



**NERCHA**  
**National Emergency Response Council on HIV/AIDS**  
**Swaziland**

**A NATION AT WAR WITH HIV/AIDS**

---

**REPORT ON ASSESSMENT OF THE MONITORING AND  
EVALUATION CAPACITY OF HIV/AIDS ORGANISATIONS IN  
SWAZILAND**

---

**August 2004**

**Principal consultants/authors**  
Kevin Kelly, Bongani Magongo,

**NERCHA M&E advisor**  
Marjorie Mavuso

**Local consultant**  
Alfred Mndzebele

**Technical and administrative assistance**  
Kim Baillie  
Pumla Ntlabati  
Andile Tobi

Centre for AIDS Development, Research and Evaluation  
Institute of Social and Economic Research  
Rhodes University  
P O Box 94  
Grahamstown 6140  
South Africa  
Tel: +27 46-603-8553  
Fax: +27 46-622-3948  
Mobile: +27-83-267-9935  
email: [kk@cadre.org.za](mailto:kk@cadre.org.za)

---

website: [www.cadre.org.za](http://www.cadre.org.za)

---



## **Acknowledgements**

NERCHA would like to acknowledge with thanks the World bank for funding this capacity assessment; The external consultants from CADRE and the local consultant, Mr Alfred Mndzebele for the undertaking this study . The comments from the NERCHA M&E Technical Support Committee on both the initial questionnaire and the findings are gratefully acknowledged.

The participation of the many organisations that set aside time to be interviewed, to complete the questionnaire and to attend the National Consensus Building Workshop is also gratefully acknowledged. Their responses have guided the development of this report.

We would further like to express appreciation for the guidance and critical comments provided by Marjorie Mavuso, the NERCHA M&E Unit Manager.

## CONTENTS

<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>PART 1: CONTEXT, OBJECTIVES AND METHODOLOGY</b>	<b>5</b>
1.1 Context	5
1.2 Role of NERCHA in co-ordinating M&E	6
1.3 Terms of reference for capacity assessment	7
1.4 Methodology	7
1.5 Limitations	10
<b>PART 2: FINDINGS</b>	<b>11</b>
2.1 Organisational context	11
2.2 Areas of M&E and research experience	14
2.3 Specific technical skills	15
2.4 M&E practices within organisations	18
2.5 M&E capacity development needs	22
2.6 Training, consultancy services and technical assistance experience	24
2.7 NERCHA's M&E role	26
2.7.1 NERCHA'S M&E functions	26
2.7.2 Perception of NERCHA's role	29
2.8 M&E capacity in relation to national indicators	30
<b>PART 3: IMPLICATIONS AND RECOMMENDATIONS FOR M&amp;E STRATEGY</b>	<b>31</b>
3.1 Developing NERCHA capacity	31
3.1.1 Capacity for M&E of NERCHA funded projects	31
3.1.2 Capacity to support adoption and implementation of a national M&E framework	32
3.2 Need for M&E capacity building amongst HIV/AIDS service providers	33
3.2.1 Basic M&E training	33
3.2.2 Specialised training	34
3.2.3 Technical assistance	34
3.2.4 A resource clearing house	35
3.3 Development, adoption and implementation of a national M&E framework	35
3.3.1 Elements of a national M&E framework	35
3.3.2 Building consensus and capacity for a co-ordinated and integrated national M&E approach	36

## LIST OF APPENDICES

Appendix 1: List of questionnaire respondents	38
Appendix 2: Involvement of organisation in areas of service provision	41
Appendix 8: Programme staff: Dedicated M&E staff	66
Appendix 9: Programme staff: M&E amongst other duties	67
Appendix 10: Intentions of organization with respect to hiring of M&E staff	69
Appendix 11: Audit or mapping research conducted	71
Appendix 12: Other relevant research experiences of responding organisations	72
Appendix 13: Areas of activity in which monitoring tools are used	73
Appendix 14: Areas of activity in which monitoring data is captured on a PC	74
Appendix 15: Training received on M&E frameworks or systems	75
Appendix 16: For whom reports on HIV/AIDS activities are produced	76
Appendix 17: TA or M&E training needs	78
Appendix 18: M&E plans that organisations have (not included elsewhere)	80
Appendix 19: Suggestions about development of M&E capacity	81
Appendix 20: Possible contribution of services in support of a national M&E system	83
Appendix 21: Training or TA in M&E provided to other agencies	86
Appendix 22: Plans for developing M&E capacity	88
Appendix 23: How NERCHA could assist to develop organisation's M&E capacity	89
Appendix 24: Use of other providers to assist in provision of M&E, TA, capacity building and training services	91
Appendix 25: Information regularly accessed for management and M&E purposes	92
Appendix 26: Additional types of data needed	94
Appendix 27: A suggested M&E foundations training programme	95

## LIST OF TABLES

Table 1: Responding organisations	9
Table 2: Funding of organisation/department/institution/consultancy	11
Table 3: Number of years involved in HIV/AIDS programs in Swaziland	11
Table 4: Computer facilities	12
Table 5: M&E personnel	13
Table 6: Areas of M&E and research experience	14
Table 7: Methods of data collection	15
Table 8: Research methodology and design	16
Table 9: Methods of data capturing and analysis	16
Table 10: Knowledge and information management skills within organisation	17
Table 11: Key indicators of systematic M&E practice within HIV/AIDS programs	18
Table 12: Generating charts or graphs of monitoring data	19
Table 13: Using monitoring data in programme reporting	21
Table 14: Producing reports on HIV/AIDS activities	21
Table 15: Training, consultancy services and technical assistance received	22
Table 16: Provision of training, consultancy services and technical assistance	24
Table 17: Organisation aims to support development of M&E capacity	25
Table 18: Members of organisation provide training in the area of M&E	26

## LIST OF FIGURES

Figure 1: Flow from M&E strategy to processed monitoring information: NGOs/FBOs	20
Figure 2: Suggested NERCHA M&E support unit structure	33

## ACRONYMS AND ABBREVIATIONS

BSS	Behavioural surveillance survey
CBO	Community-based organisation (located in a specific community or region)
CRIS	Country Response Information System
DHS	Demographic and Health Survey
FBO	Faith-based organisation
GFATM	Global Fund against AIDS, TB and Malaria
HBC	Home-based care
LG	Local government
M&E	Monitoring and evaluation
MOHSW	Ministry of Health and Social Welfare
NERCHA	National Emergency Response Council on HIV/AIDS
NGO	Non-governmental organisation
OVC	Orphans and vulnerable children
PMTCT	Prevention of mother-to-child transmission
TA	Technical Assistance
TI	Tertiary Institution
UNISWA	University of Swaziland
VCT	Voluntary counselling and testing (HIV)

Full names of organisations' and their acronyms may be found in Appendix 1

## **EXECUTIVE SUMMARY**

### **Background**

The Swaziland National Emergency and Response Council on HIV and AIDS (NERCHA) was established in 2002. It is mandated to co-ordinate and mobilise resources for an expanded, scaled-up and co-ordinated multi-sectoral response to HIV/AIDS in the country. NERCHA has established a Monitoring and Evaluation Support Unit, which is responsible for ensuring the development and implementation of monitoring and evaluation (M&E) systems within projects funded through NERCHA, in compliance with the results-based reporting requirements of funders. Beyond this the Unit is tasked with promoting and supporting the development and implementation of a National M&E Strategy.

The work of the Unit is supported by a World Bank grant for M&E capacity building, designed to run from 2004-2007. As part of a programme of activities for developing systems and capacity for a national M&E system, NERCHA undertook to assess M&E capacity in Swaziland.

The assessment examines priorities, preparedness, practices and needs relating to M & E in Swaziland, at the HIV/AIDS programme level. It also assesses training needs, resources, best practices and development needs relating to M & E activities and systems in the country.

This report presents the findings and recommendations arising from the assessment.

### **Assessment process**

The assessment had two stages. Firstly, a scoping exercise was conducted to provide in-depth understanding of the context, and to identify key issues relating to M&E capacity in HIV/AIDS organisations across Swaziland. Secondly, an organisation survey was conducted to identify prevailing M&E practices, to take stock of existing skills and gaps, and to understand M&E capacity development needs.

The scoping exercise involved 26 interviews with NERCHA staff and representatives of the following sectors: NGOs, Government, business, donor and international support agencies, faith organisations and consultants. A total of 103 organisations responded to the questionnaire, representing an 82% return rate. These included government departments, non-governmental organizations, community based organisations, faith based organisations, private sector institutions, academic institutions and donor agencies.

### **Findings**

The report presents the findings in tables disaggregated by type of organisation. The qualitative responses of organisations to the questionnaire are produced verbatim in the appendices to the report, and these provide insight into their perspectives and needs.

The following are key issues highlighted by the assessment of M&E capacity.

- There is a high level of computer ownership within service organisations in Swaziland. This means that most organisations have the basic technology for implementing electronic data capture and information management systems. However, one in four organisations do not have internet connections and this would need to be remedied to facilitate relaying of programme data in an electronic M&E system.
- Very few organisations (12% of NGOs/FBOs; 8% of Government/local government agencies) have an M&E unit or staff whose primary designation is M&E. More than half the NGOs/FBOs and almost two-thirds of government service provision agencies have not assigned M&E responsibilities to a member of their organisation. Interestingly, 38% of all organisations plan to hire designated M&E staff in the future, and of these many cite financial constraints as a reason they have not done so to date.

- ❑ Most of the M&E practice areas have at least a few practitioners, but they are thinly spread across organisations and are concentrated in a few more highly capacitated agencies, especially consultancies, tertiary institutions, donors and international support organisations. There is some expertise in the country in all areas of practice covered in the survey, suggesting the need to develop a database of what organisations have skills in what areas, for use in finding consultants, and in developing a capacity building programme.
- ❑ Concerning specific skills many more organisations have skills and experience in data collection than in higher-end M&E design and data analysis. Skills in qualitative research are poorly developed as are advanced data analysis skills, and these are limited to a few individuals and organisations. The area of knowledge and information management is an area of particular concern and there has been a lack of systematisation within organisations in this area.
- ❑ Although a high number of organisations indicated that they have annual work plans, less than one third have an M&E strategy.
- ❑ There is a marked decrease in the number of organisations in the sequence from having a documented set of key indicators (69% NGOs/FBOs), to use of monitoring tools (48%), to capturing monitoring data on a computer (29%), to charting monitoring information (19%). It is suggested that this means that many organisations have made some investment in M&E development, but that this has not been supported and carried through as a programme activity.
- ❑ Less than half of NGOs/CBOs produce reports, which contain monitoring data, and only 12% produce monthly reports (36% quarterly reports) that contain monitoring data.
- ❑ It is notable that almost one third of NGOs/CBOs never produce a report on their HIV/AIDS activities. An even greater proportion of government agencies never report on their HIV/AIDS activities. It is likely that if there is no report there is no review, and no real attempt to take stock of programme achievements. It also suggests a strong need to build an appreciation of the value of reviewing programme activities and outputs, beyond the requirement of reporting to funders.
- ❑ Only 52% of NGOs, 38% of government and local government agencies and 50% of business HIV/AIDS programmes have received training, consultancy or technical assistance relating to research, monitoring and evaluation. Even fewer organisations have received training on M&E framework or systems development. M&E training opportunities have not been available and are strongly needed.
- ❑ Prominent amongst the basic training needs expressed are: understanding of principles of M&E; M&E in specific areas of programme activity; use of computerised M&E systems; developing an M&E plan; developing indicators and monitoring tools; data capture and analysis; and generating reports.
- ❑ Needs for training in more specialised areas of M&E are described in the report, including: development and use of database software at programme level; cost effectiveness analysis; assessment of socio-economic impact of HIV/AIDS; training in use of GIS technology; advanced qualitative analysis; outcome and impact assessment; and monitoring and evaluating of management systems and strategies, especially in areas of human resource and governance (organisational development).
- ❑ The M&E Unit within NERCHA is under-staffed and there is lack of clarity about the respective roles of the M&E Unit, Co-ordinators and the Finance Department in relation to M&E responsibilities in funded projects. Systems for managing the various M&E processes related to these projects are not adequately systematised.
- ❑ Concerning NERCHA's national level responsibility for co-ordinating M&E, it is clear that the absence of national M&E strategic plan, and the lack of direction given by the National AIDS Strategy 2000-2005, has meant an unco-ordinated, unintegrated and unsystematic approach has prevailed. Support for development of a national level M&E programme as well as programme level development is strongly indicated.



## **Recommendations**

### ***NERCHA capacity***

- ❑ There is need for NERCHA to employ field officers to assist in developing tailored M&E logical frameworks for funded projects.
- ❑ NERCHA Co-ordinators needs training for HIV/AIDS M&E.
- ❑ There is need for development of systems for closer co-operation of the M&E Unit, Co-ordinators and the Finance Department.
- ❑ There is a need for development of a management information system with integrated systems for tracking projects, capturing and collating data, and financial management of projects.

### ***NERCHA support for funded projects***

- ❑ There is a need to adopt a more systematic approach to development of M&E systems within projects and to track implementation of the same. Each funded project should have an M&E system, including indicators and measures and tools, that is appropriate to its operations and is consistent with national reporting categories. M&E within each project need to be tracked more closely to ensure timeous submission of reports and to identify problems early. Systems for verifying reported data also need to be put in place.
- ❑ There would also be strong value in creating a NERCHA M&E manual as a guide for funded projects.
- ❑ There is a strong need for designated personnel of all NERCHA funded projects to undergo a basic training in M&E principles and practices (see under capacity development below). The value of M&E as both a reporting and programme management practice needs to be endorsed to develop stronger buy-in of programme personnel.
- ❑ There is a need to develop much stronger field support and technical assistance in M&E for funded projects.

### ***M&E capacity development for HIV/AIDS service providers***

- ❑ There is need for development of a M&E capacity building programme which will need to include the following components: basic principles and practices of programme evaluation; a range of short-courses in specialised areas and concerning particular areas of intervention; a one-day orientation course relating to the national M&E framework (when this is developed). Course materials should be manualised and modularised so that they might be conducted by different trainers, and presented in parts to suit different needs.
- ❑ There would be long-term value gained in supporting the development of M&E modules and courses which might be incorporated within curricula at the University of Swaziland, and a planning workshop towards this end should be conducted.
- ❑ There is need for a register of consulting organisations and the specific areas in which they are equipped to provide technical assistance and training. There would be value in orienting consulting and training organisations to approaches and standards for M&E in the HIV/AIDS field. The aim should be to build a technical assistance resource that is aligned with NERCHA results-based reporting needs and a national M&E framework. This could be achieved through a one-day orientation course. Periodic updating in the rapidly developing field would also be advisable.

