.4.10 MOEST INSPECTION REPORT

Description of data source

The UNGASS guidelines for all UNGASS indicators specify that a school-based survey should be carried out to determine the number of schools where lifeskills-based HIV/AIDS education is taking place. However, since the Ministry of Education, Science and Technology (MOEST) already carries out inspections to schools on an annual basis, it is recommended that this inspection system is used to gather the necessary information on lifeskills-based HIV education in schools.The Education Methods Advisory Services (EMAS) Unit at MOEST conducts regular supervisions and inspections of both primary and secondary schools. It has been discussed and agreed with MOEST that assessing lifeskills education will be included in the annual MOEST inspection reports that are produced.

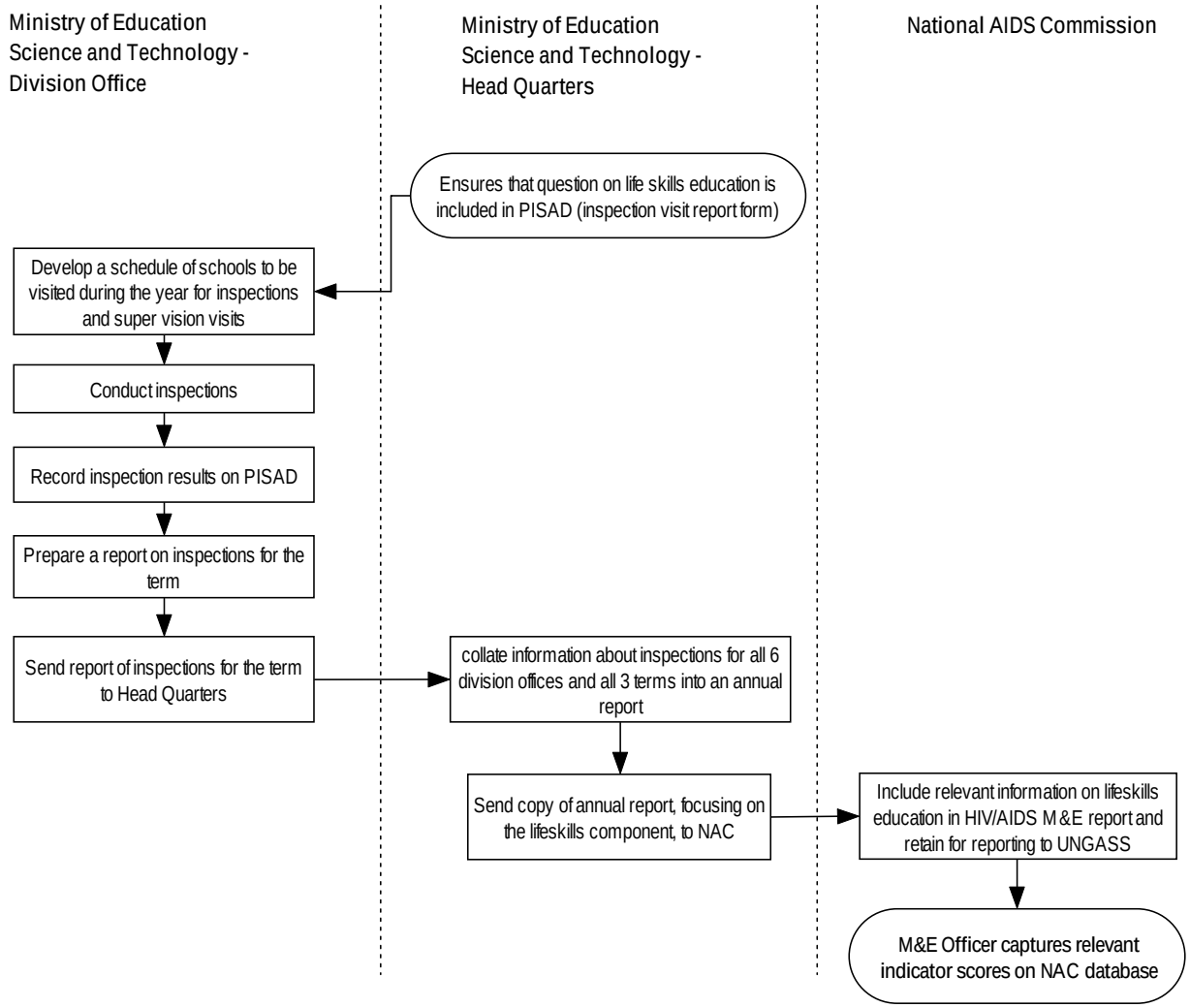
What does NAC need from this data source

- # of schools inspected in one academic year, by level of school (primary / secondary), proprietor (public / private) and location (rural / urban)
- # of schools where teachers were trained and life skills was taught, as confirmed by students, by level of school (primary / secondary), proprietor (public / private) and location (rural / urban)

Frequency

MOEST inspectors conduct school visits every term (3 term visits per annum). For purposes of reporting to NAC, MOEST should collate data on all inspections carried out on an annual basis and submit this to NAC by December of every year.

Data source flow chart



3.4.11 NAC DATABASE

Description of data source

The NAC requires information to track HIV interventions in Malawi – both at input level (human and financial resources provided) as well at output level (the scope and nature of HIV services/interventions offered at which locations). In addition, it is important that the NAC tracks partnerships between organisations and capacity building efforts. To capture all of this information, NAC has established a database. This database is currently in the process of being updated to reflect all information needs of NAC and its partners. This database should include a facility where all M&E system indicator scores can be captured, and should be in a format that it can be exported for update of the Malawi Socio Economic Database (MASEDA) once per annum (when the latest HIV/AIDS M&E report is launched). MASEDA is managed by the NSO.

What does NAC need from this data source

- # of organisations on NAC database in the past 12 months, by type of organisation (public sector, civil society, private sector and whether it is a NAC grantee or not)
- # of organisation that have submitted the required number of NAC Activity Report Forms on time in the last 12 months, by type of organisation (public sector, civil society, private sector and whether it is a NAC grantee or not)
- # of CBO alliances created by the NAC or in which the NAC participates in order to increase demand for and supply services to target population

Frequency

The NAC database will be updated as and when it is required, and customised reports are available within 2 weeks of requesting such ad hoc information.

Data source flow chart

To be defined in NAC database redesign process

3.4.12 NATIONAL HIV/AIDS M&E REPORT

Please refer to section 4.2 of this document for all details relating to this data source.

3.4.13 NATIONAL HIV/AIDS RESEARCH DATABASE

Description of data source

At the March 2003 annual review of the National HIV Strategic Framework, it was agreed that there is a need to develop an HIV/AIDS research database of all HIV-related research in Malawi. This database is a new development, and will track not only research being conducted and completed, but also provide a directory of researchers in the country. This will form a solid basis for implementation of appropriate research to be undertaken and for the prioritisation of research in Malawi. It will also assist in ensuring that HIV-related research is disseminated at in-country level.

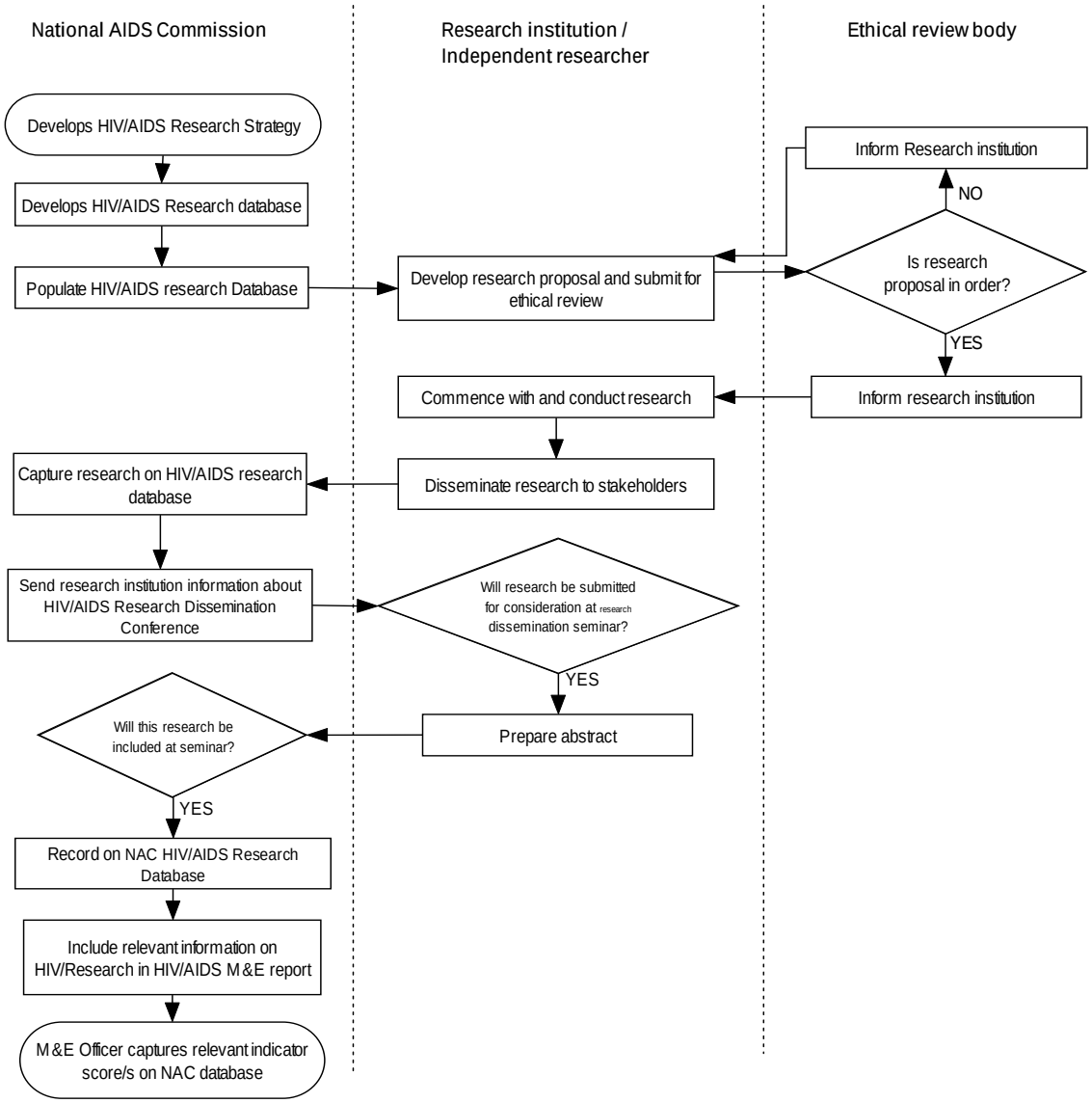
What does NAC need from this data source

- # of NEW HIV/AIDS-related research studies that have been recorded in the NAC database in the past 12 months, by HIV programme area
- Total # of HIV/AIDS-related research studies that have been recorded in the NAC database since the commencement of the database, by HIV programme area
- # of HIV/AIDS-related research studies that have been recorded in the NAC database and that is in line with the HIV/AIDS research strategy, by HIV programme area

Frequency

The database will be updated as and when new information becomes available, and summative information is available at any given time.

Data source flow chart



3.4.14 NATIONAL BLOOD TRANSFUSION SERVICE (NBTS) REPORT

Description of data source

This report will capture information about screening of blood designated for blood transfusions in the country. This report will need to focus on both types of transfusions – those done on a voluntary basis, and those done for emergency purposes when a family member requires blood at the hospital.

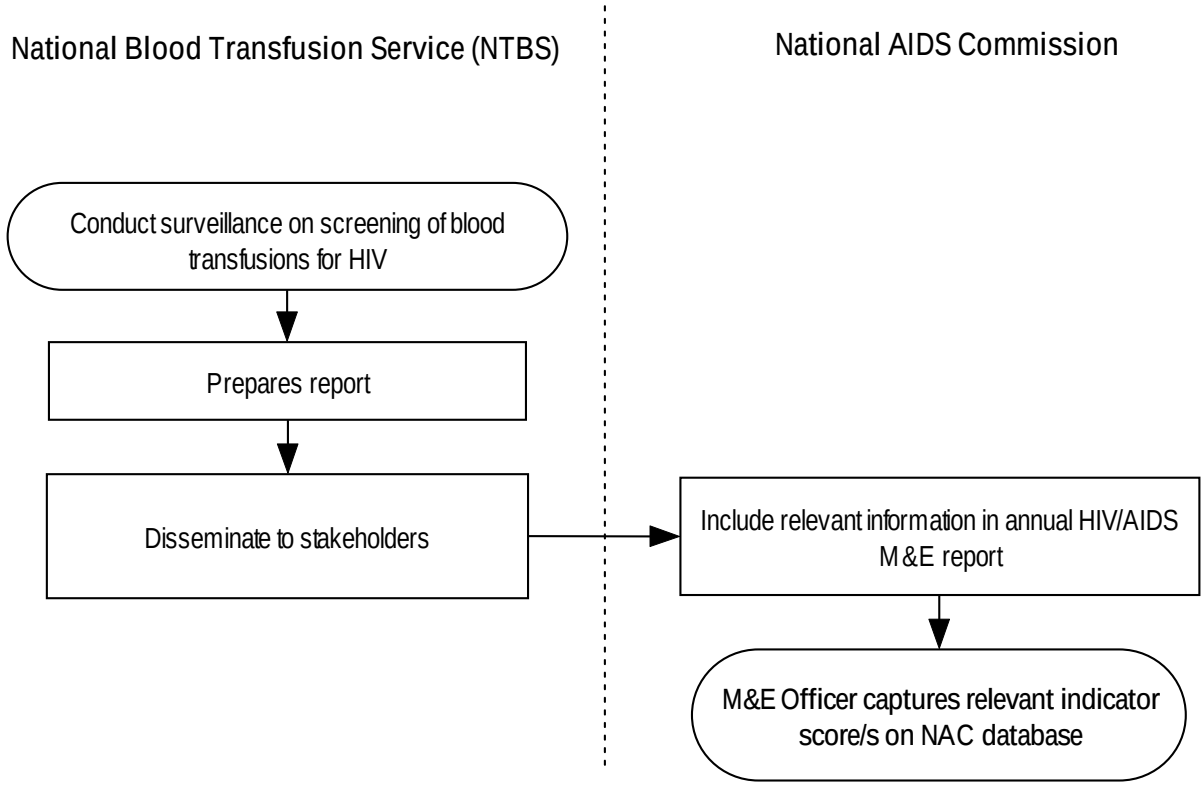
What does NAC need from this data source

- # of blood units transfused in the last 12 months, by district
- # of transfused blood units that have been screened for HIV in the past 12 months according to national guidelines, by district

Frequency

This report will be compiled by NTBS on an annual basis, and submitted to NAC by January of every year

Data source flow chart



3.4.15 QUARTERLY SERVICE COVERAGE REPORT(QSCR)

Description of data source

This is the one data source that will not only be commissioned and funded by NAC, but where the responsibility for data collection, analysis and reporting will rest with NAC (or a designated sub-contractor). This Quarterly Service Coverage Report will be based on information filled out on the NAC Activity Report Form, which all implementers of HIV interventions (whether funded by NAC or not), will have to complete on a regular basis.

This form is the core of NAC's programme monitoring process (collection of "coverage data" about the extent and coverage of HIV interventions). It will be distributed to **all** stakeholders, who will complete this form on a monthly basis and use it to record information about HIV services provided. This information will then be sent to the umbrella NGOs (for all NAC grantees) and to the FMA (for non NAC grantees), who will record the information for further analysis by NAC. The basis of this form is that all stakeholders – NAC grantees and non-grantees – should complete this information and should send it for data capture on a quarterly basis. The HIV Focal persons in each of the sector ministries will be required to complete this form on a monthly basis and submit it to directly to the FMA for capture. The required financial monitoring form that should be completed by all stakeholders should also accompany this form.

The form records 2 types of data – data about HIV interventions among the staff, and data about HIV interventions focusing on the clients (beneficiaries) of the stakeholder. This form will form the basis for the Quarterly Service Coverage Report that is discussed in section 4.1 of this document. All information in the Quarterly Service Coverage report will provide information about HIV services provided in the last 3 months, and not cumulative totals of the total services provided to date. Please refer to Annexure J for a copy of this form, and please refer to NAC's guidelines on the NAC Activity Report System for full details as to how this system will be implemented.

What does NAC need from this data source

EMPLOYEE-FOCUSED INFORMATION

total # of employees and spouses of all organisations that submitted the NAC activity report form in the past 12 months	By type of intervention (prevention or care& support), by gender, and by sector (public sector, civil society and private sector)
# of employees and spouses that have been a part of either HIV prevention or care & support interventions that have been defined in the organisation's workplace strategy in the past 12 months	By type of intervention (prevention or care& support), by gender, and by sector (public sector, civil society and private sector)

BENEFICIARY/CLIENT/CUSTOMER INFORMATION

# of condoms distributed to end users	By type of condom and district
# of young people aged 15 - 24 exposed to life-skills-based HIV/AIDS education in the past 12 months through workshops, peer education or other methodologies	By gender, district and whether they are in-school or out-of-school youth
# of persons with advanced HIV infection (estimated by # of persons who are HIV infected x 20%)	Not disaggregated
# of persons with advanced HIV infection who receive ARV combination therapy according to nationally approved guidelines in the past 12 months	By gender, age group (0 – 12, 12+ to 20, and older than 20) and by type of health facility where ARVs were provided (public/private)
# of households receiving external assistance in the past 12 months to care for adults who have been chronically ill for 3 or more months during the past 12 months	By residence (rural/urban), district and by type of help
TOTAL # of persons who are enrolled with a PLWA organisation in the past 12 months	By gender, district and age (0 – 15, 15+ to 24, older than 24)
# of home based care visits by health care workers and volunteers in the past 12 months (repeat visits to the same patient should be counted each time)	by residence (rural/urban), type of visit (health care worker / volunteer) and district

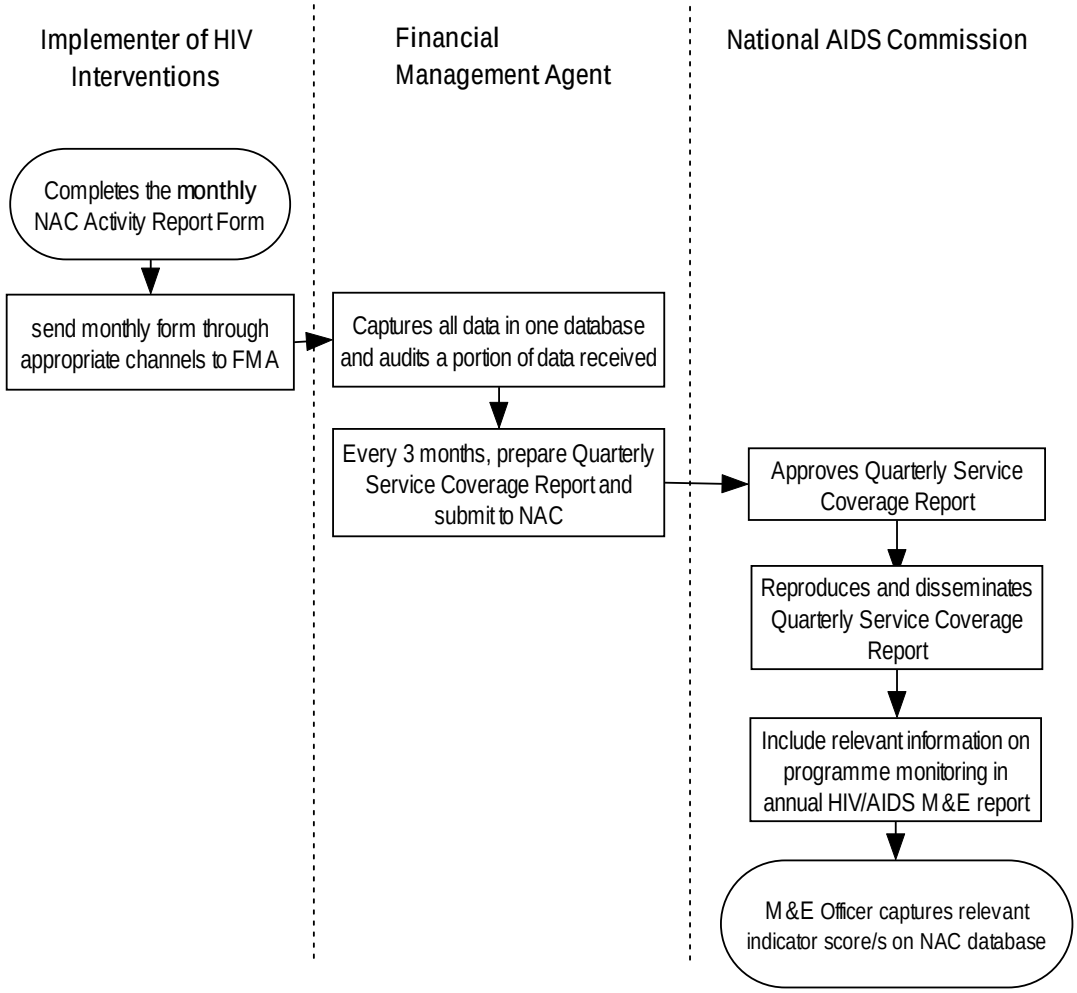
# of different radio and television programmes, and the total # of hours that these have been aired in the past 12 months	By type of media (radio/television)
# of different printed media produced, and the quantities of each that have been printed and distributed in the past 12 months	By district
# of project staff and volunteers trained in HIV/AIDS related issues for the purposes of HIV interventions in the past 12 months	by type of training, gender and district
# of orphans and other vulnerable children that received support in the past 12 months	By type of support (psychosocial, nutrition, financial), by district and by gender
# of pregnant woman who have been seen by PMTCT provider in the past 12 months	By age group (0 – 24, older than 24), district and type of institution (public/private)
# of pregnant women who have undergone VCT as part of PMTCT programme in the past 12 months	By age group (0 – 24, older than 24), district and type of institution (public/private)
# of HIV positive pregnant women who were given a single course of Nevirapine during delivery as a minimum package of PMTCT	By age group (0 – 24, older than 24), district and type of institution (public/private)
# of pregnant women who have undergone VCT as part of PMTCT programme in the part 12 months and who are HIV positive	By age group (0 – 24, older than 24) and district
# of HIV positive pregnant women in the past 12 months	By age group (0 – 24, older than 24) and district
# of HIV positive mothers who have been received at least a 3 month supply of replacement infant feeding in the past 12 months	By age group (0 – 24, older than 24) and district
# of HIV positive pregnant women who have been referred for care and support services to a recognised care & support organisation in the past 12 months	By age group (0 – 24, older than 24) and district
# of VCT clients receiving pre-test VCT counselling, tested and receiving their serostatus results in the past 12 months	By age (0 – 12, 12+ to 24, older than 24), district and gender
# of VCT clients that are tested for HIV as part of VCT programme in the past 12 months	By age (0 – 12, 12+ to 24, older than 24), district and gender
# of VCT clients who are HIV positive in the past 12 months	By age (0 – 12, 12+ to 24, older than 24), district and gender
# of HIV positive VCT clients who are referred for care and support services to a recognised care & support organisation in the past 12 months	By age (0 – 12, 12+ to 24, older than 24), district and gender

Frequency

This form will be completed on a monthly basis by all service providers, but will be submitted to the FMA on a monthly basis. The FMA will prepare a Quarterly Service Coverage Report once a quarter with cumulative totals for the quarter, and will submit this to NAC and other stakeholders within a month of the end of the quarter for their information and use in decision-making. Please refer to section 4.1 for more information regarding this information product.

Once a year, NAC will request an annual cumulative report from the FMA, with cumulative totals of all the above required information for the previous calendar year. This is the report that the NAC M&E Officer will utilise to obtain annual statistical summary of all of the above statistics.

Data source flow chart



3.4.16 SCORE FROM NCPI QUESTIONNAIRE

Description of data source

The composite index covers four broad areas of policy, strategic plan, prevention, human rights, and care and support. A number of specific policy indicators have been identified for each of these policy areas for this UNGASS indicator that is to be calculated biennially. A separate index is calculated for each policy area by adding up the scores (yes=1, no=0) for the relevant specific policy indicators and calculating the overall percentage score. The composite index is calculated by taking the average of the scores for the four components. Where appropriate, the score for a specific policy indicator should be assessed with reference to the standards and criteria provided. The simple quantitative nature of the NCPI means that it does not give information on the effectiveness of national policies and strategies.

What does NAC need from this data source

- The indicator score (number of YES answers) for each of the 4 categories

Frequency

This questionnaire will be completed by the NAC Executive Director on a biennial basis, in time for the UNGASS report. The next questionnaire should be completed in February 2005, in time for the 2005 UNGASS Report (due by March 2005).

Data source flow chart

A simple data flow process exists for this data source – the Executive Director will complete the questionnaire and submit it to the NAC M&E Officer prior to the UNGASS reporting process.

3.4.17 SENTINEL SURVEILLANCE REPORT

Description of data source

Biological surveillance of HIV has been primarily tracked through surveillance of sentinel populations. Malawi began sentinel surveillance for HIV at an early date in the epidemic through annual surveillance at 19 antenatal clinics throughout Malawi. Responsibilities for data compilation and analysis have moved from the NAC to the Central Health Surveillance Unit (CHSU) for the 2003 sentinel surveillance process, and the CHSU Epidemiology Unit is being strengthened to accommodate these new responsibilities and improve the sentinel surveillance system.

The results from this antenatal sentinel surveillance as well as other sources of HIV prevalence data, such as HIV serostatus results from VCT sites and through blood transfusions, is then used during a second generation surveillance process to determine the national prevalence of HIV in both men and women in Malawi.

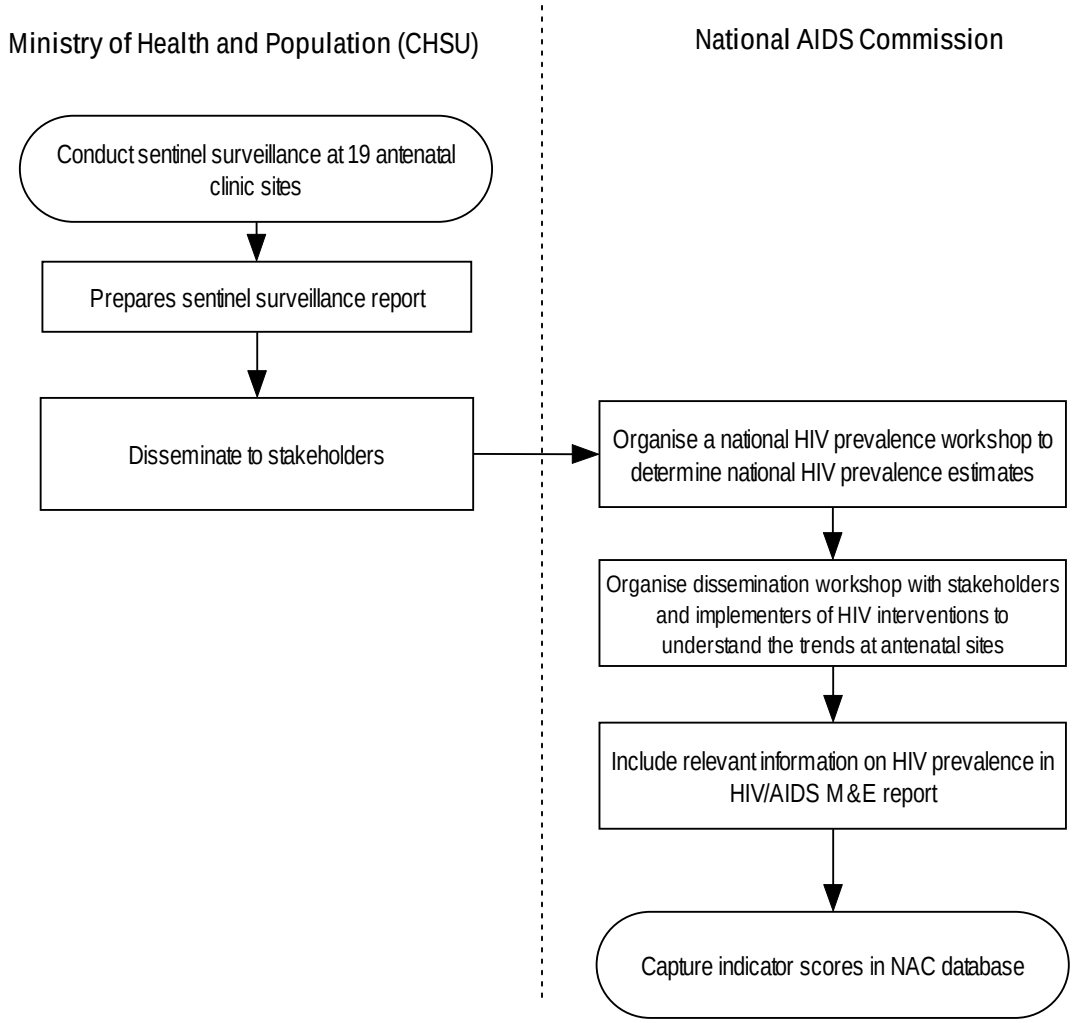
What does NAC need from this data source

- HIV prevalence for all age groups, by residence (Capital city, Other urban areas and Rural), by age group (15 - 19, 20 - 24 and 25 - 49), and sex
- Syphilis prevalence rates for women for all age groups, by age group (15 - 19, 20 - 24 and 25 - 49) and residence

Frequency

Sentinel surveillance is conducted on an annual basis at 19 ANC sites throughout Malawi.

Data source flow chart



3.4.18 SUPPLY CHAIN MANAGER REPORT

Description of data source

This data source is the LMIS06 Facility Report, which registers the number of condoms distributed to the end user. The LMIS 06 form is sent from the health facility to the District Pharmacy, which aggregates all LMIS06 information onto one LMIS07 form. The LMIS 07 form is used for ordering condoms from the Regional Medical Stores. All LMIS 06 forms are entered onto the Supply Chain Manager at the Regional Medical Stores.

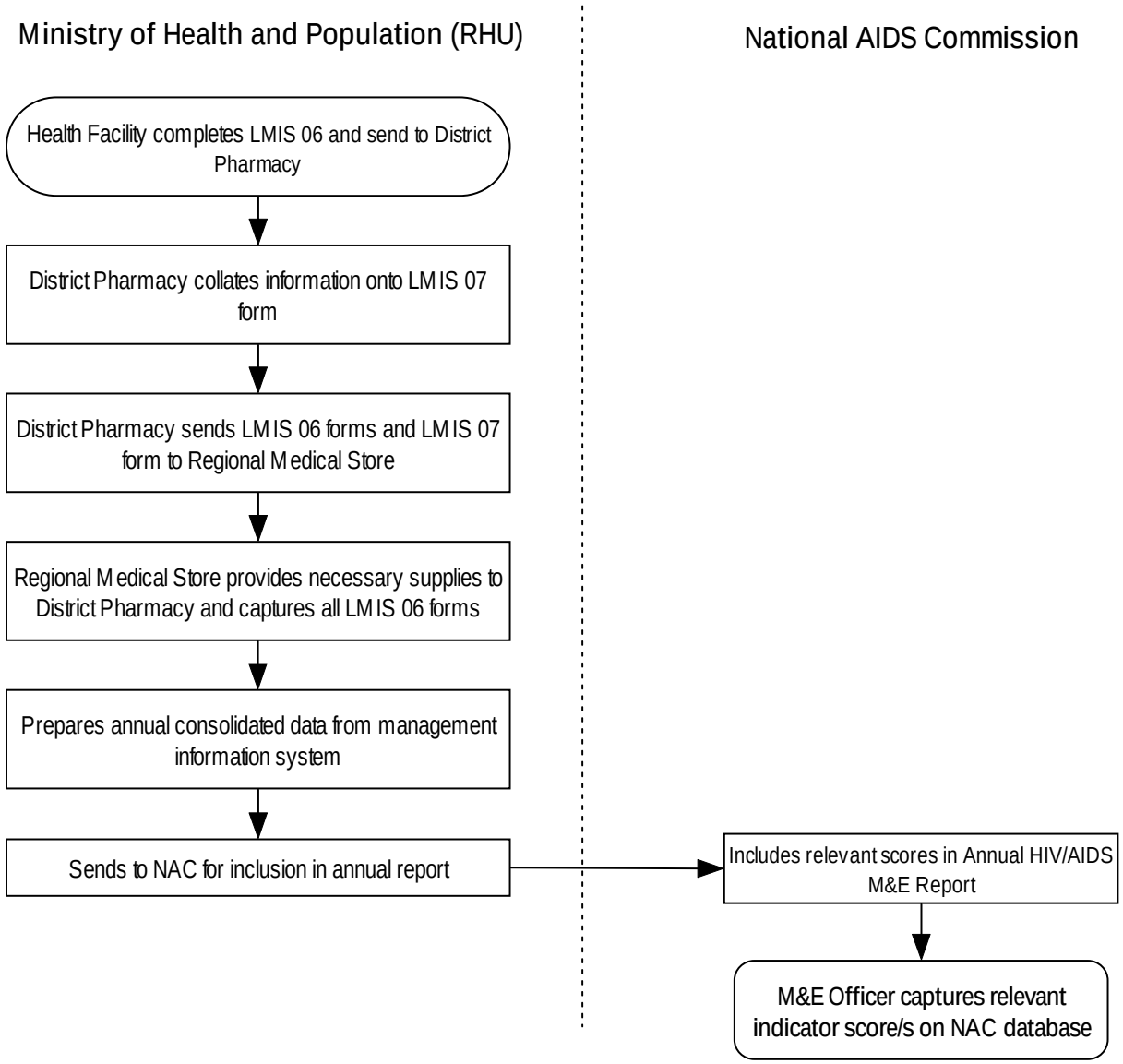
What does NAC need from this data source

- # of condoms dispensed to end user in the past 12 months, by type of institution and district

Frequency

Regional Medical Stores and MOHP (HTS Unit and JSI Deliver) collect this information in the Supply chain Manager on a monthly basis. HTS Unit will submit the annual aggregated report (LMIS06 Facility Report) to the NAC on an annual basis.

Data source flow chart



3.4.19 UNAIDS/NCPI FINANCIAL RESOURCE FLOW SURVEY

Description of data source

This survey is recommended by the UNAIDS on a biennial basis in order to collect financial data to inform the UNGASS indicator about national government expenditures on HIV/AIDS programmes. The costs of any multilateral or bilateral international donor-funded government programmes should be included to determine the NAC indicator value, as well as expenditure by civil society. Allocated national funds comprise expenditure on the following four categories of programme, totals for each of which should be specified separately: STD control activities, HIV prevention, HIV/AIDS clinical care and treatment, HIV/AIDS impact mitigation.

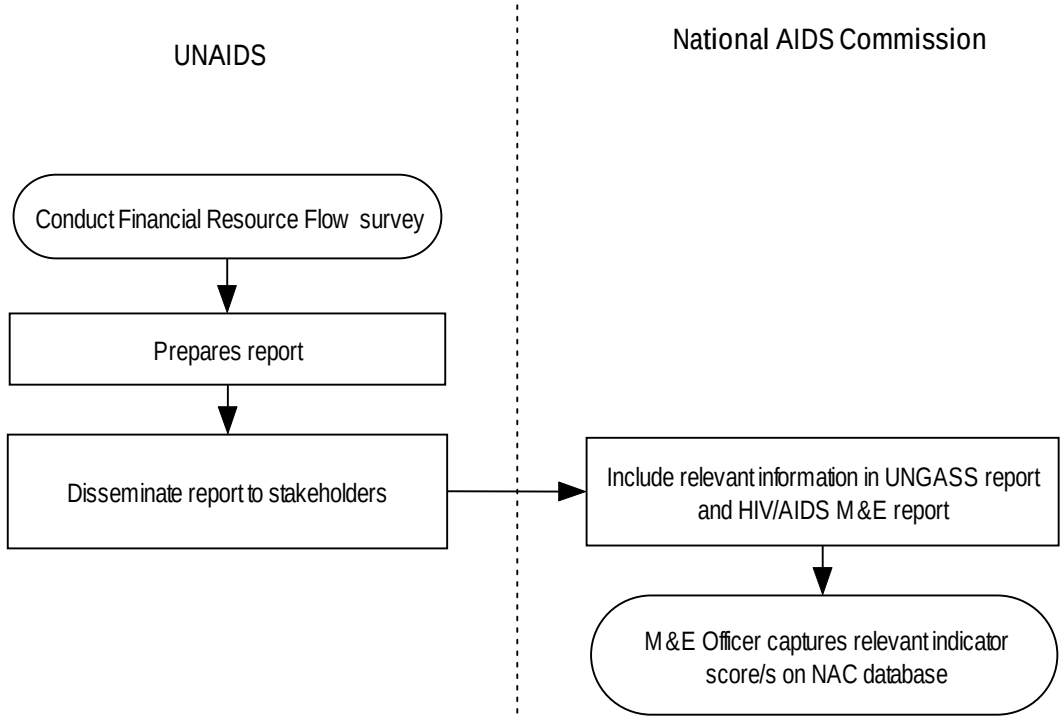
What does NAC need from this data source

- NAC requires the total amount of funding spent on HIV/AIDS in the past 12 months , by category of expenditure, as follows: (a) STD control activities (b) HIV prevention (c) HIV/AIDS clinical care and management (d) HIV/AIDS impact mitigation, and by funding source

Frequency

This survey will be undertaken on a biennial basis, and the first survey results should be ready by January 2005.

Data source flow chart



3.4.20 WORKPLACE SURVEY

Description of data source

To track the extent to which policy development efforts are mainstreamed in workplaces, UNGASS has developed an indicator on workplace policies and programmes. The data is derived from a workplace survey which should be conducted every 2 years. Private sector employers are selected on the basis of the size of the labour force. Public sector employers recommended are the ministries of transport, labour, tourism, education, and health. (Note that the NAC may wish to broaden the sampling of ministries and businesses for its own evaluation of multisectoral response.) Employers are asked to state whether they are currently implementing personnel policies and procedures that cover, as a minimum, all of the following aspects:

- Prevention of stigmatisation and discrimination on the basis of HIV infection status in staff recruitment and promotion and employment, sickness, and termination benefits.
- Workplace-based HIV/AIDS prevention, control, and care programmes that cover: (a) the basic facts on HIV/AIDS, specific work-related HIV transmission hazards and safeguards, condom promotion, VCT, STI diagnosis and treatment, and provision of HVI/AIDS-related drugs.

Copies of written personnel policies and regulations should be obtained and assessed wherever possible. Indicator scores are required for all employers combined and for the private and public sectors separately. Estimates of the size of the male and female formal sector workforce should also be provided, based on latest available census data.

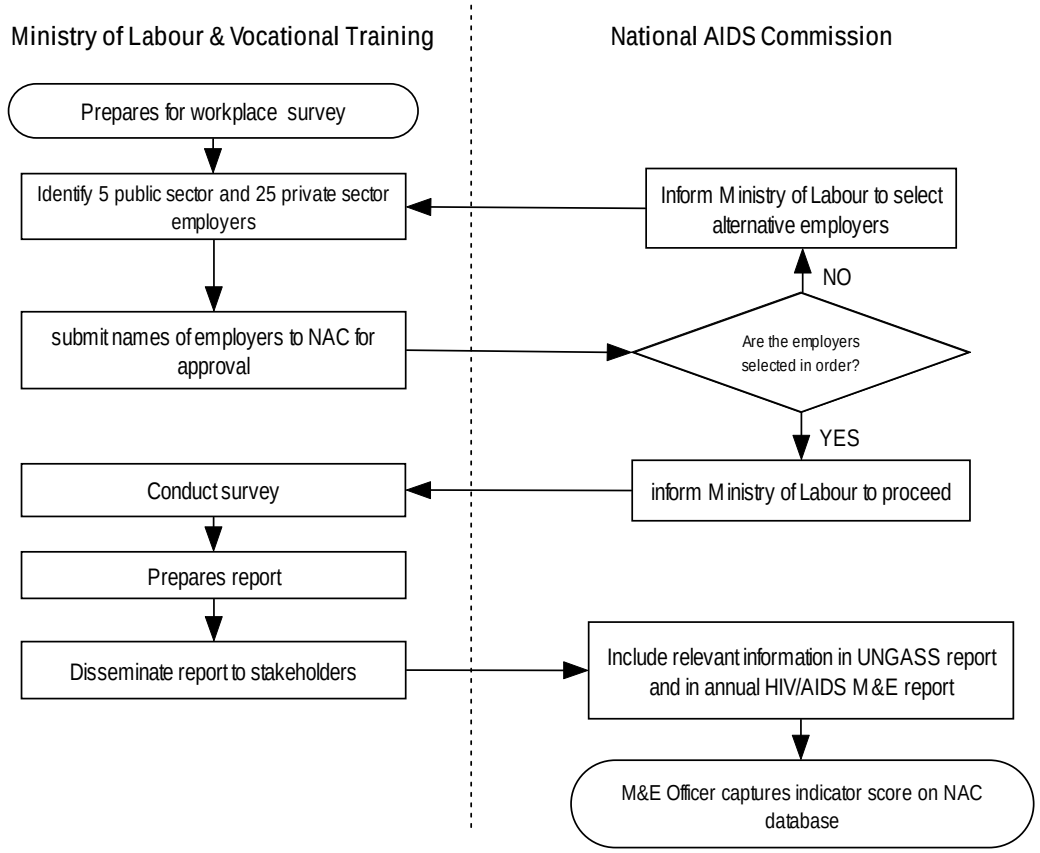
What does NAC need from this data source

- Number of organisations surveyed, by type of organisation (public / private sector)
- Number that has workplace policies, as per the UNGASS datasheet requirements, by type of organisation (public / private sector)

Frequency

This survey will be undertaken in 2004 for the first time, and will then be done on a biennial basis thereafter. The report will need to be ready by January 2005.