### ***National M&E framework***

- ❑ A process for developing consensus around a national set of core indicators needs to be implemented.

- This should be conceived as a first step in developing a national M&E framework, strategy and finally an operational plan.
- A national M&E co-ordination framework would need to incorporate regional co-ordination.
- A national strategy would need to be supported by a country response information system which contains data on serological surveillance, behavioural surveillance, coverage of essential services by region and sector, socio-economic and population impact of the epidemic and its impact on social service sectors. It would need to be underpinned by a plan for information flow from programme to national level, co-ordination of research and surveillance efforts, and should as far as possible allow disaggregation of data to regional level at least, to facilitate use of information by programme managers.

## **PART 1: CONTEXT, OBJECTIVES AND METHODOLOGY**

### **1.1 Context**

#### ***National HIV/AIDS response***

HIV & AIDS was declared a national disaster in Swaziland in 1999. In the same year, the Government of Swaziland established a new framework for responding to the epidemic with the formation of an HIV/AIDS Cabinet Committee and an inter-sectoral HIV/AIDS Crisis Management and Technical Committee (CMTC), under the office of the Deputy Prime Minister. From 1999-2000, the CMTC developed the National HIV & AIDS Strategic Plan 2000-2005, through a comprehensive consultative process. The Strategic Plan seeks to provide a guiding framework for a multi-sectoral, national response, which addresses the three critical areas of concern of Prevention, Care and Support, and Impact Mitigation.

Towards the end of 2001, the National Emergency and Response Committee<sup>1</sup> on HIV & AIDS (NERCHA) was established through an Act of Parliament<sup>2</sup> to replace the CMTC. It established a Directorate in 2002 and it is mandated to co-ordinate and mobilize resources for an expanded, scaled up and co-ordinated, multi-sectoral response in the country, in keeping with the Strategic Plan.

There are many partners in the National HIV/AIDS response system. Largest amongst these is the Ministry of Health and Social Welfare (MOHSW) which has a number of agencies directly involved in HIV/AIDS response, some of which work at the interface between the MOHSW and of other sectors such as education and development. A number of other ministries are involved in HIV/AIDS response and there has more recently been a growing involvement of local government agencies, traditional authorities and parastatal organisations. There is also a strong history of NGO, CBO and FBO involvement in HIV/AIDS response and there is increasing business response to HIV/AIDS. A number of donor and international support agencies are active in supporting HIV/AIDS responses and there are numerous national and international consultancies that are active in providing services to HIV/AIDS organisations.

The development of a broad-based multi-agency approach to HIV/AIDS response has created demands for co-ordination and integration of the different elements that contribute to the National response. Responsibility for this is one of the primary mandates of NERCHA. NERCHA is specifically designated as a co-ordinating body for multi-sectoral responses to HIV/AIDS. As a relatively new entity it has to establish its role amongst other agencies that have been active in the field for many years. In being a co-ordinating Council NERCHA does not usurp the authority of other stakeholders such as the MOHSW which has its own co-ordinating challenges to face in the health and welfare sector. NERCHA's success depends on effective co-ordination within sectors and its challenge is to knit the many responses of the society into a coherent and effective National multi-sectoral response.

#### ***The need for a national monitoring and evaluation system***

The increased flow of resources for supporting responses to HIV/AIDS, together with an increase in the number of actors at country level, has added an extra burden at the level of coordination. The need for co-ordination and integration of burgeoning multisectoral efforts conducted by agencies that have hitherto had little experience in working together, poses an unprecedented demand on country-level governance systems. The demand for alignment of policies and programmes and for more systematic and sustained actions, is evident at all levels: between donors; between international support programmes; within government ministries and departments; between government departments and levels of government;

---

<sup>1</sup> NERCHA has subsequently been upgraded to Council status.

<sup>2</sup> Act 38 of 2002

between government, civil society and the private sector; and between responses to AIDS at local level.

In 2003, in recognition of the need to address the problem of poorly co-ordinated responses, officials from African nations, multilateral and bilateral agencies, NGOs and the private sector met and reached consensus around three principles applicable to stakeholders in national-level AIDS responses. These have become known as the 'Three ones'<sup>3</sup>, and refer to the need for:

- One agree AIDS action framework that provides the basis for co-ordinating the work of all partners.
- One national AIDS coordinating authority with a broad-based multisectoral mandate.
- One agreed country level monitoring and evaluation system.

The 'three ones' orientation has garnered significant support and in April 2004 it was endorsed and adopted by a high-level meeting of participants representing many countries and international support agencies.

Amongst the foundational principles of the 'third one' (M&E) are the following:

- At global-level, there is a need for alignment around indicators linked to the United Nations Declaration of Commitment on HIV/AIDS, and additional core elements that emphasize performance and accountability.
- At country level, there is a need for adoption of a core national monitoring and evaluation system that provides high-quality data for analyzing country performance on the national AIDS action framework.
- At programme level, there is a need for national and external investment in building essential human capacity and infrastructure to meet national monitoring and evaluation needs.

## **1.2 Role of NERCHA in co-ordinating M&E**

The National Strategic Plan for HIV/AIDS 2000-2005 says little about M&E and the organogram for implementation as set out in the Strategic Plan, does not contain any reference to responsibility for M&E functions. According to the National Strategic Plan the monitoring and evaluation of the national response is assigned to the CMTC Secretariat, now NERCHA, but the document contains little strategic thinking about how this might be achieved. The brief section in the Strategic Plan which deals with M&E does not assign responsibility for co-ordinating M&E activities and provides no indication of the need for a process leading to adoption of a national M&E strategy and operational plan.

The Act of Parliament<sup>4</sup> by which NERCHA was established defines NERCHA as a national co-ordinating body. Since M&E is one of the critical areas of national HIV/AIDS response that needs to be co-ordinated, NERCHA has a central role to play in M&E. In this role NERCHA is not tasked with conducting M&E. The responsibility for conducting M&E devolves to service providers, in keeping with current thinking about M&E, which regards it as an integral part of programme management. NERCHA's concern as a co-ordinating body is to promote a systematic, integrated, country-wide approach, and to ensure that M&E capacity develops in keeping with the requirements of a well managed national programme.

NERCHA manages the disbursement of funds from the Global Fund for AIDS, TB and Malaria (GFATM) and other sources to implementing partners. The Directorate which forms the operational arm of the Council has the responsibility of ensuring that funded projects are adequately monitored and evaluated, in keeping with the results-based disbursement policies that funders are increasingly insisting on. Since capacity for M&E, especially in smaller

---

<sup>3</sup> UNAIDS. 2004. The 'Three Ones: Driving concerted action on AIDS at country level'. UNAIDS: Geneva. Document available at [www.unaids.org](http://www.unaids.org)

<sup>4</sup> Act of Parliament 38 of 2002

programmes is limited, NERCHA has had to form an M&E Technical Support Unit to develop and promote programme monitoring, and reporting of programme outputs.

HIV/AIDS response under NERCHA is organized under the following programme areas, each of which poses particular kinds of challenges for M&E: Prevention; Care and Support; and Impact Mitigation. Each of these three programme areas has a Co-ordinator that maintains links between NERCHA and implementing partners. A Finance Department is also directly involved at programme level as NERCHA generally does not disburse money to bank accounts of implementing partners directly, but rather pays for goods and services required by projects.

Leading NERCHA's M&E activities is the M&E Support Unit. This is staffed by a Manager and Administrative Assistant. Concerning projects funded through NERCHA the Unit is responsible for ensuring the development and implementation of M&E systems in compliance with requirements of funders. The broader function of the Unit is to undertake actions to promote the development of a co-ordinated, national, multi-sectoral framework and strategic plan for M&E.

NERCHA has facilitated the formation of 13 Technical Committees, of which one is the Monitoring and Evaluation Technical Committee. These committees represent major stakeholders in each of the major areas of HIV/AIDS programme operation, and these committees serve as a consultative forum on strategic issues, and help to guide NERCHA towards a co-ordinated approach.

In the context of needing to support the development of adequate M&E systems in each of the three programme areas and across a range of projects, NERCHA undertook to assess M&E capacity in Swaziland. This initiative is supported by a World Bank Grant for developing M&E capacity building, designed to run from 2004-2007.

### **1.3 Terms of reference for capacity assessment**

The capacity assessment was designed:

- To examine national values, policies, needs, priorities, preparedness and practices relating to M&E
- To identify existing HIV/AIDS M&E programmes, resources, best practices and gaps at the national, district, sectoral and community levels
- To assess M&E training needs
- To assess use of data to improve programmes and to make recommendations for improved data utilization
- To present findings to a consensus building meeting
- To generate a detailed report with clear recommendations for the development of M&E capacity and practices within the HIV/AIDS response system

### **1.4 Methodology**

#### ***Assessment process***

The following sequence of activities was undertaken:

- Scoping interviews with NERCHA and representatives of organizations representing the different sectors involved in HIV/AIDS response.
- Development and piloting of a questionnaire.
- Development of a list of questionnaire respondents.
- Administration of the questionnaire by a local consultant.
- Analysis of the questionnaire and interview data.
- Feedback and discussion of results with NERCHA.
- Feedback to the NERCHA M&E advisory group and discussion of implications for M&E strategy.
- Feedback to broader stakeholder group and draft of a final report.

Each of these steps is described below.

### ***Scoping***

An interview protocol was developed for interviewing key stakeholders. For each organization this covered:

- M&E orientation: practices/system/policy/future plans and focus
- Personnel assigned to M&E
- Technical skills in M&E
- M&E practices in own organisation
- M&E services provided to other organisations
- Specific issues relating to M&E for the following programme areas: prevention/care and support/treatment/impact mitigation
- Challenges in areas of: data collection/analysis/dissemination/utilisation/access to information/data sharing and management
- M&E support/training/development/technical assistance

**A sample of stakeholders was interviewed, representing different sectors of HIV/AIDS response. These were:**

- NERCHA: Director, M&E Manager & Assistant, 3 Co-ordinators, Finance Manager, Communication strategy consultants, national core indicators consultant, M&E technical committee.
- NGOs: CANGO, TASC, FLAS, AMICAALL
- Government: SNAP, MOH Statistics Unit, Health Education Unit (MOH), SHAPE
- Business: Standard Bank
- Donor: SIPAA, UNDP, HAPAC (EU)
- Faith organisations: Council of Churches
- Consultants: IDM, CTC UNISWA

### ***Questionnaire development***

Following the interviews the interview material was analysed and a questionnaire developed to assess key challenges, capacities and needs associated with M&E of HIV/AIDS impact and responses. A draft questionnaire was circulated for comment to the M&E Technical Committee convened by NERCHA, after which it was developed further and piloted with two organizations. It was subsequently improved and finalized.

### ***Sampling and administration***

The Directory of HIV/AIDS activities in Swaziland (NERCHA, July 2002) was consulted and a comprehensive list of HIV/AIDS service providers was extracted. This included NGOs, CBOs, FBOs, donors, consultants, businesses, parastatal organisations (including local government) and Government departments and units. The list was subsequently amended to include new organizations and to reflect that some organizations no longer exist or are not traceable on the basis of details provided in the Directory.

Drawing up a comprehensive respondent list and administration of the questionnaire was conducted by local consultant Mr Alfred Mndzebele, selected from a list of local consultants who submitted names to NERCHA for consideration as capacity building and consultancy service providers.

Questionnaires were posted, hand-delivered, emailed and faxed to respondents and arrangements were made to have these returned within 10 days.

Those questionnaires not returned were followed up with repeat requests until a pre-determined cut-off date.

### ***Respondents***

A list of responding organizations is provided in Appendix 1. The following table describes the participants by type of organizations.

<b>Type of organisation</b>	<b>Number</b>	<b>%</b>
NGO	38	37
Government	22	21
Local government	4	4
FBO	4	4
Donor or International support agency	11	11
Consultancy	12	12
Business	6	6
Tertiary Institution./ Academic	6	6
Total	103	100

### ***Comments on the sample***

- A total of 103 organisations responded out of 126 organisations that received questionnaires. This gives a response rate of 82%.
- Business interests refer to ‘for profit’ organisations, excluding consultancies. They are possibly underrepresented in the sample although some of the most significant business responses are included.
- The questionnaire responses represent almost all of the major stakeholders from the NGO and government sectors.
- Consultancies refer to organizations which offer professional services to other organizations.
- Donors and international support agencies are defined as those international agencies that provide financial, logistical or technical support to the HIV/AIDS response system.
- Faith based organizations are religious organizations which provide or co-ordinate services related to HIV/AIDS.
- Government refers to ministries including departments and units within them.
- Parastatal organisations have been recoded to align them with categories which they are closest to in terms of HIV/AIDS response management and M&E issues (e.g. Sebenta as NGO; National Youth Council as Government; Swaziland Railway as business; university departments as Tertiary Institution/Academic).

### ***Analysis and interpretation***

Qualitative data was captured in table form and is presented in its entirety in the appendices. Discussion of this data is presented along with the quantitative findings in Part 2. Quantitative data was captured in SPSS and basic descriptive analysis was conducted and is presented following.

Key findings were presented to three stakeholder groups, including NERCHA, the NERCHA M&E Technical Committee, and to a National Consensus Building Workshop on M&E capacity development strategy. The perspectives of these stakeholders were used in developing this report.

## 1.5 Limitations of the study

The following are some of the limitations of the study:

### *Representativity*

*CBOs and faith organizations:* These categories had the highest proportion of unreturned questionnaires. This probably means that the quantitative assessment of capacity would need to be adjusted downwards to be truly representative of all HIV/AIDS response organizations.

*Traditional leadership:* Traditional leadership structures were only indirectly represented, by CBOs, NGOs and NERCHA. Although these organizations described the challenges of working in rural areas and with traditional leadership structures, it would have been helpful, both in scoping for the study and in organizing the feedback workshop, to have had these structures represented. Their needs and co-operation are critical to the implementation of an M&E plan.

*Ministries:* Although the participation of government departments and units was high, such participation does not necessarily reflect ministerial level participation. The participants in this assessment are the implementing agencies of Government and whilst their positions and practices are reported on in this capacity assessment, the position of each ministry as a whole and the internal co-ordination issues faced by ministries are arguably not comprehensively addressed in this report. The report focuses mostly on *capacity for project and programme level M&E*, and some of the challenges of co-ordination will only emerge through the processes of building a co-ordinated strategy that cuts across agencies.