Data source flow chart



4 Information Products

In December 2002 and January 2003, NAC ascertained the *information needs* of its stakeholders through a series of field visits, interviews and questionnaires. These information needs have been summarised and is contained in Annexure C of this Operations Plan. Based on these information needs, the NAC HIV/AIDS M&E system will produce the following *periodic* information products:

- Quarterly Service Coverage Report
- Annual HIV/AIDS M&E Report
- Biennial UNGASS Report
- Periodic Information Systems Updates

In addition to these periodic information products, NAC would also respond to specific and *ad hoc* information needs of its stakeholders. Each of the periodic information products, and the process for accessing ad hoc information, has been described below:

4.1 QUARTERLY SERVICE COVERAGE REPORT

NAC will produce a quarterly service coverage report. This report will provide information on coverage statistics per HIV programme area, and will be based on the information provided by NAC grantees and non-grantees in the NAC Activity Report Form[13]. The production of this report will also ensure that NAC meets GFATM requirements in terms of minimum reporting standards, as well as reporting to its other basket donors.

4.1.1 PURPOSE OF REPORT

The purpose of this report is to provide a quick overview of service coverage in the last quarter to better inform implementers and funders of interventions of where gaps are and how to maximise resource utilisation.

4.1.2 DATA SOURCES FOR REPORT

The main and only data source for this report is the NAC Activity Report Form. Please refer to Section 3.4.16 of this Operations Plan for details regarding how this data source will be collected and captured by the Financial Management Agency.

4.1.3 DATA ANALYSIS

Once the Financial Management Agency has collected and captured the data on a monthly basis, it will compile a Quarterly Service Coverage Report, using a standard analysis methodology (descriptive statistics). This statistical analysis will then be handed over in electronic format to NAC's M&E Officer for dissemination to stakeholders. The FMA will disseminate directly to NAC grantees and non-grantees (all organisations that submitted data).

It should be noted that for purpose of reporting to GFATM, as part of NAC's grant responsibilities, data for the GFATM grantees will be reported on separately, in addition to the overall data analysis mentioned above.

4.1.4 REPORT FORMAT

The format of this report will be based on the structure of the NAC Activity Report Form. A pro forma format has been included in Annexure F of this Operations Plan.

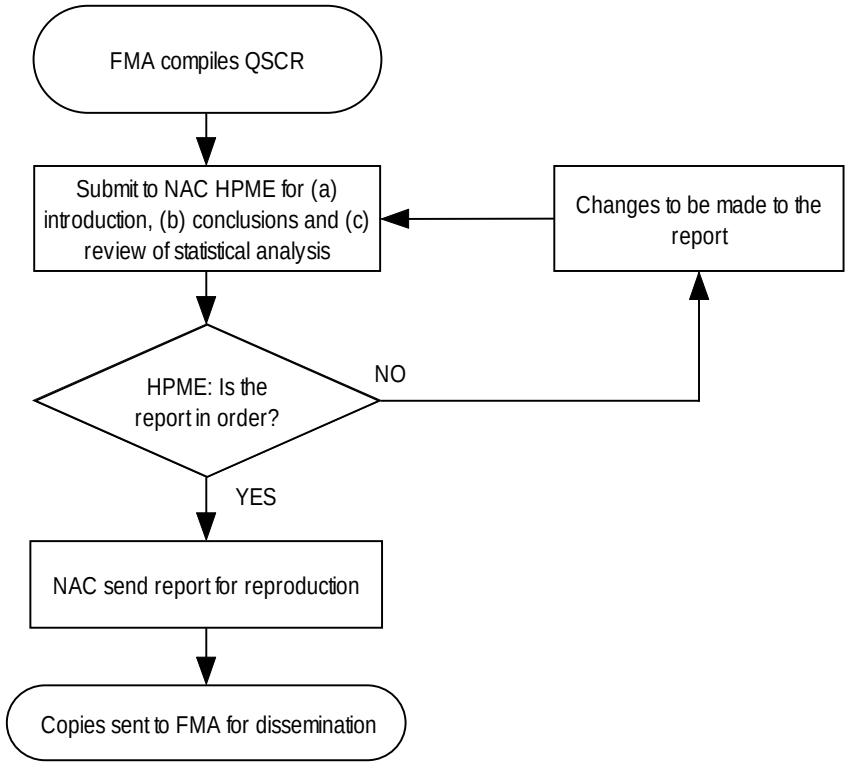
4.1.5 REPORT COMPILATION

This report will be compiled on a quarterly basis, within one month of the end of the quarter.

4.1.6 REPORT APPROVAL

To ensure a fast turnaround time, the following approval channels will be followed:

[13] Please refer to the "Guidelines for NAC Activity Report System" for more information regarding data collection for the Quarterly Service Coverage Report



4.1.7 Report Dissemination

This quarterly service coverage report will be disseminated to the stakeholders listed below through the following dissemination channels:

Table 5: Data Dissemination for Quarterly Service Coverage Report

STAKEHOLDER GROUPING	DATA DISSEMINATION THROUGH	QUANTITY TO BE PRINTED	ILLUSTRATIVE REPORT USES
District Health Officers	Posting of report	30	• Determine service coverage and future focus areas
District AIDS Co-ordinating Committees	Hand delivery of report	30	• Determine service coverage and future focus areas
District AIDS Co-ordinators	Posting of report	30	• Determine service coverage and future focus areas • Information and planning purposes
District Assemblies (District Commissioner)	Posting of report	30	• Information and planning purposes
NAC donors	Emailing of report	0 (electronic copy, not printed)	• Determine service coverage and future focus areas
All organisations that submitted monthly NAC Activity Report Form to FMA	Posting of report by FMA	200	• Determine service coverage and future focus areas
TWG members not included in any other grouping	Emailing of report	0 (electronic copy, not printed)	• Determine service coverage and future focus areas
Members of MCCCI	Emailing of report	0 (electronic copy, not printed)	• Determine service coverage and future focus areas
Members of National Business Coalition to fight HIV/AIDS	Emailing of report	0 (electronic copy, not printed)	• Determine service coverage and future focus areas

Based on the data dissemination strategy defined for this report, it is envisaged that 400 copies of the report will need to be printed in hard copy format to ensure effective dissemination of data to all stakeholders.

4.2 ANNUAL HIV/AIDS M&E REPORT

4.2.1 PURPOSE OF REPORT

The purpose of this report is to provide a comprehensive overview of Malawi's response to HIV. This will be done by reporting on all indicators contained in NAC's national HIV/AIDS M&E system, and by providing key observations and guidance for future implementation. This report will be procedurally linked to NAC's annual work planning and budgeting process to ensure that one does not pay lip service to the term "using information for decision-making".

In addition, this report will also serve the purpose of annual progress reporting to GFATM on the progress made with regards to the national response to HIV, based on GFATM indicators (which have been included in the NAC HIV indicators).

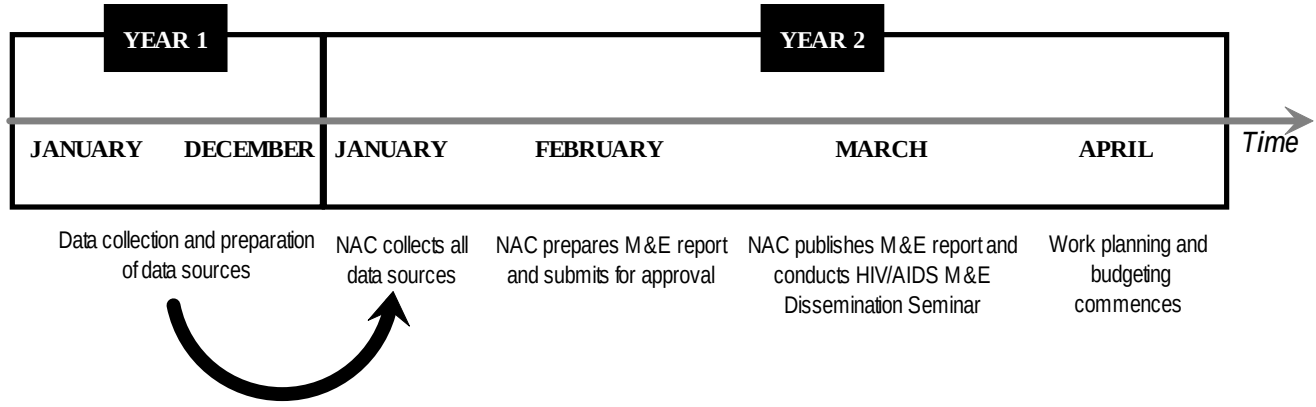
4.2.2 DATA SOURCES FOR REPORT

The data sources for this report are all 21 core data sources mentioned in section 3.4, Tables 2 and 3, of this document. Should new and improved data sources become available, NAC may also wish to supplement this report with additional data sources (some additional data sources were mentioned in Part A of the National HIV/AIDS M&E plan).

4.2.3 DATA ANALYSIS

Data analysis will be carried out by determining the correct denominator and numerator values for each indicator – as defined in tabular format in Annexure A of this Operations Plan. To ensure that the report is complete and that there are no gaps, a checklist of information has been compiled, based on the contents of Annexure A. Please refer to Annexure D for a checklist form.

It should be noted that all indicators should be reported on using "the last 12 months" as a time frame set up. All data should focus on the last calendar year (January – December), and this will be the de facto reporting period for the report. This will allow sufficient time for the report information to be used to guide work planning and budget for the following financial year (June to July, as per Government of Malawi fiscal year). This is visualised below:



4.2.4 REPORT FORMAT

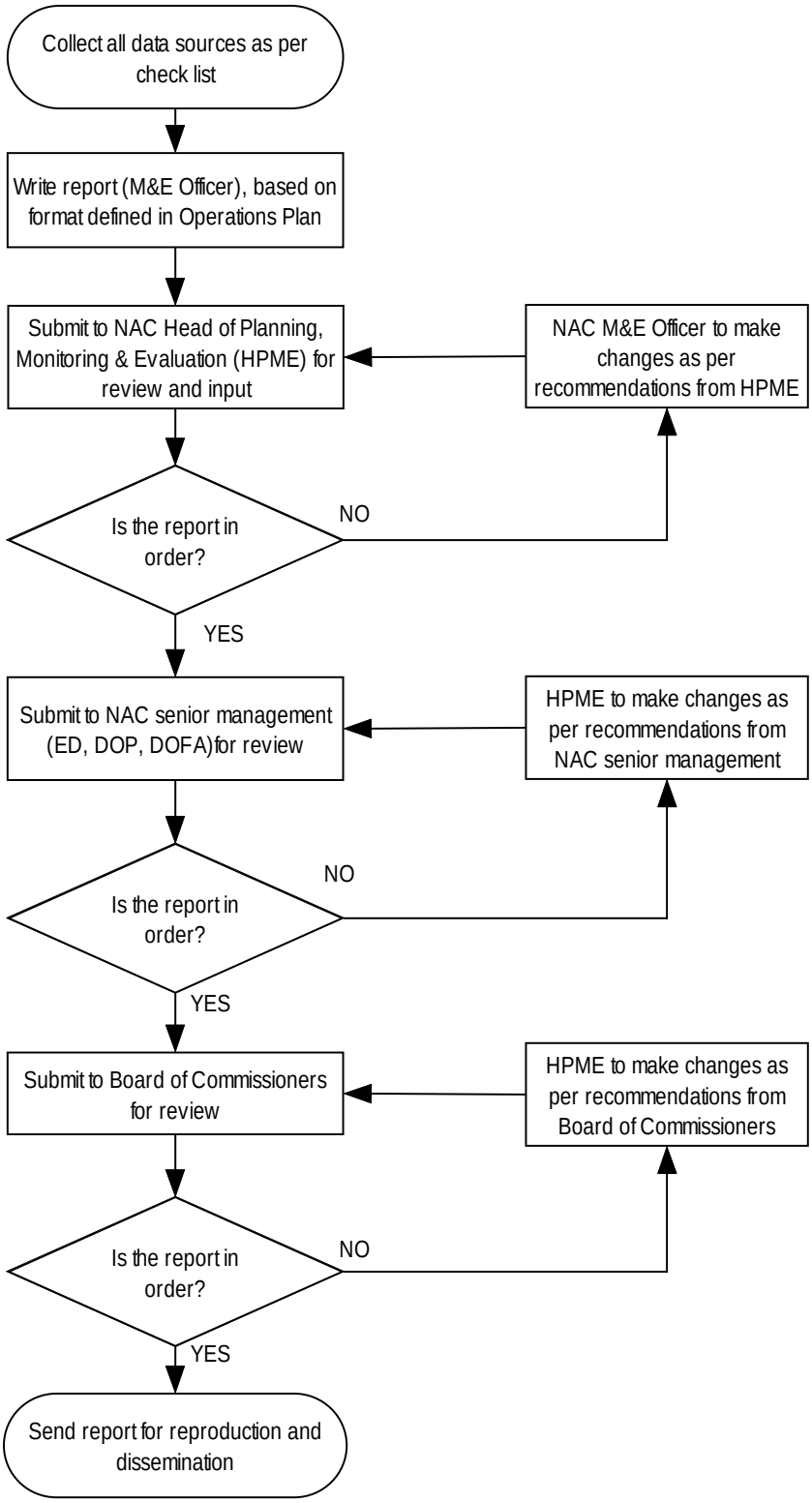
The format of this report will be based on the information needs of NAC and its stakeholders. Annexure E contains a pro forma layout of the report. NAC will maintain this standard format to enable trend analyses. It should be noted that this report will report on the indicator scores for ALL NAC indicators, irrespective of whether the indicator scores have changed for that particular year.

4.2.5 REPORT COMPILATION

This report will be compiled on an annual basis by NAC. The person in NAC who will be responsible for this report is the NAC M&E Officer, with key support from the Head of Planning. The report will be compiled during January and February each year, and will be ready by 1 March every year. This will be in time for the HIV/AIDS M&E Report Dissemination Seminar in March of the same year.

4.2.6 REPORT APPROVAL

The following approval cycle has been agreed upon:



4.2.7 REPORT DISSEMINATION

This annual HIV/AIDS M&E Report will be disseminated to the stakeholders at the annual HIV/AIDS M&E Dissemination Seminar, to be held at the end of March every year. All stakeholders from the public sector, private sector and civil society will be invited to attend. It is envisaged that 500 copies of the report will need to be printed in hard copy format to ensure effective dissemination of data to all stakeholders. In addition to the national Dissemination Seminar for M&E results, there might be a need to organise regional dissemination seminars as well to ensure distribution to district level.

4.3 BIENNIAL UNGASS REPORT

Malawi is a signatory to the 2001 Declaration of Commitment on HIV/AIDS at the United Nations Special Session on HIV/AIDS (UNGASS). Part of this Declaration of Commitment includes a set of indicators that the Government of Malawi has agreed to report on to UNAIDS on a periodic basis. All 12 UNGASS indicators have been included in the log frame for Malawi HIV/AIDS M&E system. This will ensure that the data collection and analysis for the UNGASS indicators form part of the M&E processes within NAC, and that it is not treated as a report "outside the scope of NAC's M&E mandate". Please refer to Annexure G for a list of all UNGASS indicators, and the corresponding indicator reference codes (as per the log frame in Table 1 of this document).

4.3.1 PURPOSE OF REPORT

The purpose of this report is to report to the UNAIDS on a periodic basis in terms of Malawi's progress in the fight against AIDS, by reporting on 12 specific indicators in a manner defined in the *UNAIDS Guidelines for the Construction of Core Indicators*.

4.3.2 DATA SOURCES FOR REPORT

The data sources for the 12 UNGASS indicators is as per the data sources specific in the *UNAIDS Guidelines for the Construction of Core Indicators*, and can be summarised as follows:

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- UNAIDS Survey on financial resource flows
- NCPI questionnaire
- School-based survey and education programme review (MOEST Inspection Report)
- Workplace survey
- Health facility survey (MOHP Health Facility Supervision process)
- PMTCT and ARV programme monitoring and estimates
- Population-based survey (Demographic and Health Survey)
- HIV sentinel surveillance at antenatal clinics

4.3.3 DATA ANALYSIS

Data analysis will be carried out as per the *UNAIDS Guidelines for the Construction of Core Indicators*, and the datasheets for each of the 12 indicators will be completed, disaggregated as per requirements.

4.3.4 REPORT FORMAT

The format of this report will be based on format provided by UNAIDS, and will consist of a statistical overview of the data for each indicator, as well as a narrative description to add quality and texture to the statistical overview. The report format for the UNGASS report can be found in Annexure H of this Operations Plan.

4.3.5 REPORT COMPILATION

This report will be compiled on a biennial basis, as per the following schedule:

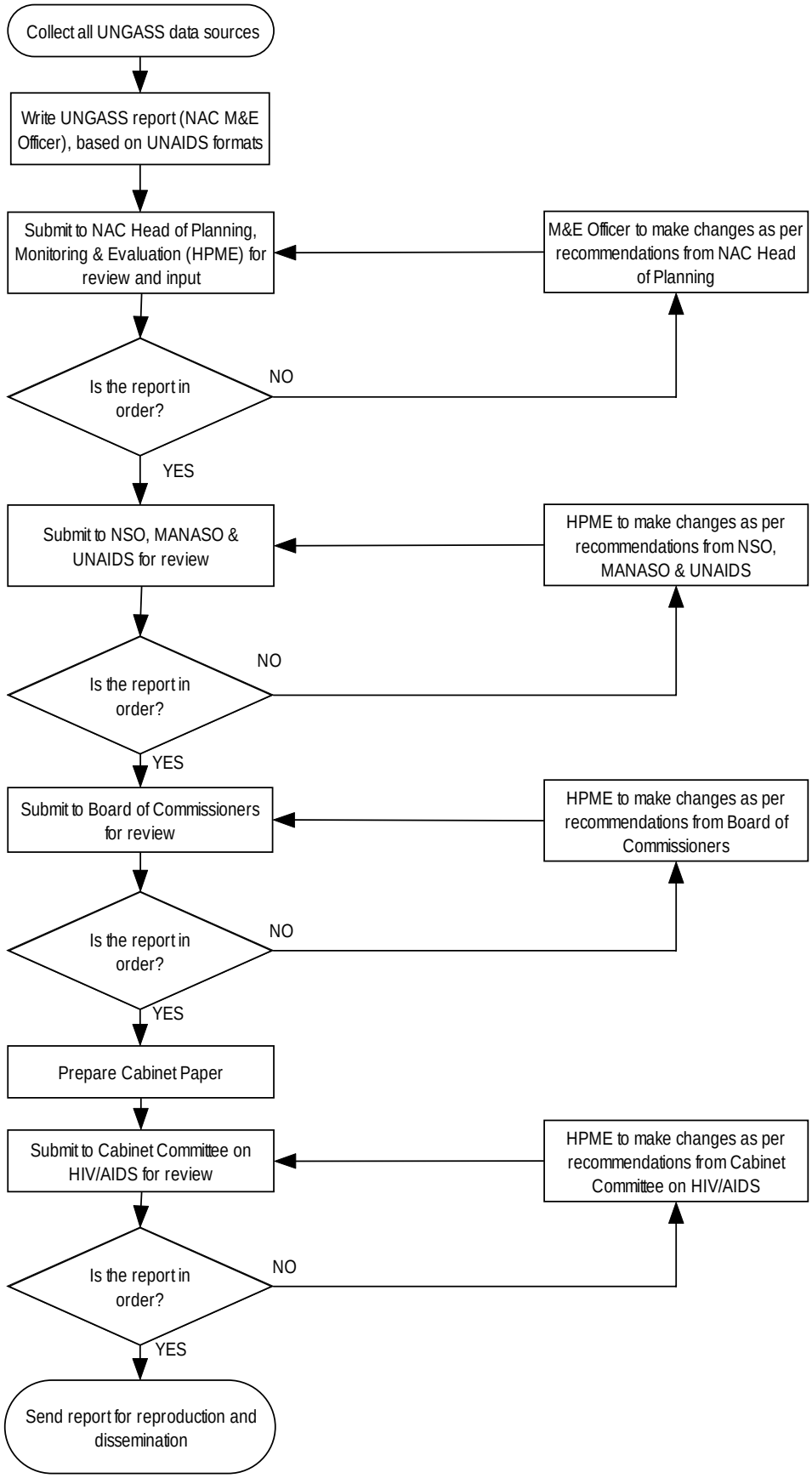
Table 6: UNGASS Reporting Schedule

	National commitment and action	National programme and behaviour	Impact
2003	UNGASS Indicators # 1 – 2	UNGASS Indicators # 1 – 8	UNGASS Indicators # 1 -2
2005	UNGASS Indicators # 1 – 2	UNGASS Indicators # 1 – 8	UNGASS Indicators # 1 -2
2007	UNGASS Indicators # 1 – 2	UNGASS Indicators # 1 – 6	UNGASS Indicators # 1 -2
2009	UNGASS Indicators # 1 – 2	UNGASS Indicators # 1 – 6	UNGASS Indicators # 1 -2
2010	UNGASS Indicators # 1 – 2	UNGASS Indicators # 7	UNGASS Indicators # 1 -2

The compilation of the UNGASS report is the responsibility of the NAC M&E Officer, with technical support from the in-country UNAIDS office.

4.3.6 REPORT APPROVAL

The following approval process has been agreed upon:



4.3.7 REPORT DISSEMINATION

This UNGASS report will be disseminated to the stakeholders listed below through the following dissemination channels:

Table 7: Data Dissemination for UNGASS Report

STAKEHOLDER GROUPING	DATA DISSEMINATION THROUGH	QUANTITY TO BE PRINTED	ILLUSTRATIVE REPORT USES
NAC Board of Commissioners	Hand delivery of report	20	• For general information
Cabinet Committee on HIV/AIDS	Hand delivery of report	20	• For general information
Central Ministries	Hand delivery of report	10	• Inform impact assessment studies • Use during training workshops with staff
Line Ministries	Hand delivery of report	40	• Inform impact assessment studies • Use during training workshops with staff
Parastatals	Posting of report	20	• Inform impact assessment studies • Use during training workshops with staff
District Health Officers	Posting of report	30	• For general information
District AIDS Co-ordinating Committees	Hand delivery of report	30	• For general information
District AIDS Co-ordinators	Posting of report	30	• For general information
District Assemblies	Posting of report	30	• For general information
NAC donors	Hand delivery of report Emailing of report	20	• Use to inform members of progress made by Malawi in the fight against HIV • Help to plan future interventions
Implementers who submit NAC Activity Report Form	Posting of report	200	• For general information
TWG members not included in any other grouping	Emailing of report	0 (electronic copy, not printed)	• For general information • To inform the response
Media	Hand delivery of report Faxing of press release about report	20	• Public education about the progress made by Malawi
Members of MCCCI	Emailing of report	0 (electronic copy, not printed)	• Use to inform members of progress made by Malawi in the fight against HIV
Members of National Business Coalition to fight HIV/AIDS	Emailing of report	0 (electronic copy, not printed)	• Use to inform members of progress made by Malawi in the fight against HIV • Help to plan future interventions

Based on the data dissemination strategy defined for this report, it is envisaged that 500 copies of the report will need to be printed in hard copy format to ensure effective dissemination of data to all stakeholders.

4.4 REGULAR INFORMATION SYSTEM UPDATES

All M&E reports produced by NAC (Annual HIV/AIDS M&E report, Quarterly Service Coverage Report and the UNGASS report) will be available on NAC's website for electronic download (in PDF or MS Word format). This will ensure that NAC stakeholders will be able to access up-to-date information. All HIV indicator data will be updated as and when new data becomes available in the NAC database. Once indicator data has been updated, it will be submitted to the MASEDA database administrator for update on their systems.

4.5 AD HOC INFORMATION NEEDS

In addition to the specific information products listed above, some stakeholders might have specific information needs at some stage. Although NAC encourages the use of existing information products, it will assist if there are any specific and ad hoc information needs that are not covered in one of the above information products.

Such a request should be made in writing to the NAC, and will then be considered. If possible, the request will be accommodated within the budget limitations of the Planning and M&E Unit at NAC. If it is not possible, the person/institution will be informed of the cost implications.

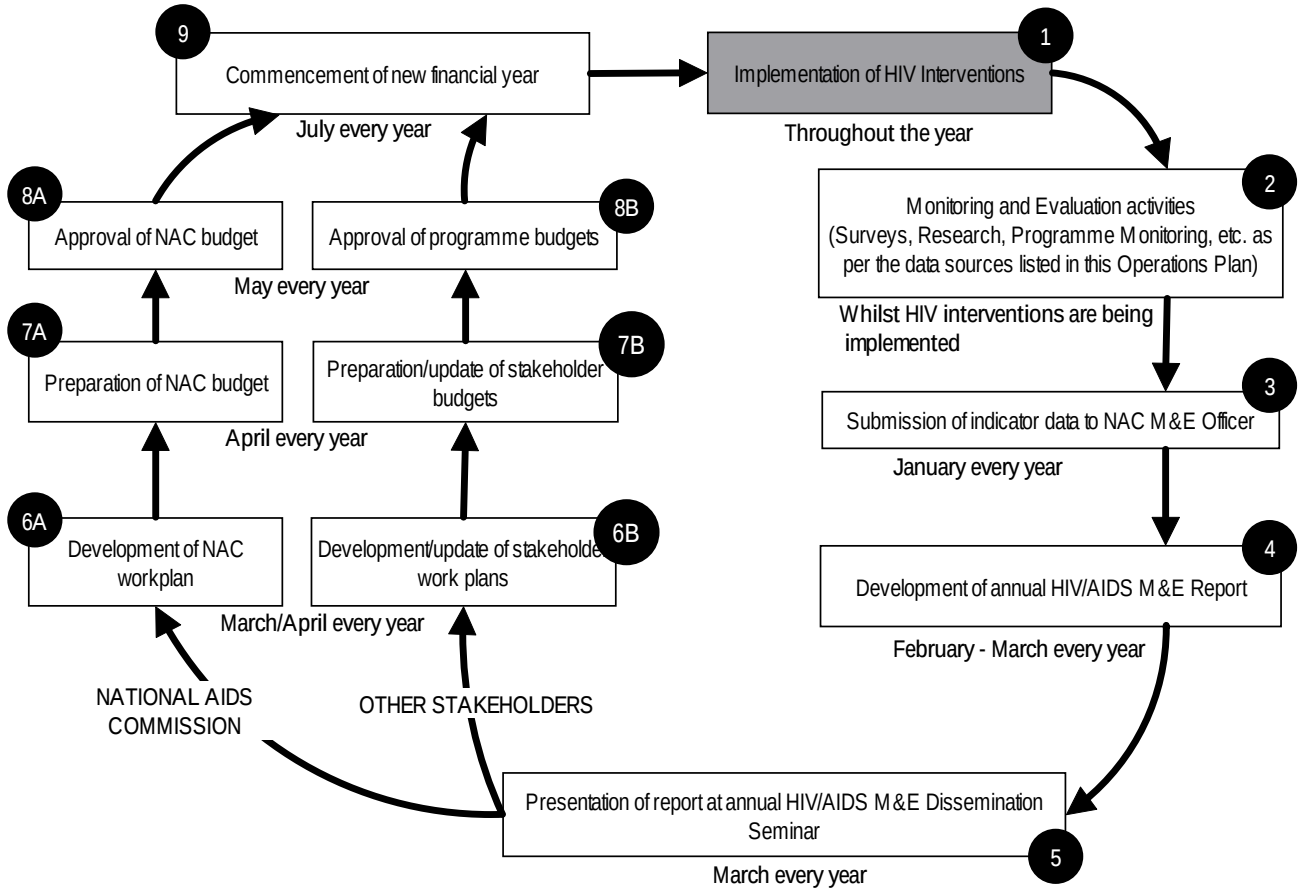
Whether or not there are cost implications for NAC to provide the ad hoc information need, NAC will respond in writing to the request for ad hoc information within 5 working days of receiving such a request. The response from NAC will include:

a) an acknowledgement that the request has been received
b) confirmation of whether NAC has the data/skills to provide the information that has been requested
c) if NAC is able to provide the information that is requested, the time frame involved for preparing the information
d) the name of the contact person at NAC who will handle this information request and submit the necessary information

5 Implementation of Operations Plan

5.1 Role of National HIV/AIDS M&E Plan in Annual Work Planning

In terms of implementation, this M&E Operations Plan is linked to (a) the annual review of the National HIV/AIDS strategic framework in March every year, and (b) the annual work planning and budgeting process of NAC, which commences in March every year. This can only be practically achieved if the M&E Information Products (defined in section 4 of this document) are available prior to the work plan being developed, and will ensure that M&E results are used to inform decision making. This can be visualised as follows:



The above implementation cycle places a responsibility on the M&E team at the National AIDS Commission to ensure that the annual HIV/AIDS M&E report is available by March and that the annual HIV/AIDS M&E Dissemination Seminar takes place before work planning commences.

5.2 IMPLEMENTATION CYCLE FOR NATIONAL M&E PLAN (2003 – 2008)

In line with NAC's overall mandate to coordinate and act as guardian of the national HIV response, proper coordination is needed to ensure implementation of the National HIV/AIDS M&E system – this implies clearly defined activities, implementation time frames and responsibilities. The activities within the M&E work plan for the next 5 years can be categorised as follows:

- Set-up of National HIV/AIDS M&E System
    - Development of new data sources
    - Institutionalisation of all data sources
    - Agreement and preparation of budgets for new data sources
    - Reach agreement on customisation of existing data sources
    - Advocacy and senior briefing (ministerial level, principal secretaries and district commissioners)
    - Piloting of NAC Activity Report System
    - Agreement with donors about reporting to NAC Activity Report System
- Implementation of National M&E plan
    - Generation of data sources not commissioned by NAC
    - Generation of data sources commissioned by NAC
    - Co-ordination to ensure that all data source information is received to inform all NAC indicators
    - Development and dissemination of NAC information products
- Research
- General M&E networking and advocacy

The work plan for 2003/2004 is contained in Annexure I of this Operations Plan. A summary of time frames for the next 5 years is listed overleaf:

SUMMARY OF TIME FRAMES FOR DATA SOURCES AND INFORMATION PRODUCTS

		2004				2005				2006				2007				2008			
DATA SOURCES	FREQUENCY	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
National HIV/AIDS research database	Ongoing																				
NAC database	Ongoing																				
FMA Financial Management System Report	Annual																				
Abstract Book from HIV/AIDS Research conference	Annual																				
Sentinel surveillance Report	Annual																				
HMIS Annual Report	Annual																				
Supply Chain Manager Report	Annual																				
NBTS Report	Annual																				
CWIQ Survey	Annual																				
Condom distribution data from social marketing agencies	Annual																				
Health facility survey	Annual																				
Drug Stock Supply Report	Annual																				
Workplace survey	Biennial																				
Behavioural Surveillance Survey	Biennial																				
NCPI questionnaire	Biennial																				
UNAIDS Financial resource flow Survey	Biennial																				
MOEST Inspection Report	Annual																				
Demographic and Health Survey	5 years																				
INFORMATION PRODUCTS	FREQUENCY																				
Quarterly Service Coverage Report	Quarterly																				
National HIV/AIDS M&E Report	Annual																				
UNGASS report	Biennial																				

5.3 STAKEHOLDER RESPONSIBILITIES

Within the context of the overall implementation plan, stakeholder responsibilities have been defined as follows:

Table 8: Responsibilities of Stakeholders in NAC HIV/AIDS M&E system

STAKEHOLDER	OUTLINES OF RESPONSIBILITIES
NAC Board of Commissioners	The 19 Commissioners of the NAC has been mandated to provide overall guidance and to be custodians of the national response. In terms of monitoring and evaluation, the Board of Commissioners will be responsible for: • Overall guidance and strategic direction to the NSF and appropriate responses • Promote the submission of data among the various sectors that they represent • Promoting a culture of using information for decision-making
NAC Executive Director	The Executive Director Of NAC should be responsible for: • Promoting the HIV/AIDS M&E system within the public and private sectors, and civil society, where possible • Use information from the M&E system to inform the national response • Ensure that sufficient resources (financial and human) are available to implement the national HIV/AIDS M&E system • Encourage bilateral donors to make reporting to the NAC M&E system compulsory for the implementers supported by bilateral donors
NAC Head of Planning	As Head of Planning at NAC, this person will be responsible for: • Providing overall leadership of M&E team at NAC • Supervision of work done by M&E Officer • First approval of all information products, before it is submitted to the Executive Director for approval • Give guidance and attend meetings with NAC partners on M&E issues • Approve monthly workplans of M&E officer • Initiate and approve the procurement cycles for NAC-commissioned data sources • Approve the annual M&E budgets • Interpret the M&E report in terms of planning implications • Ensure that the NAC annual work plan take cognisance of the M&E results
NAC M&E Officer	The M&E Officer at NAC is the pivot around which the M&E system will be functioning. This person will be responsible for: • Implement the national HIV/AIDS M&E plan • Coordinate and manage the NAC Activity Report System • Develop monthly work plans for activities for M&E • Attend the national Economic Planning and Development Unit's M&E Steering Committee meetings • Liaise with all institutions that provide data sources for national NAC M&E system • Provide ad hoc information products, as requested by stakeholders • Represent M&E interests of NAC at meetings, and investigate better ways of co-ordinating data gathering within Malawi • Arrange the HIV/AIDS M&E Dissemination Seminar • Arrange the dissemination of all information products, as defined in this document • Prepare annual M&E work plan and operational budget • Ensure that all data is received for the annual HIV/AIDS M&E report – sending reminders and requests for information to all persons/agencies responsible for data sources (as defined in this document • Compile and manage approval of the annual HIV/AIDS M&E Report • Arrange funding for NAC-commissioned data sources

STAKEHOLDER	OUTLINES OF RESPONSIBILITIES
Financial Management Agent	The Financial Management Agency will be responsible for ensuring that NAC grantees and non-grantees submit information on monitoring and evaluation (as defined in the NAC Activity Report System) to the Financial Management Agency. Specifically, the FMA will need to ensure that: • It has a database that can capture all information listed on the NAC Activity Report Form • It has a list of all implementers involved in the HIV response in Malawi • It maintains contact with the DAC and District Assembly in terms of data collection • All NAC grantees submit the NAC Activity Report form on a monthly basis • NAC Activity Report Forms are submitted on a monthly basis by all sector ministries (focal persons) and to the private sector (through national coalitions such as the Business Coalition against HIV/AIDS) • All NAC Activity Report Forms are received and captured on to the data base • All NAC Activity Report Forms are filed in an orderly manner • 25% of forms received are audited by actual site visits to places who submitted the data to verify the data received • The information in the database is submitted to NAC within agreed time frames • Variances (forms sent out, and not received back) is reported to NAC in an exception reporting format • The Quarterly Service Coverage Report is completed from its database and sent to NAC • The Quarterly Service Coverage Report, once approved by NAC, is disseminated to stakeholders
District AIDS Coordinating Committees	• Submit names of NGOs and CBOs involved in HIV activities to FMA • Liaise and promote the completion and submission of these forms • Disseminate the Quarterly Service Coverage Report form and other NAC Information products
District AIDS Coordinators	• Submit names of NGOs and CBOs involved in HIV activities to FMA • Liaise and promote the completion and submission of these forms • Disseminate the Quarterly Service Coverage Report form and other NAC Information products to stakeholders • Use NAC information products where appropriate for planning • Complete the NAC Activity Report Form for all HIV interventions implemented by the district • Promote completion of the NAC Activity Report Form in other ministries represented at district level • Ensure that the District Assembly is informed of latest developments in terms of the progress with HIV interventions
Institutions responsible for data sources NOT commissioned by NAC	Different agencies are responsible for data sources. These agencies have the responsibility to: • Read through NAC's M&E system (Part A and Part B) and ensure that they are familiar with its content • Ensure that they understand their responsibilities in terms of data submission to NAC • Submit the necessary data, disaggregated as per request • Wherever possible, use the information generated by the NAC M&E system for decision making and improving of interventions
Institutions responsible for data sources commissioned by NAC	These agencies' responsibilities will be clearly defined in the agreement between NAC and the agency. However, in general terms these agencies will be responsible for providing good quality data sources that are based on international best practice, and that is relevant to the M&E system, as defined in this document.
Implementers of HIV Interventions	The Implementers of HIV interventions will be responsible for: • Completing the NAC Activity Report Form on a monthly basis and submit it to the FMA • Utilising the information products from NAC for decision making
Funding Agencies	These agencies provide the fuel that is needed for the HIV engine to run. In terms of M&E, they will be responsible for: • For all new contracts: Ensuring that the contracts that they sign with implementers include reference to NAC's M&E system and that reporting to this system is clearly defined – in particular ensuring that the NAC Activity Report Form is one of the reporting formats that is required • For all existing contracts: Ensure that these implementers are requested to submit the NAC Activity Report Form to NAC on a monthly basis.

STAKEHOLDER	OUTLINES OF RESPONSIBILITIES
Researchers and Research Institutions	The roles and responsibilities of researchers and research institutions will be to: • Conduct research that is of a high standard – both in terms of substance and in terms of research protocols • Submit research proposals to the relevant ethical review committee before research is commenced • Familiarise themselves with NAC's research strategy (once it is developed) and ensure that, where possible, research is in line with the research strategy • Once research has been completed, disseminate research results to: o National Research Council of Malawi o Health Sciences Research Committee o National AIDS Commission o Malawi Medical Journal
MEIS (Monitoring, Evaluation, and Information Systems) TWG subgroup	This groups consist of all stakeholders and will advise on all issues associated to M&E – Please refer to Annexure K for a proposed Terms of Reference for the MEIS TWG subgroup.
RS (Research and Surveillance) TWG Subgroup	This groups consist of all stakeholders and will advise on all issues associated to M&E – Please refer to Annexure K for a proposed Terms of Reference for the RS TWG subgroup.

5.4 CAPTURE OF ALL INDICATOR DATA

As stated earlier in this document, NAC will develop a database of all HIV interventions and service providers, as well as alliances created between implementing partners. This database will also be used to capture all HIV indicator data, and will be available on the web for ease of reference purposes.

5.5 OPERATIONAL BUDGET

A detailed operational budget for the next 5 fiscal years (2003/2004 – 2007/2008) has been prepared. It should be noted that this Operational budget was developed in real terms and that inflationary adjustments for future planning should be taken into account when these budget figures are used. This budget is available upon request from NAC.

6 REVIEW OF NATIONAL HIV/AIDS M&E PLAN

It has been acknowledged that due to the changing nature of the epidemic in Malawi and due to new research and technologies, HIV/AIDS is a dynamic area. This implies that reviews of this M&E plan to track the national HIV/AIDS response may be required from time to time. However, this need for revision of the plan needs to be balanced with the need to maintain a solid core set of data to enable trend analyses over time.