*Ministry of Health and Social Welfare (MOHSW):* This ministry is involved in a number of research and surveillance activities including seroprevalence surveillance and service monitoring (VCT, PMTCT, CHBC). This assessment does not go into depth into these and other areas surveillance and monitoring. The focus is more specifically on multi-sectoral responses and national capacity in terms of skills availability. The MOHSW, through its own plans or health sector response to HIV/AIDS plans to assess its development needs in respect of research, surveillance and M&E. Having said this, it must be noted that the key programmes within the MOHSW were included in this assessment.

### *Validity of assessment*

The study was based on self-reported capacities of organizations. Although care was taken to view capacity and competence in a few ways – e.g. previous experience, specific skills, qualifications of staff – there may be a discrepancy between self-reports and adequate levels of competence. For example, reported experience in conducting household surveys may have been acquired in partnership with a more technically skilled organization that was largely responsible for design and analysis, and experience may be limited to fieldwork. To counter this we have been circumspect about self-reported competence in writing this report.



## PART 2. CAPACITY ASSESSMENT FINDINGS

This section highlights issues relating to capacity for M&E in organizations that were part of the sample for the assessment in Swaziland. It also profiles M&E activities conducted by these organizations. Some of these M&E activities are not necessarily conducted in the context of HIV/AIDS programs, although the skills involved might in future be turned towards serving such programs.

The appendices present verbatim qualitative data from the questionnaire. Whereas key themes are extracted and presented in the following discussion, and the appropriate appendices are referred to in the discussion, readers are urged to consult the appendices which provide an understanding of the issues in the words of the respondents.

### 2.1 Organisational context

In this section organizational characteristics related to development of capacity for M&E are highlighted.

Organisations receiving subvention funding from the Government	20% (n=21)
Organisations receiving funds from NERCHA in the past	35% (n=36)
Organisations expecting funds from NERCHA in the future	63% (n=65)
Is your organisation a funding organisation in the sense of managing the disbursement of funds to service delivery organisations?	19% (n=20)

#### *Key features*

- One in five responding organisations receive subvention funding from the Government and about one in three have received funds through NERCHA in the past. Furthermore, 63% of organisations expect to receive funding from NERCHA in the future. Amongst NGOs and CBOs only one organisation does not receive subvention funding from the government, has not received NERCHA funding, and does not expect NERCHA funds in the future.
- The only large scale service-oriented programme that is neither NERCHA funded nor subvention funded, is HAPAC (HIV/AIDS Prevention and Care Project, funded by the European Union), and listed in this report as an International Support Program.
- Half of the businesses surveyed receive no funding from Government or through NERCHA, but the other half and notably the Business Coalition Against HIV/AIDS, are currently in receipt of, or expecting funds from NERCHA.
- The receipt of funding either from Government or from NERCHA allows leverage to be applied through requiring that funding be tied to minimum standards and common protocols for M&E. Those organisations that are not funded by Government or NERCHA, for example, in the business sector may be more difficult to draw into a national M&E framework. This risk is given emphasis by the finding that many programs have been in operation for many years (see below) without having developed a strong M&E component, showing that M&E is often not seen as an integral and essential part of programme development and management systems.

Type of organisation	Average number of years
NGO	6.9
Government	6.5
Business	5.8
Tertiary / academic institution	4.6
Consultancy	3.2
FBO	3
Donor or international support agency	2.9
Local government	2.7
All	5.4

### Key features

- ❑ It is notable that NGOs, on average, are the group that has been involved in HIV/AIDS response for the longest period of time, followed by government. This finding is weighted by the fact that many government departments not closely allied to health and social welfare issues, have only recently become involved in HIV/AIDS response.
- ❑ International support agencies or donors, on average, seem to have only recently started to be involved in HIV/AIDS activities in Swaziland. This may be largely due to an increase in the number of international organisations that have recently started working in the field of HIV/AIDS in Swaziland.
- ❑ It is worth noting that the business sector in Swaziland did not lag far behind the government and NGO sectors in coming on board in addressing issues of HIV/AIDS in the country.
- ❑ 25% of NGOs and 17% of Government departments have been involved in HIV/AIDS for 10 years or more.
- ❑ The length of time of involvement in HIV/AIDS response is of interest as it shows how long programs can be in existence without developing M&E capacity, in the absence of attempts to promote M&E. It is also of interest to note that sometimes programs which have been in existence for a relatively brief period of time have become active in M&E, suggesting that the development of M&E capacity is a consequence of prioritisation and does not necessarily require a protracted development process.

	NGO/FBO (n=42)	Govt/Loc. Govt (n=26)	Business (n=6)	Donor/ Intern. Support (n=10)	Tertiary Inst./Aca demic (n=6)	Consulta ncy (n=12)	ALL
Organisation has a computer	86%	85%	100%	100%	100%	100%	90%
Most programme staff members have computers	75%	50%	50%	100%	83%	100%	66%
Internet connection in office/s	71%	58%	67%	100%	83%	100%	75%

### Key features

- ❑ The high level of computer ownership within HIV/AIDS service organisations means that most organisations have the basic technology for implementing basic electronic data capturing and information management systems within these organisations.
- ❑ The lack of internet connections in HIV/AIDS programme offices of 29% of NGOs/FBOs, 42% of local government and 33% of businesses is an issue that needs to be looked at as it can impact negatively on the ability to communicate between organisations and M&E co-ordinating authorities. However, overall there is a relatively high (75%) access to internet in the organisations that were assessed. This is promising, as access to the internet allows rapid communication and sharing of electronic monitoring information, and exposes organisations to the world wide web with its many resources on programme development and M&E. It suggests that an electronic system of communication is viable in the development of a national M&E framework.

	NGO/FBO (n=42)	Govt/Loc. Govt (n=26)	Business (n=6)	Donor/ Intern. Support (n=10)	Tertiary Inst./Aca demic (n=6)	Consulta ncy (n=12)	ALL
1. Organisation has a monitoring and evaluation unit or dedicated M&E staff	12%	8%	0%	20%	0%	8%	10%
2. No M&E unit or dedicated M&E staff, but have staff who have M&E as designation amongst other duties	36%	27%	17%	40%	17%	17%	32%
3. Organisation has M&E attached to at least one job, either dedicated or partial	48%	35%	17%	60%	17%	25%	42%
4. NGO/CBO with a finance officer or manager	69%	n/a	n/a	n/a	n/a	n/a	n/a

### **Key features**

- Very few organisations (10% altogether) have a **dedicated** M&E staff member or unit whose primary responsibilities are M&E. The total number of organisations in this category is 10, of which five are NGOs, two are Government agencies and two are Donor or international support organisations.
- One third of all organisations (36% of NGOs) indicated that they have a staff who is assigned responsibility for M&E in addition to other functions designated to them; i.e. it is not a primary job description. This means that these organisations have at least identified M&E as an important programme activity by attaching it to the duties of one or more personnel, although such personnel are not necessarily active in M&E programs.
- The third row above indicates the proportion of organisations that have either a dedicated M&E member or a member who has M&E as a responsibility amongst others. Only 42% of all organisations (48% of NGOs/FBOs) fall into this category. These organisations are the same organisations that are shown throughout the report to have initiated M&E programs and processes. On the negative side, this means that for all organisation types, a majority (58%) have not invested human resources in M&E activity. Buy-in to M&E activity is therefore a matter of concern, and any process of capacity building will need to commence with advocating for the prioritisation of M&E as a programme activity, including investment of financial and human resources in M&E.
- Appendix 8 and 9 shows the positions, qualifications and training of personnel who are either dedicated full-time or part-time to M&E activities. The qualifications of both dedicated M&E staff and designated staff (amongst other duties) range greatly. This is not surprising since world-wide there are few qualifications specifically in M&E, and most M&E training is in the form of short-courses, often tied to specific types of programs. This means that there is probably little standardisation of approaches and that there would be value attained in aligning M&E personnel around a common framework, shared terminology and standardised reporting categories. This, however, poses the challenge of harmonising approaches across programs and organisations involved in HIV/AIDS response.
- Appendix 10 shows the intentions of different categories of organisation with respect to hiring of staff in the areas of M&E. Thirty nine organisations (38%) responded that they have intentions to hire M&E staff, but most of these face financial constraints in allocating posts to M&E. A few organisations resolve this by opting to hire consultants on a short-term contract basis, or hope to bring in M&E skills through future project funding. M&E is particularly a problem for smaller organisations. This suggests a need for a national M&E technical resource team that could provide specific technical services and M&E training to existing staff.

## 2.2 Areas of M&E and research experience

	NGO/ FBO (n=42)	Govt/ LG (n=26)	Bus. (n=6)	Donor/ Intern. Support (n=10)	Consultancy /TI (n=18)	All
Assessed the social or socio-economic impact of HIV/AIDS	7%	23%	17%	30%	28%	18%
Assessed economic impact of HIV/AIDS on a business, government department, institution or community	0%	12%	17%	30%	33%	13%
Conducted a cost analysis, cost effectiveness or cost benefit study	2%	0%	0%	10%	44%	10%
Conducted or commissioned an assessment of the impact of HIV/AIDS on the functioning of <b>your own</b> organisation	19%	12%	17%	10%	11%	15%
Conducted an assessment of the impact of HIV/AIDS on the functioning of <b>another organisation</b>	2%	4%	0%	20%	28%	9%
Undertaken some form of audit or mapping of organisations, services or resources in an area	10%	12%	17%	50%	33%	19%
Undertaken a study or project to identify high transmission areas and populations at especially high risk	5%	8%	0%	40%	0%	8%
Conducted a health facilities survey	0%	8%	0%	20%	22%	8%
Conducted a situation analysis or audit relating to the number of orphans and vulnerable children or their needs	29%	19%	0%	10%	17%	21%
Designed and written-up a KAP-type (knowledge, attitudes, practices) study	7%	8%	17%	10%	17%	10%
Undertaken an opinion poll or rapid survey	0%	4%	17%	10%	11%	5%
Conducted market research	2%	4%	0%	0%	28%	7%
Used social marketing methods and strategies	7%	8%	0%	20%	17%	10%
Tested responses to media products like posters and pamphlets	0%	1%	0%	20%	22%	7%
Undertaken research for purposes of policy development	12%	12%	0%	20%	44%	18%
Conducted an operations research study (research towards improving a program)	14%	4%	0%	20%	22%	13%
Conducted a formative evaluation of a project or program	26%	8%	0%	10%	39%	21%
Conducted an outcome (summative) evaluation of a project or program	24%	0%	0%	0%	44%	18%
Delivered a research presentation at a conference	19%	12%	0%	30%	44%	22%
Analysis of sick leave, absenteeism or mortality data to understand the impacts of HIV/AIDS	2%	8%	17%	20%	28%	11%

### *Key features*

- Data for this table was elicited through the question: ‘Has your organisation ever conducted the following activities? (please only answer ‘Yes’ if your organisation has been the primary agency in conducting the activity)’.
- Most of the M&E practice areas have at least a few practitioners, but skills are thinly spread across organisations and are concentrated in a few more highly capacitated agencies, especially the consultancies, tertiary institutions, donors and international support organisations. There is some expertise in all areas of practice covered in the survey, suggesting the need to develop a database of what organisations have skills in what areas, for use in finding consultants, and in developing a capacity building programme.

- ❑ At least 5 organisations report that they have experience in all of the listed areas. This means that most of these skill areas have a few practitioners, allowing for collaboration between agencies in providing technical assistance or training to less experienced organisations.
- ❑ In some areas there is rich and varied experience in spite of a limited number of organisations with such skills. Appendix 11 depicts the Mapping activities conducted by 19% of programmes, showing that there is a fairly rich bank of experience to draw on in the ranks of local organisations, in developing capacity for this particular research and M&E activity.
- ❑ This list covers most of the areas of experience that would be required for implementing an effective M&E system and for providing support to programmes that need strengthening of their M&E component.
- ❑ Other research and M&E activities conducted by participating organizations are profiled in Appendices 12 and 13, where research experiences of organisations are described, as well as training, consultancy services or technical assistance in the areas of research, monitoring, evaluation or assessment provided to other agencies.
- ❑ Although self-reported experience of working in a particular field does not necessarily mean that all organisations are able to independently provide training or services in each of these areas, the range of experience at least suggests a potential within the country to support M&E activities by local institutions. Also, it suggests a conducive environment for skills development in areas where skill levels and M&E approaches need to be upgraded or adapted.
- ❑ It appears that the main shortcomings are more to do with co-ordination, systematisation and integration, than an absolute absence of skills.

### 2.3 Specific technical skills within organisations

For each of the following technical skill areas the question was asked: ‘Is there anyone in your organisation with skills/experience in the following areas? (the level of skill must be such that the person can independently undertake tasks in the area)’. It must be stressed that the assessment does not reflect on the quality or depth of skills in an area, although attempts have been made to assess this through breaking down skill areas into more and less complex activities so as to separate basic and more advanced skills. Ultimately there are few research activities that can be conducted without advanced skills, and M&E systems certainly cannot be designed without advanced skills. However, managing M&E processes and utilizing data for programme management does not necessarily need advanced skills.

	NGO/ FBO (n=42)	Govt/ LG (n=26)	Bus. (n=6)	Donor/ Intern. Support (n=10)	Consulta ncy/TI (n=18)	All
Questionnaire development	69%	62%	83%	60%	67%	68%
Conducting focus group research	55%	50%	83%	40%	67%	56%
Conducting in-depth interview research	41%	46%	67%	40%	61%	47%

#### *Key features*

- ❑ The area in which most organisations have some skills and experience, is questionnaire development, although 31% of NGO/FBOs report not having experience in this area. The development of simple questionnaires for evaluating training and interventions is a important area of M&E competence, and one in which all service organisations should have basic skills.
- ❑ Most organisations do not have skills and experience in focus group discussions and in-depth interviewing which corresponds with generally low skills in qualitative research, evident also in research design and analysis tables below.

- Generally more organisations have skills and experience in data collection than research methodology and design, and data analysis (compare with tables below).