To strike a balance between these 2 competing priorities, the following conditions have been agreed for the review of the National HIV/AIDS M&E plan:

a) The overall M&E Operations Plan, *including* the actual indicators, should be reviewed within 30 days of the annual review of the National HIV/AIDS Strategic framework, or within 60 days of the development of a NEW National HIV/AIDS Strategic Framework;

b) The data sources for the indicators, as defined in the logical framework, may be revised if they can be updated with improved (more accurate or more timely) data sources;

c) Should new information products be required, these may be added to the current list of information products. However, the basic format and content of all information products should remain the same for as long as this M&E plan exists in its current format;

d) The M&E work plan and operational budget maybe adjusted annually when the NAC work plan and budget for the next fiscal year is prepared; and/or

e) Should the NSF not be reviewed within the next 2 years, this M&E plan should be reviewed in 2005 and again in 2008.

ANNEXURE A

Detailed Indicator Descriptions

Please note that throughout this report, wherever it refers to "rural" and "urban", the definitions are as follows (in line with NSO definitions) –
URBAN is defined as any activity that takes place in the boundaries of the city assemblies of Lilongwe, Blantyre, Mzuzu or Zomba.
RURAL is defined as all activities that take place in any other area.

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE		VALUE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
MOEST Inspection Report	ABC1	*% of schools with teachers who have been trained in life-skills-based HIV/AIDS education and taught it during the last curriculum year (GFATM)*	By type of school (primary/ secondary), school proprietor (public/private) and location (rural / urban)	# of schools where inspections took place	# of schools where teachers were trained by either the Ministry of Education or another NGO in life skills education, and where life skills education is taught in the classroom	n/a	12 months (Jan - Dec) - the last curriculum year
Quarterly Service Coverage Report	ABC2	# of young people aged 15 - 24 exposed to life-skills-based HIV/AIDS education in the past 12 months	By gender, district and whether they are in-school or out-of-school youth	n/a	n/a	# of young people aged 15 - 24 exposed to life-skills-based HIV/AIDS education in the past 12 months through workshops, peer education or other methodologies	12 months (Jan - Dec)
Condom distribution data from social marketing agencies	ABC3	# of condoms distributed by social marketing agencies to retail outlets (i.e. for selling) or to clinics (for free distribution by clinics) in last 12 months	by type of condom, type of outlet and district	n/a	n/a	# of condoms distributed to retail outlets and to health facilities by social marketing agencies	12 months (Jan - Dec)
Quarterly Service Coverage Report	ABC4	# of condoms distributed to end users in last 12 months	By type of condom and district	n/a	n/a	# of condoms dispensed to end user in last 12 months , as recorded on the LMIS06 Facility Report	12 months (Jan - Dec)
Supply Chain Manager Report	ABC4	# of condoms distributed to end users in last 12 months	By type of condom and district	n/a	n/a	# of condoms dispensed to end user in last 12 months , as recorded on the LMIS06 Facility Report	12 months (Jan - Dec)
Health facility survey	BS1	% of health facilities that apply national guidelines for blood screening, storage, distribution & transfusions	By district	# of health facilities that have been surveyed	# of health facilities that were surveyed where the national guidelines for blood screening, storage, distribution and transfusions have been met	n/a	time period that survey was undertaken
Health facility survey	BS2	% of health care facilities that apply national guidelines for infection prevention and safe health care waste storage and disposal	By district	# of health facilities that have been surveyed	# of health facilities that were surveyed where the national guidelines for infection prevention and safe health care waste storage and disposal have been met	n/a	time period that survey was undertaken
NTBS Report	BS3	% transfused blood units in last 12 months that have been screened for HIV according to national guidelines	By district	# of blood units transfused in the last 12 months	# of transfused blood units that have been screened for HIV according to national guidelines	n/a	12 months (Jan - Dec)
Quarterly Service Coverage Report	CC1	*% of persons with advanced HIV infection receiving ARV therapy (GFATM)*	By gender, age group (0 - 12, 12+ to 20, and older than 20) and by type of health facility where ARVs were provided (public/private)	# of persons with advanced HIV infection (estimated by # of persons who are HIV infected x 20%)	# of persons with advanced HIV infection who receive ARV combination therapy according to nationally approved guidelines	n/a	12 months (Jan - Dec)
HMIS Annual report	CC2	% of AIDS cases managed for OIs in the past 12 months (GFATM)	By gender and district	Catchment area size	# of AIDS cases treated for OIs	n/a	12 months (Jan - Dec)

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE		VALUE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
Drug Stock Supply Report	CC3	% of health facilities with drugs for OIs in stock and no stock outs in last 12 months of > 1 week	By district	# of health facilities that were surveyed	# of health facilities that were surveyed where there were no drug stock outs or more than a week for the last 12 months	n/a	12 months (October year 1 - September year 2)
Drug Stock Supply Report	CC4	% of health facilities where ARV services are being offered with no ARV drug stock outs of > 1 week in last 12 months	By district	# of health facilities that were surveyed	# of health facilities that were surveyed where there were no drug stock outs or more than a week for the last 12 months	n/a	12 months (October year 1 - September year 2)
HMIS Annual report	CC5	% of detected TB cases who have successfully completed the treatment in the past 12 months	By gender, district and type of TB (smear negative and extra pulmonary, smear positive)	TOTAL # of TB cases detected (extra pulmonary TB and smear positive pulmonary TB)	Extra pulmonary TB cases who successfully completed treatment ADDED TO smear positive pulmonary TB cases who successfully completed treatment	n/a	12 months (Jan - Dec)
Quarterly Service Coverage Report	HBC1	# of households receiving external assistance in the past 12 months to care for adults who have been chronically ill for 3 or more months during the past 12 months	By residence (rural/urban), district and by type of help	n/a	n/a	# of households where respondents indicated that a member of the household has received help in caring for the chronically ill in the past 12 months, for more than 3 months in the past 12 months; with adult being defined as a person of age 18 years and older	12 months (Jan - Dec)
Quarterly Service Coverage Report	HBC2	# of persons enrolled at PLWA organisations in the last 12 months	By gender, district and age (0 - 15, 15+ to 24, older than 24)	n/a	n/a	TOTAL # of persons who are enrolled with a PLWA organisation	12 months (Jan - Dec)
Quarterly Service Coverage Report	HBC3	# of community home based care visits in the past 12 months	by residence, type of visit (health care worker / volunteer) and district	n/a	n/a	# of home based care visits by health care workers and volunteers in the past 12 months (repeat visits to the same patient should be counted each time)	12 months (Jan - Dec)
Sentinel surveillance report	IA1	*% of people who are HIV-infected (GFATM)*	By residence (Capital city, Other urban areas and Rural), gender and by age group (15 - 19, 20 - 24 and 25 - 49))	# of ANC attendees tested for their serostatus	# of ANC attendees whose HIV test results are positive	n/a	time period that survey was undertaken
Sentinel surveillance report	IA2	Syphilis prevalence among pregnant women	By age group (15 - 19, 20 - 24 and 25 - 49) and residence	# of ANC attendees (in respective age groups) who are tested for syphilis	# of ANC attendees (in respective age groups) whose syphilis test results are positive	n/a	time period that survey was undertaken
Formula-based estimate	IA3	*% of HIV-infected infants born to HIV-infected mothers*	no disaggregation	n/a	n/a	The formula is as follows: *Indicator score = {T*(1-e) + (1-T)} x v*, with T = % of HIV infected pregnant women with ARV treatment, v = MTCT rate in absence of treatment and e = efficacy of treatment provided	time period that survey was undertaken
DHS / BSS / CWIQ	IA4	% of orphans and other vulnerable children to whom community support is provided	By gender and residence (rural/urban)	# of orphans who are part of the household of the respondents and who are 18 years or younger	# of orphans who are part of the household of the respondents and who are 18 years or younger to whom community support is provided	n/a	12 months preceding the survey

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE		VALUE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
DHS / BSS	IA5	*Ratio of current school attendance among orphans to that among non-orphans, among 10-14 year-olds*	By gender and residence (rural/urban)	*Orphan school attendance:* # of children who have lost both parents; *Non-orphan school attendance:* # of children, both of whose parents are still alive, who live with at least one parent.	*Orphan school attendance:* # of children who have lost both parents and are still in school; *Non-orphan school attendance:* # of children, both of whose parents are still alive, who live with at least one parent and who are still in school	the same denominator and numerator is calculated for orphans and non-orphans, and the ratio (I.e orphan school attendance % as a ratio of non-orphan school attendance%) is determined	time period that survey was undertaken
Quarterly Service Coverage Report	IEC1	# of media HIV/AIDS radio/television programs produced and number of hours aired in the past 12 months	By type of media (radio/television)	n/a	n/a	# of different radio and television programmes, and the total # of hours that these have been aired in the past 12 months	12 months (Jan - Dec)
Quarterly Service Coverage Report	IEC2	# of HIV/AIDS brochures/booklets produced and number of copies printed and distributed in the past 12 months	By district	n/a	n/a	# of different printed media produced, and the quantities of each that have been distributed in the past 12 months	12 months (Jan - Dec)
NAC records	ME1	Dissemination of annual publication, the National HIV/AIDS M&E Report, by NAC at the annual NAC M&E dissemination seminar	By sector that it was distributed to (public, private and civil society)	n/a	n/a	# of copies of the annual HIV/AIDS M&E report that was distributed at the conference	per annum
NAC database	ME2	% of organisations that have submitted the required number of NAC Activity Report Forms on time to NAC in the past 12 months	By type of organisation (public sector, civil society, private sector and whether it is a NAC grantee or not)	# of organisations on NAC database in the past 12 months (as per list from FMA)	# of organisations that have submitted the required number of NAC Activity Report Forms on time in the last 12 months	n/a	12 months (Jan - Dec)
National HIV/AIDS M&E Report	ME3	Annual sentinel surveillance has been completed on time by MOHP	no disaggregation	n/a	n/a	The value for this indicator will be YES or NO, depending on whether the survey has been completed	last calendar year
National HIV/AIDS research database	ME4	Development of functioning, accessible research inventory database that registers HIV/AIDS-related research implemented in Malawi	no disaggregation	n/a	n/a	The value for this indicator will be YES or NO, depending on whether the database has been developed	not applicable
National HIV/AIDS research database	ME5	% of HIV/AIDS-related research studies in Malawi that are in line with national research strategy, and tracked annually in the national HIV/AIDS research database	By HIV programme area	# of HIV/AIDS research studies recorded in NAC Research Database	# of HIV/AIDS-related research studies in NAC Research Database that are contained in the National HIV/AIDS Research Strategy	n/a	cumulative (life span of research database)
Abstract Book from HIV/AIDS Research Conference	ME6	% of new research studies submitted to the NAC research inventory database in the past 12 months that have been approved for submission at the annual HIV/AIDS Research conference	By HIV programme area	# of new research studies recorded on NAC research database in the past 12 months	# new research studies for which abstracts have been submitted and approved for the latest annual NAC HIV/AIDS research dissemination seminar	n/a	last calendar year
UNAIDS/NCPI Financial resource flow survey	NC1	*Amount of funds spent on HIV/AIDS in the past 12 months*	By category of expenditure, as follows: (a) STD control activities (b) HIV prevention (c) HIV/AIDS clinical care and management (d) HIV/AIDS impact mitigation, and by funding source	n/a	n/a	Total actual expenditure on HIV/AIDS, by government, the private sector, civil society and funding agencies	12 months (Jan - Dec)
NCPI questionnaire	NC2	*National Composite Policy Index (NCPI) score*	by component (Strategic Planning, Human Rights, Prevention, Care and	# of questions in NCPI Questionnaire (20)	# of questions to which the country responded "YES"	n/a	n/a - all current policies will be captured in the

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE		VALUE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
			Support)				questionnaire
NAC meeting minutes	NC3	# of times in which the NAC decision-making structures operate to review progress data or to decide program management issues in the past 12 months (GFATM)	no disaggregation	n/a	n/a	# of times in which the NAC decision-making structures operate to review progress data or to decide program management issues in the past 12 months	12 months (Jan - Dec)
DHS / BSS	OA1	% of sexually active respondents who had sex with a non-regular partner within the previous 12 months	By gender, residence (rural/urban) and marital status	# of respondents (15 - 24) who responded to the question on whether they have had sex with a non-regular partner in the past 12 months	# of respondents (15 - 24) who responded YES to the question on whether they have had sex with a non-regular partner in the past 12 months	n/a	time period that survey was undertaken
DHS / BSS	OA2	*% of people reporting the consistent use of a condom during sexual intercourse with a non-regular sexual partner (GFATM)*	By gender, age (15 - 24, 25 - 49) and residence (rural and urban)	# of respondents who responded to the question on condom use during sexual intercourse with a non-regular sexual partner	# of respondents who responded YES to the question on condom use during sexual intercourse with a non-regular sexual partner	n/a	time period that survey was undertaken
DHS / BSS	OA3	Median age at first sex among 15-24 year-olds (GFATM)	By gender and residence (rural and urban)	n/a	n/a	The age by which one half of young men or young women aged 15-24 have had penetrative sex (median age), of all young people surveyed	time period that survey was undertaken
DHS / BSS	OA4	% of young people aged 15-24 who had sex with more than one partner in the last 12 months	By gender and residence (rural and urban)	# of respondents (15 - 24) who gave answers to the question relating to the number of sexual partners	# of respondents (15 - 24) who responded YES to the question on whether they have had more than one sexual partner in the last 12 months	n/a	time period that survey was undertaken
DHS / BSS	OA5	*% of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	By gender and residence (rural and urban)	# of respondents (15 - 24) who gave answers to the 5 questions relating to HIV knowledge (as per UNGASS guidelines)	# of respondents (15 - 24) who gave correct answers to all 5 questions relating to HIV/AIDS (as per UNGASS guidelines)	n/a	time period that survey was undertaken
DHS / BSS	OA6	% of people in general population exposed to HIV/AIDS media campaign	By gender, type of employment and residence (rural/urban)	# of respondents who have heard of AIDS and who responded to a question relating to AIDS messages in the media	# of respondents who have heard of AIDS and who responded YES to a question relating to AIDS messages in the media	n/a	12 months (Jan - Dec)
DHS / BSS	OA7	% of population expressing accepting attitudes towards PLWH/As	By gender and level of education	# of respondents who gave answers to the question relating to attitudes towards PLWHAs	# of respondents who expressed accepting attitudes relating towards PLWHAs	n/a	time period that survey was undertaken
FMA Financial Management System report	OC1	Amount and % of overall funding received by the NAC that is granted to CBOs, local NGOs, international NGOs, government, private sector, educational institutions and international organisations in the last 12 months (GFATM)	By type of agency as defined in indicator	total amount of funding received by NAC through basket and discreet funding, and government contributions	amount of funding allocated to each type of agency	n/a	12 months (Jan - Dec)
NAC database	OC2	# of CBO alliances created by the NAC or in which the NAC participates in order to increase demand for and supply services to target population (GFATM)	no disaggregation	n/a	n/a	# of CBO alliances created by the NAC or in which the NAC participates in order to increase demand for and supply services to target population	12 months (Jan - Dec)

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE		VALUE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
FMA Financial Management System report	OC3	Average # of days for grant proposals received by NAC in the past 12 months to be processed (from when the grant proposal is received to when funding is provided)	no disaggregation	Total number of GRANT PROPOSALS received by NAC in past 12 months	TOTAL number of days that it took to process ALL of the proposals received in the past 12 months	The average number of days is determined by dividing the total number of days to process all grant proposals in the past 12 months by the total number of grant proposals received in the past 12 months	12 months (Jan - Dec)
Quarterly Service Coverage Report	OC4	# of project staff and volunteers trained in HIV/AIDS related issues for the purposes of HIV interventions in the past 12 months	by type of training, gender and district	n/a	n/a	# of project staff and volunteers trained in HIV/AIDS related issues for the purposes of HIV interventions in the past 12 months	12 months (Jan - Dec)
Quarterly Service Coverage Report	OVC1	# of orphans and other vulnerable children receiving care/support in past 12 months	By type of support (psychosocial, nutrition, financial), by district and by gender	n/a	n/a	# of orphans and other vulnerable children that received support in the past 12 months	12 months (Jan - Dec)
FMA Financial Management System report	OVC2	# of community initiatives or community organizations receiving support to care for orphans in the past 12 months	By district	n/a	n/a	# of organisations receiving funding through the NAC grants management system for orphan care, or through umbrella NGOs for orphan care	12 months (Jan - Dec)
HMIS Annual report	PM1	*% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT (GFATM)*	By type of provider (public/private sector)	Estimated # of HIV positive pregnant women (Estimated # of births x HIV prevalence)	# of women who receive Nevirapine during delivery	n/a	12 months (Jan - Dec)
Health facility survey	PM2	% of health facilities providing at least the minimum package of PMTCT services in the past 12 months	By district	# of heatlh facilities where women have access to ANC services	# of health facilities that provide ANC services where women have access to minimum package of PMTCT	n/a	12 months (Jan - Dec)
Quarterly Service Coverage Report	PM3	% of pregnant women who have been counselled, tested and receiving their serostatus results in the past 12 months	By age group (0 - 24, 24+), district and type of institution (public/private)	# of pregnant woman who have been seen by PMTCT provider in the past 12 months	# of pregnant women who have undergone VCT as part of PMTCT programme in the past 12 months	n/a	12 months (Jan - Dec)
Quarterly Service Coverage Report	PM4	% of pregnant women that have been tested in the past 12 months, who are HIV positive	By age group (0 - 24 and 24+) and district	# of pregnant women who have undergone VCT as part of PMTCT programme in the past 12 months	# of pregnant women who have undergone VCT as part of PMTCT programme and who are HIV positive in the past 12 months	n/a	12 months (Jan - Dec)
Quarterly Service Coverage Report	PM5	% of HIV positive mothers who have been provided with 3 month supply of alternative infant feeding in the past 12 months	By age group (0 - 24 and 24+) and district	# of HIV positive pregnant women in the past 12 months	# of HIV positive pregnant women who have been received at least a 3 month supply of infant feeding in the past 12 months	n/a	12 months (Jan - Dec)
Quarterly Service Coverage Report	PM6	% of HIV positive pregnant women offered PMTCT who are referred for care and support services in the past 12 months	By age group (0 - 24 and 25 - 49) and district	# of HIV positive pregnant women in the past 12 months	# of HIV positive pregnant women who have been referred for care and support services to a recognised care & support organisation in the past 12 months	n/a	12 months (Jan - Dec)
Workplace survey	SM1	*% of large enterprise/companies and public sector institutions that have HIV/AIDS workplace policies and programmes (GFATM)*	by type of sector (private and public sector), and by type of expenditure	# of employers that were surveyed (recommended 5 public sector and 25 private sector)	# of employers with HIV/AIDS policies and regulations that meet all of the requirements defined in the UNGASS guidelines	The data sheet for this indicator also requires the formal employment ratio, which is calculated by obtaining an estimate of the # of persons in the formal sector as a percentage of the total population aged 15-64	

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE		VALUE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
Quarterly Service Coverage Report	SM2	# and % of employees and spouses in all sectors that have been reached by interventions defined in their employers' workplace policy in the past 12 months	By type of intervention (prevention or care&support), by gender, and by sector (public sector, civil society and private sector)	total # of employees and spouses of all organisations that submitted the NAC activity report form in the past 12 months	# of employees and spouses that have been a part of either HIV prevention or care & support interventions that have been defined in the organisation's workplace strategy in the past 12 months	n/a	12 months (Jan - Dec)
Health facility survey	STI1	*% of patients with STIs at health facilities who have been diagnosed, treated and counselled according to national management guidelines (GFATM)*	By gender, and age groups (0 - 20 and older than 20)	# of STI patients for whom provider-client interactions were observed	# of STI patients for whom the correct procedures were followed on (a) history taking, (b) examination, (c) diagnosis and treatment and (d) effective counselling on partner notification	n/a	12 months (Jan - Dec)
Drug Stock Supply Report	STI2	% of health facilities with no STI drug stock outs of >1 week within last 12 months	By district	# of health facilities that have been surveyed	# of health facilities that were surveyed where there were no drug stock outs or more than a week for the last 12 months	n/a	12 months (October year 1 - September year 2)
HMIS Annual report	STI3	# of STI cases seen at health facilities in the past 12 months	By type of case (new/referred partner), gender and district	n/a	n/a	# of patients with STIs that were diagnosed by the clinical staff and recorded on the HMIS	12 months (Jan - Dec)
Health facility survey	VCT1	% of districts where VCT sites (integrated or stand alone) are located as per national guidelines (every 8 kms in rural areas, and 1 site for every 10 000 people in urban areas)	no disaggregation	Total number of districts in Malawi (28)	# of districts where VCT sites are located as per national guidelines	n/a	12 months (Jan - Dec)
Quarterly Service Coverage Report	VCT2	# of clients tested for HIV at VCT sites and receiving their serostatus results in the past 12 months	By age (0 - 12, 12+ to 24 , older than 24), district and gender	n/a	n/a	# of clients receiving pre-test counselling, tested and receiving their serostatus results in the past 12 months	12 months (Jan - Dec)
Quarterly Service Coverage Report	VCT3	% of VCT clients who have been tested for HIV, who are HIV positive in the past 12 months	By age (0 - 12, 12+ to 24 , older than 24), district and gender	# of VCT clients that are tested for HIV in the past 12 months	# of VCT clients who are HIV positive in the past 12 months	n/a	12 months (Jan - Dec)
Quarterly Service Coverage Report	VCT4	% of HIV positive VCT clients who are referred to care and support services in the past 12 months	By age (0 - 12, 12+ to 24 , older than 24), district and gender	# of VCT clients who are HIV positive in the past 12 months	# of HIV positive VCT clients who are referred for care and support services to a recognised care & support organisation in the past 12 months	n/a	12 months (Jan - Dec)

ANNEXURE B

Detailed description of monitoring and evaluation processes within each programme area

DETAILED DESCRIPTION OF STATUS OF M&E WITHIN PROGRAMME AREAS (as of end of April 2003)

Table 9: Description of Existence of M&E system for Programmatic Areas

PROGRAMME AREA	POLICY/STRATEGY	IMPLEMENTATION GUIDELINES	M&E INCLUDED IN GUIDELINES?	INFORMATION SYSTEM?
ADVOCACY AND PREVENTION				
Information, Education and Communication	BCI Strategy Other relevant policies	No	Set of indicators defined	No
ABCs of Safe Sex Practices	Yes, part of BCI strategy	No	No, but data tracking system exists	Condom distribution data to retail outlets (social marketing) Condom dispensing to end users by MOHP (LMIS system)
STI Treatment	National Health Plan	STI Syndromic Treatment Guidelines	No	STI Registers at all health facilities
Safe Blood Supply and Universal Precautions	*For blood safety*: National guidelines *For Universal Precautions*: Guidelines are being developed	No	Transfusion testing is done	No
Voluntary Counseling and Testing	HIV Policy	In draft format	Yes, one chapter on M&E Standard form being used by MACRO	Yes, Epi Info and HMIS
Prevention of Mother-to Child Transmission	HIV Policy PMTCT Communication Strategy	PMTCT Guidelines	No	No – needed for GFATM funding
TREATMENT, CARE AND SUPPORT				
Clinical Care and Treatment	National Health Plan HIV Policy	*For ARV*: Yes, but no guidelines on access *For OIs*: treatment algorithms, but no guidelines	No uniform system	AVR Information Management system with MSF France
Community Home-Based Care	No	Generic home-based care guidelines	Lighthouse and NGOs supported by FHI and USAID have their own systems, no uniform system	No uniform system
IMPACT MITIGATION				
Orphan Care	National Policy on Orphans and OVCs	No	No	MOGCS school fee register Register of CBOs providing orphan care
Socio-Economic Status	Malawi Poverty Reduction Strategy (MPRS)	No – sectoral interpretation	Yes, national set of 75 poverty reduction indicators	Yes, MASEDA database
MONITORING AND EVALUATION				
Monitoring and Evaluation	National HIV/AIDS M&E Plan	Yes (this document)	Yes	Yes
Research	No Research Strategy	No	No	Paper-based directory of researchers
Surveillance	HIV Policy WHO/UNAIDS guidelines	No	Not applicable	Not applicable
UNGASS	UNAIDS guidelines	Reporting formats are there	Yes, is included	Yes, CRIS

SPECIALIST AREA	DESCRIPTION OF STATUS OF M&E[14]	DATA FLOW MECHANISMS[15]
a) Advocacy and Prevention		
Information, education and Communication	The main source of information to measure success in this area, is through the DHS. However, the DHS is only undertaken every 5 years, and there is a need for more frequent, population-based (or appropriately representative) studies in this regard. In most cases, implementing agencies (typically NGOs) conduct KAP (Knowledge, Attitude and Perception) surveys prior to and subsequent to interventions. This lead to fragmented and incomparable data sources and is not efficient use of funding. This kind of survey also merely serves to confirm that knowledge levels regarding HIV/AIDS is high, but does not provide an accurate measure of changes in behaviour. Most prominent in this area, is the LQAS survey undertaken by Umoyo network and its NGO partners on a bi annual basis. The 6 key social groups that have been identified, should form the basis for regular and longitudinal surveys that tracks a representative cohort over a period of time.	DHS data is available and disseminated in a structured fashion, but the other surveys (the ones being conducted at program level) is only being circulated to the funders of these interventions on a structured basis, and does not serve to inform national opinion about BCI interventions. No structured system exists for national reporting of relevant information to NAC.
ABC of Safe Sex Practices	Actual safe sex practices are difficult to measure, but are being handled through the DHS. The proxy indicator for condom use - condom distribution - figures are easily obtainable from the 2 major distributors – PSI and MOHP. PSI figures are further broken down on a "sales figure" basis into specific distribution areas and geographic spread. These reports are not circulated wider than PSI. MOHP figures are only available on a central basis (i.e. number of condoms distributed by CMS).	PSI data is collected on monthly basis and used as a basis for internal decision making MOHP condom data is available from CMS, but not analysed or captured in the HMIS. Data is periodically sent to NAC for their information, but not on a structured basis.
Safe Blood Supply and Universal Precautions	This is a new initiative for Malawi and needs to commence with the development of a set of guidelines, based on internationally accepted practice. Support to strengthen CHISU will assist to develop the necessary in-country expertise as to how to manage and implement a blood safety policy.	No data flow exists, as this activity is not currently monitored in any way.

[14] This is a description of the status of the substantive component of the M&E process within the specialist area

[15] this is a description of the process component of M&E within the specialist review subgroup

SPECIALIST AREA	DESCRIPTION OF STATUS OF M&E[14]	DATA FLOW MECHANISMS[15]
Voluntary counselling and testing	To date, one main service provider (MACRO) has provided services in this field. For every counselling session, a form is completed. This form is captured on Epi Info at the VCT site, and feedback given to MACRO. MACRO is currently receiving support in the area of data analysis, as detailed data analysis is not carried out at this stage. Although VCT scale up is currently on the cards, it has not yet taken place. This has resulted in only a few othe VCT service providers in the country. Other providers of VCT services do not use the same form as MACRO, but has requested whether it will be possible to use the same form. The VCT guidelines, which are currently being prepared, should provide guidance in the area of VCT monitoring and evaluation.	Data for MACRO's VCT programme is captured on Epi Info and collated on a monthly basis at each of its VCT sites. VCT within other health facilities is limited, and only one indicator for the HMIS
PMTCT	PMTCT is a new intervention in Malawi and not well developed. Guidelines are currently being produced, and will provide guidance in the area of M&E of this component of the HIV response.	No structured data flow exists at this stage, but should be part of the guidelines to be developed.
b) Treatment, Care and Support		
Clinical Care and Treatment	All government institutions that provide clinical care and treatment for AIDS patients, are required to complete case reports. However, these are not completed on an accurate basis, and gross underreporting of AIDS cases exist. Some pilot sites where ARV treatment is ongoing and where international assistance is leading the pilot process, has very well developed and computerised case reporting information. The MSF site in Chiradzulu is an example of a site that can provide detailed and summative information on number of patients, OIs, etc. Such a site should form the basis for ARV resistance surveillance, but this is not yet developed in Malawi.	For government: all case report information is captured on the HMIS, but is reportedly grossly underreported For other sites: All other health facilities (such as those run by CHAM) are required to submit information on a monthly basis to the nearest health facility for capture onto the HMIS forms, but in reality this does not happen. Some sites, such as the Chiradzulu site, has an advanced electronic patient management information system. This information is sent to this site's management, but not widely distributed. No structured system exists for national reporting of relevant information to NAC.

SPECIALIST AREA	DESCRIPTION OF STATUS OF M&E[14]	DATA FLOW MECHANISMS[15]
Community Home Based Care	Different organisations provide Home Based Care services, and all organisations that provide HBC, complete some kind of per-visit report form. This is collated into monthly summative information, which is presented to the management of the organisation. The most extensive and developed reporting format is by Lighthouse. Guidelines, setting the quality standard for this aspect to the response to HIV, is currently being developed. It is hoped that this will include a proposed standard per-visit reporting mechanism, as well as a standard monthly collation format. One of the difficulties associated with monitoring of this intervention, is that different focus areas and approaches exist – such as varying levels of the 4 aspects of HBC: • Medical and nursing care • Psychological support • Socioeconomic support • Respecting human rights and meeting legal needs	Reports are used internally by organisations, and in some cases circulated to the organisation's funders. No structured system exists for national reporting of relevant information to NAC.
c) Impact Mitigation		
Orphans	The Ministry of Gender and Community Services (MOGCS) is responsible for the overall monitoring of this aspect of HIV response. UNICEF provides key support in this area, but more information is needed. Not a lot of M&E information exist, as there are not many parents register formally as foster parents through the government's current foster care system. All CBOs providing orphan care are required to register at the MOGCS, but the extent to which this is adhered to, has not been determined. CBO registration does not provide information as to the number of new orphans in Malawi on an annual basis. MOGSC operates a number of Community-Based Chid Care Centres (CBCCCs) and these CBCCCs are monitored on a monthly basis by officials from the MOGCS. These reports are used for management purposes, but not on an extensive basis. One of the mechanisms to monitor the orphan situation is through the formal education system. This has not been explored, but could form the basis for future tracking (the Ministry of Education has a Free Basic Education policy, which has ensured that most 7 year old enrol for primary education).	Foster parents register with the MOGCS, but no regular reporting or feedback occurs after registration. Reporting on the status of CBCCCs is not done in a uniform manner, and no clear mechanisms for feedback and improvement exist. No structured system exists for national reporting of relevant information to NAC.
Socio economic Status (including PLWA)	The only monitoring tool for this information is through the DHS and indirectly through the Economic Planning and Development Department's efforts to track poverty in the country through monitoring of the MPRS.	Information flow is mainly through DHS

ANNEXURE C

Summary of Stakeholder Information Needs

LIST OF ARTICULATED INFORMATION NEEDS OF NAC STAKEHOLDERS

Stakeholder/project information

Summative information about the number of agencies supporting NAC, as well as a narrative description of the areas where they provided support

There should be a standard list of projects that are being supported by NAC

Information on different health care providers should be made available, to ensure better co-operation between health care providers and co-ordination of effort.

There is a need for the monitoring system to provide information about work done by different NGOs in different districts in order to promote co-operation between NGOs working in the same area.

Coverage information

Breakdown of the school fees for orphans that is paid by outside agencies

Number of Community based orphan care groups

Annual stock take of progress that has been made in the different programmatic areas

A national HIV monitoring system should provide accurate and timely information about all aspects of the response to HIV, and should suggest key decisions and recommendations for use by planners and decision makers

There is a need to publish information about VCT, PMTCT and antenatal surveillance data

There is a need for NAC to provide standard forms and checklists for Implementing Agencies to use in the various programmatic areas

As this is a new area, there is a particular need to understand ARV usage, resistance and implementation methodologies

There is a need to obtain information about VCT demand – disaggregated per gender and per type of VCT facility (integrated vs. stand-alone)

Information regarding how and where to access IEC materials is needed

There is a need to provide quarterly feedback on what has been achieved on a programmatic level, as reported by various implementing agencies

There is a need to have information regarding the availability of rapid test kits and ARV drugs

A monitoring system should provide a directory of service provision in the various programmatic areas

There is a need to understand future plans, to assist in integration of different efforts

There is a need to provide a list of standard and verifiable indicators as a guide to all implementers operating in different programmatic areas

Capacity and Quality Assessment

A regular assessment of the level of technical training of persons caring for orphans

Assessment of the levels and quality of service at Community Based Child Care Centres (CBCCCs)

Information about the level of functioning of surveillance and other systems used by NAC to co-ordinate the national response to HIV

Information about the development and functioning of M&E systems at an NGO/CBO level

A national HIV monitoring system should provide details of where specific skills and expertise lie – e.g. ARV counsellors

There is a need to understand all research that has been undertaken to date, and how to access such research

There is a need to understand the Technical Assistance that is available to NAC, and whether this is at the disposal of implementers

Access to policies and guidelines

There is a need to have a central place (including in electronic format – such as website downloads) of all the latest policies and best practice guidelines in the various programmatic areas

Biological & Behavioural Surveillance information

Overall development picture – and recommendations for implementation

Information regarding HIV prevalence (broken down per district, rural/urban, age groups (15 – 24, 15 – 49) and disaggregated per gender)

NAC should monitor how HIV policy recommendations are being implemented, and its legal and implementation consequences

There is a need to conduct an objective survey that measures behaviour change, including condom usage

ANNEXURE D

Checklist for Compilation of Annual HIV/AIDS M&E Report

CHECKLIST OF DATA SOURCES

DATA SOURCE	HAS THIS BEEN RECEIVED?	COMMENTS
1. Abstract book from HIV/AIDS Research Conference		
2. Condom distribution data from social marketing agencies		
3. DHS / BSS / CWIQ		
4. Drug Stock Supply Report		
5. FMA Financial Management System report		
6. Health facility survey		
7. HMIS Annual report		
8. MOEST Inspection Reports		
9. NAC database		
10. NAC meeting minutes		
11. NAC records		
12. National HIV/AIDS M&E Report		
13. National HIV/AIDS research database		
14. NBTS report		
15. NCPI questionnaire		
16. Quarterly Service Coverage Report		
17. Sentinel surveillance report		
18. Supply Chain Manager		
19. UNAIDS/NCPI Financial resource flow survey		
20. Workplace survey		

ANNEXURE E

Annual HIV/AIDS M&E Report Format

FORMAT OF NATIONAL ANNUAL HIV/AIDS M&E REPORT

1. Foreword

This should be a statement by a political leader, preferably the Chairperson of the NAC Board of Commissioners. The report should endorsed and approved by the NAC Board of Commissioners prior to publication of this report.

2. Executive Summary

This should be a two or three page summary of the overall report, with a focus on key statistics and changes in statistics, as well as a description of key trends and how these influence the implementation of HIV interventions. This will also need to take into account the latest poverty reduction indicator data, and make a narrative reference to the linkage between HIV/AIDS and poverty reduction.

3. Annual M&E System Results

3.1 Impact Assessment

INDICATOR TO REPORT ON	DISAGGREGATED BY
% of people who are HIV-infected (GFATM)	By residence (Capital city, Other urban areas and Rural), gender and by age group (15 - 19, 20 - 24 and 25 - 49))
Syphilis prevalence among pregnant women	By age group (15 - 19, 20 - 24 and 25 - 49) and residence
% of HIV-infected infants born to HIV-infected mothers	Not disaggregated
% of orphans and other vulnerable children to whom community support is provided	By gender and residence (rural/urban)
Ratio of current school attendance among orphans to that among non-orphans, among 10-14 year-olds	By gender and residence (rural/urban)

3.2 Outcomes Assessment

INDICATOR TO REPORT ON	DISAGGREGATED BY
% of sexually active respondents who had sex with a non-regular partner within the previous 12 months	By gender, residence (rural/urban) and marital status
% of people reporting the consistent use of a condom during sexual intercourse with a non-regular sexual partner (GFATM)	By gender, age (15 - 24, 25 - 49) and residence (rural and urban)
Median age at first sex among 15-24 year-olds (GFATM)	By gender and residence (rural and urban)
% of young people aged 15-24 who had sex with more than one partner in the last 12 months	By gender and residence (rural and urban)
% of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	By gender and residence (rural and urban)
% of people in general population exposed to HIV/AIDS media campaign	By gender, type of employment and residence (rural/urban)
% of population expressing accepting attitudes towards PLWH/As	By gender and level of education

3.3 Monitoring Programme Outputs

3.3.1 HIV PREVENTION AND ADVOCACY

a) ABCs of Safe Sex

INDICATOR TO REPORT ON	DISAGGREGATED BY
% of schools with teachers who have been trained in life-skills-based HIV/AIDS education and taught it during the last curriculum year (GFATM)	By type of school (primary/ secondary), school proprietor (public/private) and location (rural / urban)
# of young people aged 15 - 24 exposed to life-skills-based HIV/AIDS education in the past 12 months	By gender, district and whether they are in-school or out-of-school youth
# of condoms distributed by social marketing agencies to retail outlets (i.e. for selling) or to clinics (for free distribution by clinics) in last 12 months	By district, relating distribution to population size in district
# of MOHP condoms dispensed to end user in last 12 months	By type of institution and district

b) Information Education and Communication

INDICATOR TO REPORT ON	DISAGGREGATED BY
# of media HIV/AIDS radio/television programs produced and number of hours aired in the past 12 months	By type of media (radio/television)
# of HIV/AIDS brochures/booklets produced and number of copies distributed in the past 12 months	By district

c) Infection Prevention and Health Care Waste Management

INDICATOR TO REPORT ON	DISAGGREGATED BY
% of health facilities that apply national guidelines for blood screening, storage, distribution & transfusions	By district
% of health care facilities that apply national guidelines for infection prevention and safe health care waste storage and disposal	By district
% transfused blood units in last 12 months that have been screened for HIV according to national guidelines	By district

d) Prevention of MTCT

INDICATOR TO REPORT ON	DISAGGREGATED BY
% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT (GFATM)	By type of provider (public/private sector)
% of health facilities providing at least the minimum package of PMTCT services in the past 12 months	By district
% of pregnant women who have been counselled, tested and receiving their serostatus results in the past 12 months	By age group (15 - 24 and 25 - 49), district and type of institution (public/private)
% of pregnant women that have been tested in the past 12 months, who are HIV positive	By age group (15 - 24 and 25 - 49) and district
% of HIV positive pregnant women who have been provided with 3 month supply of alternative infant feeding in the past 12 months	By district
% of HIV positive pregnant women offered PMTCT who are referred for care and support services in the past 12 months	By district

e) Treatment of STIs

INDICATOR TO REPORT ON	DISAGGREGATED BY
% of patients with STIs at health facilities who have been diagnosed, treated and counselled according to national management guidelines (GFATM)	By gender, and age groups (0 - 20 and older than 20)
% of health facilities with no STI drug stock outs of >1 week within last 12 months	By district
# of STI cases seen at health facilities in the past 12 months	By type of case (new/referred partner), gender and district

f) Voluntary Counselling and Testing

INDICATOR TO REPORT ON	DISAGGREGATED BY
% of districts where VCT sites (integrated or stand alone) are located as per national guidelines (every 8 kms in rural areas, and 1 site for every 10 000 people in urban areas)	no disaggregation
# of clients tested for HIV at VCT sites and receiving their serostatus results in the past 12 months	By age (15 – 24 , 25 – 49), district and gender
% of clients who have been tested for HIV, who are HIV positive in the past 12 months	By age (15 – 24 , 25 – 49), district and gender
% of HIV positive VCT clients who are referred to care and support services in the past 12 months	By age (15 – 24 , 25 – 49), district and gender

3.3.2 TREATMENT CARE AND SUPPORT

a) Clinical Care

INDICATOR TO REPORT ON	DISAGGREGATED BY
% of persons with advanced HIV infection receiving ARV therapy (GFATM)	By gender, age group (younger than 20, and >20) and by type of health facility where ARVs were provided (public/private)
% of AIDS cases managed for OIs in the past 12 months (GFATM)	By gender and district
% of health facilities with drugs for OIs in stock and no stock outs in last 12 months of > 1 week	By district
% of health facilities where ARV services are being offered with no ARV drug stock outs of > 1 week in last 12 months	By district
% of detected TB cases who have successfully completed the treatment in the past 12 months	By gender, district and type of TB (smear negative and extra pulmonary, smear positive)

b) Community Home-Based Care

INDICATOR TO REPORT ON	DISAGGREGATED BY
# of households receiving external assistance in the past 12 months to care for adults who have been chronically ill for 3 or more months during the past 12 months	By residence (rural/urban), district and by type of help
# of persons enrolled at PLWA organisations in the last 12 months	By gender, district and age (15 - 24, 25 - 49)
# of community home based care visits in the past 12 months	by residence, type of visit (health care worker / volunteer) and district