	NGO/ FBO (n=42)	Govt/ LG (n=26)	Bus. (n=6)	Donor/ Intern. Support (n=10)	Consultanc y/ TI (n=18)	All
Qualitative research design	17%	8%	17%	50%	56%	25%
Designing community or household surveys	50%	58%	33%	50%	61%	53%
Basic survey sampling methods	43%	15%	0%	60%	61%	38%
Population based sampling methods	29%	12%	0%	60%	41%	28%
Expertise in programme evaluation design	17%	0%	17%	50%	39%	20%
Participatory research methods	14%	7%	17%	50%	50%	23%

### **Key features**

- As might be expected few organisations report skills in the relatively advanced area of research methodology and design. Most of the skills in this area are within the ranks of international support organisations and consultants.
- Community and household surveys were noted as areas of experience by the highest proportion of respondents. However, whereas many of the organisations have participated in surveys that at the level of planning and implementation, this does not necessarily reflect skills in the relatively complex task of designing a survey and especially creating a sampling framework. The lack of experience in quantitative data analysis (see Table 9) would seem to suggest that this is the case, as it is difficult to design a survey without having a good grasp of quantitative research concepts and practices.
- It is important to note that programme evaluation design is particularly low as an area of skill/experience.
- There is also weakness in participatory research methods which are particularly useful at the interface between programs and communities or beneficiaries. This is surprising as participatory research methods do not require complex technical skills, so much as good communication skills and an ability to engage with communities in understanding needs and reviewing projects.

	NGO/ FBO (n=42)	Govt/ LG (n=26)	Bus. (n=6)	Donor/ Intern. Support (n=10)	Consulta ncy/ TI (n=18)	All
Interview or focus group audiotape transcription	45%	35%	50%	40%	39%	41%
Quantitative data capture	43%	31%	0%	60%	67%	43%
Use of software for qualitative data management and analysis (e.g. Nudist, InVivo)	2%	8%	0%	20%	17%	8%
Basic quantitative data analysis (frequencies, cross-tabs, etc.)	21%	12%	0%	60%	56%	28%
Basic statistics (anova, chi square, etc.)	19%	4%	0%	60%	61%	26%
Advanced statistics (multivariate analysis)	7%	0%	0%	40%	44%	15%
Generating charts from statistical data	29%	8%	0%	60%	61%	30%

Software used for quantitative data capture (n= those that capture quantitative data)	STATA 2%	SPSS 53%	ACCESS 26%	EXCEL 16%	EpiInfo 5%
--	-------------	-------------	---------------	--------------	---------------

### **Key features**

- ❑ There is a small pool of skills in qualitative data analysis, and especially in advanced qualitative data management and analysis using qualitative data analysis software. This means that there is very limited capacity for undertaking larger scale qualitative studies.
- ❑ Skills for quantitative data capture and analysis are foundational to research, monitoring and evaluation. There is limited experience in audiotape transcription and quantitative data capture. Whereas the former is only likely to be needed in a context of formal research, the latter is a requisite for monitoring and evaluation.
- ❑ Basic quantitative data analysis skills are in short supply in Government, NGOs/FBOs and business agencies. There is a need to develop these skills if only 28% of all organisations can do basic data analysis and only 30% can generate charts from statistical data.
- ❑ Advanced statistical skills are scarce and found in international agencies (UNDP; UNICEF, WHO, HAPAC (EU Project )), amongst consultants (Computer Business & Consultancy, Mananga, International Development Consultants Group, MPH Geomatics, Nathi Gumede & Associates), researchers from TIs (UNISWA-Faculty of Health Sciences; UNISWA - History Department; UNISWA - Research Centre Luyengo) and in 3 NGOs (World University Services Swaziland, COSAD, FLAS).
- ❑ There is a clear indication that most of the organisations needs skills in the use of statistical software, given the fact that most of these organisations have computers. The low level of knowledge of statistical software is an impediment in promoting use of data for M & E.

	NGO/ FBO (n=42)	Govt/ LG (n=26)	Bus. (n=6)	Donor/ Intern. Support (n=10)	Consult ancy/ TI (n=18)	All
Report writing and presentation	83%	65%	3%	60%	78%	74%
Publishing research or monitoring and evaluation studies	19%	15%	17%	60%	67%	30%
Developing health information management systems	5%	4%	0%	50%	28%	13%
Use of geographic information systems (GIS) software or technology	2%	8%	0%	40%	44%	15%
Development of databases	14%	8%	0%	60%	61%	25%

### **Key features**

- ❑ The business sector is particularly low in these skill areas.
- ❑ The consultancy and TI sector has particularly high proportion of skills in this area, except in the area of health information management systems.
- ❑ The NGO/FBO sector is weak in all areas apart from report writing and presentation. Unfortunately this does not translate into use of these skills in presenting monitoring data in reports or writing reports on HIV/AIDS activities (see below). This probably reflects the reality that the presence of skills in an organisation does not necessarily lead to their use in all projects. What this means is that it is important to be clear when a problem area is a result of insufficient skills and when it is a consequence of other factors such as a lack of prioritisation or organisational culture.

### ***Integration of findings relating to specific technical skills***

- ❑ Whereas some of the basic M&E skills are available in service organisations, the shortfall in analytic skills means limited capacity for independently managing M&E processes at the level of organisations.
- ❑ Higher level data processing and storage/retrieval skills are limited to a handful of organisations.
- ❑ There are few skills in economic assessment: viz. cost-analysis, cost-effectiveness and cost-benefit.
- ❑ Higher level research skills and qualifications are lacking within HIV/AIDS programs and specific research activities are probably best achieved through technical assistance arrangements with relatively well-equipped consultancy and academic institutions (See Appendix 11, 12, 13, 19, 20). However, many of their technical skills have not been specifically aligned around HIV/AIDS research or M&E although they might relatively easily be adapted. The higher level skills require years of university education and are not easily acquired through short courses. This is another reason why capacity development should primarily be oriented around developing programme level M&E capacity and use of higher level consultants for research activities in areas where their existing skills might easily be adapted.
- ❑ Operational research on programme activities require lower level research skills, together with a good understanding of programme delivery and HIV/AIDS issues. It would be fruitful to engage tertiary institutions in providing skills development in this area.
- ❑ Government agencies are generally weaker than NGOs in M&E capacity and face particular challenges, often working within ministries not traditionally aligned with the health and welfare issues (e.g. taxes, agriculture and co-operatives, correctional services). It appears that there is relatively less support for M&E activity in such contexts compared to those organisations situated in the MOHSW.

### **2.4 M&E practice within organizations**

M&E is integral to good management. Basic principles of programme management such as clarification of organizational objectives and having a work plan are necessary precursors to successful M&E programs. Furthermore, an M&E strategy needs to be developed to define what needs to be monitored, when and through what processes and towards what ends. Indicators of programme achievement need to be developed in accordance with an M&E strategy and appropriate measurement tools and processes need to be developed. Data needs to be captured and analysed so that it can be used in monitoring programme performance and in programme management and decision making. The following table summarises findings relating to key indicators of M&E practice within organisations.

<b>Table 11: Key indicators of systematic M&amp;E practice within HIV/AIDS programs</b>				
	<b>NGO/FBO (n=42)</b>	<b>Govt/Loc. Govt (n=26)</b>	<b>Business (n=6)</b>	<b>All</b>
Organisation has an annual workplan	86%	43%	83%	74%
Organisation has reviewed its programme objectives in the last year	67%	42%	17%	55%
Organisation has a documented (written-down) M&E strategy for HIV/AIDS programs	29%	8%	17%	19%
Organisation has a documented set of key indicators through which the success of the organisation in meeting its targets can be measured	69%	50%	83%	59%
Organisation regularly uses monitoring tools for keeping track of programme activities and service delivery	48%	15%	17%	36%
Organisation has developed its own monitoring tools	36%	7%	17%	27%
Monitoring data is captured on a computer	29%	0%	17%	26%



Software used for capturing monitoring information	SPSS 7%	ACCESS 6%	EXCEL 17%	EpiInfo 3%
--	------------	--------------	--------------	---------------

### *Key features*

- Although most NGOs/FBOs and business HIV/AIDS programmes have an annual workplan, the M&E programs within many governmental agencies do not. Organisations without workplans tend to conduct activities on an ad hoc basis, often around key health days, or specific project activities, suggesting that the work of the programme is not an ongoing part of the work of the department.
- The proportion of organisations which have reviewed their programme objectives in the last year is lower than might be expected. Given that major new developments in the field of HIV/AIDS intervention in Swaziland are underway, notably treatment access and VCT, as well as the increased possibility of funding through the GFATM, one might have expected a greater proportion of programs to have gone through the process of reviewing their objectives. Development of M&E programs is strongly tied to clarification of programme objectives and reviewing of programme objectives is an important way of tying together programme management and M&E.
- A low proportion of organisations has a documented M&E strategy. A greater number of programs should be expected to have gone through the process of documenting a strategy, even a modest one, which outlines how the organisation should go about monitoring and evaluating its programs.
- There is clearly a need for organisations to develop indicators through which to reflect programme achievement. This is an indispensable element of M&E and with 41% of organisations not having developed indicators for their programs, this should be noted as a priority area in M&E capacity development.
- The use of monitoring tools for keeping track of programme activities and service delivery is much lower than might be expected. Whereas 59% of organisations have indicators, only 36% collect data through monitoring tools and processes.
- Even fewer organisations have developed their own monitoring tools. This is an important indicator of M&E practice as it reflects the organisations ability to develop its own M&E tools in relation to inevitably changing programme practices. See Appendix 14 for areas of activity in which monitoring forms and checklists are used.
- Only 26% of the organisations within the three categories reflected in the above table capture monitoring data on a computer (see Appendix 15 for the areas of activity in which monitoring data is captured on a computer). This compares to the 36% that are collecting data. If data is collected but not captured it is not utilised. This suggests the need to develop capacity around data capturing and analysis.

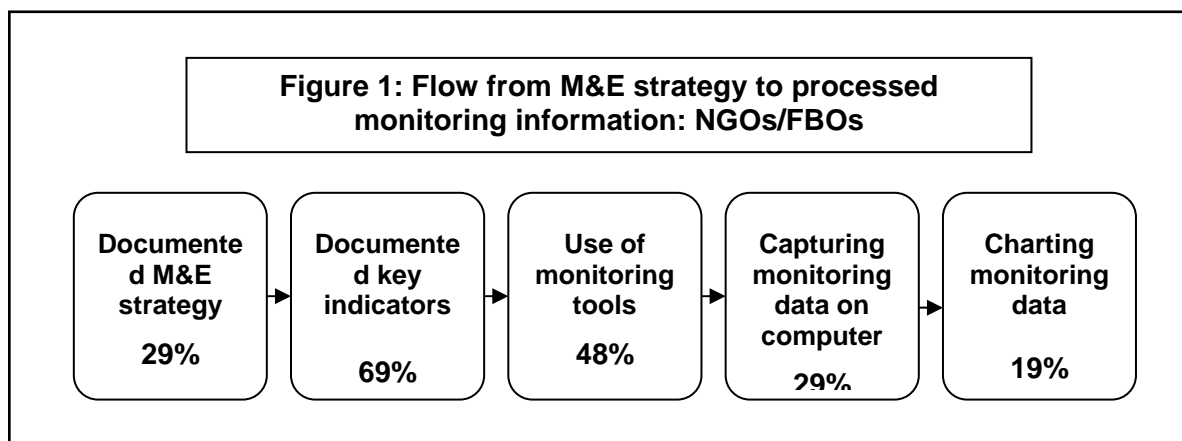
	NGO/FBO (n=42)	Govt/Loc. Govt (n=26)	Business (n=6)	All
Generate charts or graphs from monitoring data on a monthly basis	7%	0%	17%	5%
Generate charts or graphs from monitoring data on a quarterly basis	10%	0%	0%	8%
Generate charts or graphs from monitoring data on an annual basis	7%	0%	0%	6%
Generate charts or graphs from monitoring data on a monthly, quarterly or annual basis (i.e. at least once a year)	19%	0%	17%	17%

### *Key features*

- This table reflects paucity of skills in processing and analysis of data. The findings suggest that although some organisations are collecting data, few are collating and

analysing the data in the form of charts or graphs which might be used within organisations to monitor progress. Simple charts and graphs can be used to track progress against key programme delivery targets and are a way of making programme delivery statistics available to members of staff not necessarily involved in M&E programs.

- If we compare the data in the last row of the above table to data presented in Table 9 we see that 17% of all organisations generate charts from monitoring data compared to 30% of organisations that have the technical capacity to generate charts from statistical data, we see that there are organisations with the technical ability that are not using them in this way. What is needed in this case is not so much skills development, but development of an appreciation of the value of this, which can be translated into expectations, including expectations that monitoring data will be captured electronically.
- Data transformation into formats that are easily accessible to programme staff can be a valuable tool in developing awareness in programme staff of the need to monitor performance and maintain an awareness of programme objectives and goals. This is technically a relatively simple process which can be automated through use of software available on most office computers. FLAS, for example, has a system in place for managing the flow of monitoring information into a monthly report which can be set on the table and discussed amongst programme staff. Unfortunately most organisations, many of which have the technical capacity to be able to achieve this with appropriate guidance, do not do likewise. There needs to be a flow of information from monitoring tools into programme decision making processes and blockage of this flow is possible at a number of levels.



#### *Key features*

- Less than a third of NGOs/FBOs have a documented M&E strategy. Ideally a service provision organisation would formalise the M&E component of its programs through a strategy which sets out the relationship between management and M&E and the role and scope of M&E activities in fulfilling the mandates of the organisation.
- The absence of a documented strategy, however, does not mean that organisations do not conduct M&E activities. More than two thirds of NGOs/CBOs have documented key indicators, which is encouraging. However the proportion that uses monitoring tools (e.g. questionnaires, checklists, activity reports) drops to 48%. The proportion who capture this data on a computer drops further to 29% and the proportion that charts monitoring data drops still further to 19%. The charting of monitoring data is an important activity as visual display of information is an aid to utilising monitoring information in programme development and review.
- The above sequence represents an erosion of performance from having key indicators to having useful information to work with at a programme level. This means that

some of the value of the M&E activities that take place (developing indicators and tools) is not capitalised on, and does not come to be of value at programme level. It also suggests that many organisations have made some investment in M&E development, but that this has not been supported and carried through as a programme activity.

	NGO/FBO (n=42)	Govt/ LG (n=26)	Business (n=6)	All
Monitoring data is analysed and written into a <b>monthly</b> report	12%	4%	33%	11%
Monitoring data is analysed and written into a <b>quarterly</b> report	36%	0%	0%	20%
Monitoring data is analysed and written into an <b>annual</b> report	12%	0%	0%	9%
Monitoring data is analysed and written into a report on a monthly, quarterly or annual basis ( <b>i.e. at least once a year</b> )	45%	4%	33%	35%

#### **Key features**

- As reported above there is a drop off from monitoring, to capturing data, to analysing it and using it. In this table we see that less than half (45%) of NGOs/CBOs produce reports which contain monitoring data and only 12% produce monthly reports (36% quarterly reports) which contain monitoring data.
- It is worth noting that government departments seem to be particularly deficient in reporting programme monitoring data.
- Many of the organisations that reported having produced reports on HIV/AIDS activities did not report that they produced reports for their own internal consumption, but rather for external agencies, partners or donors (see Appendix 16). It seems, with a number of exceptions (e.g. CANGO, FLAS, businesses), that the culture of producing reports specifically for programme planning and management is not a foremost practice for these organisations, and there may be need to build capacity for utilising processes of analysis for programme development purposes.

(categories are not mutually exclusive: an organization might produce a monthly and a quarterly or annual report)	NGO/FBO (n=42)	Govt/Loc. Govt (n=26)	Business (n=6)	Donor/ Intern. Support (n=10)	All
Organisation seldom or never produces a report on its HIV/AIDS activities	31%	50%	33%	50%	44%
Organisation produces a monthly report on its HIV/AIDS activities	34%	8%	67%	10%	21%
Organisation produces a quarterly report on its HIV/AIDS activities	39%	31%	33%	20%	29%
Organisation produces an annual report on its HIV/AIDS activities	29%	27%	33%	20%	25%
Organisation produces a report on its HIV/AIDS activities on a monthly, quarterly or annual basis (i.e. at least once a year)	69%	50%	67%	50%	56%

#### **Key features**

- It is notable that almost one third of NGOs/CBOs never produce a report on their HIV/AIDS activities. This is especially significant given that the organisations involved in this assessment were selected specifically for their involvement in HIV/AIDS activities. An even greater proportion of government agencies never report on their HIV/AIDS activities. It is likely that if there is no report there is no review, and no real attempt to take stock of programme achievements.
- Quarterly reporting is the most common reporting interval mentioned, with 39% of NGOs/CBOs saying that they report on this basis.

- ❑ It is notable that whereas one in five (21%) of all organisations included in the survey produce monthly reports on HIV/AIDS activities, only one in ten are analysing monthly data and writing it into reports. Also whereas 45% of NGOs reported ever using monitoring data in their reports, 69% produce a report on HIV/AIDS activities at least once a year. This means that some reports do not include activity monitoring data, and it is surprising that such reports would be considered acceptable to funders.
- ❑ The observation might indicate lack of skills in integrating data into reports. Integration of data into reports needs understanding of data outputs and interpretation of the meaning of that data in relation to programme output areas. This is a critical skill needed for improving programme planning, monitoring and evaluation.
- ❑ One of the most commonly expressed needs for capacity development is in the area of report writing, which is discussed further below.

	NGO/FBO (n=42)	Govt/Lo c. Govt (n=26)	Business (n=6)	Donor/ Intern. Support (n=10)	Tertiary Inst./Aca demic (n=6)	Consulta ncy (n=12)	All
Organisation has received training, consultancy services or technical assistance in the areas of research, monitoring, evaluation or assessment from other agencies	52%	38%	50%	9%	33%	25%	40%
Organisation has received some training on M&E framework/ systems development	14%	4%	17%	n/a	17%	33%	13%

### **Key features**

- ❑ Only 52% of NGOs, 38% of government/ LG and 50% of business HIV/AIDS programs have received training, consultancy or TA for research, monitoring and evaluation.
- ❑ Even fewer organisations (NGO 14%; govt./LG 4%; business 17%) have received training on M&E framework or systems development. See Appendix 15 for details of the types of training received. These include education on basic principles, M&E in specific areas of programme activity, use of computerised systems of M&E, and development of M&E plans.
- ❑ This data indicates that M&E training has not been widely available and measured against the needs for capacity development that are discussed below, this points to a shortfall in training opportunities.

### **2.5 M&E capacity development needs**

See Appendices 10, 17,18, 19 and the comments made by respondents following the national consensus building workshop (Appendix 5).

#### **Summary of key features**

- ❑ Most organisations seem to accept the need for M&E, and are enthusiastic about possibilities for training in this area. Following the National Consensus Building Workshop there is an expectation that a capacity building programme will be forthcoming.
- ❑ A number of organisations (see Appendices 10, 17, 18) said that financial constraints prevent them from employing an M&E person. There is a need to look to the financial needs related to employment of M&E personnel and to attachment of M&E duties to existing staff. Development of M&E comes at a cost to organisations and the need to cover these costs should not be overlooked. There is a need for NERCHA, Government and other funding conduits to ensure that M&E is not only included as a project component but adequately covered financially.
- ❑ Organisations expressed a range of capacity development needs for M & E, which

- correspond with the areas found in this report to be lacking.
- There is a need for development of better understanding of foundational M & E concepts and on how to establish basic M & E systems within programs. In the words of one Government respondent: “My organisation needs full training in handling the whole HIV/AIDS matter.” At this level there are needs for training in indicator development, development of monitoring tools, development of basic data capture and analysis skills, and report writing and presentation skills.
  - Some organisations expressed the need for appropriate software for analysis, including software for qualitative and quantitative analysis. The need for this is also very apparent in the sections above on data capturing and analysis. Such software is typically more expensive and in many cases licenses need to be updated yearly, meaning that this needs to be built into programme budgets in the short and long-term.
  - Other organisations and particularly consultancies expressed needs for training in more advanced areas such as ‘monitoring multi-sectoral long term projects’ and ‘monitoring and evaluation of management strategies and systems, particularly in the areas of human resources management and governance’. Other needs for advanced training are in areas of cost analysis/ cost benefit studies, assessment of socio-economic impact of HIV/AIDS, training in use of GIS technology, advanced qualitative analysis, outcome and impact assessment, monitoring and evaluating of management systems and strategies, especially in areas of human resource and governance (organisational development).
  - Generally those organisations that expressed needs for more advanced training are the organisations with greater capacity, and those with lesser capacity seemed to be realistic in their need for basic training.
  - As was noted above there is poor capacity for designing M & E programs, even amongst more technically capacitated organisations. Design of programs is obviously more advanced than implementation of programs and for those organisations with few or no skills in the area, there is a need in the first assistance and short-term to receive technical assistance in establishing M&E operational systems. For many of the organisations this would suffice; i.e. they are unlikely ever to need or benefit from more advanced training. For this reason there is a need for a basic level of training coupled with technical assistance, and a need for more advanced training to build capacity of both technical assistance organisations and those in need of advanced skills.
  - Most of the expressed needs relate to programme level M&E, but there are also needs for development of skills for monitoring at a regional and national level in relation to multi-site and multi-sectoral programs. These needs are dealt with more fully below in discussing M&E capacity in relation to national indicators, where needs relating to highly technical areas such as epidemiological and behavioural surveillance at a national and regional level, are discussed.
  - Some of the areas mentioned as ‘training needs’ refer to basic programme management processes: project management, project coordination, financial management, development of logical frameworks, strategic planning and human resource management. This is in keeping with understanding that M&E and programme management should be closely tied and utilisation of M&E for programme development and decision making requires it to be embedded as a management function. There is a need to firmly establish this principle amongst programme staff who are not necessarily M&E specialists. In this regard there is a need for orienting programme managers and finance officers to the basic principles of M&E and their relation to programme management.
  - M&E in the area of impact mitigation is generally more complex and difficult than in areas of prevention, care and support. Some of the NERCHA funded impact mitigation programs involve multiple inputs at different levels, which are difficult to monitor, and the expected outcomes are difficult to measure. For example, programs

for seed planting, weeding, harvesting and so on, where the output is food for orphans. Another example is a project designed to renovate houses of OVC. These programmes require their own monitoring and reporting procedures and they are not meaningfully accommodated using standard M&E forms. Further the people involved in such programmes are not usually trained to respond to expectations of submitting reports and monitoring their activities. In such programs capacity building needs are for technical assistance in establishing basic monitoring systems and then basic training in implementation. In other areas, such as home-based care and VCT, there are national and international M&E protocols. There is consequently much less need for TA for developing systems, and only need for training in adaptation of tools and implementation. It would be important for NERCHA to develop a clearing-house for accessing existing M&E tools, guidelines, indicator sets and materials in specific areas where tools and standards have already been developed.

- The TI sector expresses a need for training of lecturers in M&E and this would seem to be an important component of a long-term capacity building strategy. There are already some advanced research skills in this sector, but there needs to be some orientation to the practical needs of programs and a better understanding of the type and level of M&E assistance needed.
- The area of qualitative data collection (in-depth interviews, focus group discussions, observational studies, ethnographic studies) and analysis are very underdeveloped and there is need for training in such areas. These methods are generally better developed in the social sciences, rather than in the health sciences, and there is a need to develop a centre of expertise in the country in this area. This may best be located in tertiary institution social science departments.

## 2.6 Training, consultancy services and technical assistance (TA) capacity

	NGO/FBO (n=42)	Govt/Loc. Govt (n=26)	Busines s (n=6)	Donor/ Intern. Support (n=10)	Tertiary Inst./Aca demic (n=6)	Consulta ncy (n=12)	All
Organisations that have provided <b>general</b> training, consultancy services or technical assistance to other organisations or departments	69%	27%	67%	82%	83%	92%	73%
Organisations that have provided training, consultancy services or technical assistance <b>specifically in the areas of research, monitoring, evaluation or assessment</b>	31%	31%	33%	82%	50%	83%	44%

### *Key features*

- 69% of NGOs/FBOs describe themselves as service providers (training, consultancy or technical services) to other organisations, but only 31% have provided services in the areas of research, monitoring, evaluation or assessment. Much of the consultancy work in this area has been conducted by external providers. (See Appendices 7, 20, 21, 24)
- Appendix 18 describes technical assistance in M&E which organisations say that they are able to offer to other organisations. The quality and extent of their expertise needs to be investigated so that they might become the core of a Swaziland based technical resource network in the area.

NGO/FBO (n=42)	Govt/Loc. Govt (n=26)	Business (n=6)	Donor/ Intern. Support (n=10)	Tertiary Inst./Academic (n=6)	Consultancy (n=12)	All
14%	4%	0%	55%	33%	33%	18% (19)
<b>Organisations</b>						
UNICEF; AMICAALL Swaziland; British High Commission; CANGO; Computer Business & Consultancy; COSAD; HAPAC (EU Project); IDM; Italian Co-operation; KNC & Associates; Lwati Training Institute; Mananga; SIPAA; SRH Unit; TASC; UNISWA – History Department; WHO; Women’s Resource Centre; World University Services Swaziland						

### **Key features**

- The question asked was: Does your organisation have amongst its objectives provision of support (financial, training or technical) for development of monitoring and evaluation capacity?
- The small number of organisations listed above should be considered partners to NERCHA’s attempts to develop M&E capacity in Swaziland. It would be important to align these organisations, and others that might provide training in the area of M&E, around a strategy for developing M&E in the country in a systematic way.
- Some of these organisations have specific foci in the area. AMICAALL is specifically concerned with M&E at the level of local government areas and has a particular interest in developing M&E systems that reflect on the impact of interventions on communities and specifically municipalities. WHO is focused specifically on supporting M&E in the health sector and efforts of both WHO and the MOHSW would need to be closely co-ordinated with the efforts of NERCHA which are specifically multi- and inter-sectoral. The work of HAPAC is an example of support for M&E within a specific programme context that may need to be co-ordinated more closely with the work of others working at developing M&E systems. HAPAC is well positioned to provide M&E services and capacity development to the MOHSW.
- SNAP (Swaziland National AIDS/STD Programme), not listed above as an agency aiming to support M&E capacity development, is the agency within MOHSW tasked with developing M&E capacity within the health system and amongst health system partners<sup>5</sup>. However, SNAP is currently limited in its ability to fulfil this mandate due to limited skills available for core tasks such as data analysis and report and budgetary constraints to support the statistics in assisting in the development of health information systems. The skills for M&E at regional and hospital level are in need of much development. For these reasons it seems unlikely that SNAP will be in a position to focus in the near term on development of M&E capacity beyond the work that needs to be done to develop systems within the health sector.
- See Appendix 21b for a list of organisations that has amongst their objectives support for M&E and what these objectives are. There is donor interest in development of basic M&E skills as well as support for M&E capacity development in specialist areas such as VCT, STI management and laboratory services. Some consultancy organisations hope to offer training in support of development of M&E systems and one consultancy group hopes to assist in the development of computerised M&E tools for data capture, analysis and presentation and training for quick data retrieval and analysis.
- It appears that there is a range of agencies interested in supporting M&E systems development, signalling the need for development of a co-ordinated approach, which has not hitherto been the case.

<sup>5</sup> The plan for developing of M&E within the health sector is set out in a document entitled: Health sector response to HIV/AIDS: 2003-2004. MOHSW: Government of Swaziland.

<b>Table 18: Members of organisation provide training in the area of M&amp;E</b>						
<b>NGO/FBO (n=42)</b>	<b>Govt/Loc. Govt (n=26)</b>	<b>Business (n=6)</b>	<b>Donor/ Intern. Support (n=10)</b>	<b>Tertiary Inst./Academic (n=6)</b>	<b>Consultancy (n=12)</b>	<b>All</b>
7%	4%	0%	36%	33%	33%	14% (14)
<b>Organisations</b>						
UNICEF; AMICAALL - Nhlango/Hlalhikulu; CANGO; Computer Business & Consultancy; COSAD; HAPAC (EU Project); IDM; Italian Co-operation; KNC & Associates; Lwati Training Institute; Mananga; SRH Unit; UNISWA - History Department; WHO						

**Key features**

- Fourteen organisations say that they have in the past offered training in M&E. See Appendices 7, 20 and 21 for further details of the types of training, technical assistance and consultancy offered by organisations. Appendix 24 lists internal and external service providers which have been used for assistance in M&E capacity building
- There are also many areas of technical skill within the TI and consultancy sectors (see Appendix 7, 11) that are not specifically attuned to the field of HIV/AIDS operations, but many of these skills could be used for capacity building in HIV/AIDS responses. In some of the more technical areas like GIS (geographic information systems) and data base construction, skills can readily be adapted to HIV/AIDS programme needs. The larger pool of more advanced technical expertise is in this category and this potentially increases the pool of available skills considerably.