3.3.3 IMPACT MITIGATION

a) Orphans and Other Vulnerable Children

INDICATOR TO REPORT ON	DISAGGREGATED BY
# of orphans and other vulnerable children receiving care/support in past 12 months	By type of support (care/counselling, nutrition, school fees), by district and by gender
# of community initiatives or community organizations receiving support to care for orphans	By district

3.3.4 SECTORAL MAINSTREAMING

INDICATOR TO REPORT ON	DISAGGREGATED BY
% of large enterprise/companies and public sector institutions that have HIV/AIDS workplace policies and programmes (GFATM)	by type of sector (private and public sector), and by type of expenditure
# and % of employees and spouses in all sectors that have been reached by interventions defined in their employers' workplace policy in the past 12 months	By type of intervention (prevention or care&support), by gender, and by sector (public sector, civil society and private sector)

3.3.5 CAPACITY BUILDING AND PARTNERSHIPS

INDICATOR TO REPORT ON	DISAGGREGATED BY
Amount and % of overall funding received by the NAC that is granted to CBOs, local NGOs, international NGOs, government, private sector, educational institutions and international organisations in the last 12 months (GFATM)	By type of agency as defined in indicator
# of CBO alliances created by the NAC or in which the NAC participates in order to increase demand for and supply services to target population (GFATM)	no disaggregation
Average # of days for grant proposals received by NAC in the past 12 months to be processed (from when the grant proposal is received to when funding is provided)	no disaggregation
# of project staff and volunteers trained in HIV/AIDS related issues for the purposes of HIV interventions in the past 12 months	by gender and district

3.4 Monitoring National Management and Commitment

INDICATOR TO REPORT ON	DISAGGREGATED BY
Amount of funds spent on HIV/AIDS in the past 12 months	By category of expenditure, as follows: (a) STD control activities (b) HIV prevention (c) HIV/AIDS clinical care and management (d) HIV/AIDS impact mitigation, and by funding source
National Composite Policy Index (NCPI) score	by component (Strategic Planning, Human Rights, Prevention, Care and Support)
# of times in which the NAC decision-making structures operate to review progress data or to decide program management issues in the past 12 months (GFATM)	no disaggregation

4. Research

As a minimum requirement, this section should indicate:

a) Whether a National HIV/AIDS Research Strategy has been developed
b) The progress made with regards to the development of the research database
c) Bulletpoint-based list of new pioneering research that has been undertaken
d) Brief analytical summary from the research database, as follows:

AREA ANALYSED	RESULTS
Total number of research captured on database (disaggregated per programme area)	
# of new research captured on database (in the last 12 months) and disaggregated by programme area	
Date of annual HIV/AIDS research seminar	
Number of researchers registered on database	
% of research abstracts that have been submitted for annual research dissemination seminar, that have been accepted	
% of areas in national HIV/AIDS research strategy that has not been included in completed or proposed research	

5. Status of National M&E system

Due to its prominence, it is recommended that this section of the report should focus on the quality of data sources and the functioning of the national M&E system itself. This section should take the form of an objectives assessment of the "health" of the M&E system, by means of the following headings:

a) Reporting on M&E system indicators in National M&E plan

b) Quality of data sources

DATA SOURCE	STATEMENT ABOUT QUALITY
1. Abstract book from HIV/AIDS Research Conference	
2. Condom distribution data from social marketing agencies	
3. DHS / BSS / CWIQ	
4. Drug Stock Supply Report	
5. FMA Financial Management System report	
6. Health facility survey	
7. HMIS Annual report	
8. MOEST Inspection Reports	
9. NAC database	
10. NAC meeting minutes	
11. NAC records	
12. National HIV/AIDS M&E Report	
13. National HIV/AIDS research database	
14. NBTS report	
15. NCPI questionnaire	
16. Quarterly Service Coverage Report	
17. Sentinel surveillance report	
18. Supply Chain Manager	
19. UNAIDS/NCPI Financial resource flow survey	
20. Workplace survey	

c) Status of data flow to and from NAC stakeholders, identification of bottle necks and recommendations for improvement

d) Status of NAC database and website, and recommendations for improvement

e) Comments on the quality and frequency of dissemination requests – particularly in light of the ad hoc information needs which might have been submitted to NAC

6. Implementing Partners and Development Partners

This section should provide the following summative information about NAC's implementing and development partners, in tabular format:

INFORMATION ABOUT NAC PARTNERS	*TYPE OF PARTNER*	
	Development Partner	*Implementing Partner*
Number of partners		
Location of Partners		
Number of names on database		
Number of activities supported by partners		
Type of involvement		

7. Conclusions and recommendations

This report should focus on presenting information in a format that is useful and applicable to the information needs of its readers. Thus, this section of the report should focus on key recommendations and suggested focus areas for the following year. This

should be an objective assessment based on the results of the various indicators, and should not be a narrative report based on what the person writing the report feels is important.

The following headings are suggested:

a) Overall conclusions and recommendations

b) Conclusions per programme area:
- Information, Education, and Communication
- Promotion of Safer Sex Practices (ABCs)
- Prevention of Mother-to-Child Transmission
- STI Treatment and Prevention
- Infection Prevention and Health Care Waste Management
- Voluntary Counseling and Testing
- Clinical Care (incl. ARV Therapy)
- Community and Home-based Care and Support
- Support for Orphans and Vulnerable Children (OVC)
- Sectoral Mainstreaming
- Capacity building & Partnerships

c) Policy implications of M&E data

8. M&E Work plan

This section should provide feedback on what has been achieved in terms of the work plan, identify gaps and suggest improvements for the next work plan. This section should summarise key M&E activities for the following 12 months. This should include major surveys to be undertaken, as well as anticipated research to be published.

9. Bibliography / list of data sources consulted

This section of the report should list all of the data sources that have been consulted and used in developing this report. A checklist and recording sheet has been provided overleaf to allow for easy capture of data source references while the report is being compiled.

COMPLETE NAME OF DATA SOURCE	*AUTHOR/S*	*PUBLICATION DATE*	*PAGES AND/OR TABLES CONSULTED*

ANNEXURE F

Quarterly Service Coverage Report Format

FORMAT OF QUARTERLY SERVICE COVERAGE REPORT

1. Foreword

This should be a statement by the Executive Director of NAC.

2. Executive Summary

This should be a two or three page summary of the overall report, with a focus on key statistics and changes in statistics, as well as a description of key trends and how these influence the implementation of HIV interventions.

3. NAC Activity Report System Results for the Quarter: [insert quarter being reported on]

HIV INTERVENTION AREA	INDICATOR REFERENCE	INDICATOR	DISAGGREGATED BY
Promotion of Safer Sex Practices	ABC2	# of young people aged 15 - 24 exposed to life-skills-based HIV/AIDS education in the past 12 months	By gender, district and whether they are in-school or out-of-school youth
Clinical Care, including treatment for Opportunistic Infections and ARV Therapy	CC1	*% of persons with advanced HIV infection receiving ARV therapy (GFATM)*	By gender, age group (younger than 20, and >20) and by type of health facility where ARVs were provided (public/private)
Community Home Based care and support	HBC1	# of households receiving external assistance in the past 12 months to care for adults who have been chronically ill for 3 or more months during the past 12 months	By residence (rural/urban), district and by type of help
	HBC2	# of persons enrolled at PLWA organisations in the last 12 months	By gender, district and age (15 - 24, 25 - 49)
	HBC3	# of community home based care visits in the past 12 months	by residence, type of visit (health care worker / volunteer) and district
Information, Education and Communication	IEC1	# of media HIV/AIDS radio/television programs produced and number of hours aired in the past 12 months	By type of media (radio/television)
	IEC2	# of HIV/AIDS brochures/booklets produced and number of copies distributed in the past 12 months	By district
Organisational Capacity and Partnerships	OC4	# of project staff and volunteers trained in HIV/AIDS related issues for the purposes of HIV interventions in the past 12 months	by gender and district
Orphans and Other vulnerable Children	OVC1	# of orphans and other vulnerable children receiving care/support in past 12 months	By type of support (care/counselling, nutrition, school fees), by district and by gender
Prevention of MTCT	PM3	% of pregnant women who have been counselled, tested and receiving their serostatus results in the past 12 months	By age group (15 - 24 and 25 - 49), district and type of institution (public/private)
	PM4	% of pregnant women that have been tested in the past 12 months, who are HIV positive	By age group (15 - 24 and 25 - 49) and district
	PM5	% of HIV positive pregnant women who have been provided with 3 month supply of alternative infant feeding in the past 12 months	By district
	PM6	% of HIV positive pregnant women offered PMTCT who are referred for care and support services in the past 12 months	By district
Sectoral Mainstreaming	SM2	# and % of employees and spouses in all sectors that have been reached by interventions defined in their employers' workplace policy in the past 12 months	By type of intervention (prevention or care&support), by gender, and by sector (public sector, civil society and private sector)
Voluntary counselling and Testing	VCT2	# of clients tested for HIV at VCT sites and receiving their serostatus results in the past 12 months	By age (15 – 24 , 25 – 49), district and gender
	VCT3	% of clients who have been tested for HIV, who are HIV positive in the past 12 months	By age (15 – 24 , 25 – 49), district and gender
	VCT4	% of HIV positive VCT clients who are referred to care and support services in the past 12 months	By age (15 – 24 , 25 – 49), district and gender

4. Status of NAC Activity Reporting System

This section should provide a brief summary of the health of this NAC Activity Reporting System, by stating the % of partners that have submitted the required number of NAC Activity Report Forms to NAC on time in the last quarter (disaggregated by type of partner (public sector, civil society, private sector), as well as the success of data dissemination.

5. Conclusions and recommendations

This report should focus on presenting information in a format that is useful and applicable to the information needs of its readers. Thus, this section of the report should focus on key recommendations and suggested focus areas for inclusion in the annual HIV/AIDS M&E report. This should be an objective assessment, and the following headings are suggested:

d) Conclusions per programme area:

- Information, Education, and Communication
- Promotion of Safer Sex Practices (ABCs)
- Prevention of Mother-to-Child Transmission
- STI Treatment and Prevention
- Infection Prevention and Health Care Waste Management
- Voluntary Counseling and Testing
- Clinical Care (incl. ARV Therapy)
- Community and Home-based Care and Support
- Support for Orphans and Vulnerable Children (OVC)
- Sectoral Mainstreaming
- Capacity building & Partnerships

ANNEXURE G

UNGASS Indicators

Core Indicators for Implementation of the Declaration of Commitment

(approved by the Programme Coordinating Board of UNAIDS, May 2002)

Indicators	Log frame Ref	Reporting Schedule	Method of Data Collection
GLOBAL LEVEL			
Global commitment and action			
1 Amount of funds spent by international donors on HIV/AIDS in developing countries and countries in transition	Not applicable	Annual	Survey on financial resource flows
2 Amount of public funds available for research and development of vaccines and microbicides	Not applicable	Annual	Survey on financial resource flows
3 Percentage of transnational companies that are present in developing countries and that have HIV/AIDS workplace policies and programmes	Not applicable	Annual	Desk review
4 Percentage of international organizations that have HIV/AIDS workplace policies and programmes	Not applicable	Annual	Desk review
5 Assessment of HIV/AIDS advocacy efforts	Not applicable	Annual	Qualitative desk assessment
NATIONAL LEVEL			
National commitment and action			
1 Amount of national funds spent by governments on HIV/AIDS	NC1	Biennial	Survey on financial resource flows
2 National Composite Policy Index	NC2	Biennial	Country assessment questionnaire
National programme and behaviour			
1 Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year	ABC1	Annual	School-based survey and education programme review
2 Percentage of large enterprise/companies that have HIV/AIDS workplace policies and programmes	SM1	Biennial	Workplace survey
3 Percentage of patients with STIs at health-care facilities who are appropriately diagnosed, treated, and counselled	STI1	Biennial	Health facility survey
4 Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	PM1	Biennial	Programme monitoring and estimates
5 Percentage of people with advanced HIV infection receiving antiretroviral combination therapy	CC1	Biennial	Programme monitoring and estimates
6 Percentage of IDUs who have adopted behaviours that reduce transmission of HIV*	Not applicable	Biennial	Special survey
7 Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission**	OA5	Every 4-5 years	Population-based survey
8 Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a nonregular sexual partner**	OA2	Every 4-5 years	Population-based survey
9 Ratio of current school attendance among orphans to that among non-orphans, aged 10-14**	IA5	Every 4-5 years	Population-based survey
Impact			
1 Percentage of young people aged 15-24 who are HIV-infected**	IA1	Biennial	HIV sentinel surveillance
2 Percentage of HIV-infected infants born to HIV-infected mothers	IA3	Biennial	Estimate based on programme coverage
*Applicable to countries where injecting drug use is an established mode of HIV transmission ** Millennium Development Goal Indicators			

ANNEXURE H

UNGASS Report Format

FOLLOW-UP TO THE DECLARATION OF COMMITMENT ON HIV/AIDS (UNGASS)

COUNTRY REPORT FORMAT

Reporting period: January-December 2002

PREAMBLE

The proposed generic reporting format is meant to assist National AIDS Councils (or equivalent) in drafting their national report to be submitted to the UN General Assembly on biennial basis as a follow-up to the Declaration of Commitment (DoC) signed in June 2001 at the UNGASS on HIV/AIDS

Countries should carefully review the *Guidelines on construction of core indicators – Monitoring the Declaration of Commitment on HIV/AIDS* (named hereinafter Guidelines) before embarking in any data collection exercise. As explained in the Guidelines, a total of 13 core indicators divided into three categories are supposed to be collected/reported on at national level to monitor the DoC on HIV/AIDS:

Category 1: Two indicators on national commitment and action
Category 2: Nine indicators on national programmes and behaviour trends
Category 3: Two indicators on impact.

The Guidelines provide countries with technical guidance on the definition of the core indicators, the measurement tools required for their construction and frequency of data collection. It is essential that countries follow those Guidelines to ensure quality of the reported information. Countries are also encouraged to report on additional nationally representative coverage indicators since this report will be used as baseline to monitor progress over time. While selecting data to be reported on, it is recommended to avoid anecdotal information.

For **2003** General Assembly Session, reporting is required for all three categories of indicators. In view of time constraints, the following is recommended to all countries:

Category 1: Collect information through desk reviews and survey on financial resource flows

Category 2: Compile existing data from (1) recent surveys such as DHS or MICS for those indicators requiring population-based information; (2) health facility, school-based, or workplace surveys for the other indicators. Countries are also encouraged to consult the following indicator database that contains data on some core indicators collected through household surveys: www.measuredhs.com/data.

Category 3: For HIV prevalence among young people, compile data from HIV sentinel surveillance (for countries with generalized epidemics) and recent specific surveys (for countries with concentrated or low epidemics). For HIV prevalence among infants, calculation of estimates needs to be done using programme coverage data.

2003 General Assembly Session
Target dates

End of data collection: 10 March 2003
Reporting to Geneva: 31 March 2003.

For **2004** General Assembly Session, no reporting on national indicators is required.

For **2005** General Assembly Session, reporting is required for all three categories of indicators. This means that countries that have not yet planned any surveys for collecting information on the second category of indicators need to do so as soon as possible and latest early 2003.

2005 General Assembly Session
Target dates

End of data collection: 30 September 2004
Reporting to Geneva: 28 February 2005

A total of four annexes should be attached to the national report: (1) the consultation/preparation process for the national report on monitoring the follow-up to the Declaration of Commitment on HIV/AIDS form; (2) the National Composite Policy Index Questionnaire; (3) the nine forms related to the National Programme and Behaviour Indicators; (4) the country M&E sheet.

TABLE OF CONTENTS

I. STATUS AT A GLANCE

NATIONAL COMMITMENT & ACTION

1. National Composite Policy Index
2. Government funds spent on HIV/AIDS

NATIONAL PROGRAMME & BEHAVIOUR

Prevention

3. % of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year
4. % large enterprises/companies that have HIV/AIDS workplace policies and programmes
5. % of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT

Care/Treatment

6. % of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled
7. % of people with advanced HIV infection receiving ARV combination therapy

Knowledge/Behaviour

8. % of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention **(Target: 90% by 2005; 95% by 2010)**
9. % of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner
10. % of injecting drug users who have adopted behaviours that reduce transmission of HIV (*where applicable*)

Impact alleviation

11. Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school

IMPACT

12. % young people aged 15-24 years of age who are HIV infected **(Target: 25% in most affected countries by 2005; 25% reduction globally by 2010)**
13. % of infants born to HIV infected mothers who are infected **(Target: 20% reduction by 2005; 50% reduction by 2010)**

II. Overview of the HIV/AIDS epidemic

This section should cover the status of the HIV prevalence in the country during the period January-December 2002 based on sentinel surveillance and specific studies (if any) for Indicator 1 (HIV prevalence among young people) and estimates for Indicator 2 (HIV prevalence among infants).

HIV prevalence at a glance

% young people 15-24 years of age who are HIV infected
% of infants born to HIV infected mothers who are infected

Indicate Source

III. National response to the HIV/AIDS epidemic

1. National commitment and action

This sub-section should reflect the change in commitment made by national stakeholders in the fight against HIV/AIDS during the period January-December 2002. Commitment covers increased resources, expanded partnerships and multi-sectoral policy development.

National commitment at a glance

National Composite Policy Index
Government funds spent on HIV/AIDS

Indicate Source

2. National programmes and behaviour

This sub-section should cover progress made during the period January-December 2002 in specific HIV/AIDS programmes broken down by prevention and care/treatment.

National programmes at a glance

Prevention
% of schools with teachers who have been trained in life-skills-based education and who taught it during the last academic year
% large enterprises/companies that have HIV/AIDS workplace policies and programmes
% of HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT

Care/Treatment
% of patients with sexually transmitted infections at health care facilities who are appropriately diagnosed, treated and counselled
% of people with advanced HIV infection receiving ARV combination therapy

Indicate Source

This section should also reflect any changes in behaviour as a result of programmes' activities.

National behaviours at a glance

% of respondents 15-24 years of age who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission or prevention
% of people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner
% of injecting drug users who have adopted behaviours that reduce transmission of HIV (*where applicable*)

Indicate Source

Finally, this section should address national efforts in impact alleviation, with a focus on orphans.

Impact alleviation at a glance

Ratio of orphaned to non-orphaned children 10-14 years of age who are currently attending school

Indicate Source

Whenever relevant, indicator scores should be reported by area of residence (urban/rural), gender, and the following age groups: 15-19, 20-24, 25-49. Countries are encouraged to report on additional indicators that contribute to an expanded national response.

IV. Major challenges faced and actions needed to achieve the goals/targets

This section should focus on key challenges faced throughout the reporting period that hindered the national response and remedial actions envisaged to ensure achievements of agreed targets by 2005 and 2010 (see page 4).

This section should also provide information on the country's data collection plan for 2005 reporting (see Table below).

Data collection plan (2005 reporting)	2003	2004	2005
Household surveys			
Health facility surveys			
School-based surveys			
Workplace surveys			
Desk review			

V. Support required from country's development partners

This section should focus on key actions that need to be taken by development partners to assist countries in achieving their goals/targets.

VI. Monitoring and evaluation environment

The section should provide an overview of the current M&E system in the country based on a country sheet to be filled out and included as an annex (see Annex 4), and highlight – where appropriate – the needs for M&E technical assistance and capacity building to meet the 2005 requirements.