**2.7 NERCHA’s M&E role and capacity**

**2.7.1 NERCHA’s role and capacity**

NERCHA’s M&E responsibility pertains to ensuring monitoring and evaluating of activities funded through it, and at the same time it is tasked with the responsibility of playing a facilitating and co-ordinating role in developing M&E as an essential element of national HIV/AIDS response management. These two different, but interrelated functions are discussed below as internal and external functions.

**1. Internal function**

This concerns support for monitoring the outputs of all organisations receiving funding through NERCHA in keeping with the funding requirements of GFATM. In this context the main responsibilities have been:

- Responsibility for ensuring results-based reporting to the Global fund through two rounds of quarterly reporting, and responsibility for laying foundations for ongoing monitoring by developing appropriate tools and systems.
- Responsibility for *ad hoc* research activities where specific information is needed, such as information on condom distribution.
- Convening the work of an M&E Technical Committee which in addition to external functions (see below) consults on the M&E merit of proposals received by NERCHA.

Beyond this has been some lack of clarity about the role and responsibility of the M&E Unit within NERCHA. This is evident in different interpretations of respective roles of the M&E Unit and Co-ordinators of the three programme areas. NERCHA programme Co-ordinators have had expectations that M&E is the responsibility of the M&E unit, and the M&E Unit has had the expectation that the Co-ordinators should assume a greater degree of responsibility and accountability for ensuring adequate monitoring and data reporting related to project activities and use of funds. The role of the Finance Department in this regard has also been somewhat unclear, as it manages the financing of programme inputs and these need to be verified against programme reporting activities, which appears to be done on an *ad hoc* rather than systematic basis.



There is need to align the activities of the Finance Department, the M&E Unit and the three Co-ordinators around monitoring of activities, payment for goods and services. NERCHA does not transfer money to banking accounts of implementing agencies, but pays for goods and services contracted for by agencies as long as goods and services are related to approved proposals/project and have been delivered. This requires closer co-operation of these three parties within NERCHA than has been the case.

Systems for working together of these three agencies within NERCHA need to be developed further, and consolidated through a clear system of internal procedures, and an M&E matrix for each co-ordination area, with output indicators listed and designation of who is responsible for collection and compilation of data, through what data collection processes, and at what reporting intervals.

There is agreement that it is the responsibility of the Unit to ensure that all programs funded through NERCHA monitor and report on their activities in keeping with their work plans, and to provide support in the form of systems development and training towards this end. However, programme Co-ordinators appear to expect the M&E Unit to play a greater role in tracking the implementation of such systems. This is especially so when there are difficulties, such as in the case of organisations failing to submit monitoring reports, or when there is need to verify a report. There is a need for clarification of roles and for training of implementing partners and NERCHA Co-ordinators in managing M&E responsibilities. The Co-ordinators need to be provided with technical and administrative assistance to implement M&E systems, the development and quality control of which are the responsibility of the M&E Unit.

There needs to be further development of the process of incorporating new funded projects and in particular each new project needs to be assessed to see whether it needs to be assisted in developing indicators and monitoring systems that are unique to its needs and outputs. In three cases there has needed to be developed a specific monitoring protocol to suit unique project needs, but it appears that each project needs to examine its needs in terms of monitoring tools and systems. At the moment this is done on an *ad hoc* basis, or when a problem emerges.

Some NGOs (notably FLAS and TASC) have developed detailed data capture protocols which ensure a flow of service level information into their internal M&E system. In some areas, such as VCT, data capturing forms have been developed in Swaziland (e.g. by TASC), and these need to be adopted for use in NERCHA funded projects.

Systems of verification of monitoring data are also not clearly established and there is no standard procedure for documenting the forms of verification that will be done, at what intervals and by whom.

The generic 'Periodic project report' does not separate activities and outputs, and only reports on 'outputs'. This makes regular tracking of activities which lead to outputs' difficult, as much of what is done at project level is done in preparation for those activities that deliver the intended outputs (e.g. materials development, communication and planning), and it is often not possible to represent what has been happening at project level when only outputs are described.

Roles for ensuring the flow of information into quarterly reports need to be clarified. The process of writing quarterly reports is made very difficult by the lack of availability of critical information and were the roles and responsibilities for the different parts of this process to be clarified it would make the process of reporting a much more routine and less stressful matter.

Another undesignated area of responsibility is ensuring that project managers and staff within funded projects are trained for M&E activities required of them. At the moment the Co-ordinators are not in a position to provide such training as they do not themselves have the required skills in this area. The responsibility tends to be directed towards the M&E Unit, but clearly this large undertaking cannot be supported by the limited resources of the Unit. There has been some discussion in NERCHA about the possibility of an external NGO agency being

contracted to work with the funded projects in ensuring the satisfactory fulfilment of reporting requirements and verification of the reliability of reports. This issue is discussed further in Section 3.1.1 of this report.

It is abundantly clear that the needs for systems development, maintenance and capacity building described above, are far in excess of what could be supplied by the current two-person M&E Support Unit.

## ***2. External function***

As a national HIV/AIDS council NERCHA has the responsibility of facilitating and promoting the development of a national M&E framework. In this regard the main activity of NERCHA to date, has been to focus on developing a draft set of core national indicators and facilitating the capacity assessment which is the subject of this report. It has also launched a national M&E Capacity Building initiative and through this, made intentions clear that it is embarking on a national programme for capacity building and ultimately for creating systems for systematic M&E at national, Regional, Local, Sectoral and Project levels.

### ***National co-ordination***

To date NERCHA has received the support of an M&E Technical Support Committee that has been an integral part of the development of the core indicators project, the capacity assessment and the launch of the M&E Capacity building initiative. However, the work of this team will most likely grow as the need to develop a national M&E framework is addressed and ultimately the management of a national M&E plan will need to be supported by a permanent technical team. Complex and increasingly technical issues will be encountered around establishment of a country level response information management system, and alignment of surveillance, research and M&E data. This will in all likelihood require a technical team to establish and manage a national information data base.

The Technical Support Committee is an important committee that ensures a consultative approach and co-operation of major stakeholders. It is suggested that this committee increasingly withdraw from involvement in internal M&E matters (e.g. discussion of applications for funding through NERCHA) and focus on supporting the programme for development of a national M&E framework.

### ***Regionally co-ordinated M&E***

The M&E Consensus Building Workshop strongly voiced the view that not only is a national M&E co-ordination framework necessary, but that there must be development of regional level co-ordination of M&E. Inasmuch as there is need for local and regional co-ordination of programmes, there is need for a co-ordinated M&E approach at this level. Regions have different capacities and face different challenges, and if the national M&E system is to be developed, support for the same will need to be provided regionally.

It was also found in the capacity assessment that programmes have need for information disaggregated to regional level. Concerning services and programmes, sub-regional data was also seen as being important; e.g. data about access to and use of key services and data about numbers of OVC at locality level.

### ***Project level M&E***

The emphasis of much of the recent development of awareness internationally about the need for developing country level M&E frameworks tends to have eclipsed the value of M&E at programme management level. It has been seen above that there is a tendency amongst service delivery organizations to see M&E as something required by funders. There is also some perception that NERCHA 'slows up' access to funds through unnecessarily 'bureaucratic' reporting requirements. There is a strong need to promote M&E and to show stakeholders that the rigorous monitoring and strict reporting requirements are ultimately of value not only in securing funding, but also contribute to informed management and decision

making. This will require a process of building understanding and competence around the use of M&E at programme level.

### ***Sectoral M&E***

In the MOHSW plan<sup>6</sup> for response to HIV/AIDS (2003-2005) there are detailed plans regarding how the MOHSW intends to develop its M&E and surveillance systems. The MOHSW adopts a similar role to NERCHA, with an emphasis on co-ordination, integration and capacity building, but focused specifically on its own programmes. It receives some support from HAPC in developing its M&E systems within the health sector.

There are other organisations which also have intentions to co-ordinate M&E sectorally, notably AMICAALL which is involved in work with local government and urban responses, and is intent in co-ordinating M&E within this domain.

There are some notable examples of comprehensive sectoral response where businesses have been innovative and comprehensive in their approach, also in monitoring and evaluation. For example, Standard Bank has conducted its own behavioural surveillance surveys and Royal Swaziland Sugar Corporation has conducted a large scale seroprevalence survey. The business sector has its own co-ordinating body in the form of the Swaziland Business Coalition Against AIDS, but M&E activities tends to be limited to reporting on activities at meetings. Initiatives such as monitoring of development of workplace programs, systematic collection of data relating to absenteeism and use of medical aid funds, and a co-ordinated approach to workplace seroprevalence surveys are not in evidence.

Faith based organisations have recently developed a more co-ordinated approach, and NGOs have a co-ordinating body in the form of CANGO, but there is little evidence of sectoral M&E capacity building initiatives relating to HIV/AIDS in these sectors.

A number of international donor and support organisations are involved in supporting M&E development, but again there is little evidence of a co-ordinated approach.

All of the above point to the need to promote a more integrated sectoral approach to M&E. The more co-ordination that occurs within sectors, the less will be the burden of developing an integrated national framework and NERCHA should encourage sectors to develop M&E strategies related to their needs, under the umbrella of a national framework.

### ***2.7.2 Perceptions of NERCHA's role***

Questionnaire respondent's were asked how NERCHA might be of assistance to their organizations in developing M&E capacity (Appendix 23). Their responses to the NERCHA facilitated national consensus building workshop (Appendix 5) also provide some indication of the perceptions of NERCHA's role.

There can be no doubt that there is general acceptance that NERCHA is looked at for leadership in developing M&E capacity. There are some organisations notably MOHSW, HAPAC and AMICAALL that in their own right represent sectoral interests which require co-ordination at a sectoral level. There is also need for co-ordination at a regional level, a theme which emerged strongly at the capacity building workshop. However, NERCHA stands for a national multi-sectoral approach and is seen as the agency which should take responsibility for co-ordinating and integrating the different facets of M&E under the banner of a national HIV/AIDS framework. An important part of this work is integrating the needs of sectoral efforts, and significantly more discussion and collaboration with the above mentioned stakeholders, amongst others, is necessary in the interests of a rationalized national system.

Many organisations have expectations of technical support from NERCHA and there is some risk to NERCHA that it may be expected to provide direct support, as an M&E service

---

<sup>6</sup> Health Sector Response to HIV/AIDS: 2003-2005. Ministry of Health and Social Welfare.

provider, rather than to be a facilitator of such support. There is also a strong need for training which is in keeping with NERCHA's intention to develop a capacity building programme.

Many organisations are hoping that their services will be utilized by NERCHA in developing and managing a national M&E framework. Others look directly to NERCHA for training.

Concerning co-ordination one international support agency suggested that "NERCHA can play roles of bringing stakeholders together (consensus building) and co-ordinating baseline and other data collection at decentralized levels, to maximize data availability at local level." Such co-ordinating roles are potentially very onerous and NERCHA must manage expectations very clearly as responsibility must ultimately reside in the response system as a whole, and not solely in NERCHA.

## **2.8 M&E capacity in relation to national indicators**

A draft set of 47 core national indicators has been developed by a consultant appointed by NERCHA, in collaboration with the NERCHA M&E Unit and the M&E Technical Committee. The process of discussing these indicators with other key role-players has not yet commenced, and a thorough consultative process will be required as adoption of these indicators will involve commitments of these organizations to collect and report data into a national response information system.

In addition to collecting information for national indicator measures a range of types of information are needed at programme level. Some respondents express need for information that is already available - e.g. a national HIV/AIDS directory – suggesting that there is a need also for existing information to be publicized and made accessible. Needs of organizations for data are presented in Appendices 25 and 26.

In addition to eight biannual antenatal clinic seroprevalence studies<sup>7</sup> there have been numerous studies conducted which provide an understanding of the epidemic and responses to it. However, these are not readily accessible and some are not in the public domain. They are reviewed in Whiteside et al. (2003)<sup>8</sup>. One of the biggest challenges in this is developing a co-operative approach that cuts across ministries, sectors and agencies.

Studies done in the private sector<sup>9</sup>, biological surveillance conducted by the MOHSW, a planned household seroprevalence survey incorporating behavioural surveillance, behavioural surveillance surveys conducted by NGOs on behalf of international aid agencies, programme reviews and situation analyses are potentially valuable for understanding the dynamics of the epidemic, its impacts and responses to it. But there is no central repository of such research and to date there has not been a country level plan for commissioning and archiving such research.

"Although information on the prevalence rate is reliable other statistical information is inconsistent or confusing"<sup>10</sup>, with projected population growth not taking into account the impact of HIV/AIDS, and some behavioural surveillance data appearing to be inconsistent. This points to a need for a more co-ordinated and systematic approach to research, surveillance and monitoring, which is undergirded by a standard set of indicators and measures. Given this there is likely to be much better accrual of understanding.

---

<sup>7</sup> The antenatal survey is conducted in accordance with global standards. There are plans for it to be upgraded to include sentinel STI case reporting; assessment of aetiologies of STI syndromes.

<sup>8</sup> Twenty studies are listed by Whiteside A, Hickey A, Ncobo N & Tomlinson J. 2003. What is driving the HIV/AIDS epidemic in Swaziland and what more can we do about it? NERCHA/UNAIDS/HEARD.

<sup>9</sup> For example, a large study of seroprevalence conducted by Royal Swazi Sugar Corporation and a KAPB survey conducted by Standard Bank, Swaziland.

<sup>10</sup> Page 11 in: Whiteside A, Hickey A, Ncobo N & Tomlinson J. 2003. What is driving the HIV/AIDS epidemic in Swaziland and what more can we do about it? NERCHA/UNAIDS/HEARD.

## **PART 3. IMPLICATIONS AND RECOMMENDATIONS FOR M&E STRATEGY**

Recommendations are made in each of the following three areas:

- Developing NERCHA capacity.
- Capacity building amongst HIV/AIDS service providers.
- Development of a national M&E framework.

### **3.1 Developing NERCHA capacity**

#### ***3.1.1 Capacity for M&E of NERCHA funded projects***

##### ***Employment of M&E Field Officers***

The NERCHA M&E technical unit is significantly under-staffed. Each of the Co-ordination areas requires a Field Officer who acts as a link between the Co-ordinator and the funded projects, and who is tasked with ensuring the adequate implementation of basic monitoring and reporting practices. (See Figure 2 below)

M&E Field Officers would be responsible for: Developing tailored monitoring procedures and ensuring their implementation within all NERCHA funded projects; mentoring in monitoring and evaluation at project level; managing the flow of appropriate monitoring and evaluation data from projects to NERCHA; and compilation of monitoring and evaluation information for monthly and quarterly reports.

There has been some discussion in NERCHA about the possibility of some of these functions being outsourced to another agency. Given the needed for ongoing liaison and accountability to funders it is suggested that this function be embedded within NERCHA.

It is suggested that Field Officers would need the following qualifications and experience: A university degree; experience in the field of HIV/AIDS; a good track record in project management; monitoring and evaluation experience; a driver's licence; computer literacy; good communication skills; and ability to speak Siswati. Experience in the following areas would be a strong advantage: statistics; demography; data capture and analysis; research design; data base management; monitoring and evaluation training.

##### ***Training***

M&E Field Officers will need to be trained for the task and it is suggested that the three Co-ordinators, who have only a little background in M&E, should also undergo such training. A five day training in principles and methods of M&E would suffice to develop an orientation and basic skills, given a background in programme management. The training programme suggested in Section 3.2.1 below would provide the necessary foundations.

##### ***Systems development and implementation support***

There is a need for a more systematized approach to M&E procedures for NERCHA funded projects. These would need to be developed and presented in a manual that sets out the procedures and expectations relating to all aspects of M&E practice.

It is suggested that in addition to a basic training in M&E (see 3.2.1 below) a one day orientation program should be developed for the purposes of acquainting newly funded projects with the M&E requirements of NERCHA. This would also be an opportunity to identify problems that need to be addressed relating to specific projects and support needs. Such an orientation training would need to cover: rationale for M&E; basic principles of M&E and logical frameworks for M&E; specific requirements relating to reporting; clarification of responsibility for reporting; measurement and data quality; and validation of data.

Each funded project should have an M&E plan, including indicators, measures and tools, that is appropriate to its operations and is consistent with national reporting categories. Further,

monitoring and data capture within each project needs to be tracked more closely to ensure timeous submission of reports and early identification of problems. Systems for verifying reported data also need to be put in place.

M&E field officers would need to conduct an assessment of each project with respect to the adequacy of the generic reporting format to the particular objectives and outputs of each project. A more comprehensive and systematic procedure needs to be developed for such assessment. Many of the project outputs, especially amongst impact mitigation projects, are unique in the field of AIDS response<sup>11</sup> and need tailored monitoring tools and processes for tracking and verification of project reports.

The field officers would need to ensure that project staff are adept at using monitoring tools and would need to periodically validate the information sent through to NERCHA. They would need to take responsibility for the quality of this information so that the drawing up of quarterly reports is made using complete and clean information. Field officers would need to assist projects to improve data capturing systems and to use computers for data capture and information transfer.

### ***Management systems***

There is need for development of systems for closer co-operation of the M&E Unit, Co-ordinators and the Finance Department and it would be of value to go through a role clarification exercise between these three agencies. It is suggested that a monthly M&E co-ordination meeting would assist in aligning the functions of financial management, project reporting and M&E support.

There is a need for development of a management information system which integrates a project data base, project tracking systems, monitoring data spreadsheets, automated data collation and analysis procedures, and financial management systems. Such a system would need to be loaded onto the local network.

The information system would need to be established with the technical assistance of a consultant who would preferably be a Swaziland based consultant to facilitate training and troubleshooting on the system once it is established.

### ***3.1.2 Capacity to support adoption and implementation of a national M&E framework***

Concerning NERCHA's external role, the appointment of M&E Field Officers would allow the M&E Unit to attend more to the M&E needs related to the external functions of co-ordination and facilitation of the development, adoption and implementation of a national M&E framework and system. Development of NERCHA's internal capacity will also allow the M&E Technical Support Committee to withdraw from involvement in internal M&E matters (e.g. discussion of applications for funding through NERCHA) and focus on supporting the programme for development of a national M&E framework. (See Figure 2 below)

The furtherance of the national M&E capacity building programme launched in May 2004 requires amongst other things, the promotion and adoption of a core set of national indicators, and development of capacity for operationalising them in monitoring the epidemic, its impacts and responses to it, at a national level. Although there has been some progress in developing a draft set of indicators, there is much work to be done in developing these to the point where all major stakeholders align their policies and practices with them.

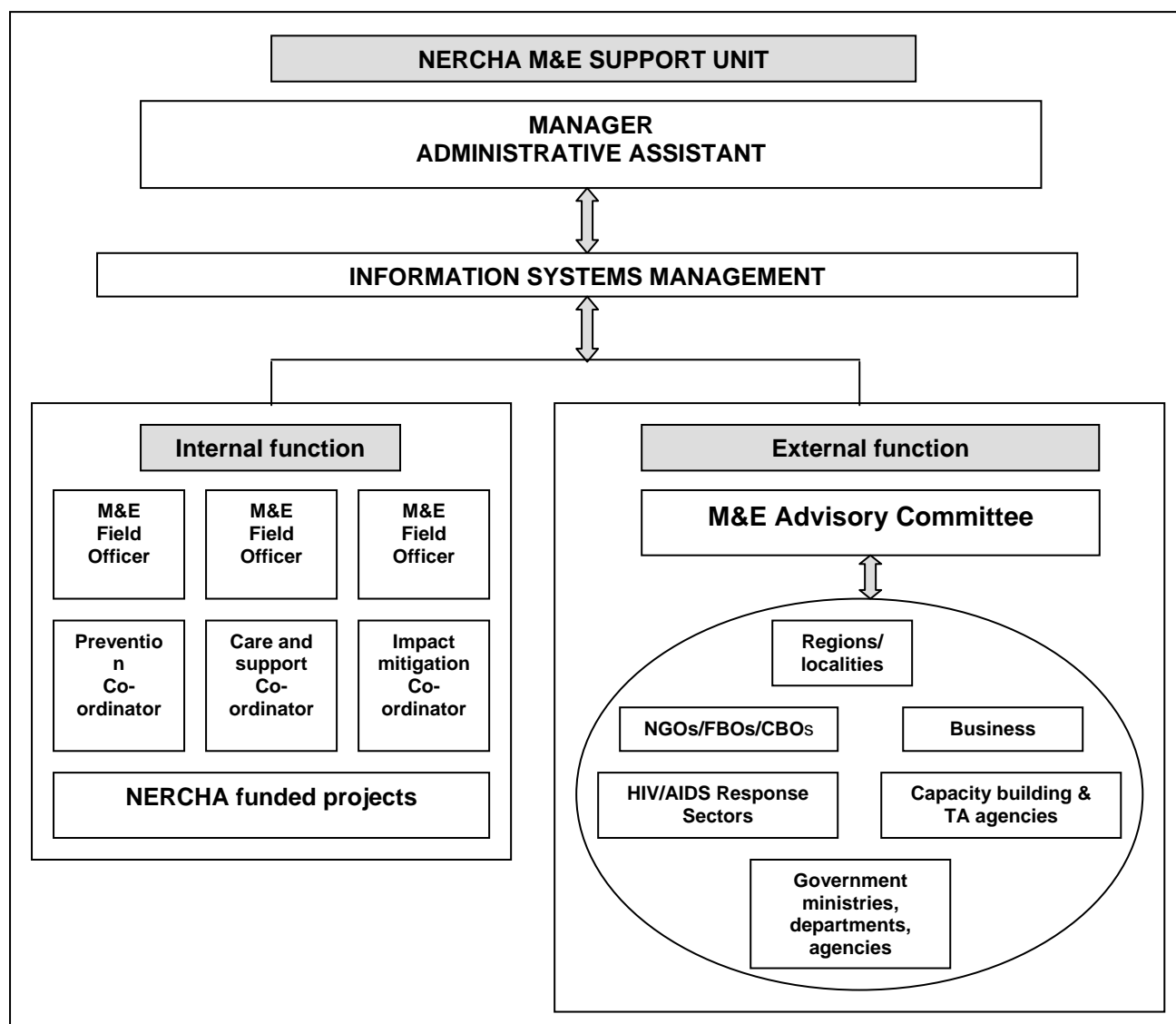
Further to this there is much work to be done in co-ordinating M&E systems and particularly in developing information management systems. Complex and increasingly technical issues will be encountered around establishment of a country level response information

---

<sup>11</sup> For instance, a project supporting repairing of houses of OVC, and a project supporting planting of crops. These projects, often rural projects, are also the projects that are least capacitated in terms of infrastructure, communications and M&E skills.

management system, and alignment of surveillance, research and M&E data. This will in all likelihood require a technical team to establish and manage a national information data base. (see Figure 2 below)

**Figure 2: Suggested NERCHA M&E support unit structure**



### 3.2 Need for M&E capacity building amongst HIV/AIDS service providers

There is need for development of a M&E capacity building programme which should include the following components: basic principles and practices of programme evaluation; a range of short-courses in specialised areas and concerning particular areas of intervention; a one-day orientation course relating to the national M&E framework (when this is developed). Course materials should be manualised and modularised so that they might be conducted by different trainers, and presented in parts to suit different needs.

#### 3.2.1 Basic training

A modular approach to training should be developed with basic modules on the following:

- Basic principles of M&E for programme managers, concentrating of utilisation of evaluation in results-based reporting and programme development
- Development of an M&E plan at programme level
- Development of indicators and measurement tools to assess programme achievement

- ❑ Questionnaire design
- ❑ Report writing, including inclusion of data in reports, data presentation and creating charts for descriptive data
- ❑ Qualitative data analysis for M&E
- ❑ Quantitative data analysis for M&E
- ❑ Introduction to computer software for data capture – designing data entry frames, data capture
- ❑ Report writing

A training programme would need to be designed that could offer each of these components separately or together. There would need to be close alignment of the content of these modules around common principles. In Appendix 27 a suggested training programme outline is presented that covers the above core areas.

Such a training programme would need to be led by an agency with a strong background in M&E in the HIV/AIDS field, and a track record of training in M&E. The development of the programme would need to be done in close consultation with the NERCHA M&E Unit and it would need to take into account the particular needs and preferred systems of NERCHA. In developing a training course, it would be important to lay down precise objectives for each training module. It may be possible for modules to be developed by different agencies, but this would need close co-ordination. The modules should be developed so that they can be run separately as well as being part of an integrated course.

Regarding the running of the course, in some of the areas local consultants could be used, but even in those areas which are developed by international training consultants, it would be important to develop and implement a training programme jointly, so that capacity for training is developed within local organisations.

After conducting an initial training programme, and based on a review of the training process, the course content should be written into a modularised training manual.

### ***3.2.2 Specialised training***

In addition there is need for advanced training in a number of areas: advanced qualitative data analysis; statistics for programme M&E; using data bases; GIS technology; social impact analysis; cost effectiveness analysis; assessment of economic impact of HIV/AIDS; participatory research methods; and programme evaluation design.

In some of these areas there is local expertise available but in other areas international consultants will be needed. Some of these areas require a strong background in particular disciplines and a background in basic principles of research. Training in such areas may best be developed in a tertiary institution context and it may be appropriate to work in conjunction with the UNISWA CTC in providing some of this training under the umbrella of the University. It would certainly be of value to promote the introduction of 'M&E Systems and Methods' within university curricula, for long term development of M&E capacity. It is recommended that NERCHA convene a meeting of UNISWA stakeholders and consultancy and training organisations to explore possibilities for a development such as this.

### ***3.2.3 Technical assistance***

In addition to facilitation of training programs it would be of value to promote local TA oriented organizations to offer specific services in supporting M&E. Some of the areas that would usefully be developed are: creation of data bases; services in data capture (qualitative and quantitative) and analysis; GIS; developing information management systems; HIV/AIDS response audits; high transmission area identification methodologies; and survey design and administration.

It would be of value to develop a data base of organizations able to provide basic and advanced support services for M&E and the information contained in the appendices of this report (especially Appendix 19) would be a suitable starting point in doing this.



NERCHA should run a one-day briefing workshop on monitoring and evaluation practices within the context of the national M&E framework, when this is finalised. It is important that organizations providing M&E related services be acquainted with the principles and approaches of the national framework, and also the reporting framework and expectations within GFATM funded projects. This is especially important for organizations providing training and capacity building for M&E, but also in relation to project management training.

There is need for a register of consulting organisations and the specific areas in which they are equipped to provide technical assistance and training.

#### ***3.2.4 A resource clearing house***

In some, but not all areas of HIV/AIDS intervention, there are established indicators sets, M&E tools, and information management systems. For instance, there has recently been developed an evaluation system for use in home-based care projects and there is much accrued international experience in monitoring of VCT. In such cases it would be important to compile relevant materials and make these available to organizations involved in provision of services and organizations involved in providing technical assistance in M&E. Further, it would be advisable that M&E resources be catalogued and made available for borrowing and dissemination, and that an M&E resource centre be developed.

### **3.3 Development, adoption and implementation of a national M&E framework**

#### ***3.3.1 Elements of a national M&E framework***

Until now there has been no framework for M&E at a national level and this is a major gap in Swaziland's HIV/AIDS response system. As described in Section 1.1 a country level monitoring and evaluation system is a vital ingredient in national response.

Such a framework would need to reflect the multi-sectoral response to HIV/AIDS and would therefore best be promoted by NERCHA, rather than a specific government ministry. The national framework for M&E must be linked to the overall national strategy for HIV/AIDS and should be articulated through the National HIV/AIDS strategy document. It was noted previously that the 2000-2005 Strategic Plan provides little guidance on M&E and when this plan is updated, it must be ensured that the M&E component is better developed. This should provide key principles for M&E at national, regional, local and programme level.

The founding document<sup>12</sup> of the 'Three Ones' principles sets out the following requirements for the creation, implementation and strengthening of a single and coherent M&E system at country level:

- One monitoring and evaluation unit **co-ordinating M&E** activities implemented by various partners
- One national multisectoral **M&E plan** with clear goals and targets included in the national strategic plan for which funding is secured (the recommended M&E budget is 10% of the national HIV/AIDS/STI budget or between 5-10% of the combined national HIV/AIDS/STI/TB/Malaria budget). The M&E plan should include data collection, dissemination and use strategies.
- One national set of **standardized indicators** comparable over time (including a subset of indicators for comparison across countries) including the core UNGASS indicators, endorsed by all stakeholders, and reflecting the country needs and existing data collection and analysis capacities.
- One national level **information system** containing key data on serological surveillance, behavioural surveillance, coverage of essential services, financial

---

<sup>12</sup> UNAIDS. 2004. The 'Three Ones: Driving concerted action on AIDS at country level'. p.11. UNAIDS: Geneva. Document available at [www.unaids.org](http://www.unaids.org)

tracking, socioeconomic impact of the epidemic, and its impact on a number of sectors including health and education.