ANNEXURE I

Work Plan for 2003/2004 for national M&E plan

Work plan for M&E Unit at NAC for 2003/2004 financial year

	Activity	Output	Means of verification	Time frame												Responsible	Partner
				J	A	S	O	N	D	J	F	M	A	M	J		
7.6.1	Creation of baseline for all National HIV Indicators, using available data from existing data sources	National HIV Indicator Baseline Value Report completed	Baseline of all national HIV indicators available													MTA	
7.6.2	Discussions with institutions responsible for existing data sources to ensure institutionalisation	Meetings completed	Written correspondence confirming institutionalisation													HPME	
7.6.3	Advocacy, discussions and negotiations with institutions responsible for new data sources to ensure institutionalisation and confirm funding arrangements	Meetings completed	Written correspondence confirming institutionalisation													HPME	
7.6.4	Develop/approve Terms of Reference for new data sources	TORs for 8 new data sources have been developed	TOR for all new data sources													MEIS	
7.6.5	Training of M&E Officer in MS Project software and project management principles	M&E Officer has attended the course	Course Certificate													HFA	
7.6.6	Training of NAC stakeholders in new national M&E Plan (donors, Line Ministries, DACs, DACCs, NGOs, CBOs, umbrealla NGOs, MOHP district health facilities)	12 Training workshops completed	Training workshop report													MTA / MEO	
7.6.7	Facilitate the development of an M&E capacity building program for CBOs/local NGOs through the umbrella NGOs	M&E capacity building course outline developed	M&E capacity building course outline													MTA / MEO	
7.6.8	Undertake a review of all HIV/AIDS implementation guidelines to ensure that national M&E requirements are included the implementation guidelines	HIV/AIDS implementation guidelines standardised	Chapters on M&E in all HIV/AIDS implementation guidelines													MEO	
7.6.9	Creation of M&E related institutional linkages to relevant ministries/departments (e.g. EP&D)	NAC representation on committees finalised	NAC attendance of key M&E meetings in public sector													HPME	
7.6.10	Implement national HIV/AIDS M&E System																
	NCPI questionnaire 2004																
7.6.10.1	Complete the questionnaire, based on latest available policy	NCPI questionnaire data included in HIV/AIDS M&E report	Completed NCPI questionnaire													MEO	-
	MOEST Inspection Reports for 2003 inspections																
7.6.10.2	Agree on format of report with MOEST	Report format agreed	Meeting minutes													HPME	MOEST
7.6.10.3	Receive report from MOEST	Data received from MOEST	MOEST inspecttion report													MEO	MOEST
	Sentinel surveillance Report2003																
7.6.10.4	Receive sentinel surveillance results from MOHP	Report received	Sentinel surveillance report 2003													MEO	MOHP
7.6.10.5	Organise national prevalence estimation workshop	Workshop conducted	National prevalence estimates for 2003 available													MEO	MOHP
7.6.10.6	Dissemination and discussion of results with HIV implementers in sentinel site districts	Sentinel surveillance dissemination workshop completed	Workshop report													MEO	MOHP
	Drug Stock Supply Report for 2003 survey																
7.6.10.7	Confirm the list of drugs to be tracked for NAC purposes	List of drugs to be trakced for ARV, OI and STI	M&E Ops plan													HPME	MOHP

	Activity	Output	Means of verification	Time frame												Responsible	Partner
				J	A	S	O	N	D	J	F	M	A	M	J		
7.6.10.8	Receive report from RHU	Report received	Drug Stock Supply Report													MEO	MOHP
	HMIS Annual Report for Jan - Dec 2003 data																
7.6.10.9	Agree on data required by NAC from HMIS	Format agreed	Meeting minutes													HPME / MTA	MOHP
7.6.10.10	Receive raw data for calendar year from MOHP (HMIS unit)	Data received from HMIS	Electronic file from HMIS													MEO	MOHP
7.6.10.11	Analyse calendar year data	HMIS data analysed	HMIS annual report													MEO	MOHP
	Supply Chain Manager report for Jan - Dec 2003 data																
7.6.10.12	Agree with MOHP (RHU) on the format of condom data required from Supply Chain Manager reporting	Format agreed	Meeting minutes													HPME	MOHP
7.6.10.13	Receive report from RHU	Report received	Supply Chain Manager report on condoms dispensed to end users													MEO	MOHP
	NBTS report from Jan - Dec 2003																
7.6.10.14	Agree with NTBS on the format of report required	Format agreed	Meeting minutes													HPME	NTBS
7.6.10.15	Receive report from NTBS	Report received	NTBS report													MEO	NTBS
	Demographic and Health Survey 2005																
7.6.10.16	Agree with NSO on crosstabulations for 2005 DHS	Crosstabulations agreed upon	Meeting minutes													HPME / MTA	NSO
	Condom distribution data from social marketing agencies																
7.6.10.17	Agree with social marketing agnecies on format of reports	Format agreed	Meeting minutes													HPME	PSI, BLM
7.6.10.18	Receive reports from social marketing agencies	Reports received	Reports on condom distribution to retail outlets / branches													MEO	PSI, BLM
	UNAIDS/NCPI Financial resource flow survey for 2004																
7.6.10.19	Obtain data on the flow and structure of this survey	Information received	Meeting minutes													MEO/ MTA	UNAIDS
7.6.10.20	Receive the survey results from UNAIDS	Report received	UNAIDS financial resource flow survey													MEO	UNAIDS
	CWIQ Survey2003																
7.6.10.21	Negotiate with NSO in terms of frequency of this report and funding	Responsibility agreed	Meeting minutes													HPME	NSO
7.6.10.22	Assist with funding, if required	Funding provided to NSO, if needed	NSO bank statement													HPME / HFA	NSO
7.6.10.23	Receive the survey results from NSO, if survey is conducted	Report received	CWIQ Survey 2003													MEO	NSO
	FMA Financial Management System Report for 2003																
7.6.10.24	Ensure that FMA report fulfils M&E requirements and that FMA MIS includes disaggregation as per M&E plan	M&E requirements defined in FMA TOR	FMA MIS Technical specifications													HPME/HFA	FMA
7.6.10.25	Receive annual report from FMA	Report received	FMA Financial Report													MOE	FMA
	Quarterly Service Coverage Reports for 3rd and 4th quarter 2003																
7.6.10.26	Piloting of NAC Activity Report System	piloting completed	Report on piloting process													MOE / MTA	Implementers
7.6.10.27	Refinements to NAC Activity Report System	refinements completed	Revised MNAC ARS guidelines													MTA	
7.6.10.28	Facilitate a process to ensure that donors who fund	Meetings completed	Meeting minutes													HPME	DONORS

	Activity	Output	Means of verification	Time frame												Responsible	Partner
				J	A	S	O	N	D	J	F	M	A	M	J		
	implementers directly have made reporting on the NAC Activity Report Form compulsory																
7.6.10.29	Commence with full scale implementation	NAC Activity Report Forms submitted to FMA	NAC Activity Report Forms													MEO	Implementers
7.6.10.30	Facilitate dissemination of Quarterly Service Coverage Report	Report disseminated	Quarterly Service Coverage Report													MEO	FMA
	Workplace survey2004																
7.6.10.31	Negotiate format and content with MOLVT	Format agreed	Meeting minutes													HPME	MOLVT
7.6.10.32	Facilitate planning for the first workplace survey in July 2004	Planning completed	TOR and action plan for workplace survey 2004													MEO	MOLVT
	Health facility survey for 2003 supervision process																
7.6.10.33	Negotiate with MOHP (Planning Unit) for incorporation of NAC requirements in Health Supervision Checklist	Format agreed	Health Supervision Checklist													HPME	MOHP
7.6.10.34	Receive report from MOHP	Report received	Health Facility Survey													MEO	MOHP
	Behavioural Surveillance Survey2003																
7.6.10.35	Negotiate with MOHP in terms of institutional responsibility	Institutional responsibility agreed	Meeting minutes													HPME	MOHP
7.6.10.36	Receive results from 2003 BSS	Report received	BSS 2003													MEO	FHI
7.6.10.37	Facilitate planning for 2005 BSS	Planning completed	Planning document for 2005 BSS													MEO	?
	Abstract Book from 2004 HIV/AIDS research dissemination conference																
7.6.10.38	Receive abstract book from NAC research officer	Book received	Abstract Book from HIV/AIDS research conference													MEO	RO
	National HIV/AIDS research database																
7.6.10.39	Negotiate with Research Officer in terms of format and content of research database	Format and content agreed	Meeting minutes													HPME	RO
7.6.10.40	Obtain data from HIV/AIDS research database	Data received	Annual HIV/AIDS M&E Report													MEO	RO
	NAC database																
7.6.10.41	Supply M&E requirements to database designer	M&E requirements defined	Report to Database designer													MEO	DO
7.6.10.42	receive required data from NAC database	Data received	Annual HIV/AIDS M&E Report													MEO	DO
	MOGCS school fee register report for Jan - Dec 2003																
7.6.11	Development, publication and dissemination of annual HIV/AIDS M&E report	Report published	Annual HIV/AIDS M&E Report													HPME	MEO
7.6.12	Organise and conduct annual HIV/AIDS M&E dissemination seminar	Seminar conducted	Seminar report													MEO	
7.6.13	Review of HIV/AIDS M&E operations plan in conjunction with review of NSF	M&E Ops plan reviewed	Revised M&E system													HPME	MTA
7.6.14	Coordinate activities of MEIS TWG subgroup	Montlhy meetings conducted	Meeting minutes													MEO	MEIS members
7.6.15	Facilitate HIV/AIDS M&E networking and advocacy with key	Network established	Reports													MEO	universities, research

	Activity	Output	Means of verification	Time frame												Responsible	Partner
				J	A	S	O	N	D	J	F	M	A	M	J		
	M&E bodies in Malawi (e.g. Forum of Evaluators in Malawi)																institutions, other partners
7.6.16	Conduct uses of existing data project (use of multiple sources of data to explain the dynamics of the HIV epidemic in line with the Second Generation surveillance concept																
7.6.16.1	abstraction of blood donors data from health facilities, 1996-2002	blood donors data base	blood donors HIV trends report													DO	MEO
7.6.16.2	collection of detailed STI data from h.facilities, 1996-2002	STI database	STI trends report													DO	MEO
7.6.16.3	Get STI data from HMIS, 1996-2002	STI data available	Brief STI trends report													DO	MEO
7.6.16.4	collection of TB data, 1996-2002	TB data base at NAC	TB trends report													DO	MEO
7.6.16.5	collection of VCT data, 1996-2002	VCT data base	VCT HIV trends report													DO	MEO
7.6.16.6	Develop TORs for 2002 AIDS data entry																
7.6.16.7	put together AIDS data for 1996 to 2002	AIDS data base	AIDS trends report													DO	MEO
7.6.16.8	collection of PMTCT data, 1996-2002	PMTCT data base	PMTCT HIV trends report													DO	MEO
7.6.17	M&E sytem review workshops															MEO	HPME
7.6.18	Spot checks on operational challenges regarding national M&E system in a stratified sample of districts/organizations															MEO	HPME

ANNEXURE J

NAC Activity Report Form

Malawi National AIDS Commission

NAC Activity Report Form

For Activities for THIS MONTH ONLY

1. REPORT DETAILS

Report date:												RD1
Month reporting on	From:			to:								RD2
Name of Organisation												RD3
Type of Organisation	*NGO*		*CBO*		*FBO*		*Private Sector*		*Public Sector*			RD4
NAC Grants Management Code												RD5
Report Compiled by												RD6
For more information / questions about the report, contact:	Name:											RD7
	Tel number:					Fax:						
	Email:											
District												RD8

2. INTERVENTIONS FOCUSING ON YOUR OWN EMPLOYEES

REPORT ON ACTIVITIES FOR THIS MONTH ONLY

Does your organisation have an HIV/AIDS workplace policy?	YES	NO

TYPE OF INTERVENTION		DATA NEEDED	TYPE OF INTERVENTION		TOTAL
HIV Prevention	WP1	Number of interventions this month	Workshops		
			Individual counselling		
			Other (specify)		
		PERSONS REACHED	MALE	FEMALE	TOTAL
	WP2	Total # of current employees & spouses in organisation			
	WP3	Number of employees & spouses reached this month			
Care and Support	WP4	Number of employees & spouses reached this month			

3. INTERVENTIONS FOCUSING ON THE BENEFICIARIES OF YOUR PROJECT/S

REPORT ON ACTIVITIES FOR THIS MONTH ONLY

a) Information, Education and Communication (IEC) materials		RADIO		TV		PRINTED		
		#	Hours aired	#	Hours aired	# types	# printed	# distributed
IEC1	# new radio / TV programmes this month							
IEC2	# IEC materials printed and distributed this month							
IEC3	# interventions (workshops, counselling sessions and others)							
IEC4	# of people directly reached this month through interventions listed in IEC3							

b) Socially marketed condoms		Male condoms		Female condoms		TOTAL
		Rural	Urban	Rural	Urban	
ABC1	# of condoms distributed to end users this month					

c) Life skills education		In-school		Out-of-school		TOTAL
		Male	Female	Male	Female	
ABC2	# of young people aged 15 – 24 exposed to life skills education					

d) Prevention of Mother to Child Transmission (PMTCT)		0-24 years	Older than 24	TOTAL
PMT1	# pregnant women who have been seen by provider this month			
PMT2	# pregnant women counselled on PMTCT, tested for HIV & receiving serostatus results this month			
PMT3	# of pregnant women tested for HIV who are HIV positive this month			
PMT4	# HIV positive pregnant women provided with Nevirapine this month			
PMT5	# HIV positive pregnant women provided with replacement infant feeding this month			
PMT6	# of HIV positive pregnant women referred for care & support services this month			

e) Voluntary Counselling and Testing (VCT)		0 – 12 years		12+ to 24 years		Older than 24 years		TOTAL
		Male	Female	Male	Female	Male	Female	
VCT1	# clients who receive pre test counselling							
VCT2	# clients counselled and tested this month							
VCT3	# VCT clients receiving their test results this month							
VCT4	# VCT clients who are HIV positive							
VCT5	# HIV positive VCT clients referred to care & support services							
VCT6	# standalone VCT sites supported							

f) Community Home Based Care (CHBC)		RURAL	URBAN	TOTAL
CAR1	# of NEW persons who enrolled for CHBC services in this month			
CAR2	TOTAL # persons who received CHBC services in this month			
CAR3	# community home based care visits by health care worker/s in this month			
CAR4	# community home based care visits by volunteer/s in this month			

		0 – 15 years		15+ to 24 years		Older than 24 years		TOTAL
		Male	Female	Male	Female	Male	Female	
CAR5	# new persons enrolled at PLWA organisations in this month							
CAR6	TOTAL # of persons enrolled at PLWA organisation in this month							
CAR7	TOTAL # of persons enrolled at PLWA organisations that received support this month							

CAR8	Total # households with one or more chronically ill adult where your organisation has provided help this month	

CAR9	List the types of support that your organisation provides during community home based care visits, and the # of households that has been targeted through each type of support this month	*TYPE OF SUPPORT*	*# OF RURAL HOUSEHOLDS*	*# OF URBAN HOUSEHOLDS*
		Psychosocial support		
		Nutrition / food support		
		Financial / resource support		
		Medical support		
		Domestic Support		

g) ARV treatment		0 – 12 years		12+ to 20 years		Older than 20 years		TOTAL
		Male	Female	Male	Female	Male	Female	
ARV1	Total # of PLWA currently on ARV							
ARV2	# people started ARV for first time this month							
ARV3	# PLWA who fail to adhere this month							

h) Support to orphans and other vulnerable children		TYPE OF SUPPORT	# Male	# Female
OS1	List the # of orphans and other vulnerable children that received the following types of support:	Psychosocial support		
		Nutrition		
		Financial		
		Other, please specify		

i) Training		Subject of training (align with HIV intervention categories	# Male	# Female
CB1	# project staff trained this month			
CB2	# volunteers trained this month			

I verify that this information is complete and correct and that I have not misrepresented any information in this report

Signed: _____ **Designation:** _____

Date: _____

ANNEXURE K

Terms of Reference for Monitoring, Evaluation and Information Systems TWG sub-group

Terms of Reference for Research and Surveillance TWG Subgroup

Malawi National AIDS Commission
Monitoring, Evaluation and Information Systems TWG Subgroup
Terms of Reference (TOR)

The Monitoring, Evaluation, and Information Systems Subgroup (MEIS Subgroup) of the National AIDS Commission's Technical Working Group on HIV/AIDS (TWG) in Malawi is intended to advise on activities concerning Monitoring, Evaluation and Information Systems.

Mandate

The MEIS Subgroup will advise on the implementation of the national M&E system. Specifically the MEIS Subgroup will conduct the following activities to fulfil its mandate:

Monitoring and Evaluation
- Advise and provide technical guidance in terms of piloting of the national M&E system
- Advise on the operationalisation of the NAC activity reporting system
- Provide strategic input into the annual review process

Information Systems
- Provide a mechanism to evaluate the effectiveness of IS on a periodical basis
- Ensure that the annual data collection mechanism is supported, functioning and appropriate
- Advise NAC on the maintenance of data, standalone software and the website
- Advise on ongoing support and training for NAC and user agencies

Membership

The membership of the MEIS Subgroup will be comprised of coordinating bodies from the Government (at least NAC and MOHP), International groups, NGOs, and CBOs. The group will be chaired by an officer appointed by NAC.

Meeting times

The MEIS Subgroup will meet on a monthly basis. The venue of the meeting will rotate as best fits the membership. On a monthly basis the chair of the MEIS Subgroup will present its progress and key issues emerging to the National AIDS Commission's Technical Working Group (TWG) on HIV/AIDS for information and appropriate action.

Review of Terms of Reference

These TORs will be reviewed annually and changes made as deemed necessary by the MEIS Subgroup and passed by the National TWG.

Malawi National AIDS Commission
Research and Surveillance TWG Subgroup
Terms of Reference (TOR)

The Research and Surveillance Subgroup of the National AIDS Commission's Technical Working Group on HIV/AIDS (TWG) in Malawi is intended to provide inputs and technical expertise concerning Research and Surveillance in the field of HIV/AIDS.

Mandate

The Research and Surveillance Subgroup will advise on all aspects relating to research and surveillance. Specifically this Subgroup will conduct the following activities to fulfil its mandate:

Research

- Advise and agree to the National HIV/AIDS research strategy
- Suggest appropriate mechanisms for approval of non-health HIV/AIDS research
- Provide technical guidance on new research areas

Surveillance

- Provide technical guidance on surveillance to be undertaken
- Advise on the terms of reference for behavioural surveillance
- Co-ordinate behavioural surveillance done by different agencies to prevent duplication of effort
- Provide periodic feedback for HIV/AIDS research database

Membership

The membership of this Subgroup will be comprised of coordinating bodies from the Government (at least NAC and MOHP), International groups, NGOs, CBOs, and representatives from the research community in Malawi. The group will be chaired by the Health Sciences Research Committee of the MOHP.

Meeting times

The Research and Surveillance TWG Subgroup will meet on a monthly basis. The venue of the meeting will rotate as best fits the membership. On a monthly basis the chair of the Research and Surveillance Subgroup will present its progress and key issues emerging to the National AIDS Commission's Technical Working Group (TWG) on HIV/AIDS for information and appropriate action.

Review of Terms of Reference

These TORs will be reviewed annually and changes made as deemed necessary by the Research and Surveillance Subgroup and passed by the National TWG.

ANNEXURE L

List of Drugs for Drug Stock Supply Survey

List of Drugs for Drug Stock Supply Survey

a) List of Drugs for Sexually Transmitted Infections (STIs)

Gentamicin (injection)
Benzathini Penicillin (injection)
Erythromycin (250 mg)
Doxycycline (100mg)
Metronidazole (200mg)
Mystatin Pessarus (100,000 I.U)
Gentian Violet (paint)
Phodophylin (paint/ointment)

b) List of drugs for Opportunistic Infections

Antibiotics and antimicrobials:
Cotrimaxozole (tablet, 480 mg)
Fluconazole (capsule, 250 mg)
Fluconazole (injection, 2mg/ml)
Ketokonazole (tablet, 200 mg)
Ketokonazole (suspension, 100mg/5ml)
Metronidazole
Metrodinazole
Nystatin
Nystatin
Amphotericin B
Vincristine
Acyclovir
Analgesics, antipyretics and narcotics:
Morphine sulphate, slow release (tablet, 10 mg)
Morphine sulphate (suspension, 100mg/5 ml)

c) List of drugs for ARVs

lamivudine (3TC, tablet, 150 mg)
lamivudine (3TC, suspension, 5mg/ml)
nevirapine (NVP, tablet, 200mg)
nevirapine (NVP, suspension, 50mg/ml, 240 ml)
saquinavir (SQV, capsule, 200mg)
stavudine (d4T, capsule, 30mg)
zidovudine (ZDV) also known as azidothymidine (AZT) (capsule, 100 mg)
zidovudine (ZDV) also known as azidothymidine (AZT) (tablet, 300 mg)
zidovudine (ZDV) also known as azidothymidine (AZT) (suspension, 10mg/ml)
nelfinavir (NFV) as mesilate (tablet, 250 mg)
efavirenz (EFV) (tablet, 200 mg)

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