- Strategic **information flow** from sub-national to national level and among different national level actors feeding into the national information system for effective use.
- Harmonised M&E **capacity building** efforts among all the training providers in countries.

This set of requirements represents the M&E needs of country level and tends to overlook the needs for the M&E system to be of value also at the local level. There was some concern expressed by the participants at the consensus building workshop that as well as there being a need for national co-ordination there needs to be co-ordination at the regional level. It would be important to establish co-ordination mechanisms that work at this level and it would be of value in developing a national framework to strongly consider how local co-ordination of M&E can be fostered.

The following are three requirements that might be added to the above list in the interest of developing local level responses:

- Assessment of data needs at the programme level (e.g. numbers of OVC in a region, or use of VCT services at regional level) and addressing needs for information flow from national to sub-national levels.
- Regionalisation of M&E systems and the development of systems for co-ordinating at decentralized levels, so that the M&E system also serves the needs of decentralized programme development.
- Supporting knowledge management at programme level.

### ***3.3.2 Building consensus and capacity for a co-ordinated and integrated national M&E approach***

Forty seven indicators have been proposed as key indicators of national competence. Although these have not been agreed upon or adopted they have been specifically designed to meet international standards and the requirements of the GFATM as well as to reflect the unique elements of the Swaziland's HIV/AIDS response system.

Data for the draft national indicators will need to be collected in a number of different ways:

- Routine health information system data will need to be collected in more systematic ways to meet data collection needs related to core indicators.
- Programme data in some areas, for example, data from VCT programs, will need to be collected in a systematic way from the many sites where such activities take place and this will need to be brought together into a common conduit.
- National research such as Demographic Health Survey, health facilities surveys, behavioural surveillance surveys, HIV seroprevalence surveys will need to be conducted periodically.

The successful planning and implementation of data collection, analysis, interpretation, report writing, information dissemination and utilisation will require an unprecedented level of co-operation across different sectors, many of which have hitherto not worked closely together. It is not a lack of technical expertise in key areas that poses the main developmental challenge, so much as the challenge of co-ordination. There is ample assistance from donor and international support agencies, and there is TA available, but this does not alone address problems related to the capacity of the system to co-operate around core planning and implementation activities.

In particular there will need to be prioritization of processes for collecting particular types of information and this will also have implications for design of national research and surveillance programs, including HIV/STI/TB surveillance, behavioural surveillance, health facility surveys and monitoring of national programs such as VCT and PMTCT.

The following steps would assist in developing the capacity for M&E co-ordination.

- ❑ Setting in motion a consultative process to discuss and formally adopt a core set of national indicators which have been developed by NERCHA in draft format.
- ❑ Formation of a working committee to develop a preliminary strategy for integrating the efforts of stakeholders in meeting data collection needs in key areas.
- ❑ Adoption of an information management system for capturing, storing and retrieving of key information relating to the core indicators.
- ❑ The efforts of a technical team that will develop and manage the country response information system.

The country response information system will store data on serological surveillance, behavioural surveillance, coverage of essential services by region and sector, socio-economic and population impact of the epidemic and its impact on social service sectors. It would need to be underpinned by a plan for information flow from programme to national level, co-ordination of research and surveillance efforts, and should as far as possible allow disaggregation of data to regional level at least, to facilitate use of information by programme managers.

The need for building consensus for a multi-sectoral approach to M&E requires that not only do different stakeholders need to co-ordinate their M&E systems, but within ministries, departments and sectors of HIV/AIDS response there needs to be alignment around data collection and reporting needs. Blockage of the flow of information can happen at many levels and national information management depends on adequate management of data collection, cleaning, analysis and reporting within programme activities.

Where there is high risk of failure in delivering good quality information into the national M&E system, other ways of taking key indicator measures are advisable, such as periodic national research. A number of plans for developing and improving national research systems are already being implemented or are in the process of planning, such as a health facilities survey, national behavioural surveillance research, and improvement of health information systems management. Notable progress in the latter area is already being made.

A level of co-ordination which is easily overlooked is donor co-ordination for M&E. The report has identified a number of international donors and support organizations which support M&E development including WHO (within MOHSW), EU (through HAPAC), World Bank (through NERCHA), and UNDP (through AMICAALL). Within this context, a range of methods, approaches and systems for M&E are being promulgated and it is important that the use of international technical assistance be guided by the needs of an agreed upon national framework.

## Appendix 1: List of organizations, institutions and consultants responding to questionnaire

Name of organization	Organisation type
Royal Swaziland Sugar Corporation	Business
Standard Bank – Swaziland	Business
Swazi MTN	Business
Swaziland Business Coalition Against HIV/AIDS	Business
Times of Swaziland	Business
Swaziland Railway	Business - Parastatal
Aliment Software Technologies	Consultancy
Computer Business & Consultancy	Consultancy
Earnest and Young	Consultancy
International Development Consultants Group	Consultancy
KNC & Associates	Consultancy
KPMG	Consultancy
Lwati Training Institute	Consultancy
Mananga Centre for Regional Integration and Management Development	Consultancy
MHP Geomatics Swaziland	Consultancy
Nathi Gumede & Associates	Consultancy
Swaziland Medical AID Fund (SWAZIMED)	Consultancy
VTC Associates	Consultancy
Actionaid Africa – SIPAA Project in Swaziland	Donor or international support agency
Embassy of the Republic of China in the Kingdom of Swaziland	Donor or international support agency
European Union (EU) Commission	Donor or international support agency
HIV/AIDS Prevention and Care Project (HAPAC: EU Project)	Donor or International support agency
Italian Co-operation (Ministry of Foreign Affairs of Italy)	Donor or international support agency
UNAIDS	Donor or international support agency
UNDP	Donor or international support agency
UNFPA	Donor or international support agency
UNICEF	Donor or international support agency
WHO (World Health Organisation)	Donor or international support agency
British High Commission	Donor or international support agency
Caritas – Swaziland – Hope House	FBO
Council of Swaziland Churches	FBO
Scripture Union Swaziland	FBO
Swaziland Conference of Churches	FBO
Department of Correctional Services	Government
Department of Taxes	Government
Department of Urban Government (Ministry of Housing and Urban Development)	Government
Ministry of Agriculture and Co-operatives	Government
Ministry of Economic Planning and Development	Government
Ministry of Education	Government
Ministry of Finance	Government
Ministry of Foreign Affairs and Trade	Government
Ministry of Health and Social Welfare, Health Education Unit	Government
Ministry of Health and Social Welfare, Rural Health Motivators' Initiative	Government
Ministry of Health and Social Welfare, School Health Programme	Government
Ministry of Health and Social Welfare, SRH Unit	Government
Ministry of Health and Social Welfare, Swaziland National AIDS/STD Programme (SNAP)	Government
Ministry of Home Affairs	Government

Ministry of Justice & Constitutional Affairs	Government
Ministry of Natural Resources & Energy	Government
Ministry of Public Service & Information	Government
Ministry of Public Works & Transport	Government
Ministry of Tourism, Environment & Communication	Government
Royal Swaziland Police	Government
Swaziland National Nutrition Council (SNNC)	Government
National Youth Council (NYC)	Government - Parastatal
Manzini City Council	Local Govt.
Ngwenya Town Board	Local Govt.
Piggs Peak Town Municipality HIV/AIDS Council Team	Local Govt.
Mbabane City Council	Local Govt..
Alliance of Mayor's Initiative for the Co-ordination of AIDS Action at the Local Level (AMICAALL)	NGO
AMICAALL – Nhlngano/Hlalhikulu	NGO
Baphalali Swaziland Red Cross Society	NGO
Care Nakekela	NGO
Cheshire Homes	NGO
Federation of Organisations of the Disabled in Swaziland (FODSWA)	NGO
FUNDZA	NGO
IBFAN Africa	NGO
Khulisa Umntfwana	NGO
Law Society of Swaziland	NGO
Lutheran Development Service	NGO
Manzini YouthClub	NGO
Mhlatuze Futures Association (Prevention/Lifeskills) (MFA)	NGO
Motshane Youth Alliance Initiative on HIV/AIDS (MYAIHA)	NGO
National Council on Smoking, Alcohol, Drug Abuse (COSAD)	NGO
National Football Association of Swaziland	NGO
Population Services International Swaziland (PSI)	NGO
Save the Children Swaziland	NGO
School Health and Population Education (SHAPE)	NGO
Sidwashini Youth Empowerment Forum	NGO
SOS Children's Village Swaziland Association (SOS)	NGO
Swaziland Action Group Against Abuse (SWAGAA)	NGO
Swaziland AIDS Support Organisation (SASO)	NGO
Swaziland Hospice at Home	NGO
Swaziland Infant Nutrition Action Network (SINAN)	NGO
Swaziland National Association of Journalists (SNAJ)	NGO
Swaziland Nurses Association	NGO
Swaziland Youth United Against HIV/AIDS (SYUAHA)	NGO
The AIDS Information and Support Centre (TASC)	NGO
The Co-ordinating Assembly of NGOs (CANGO)	NGO
The Family Life Association of Swaziland (FLAS)	NGO
The Salvation Army Community Care Programme	NGO
Women and Law	NGO
Women's Resource Centre	NGO
Women's Resource Centre – Umtapo Wabomake	NGO
World University Services Swaziland	NGO
World Vision Swaziland	NGO
Sebenta National Institute	NGO (Parastatal)

Institute of Development Management (IDM)	Tertiary Institution/ Academic
Swaziland Institute of Management and Public Administration	Tertiary Institution/ Academic
UNISWA – Consulting and Training Centre (CTC)	Tertiary Institution/ Academic
UNISWA – History Department	Tertiary Institution/ Academic
UNISWA – Research Centre, Luyengo Campus	Tertiary Institution/ Academic
UNISWA-Faculty of Health Sciences	Tertiary Institution/ Academic

## Appendix 2: Involvement of organisation in specific areas of service provision

Prevention of mother to child transmission (PMTCT) of HIV	17% (17)
Prevention of accidental or occupational exposure to HIV	16% (16)
Post exposure prophylaxis (PEP) for HIV	13% (13)
Condom promotion and distribution	39% (39)
Blood safety	9% (9)
Behaviour change programmes	54% (54)
Prevention programmes specifically for vulnerable groups (sex workers, truckers, street children, women)	23% (23)
Mobilising and organising community action in any area of HIV/AIDS response	51% (52)
Awareness programmes in educational institutions	33% (34)
Awareness programmes in the workplace	47% (48)
Home based care for AIDS	28% (29)
HIV/AIDS counselling	39% (40)
HIV testing	20% (20)
Procurement and distribution of HIV/AIDS related supplies	26% (26)
Clinical management of HIV/AIDS related opportunistic infections and STIs	16% (16)
TB services and treatment	6% (6)
Anti-retroviral therapy services or training/education	16% (16)
Rehabilitation related to HIV/AIDS	15% (15)
Nutrition support related to HIV/AIDS	23% (23)
Support for people with HIV/AIDS and families	33% (34)
Support for orphans and vulnerable children	33% (33)
Social welfare support related to HIV/AIDS	19% (19)
Legal rights, legislation and policies in response to HIV/AIDS including workplace policies	23% (23)
Government education services HIV/AIDS programmes	17% (17)
Government health and social welfare services HIV/AIDS programmes	11% (11)
Other government department HIV/AIDS programmes	11% (11)
Supporting decentralised responses to HIV/AIDS (regions, municipalities, Tinkhundla)	28% (28)
Donor organisation support for HIV/AIDS programmes	15% (15)
Building partnerships between stakeholders	32% (33)
Development/improvement of health information systems	11% (11)
Epidemiological surveillance - HIV	10% (10)
Epidemiological surveillance - STI	6% (6)
Epidemiological surveillance - AIDS cases	5% (5)
Behavioural surveillance - (KAP – knowledge, attitudes, practices)	15% (15)
Advocacy and lobbying on HIV/AIDS issues	33% (34)
Gender issues in relation to HIV/AIDS	36% (37)
Faith based responses to HIV/AIDS	22% (22)
Cultural responses to HIV/AIDS	21% (21)
Employee assistance programmes	17% (17)
Media and communications interventions	17% (17)
Co-ordination or integration of services at the local level	23% (23)

Fostering co-operation between government agencies	17% (17)
Promoting use of and access to services	22% (22)
Monitoring of community responses	25% (25)
Developing or maintaining data bases or directories of local HIV/AIDS response agencies	12% (12)
HIV/AIDS work with prisoners	2% (2)



### Appendix 3: Non-listed HIV/AIDS activities conducted by participating organisations

Organisation type	Name	Activities
Business	Swaziland Business Coalition Against HIV/AIDS	Linking private services to public services for workplace interventions
Consultancy	Int. Dev. Consult. Group	Consulting services in: socio-economic studies; economic feasibility studies; market research and market analysis; integrated and sustainable community based development, health care studies, capacity building and training.
Consultancy	KNC & Assoc.	Directed HIV/AIDS training programs
Consultancy	Lwati Training Institute	Provision of HIV/AIDS policies and procedures in various organisations' HR policies and procedures. Assisting Anglican Church in producing a project proposal for HIV/AIDS responses.
Consultancy	VTC Associates	Impact assessments, mitigation planning and intervention etc. Our work is also outside Swaziland (Moz, Namibia, RSA etc)
FBO	Caritas, Hope House	Providing hospice services, palliative care for terminally ill people especially with HIV/AIDS related illnesses
Govt.	Health Education Unit	Communication of all health related issues through the print and electronic media. Community mobilization involving community leaders on health related issues. Promoting community participation in community development.
Govt.	Min. Agric & Cooperatives	Food security support to the destitute, orphans and vulnerable children. Ensuring sustainability in cultural food production – done mainly at Chiefdom(?) and family levels.
Govt.	Nutrition Council	Networking in producing quarterly newsletter. Resource mobilization.
Govt.	Rural Health Motivators' Initiative	Organization deal with community health workers who are multi purpose workers, thus it is involved in a number of activities at the community level.
NGO	CANGO	Advocating and engaging other organizations on integrating HIV and AIDS in poverty responses/programming
NGO	COSAD	Studying treatment complications to HIV/AIDS patients who use alcohol or any other drug.
NGO	MYAIHA	Home visits, educating youths by means of drama, poetry and showing videos on HIV/AIDS.
NGO	SINAN	Community mobilization and advocacy
NGO	SWAGAA	Provide counseling and support to people who have been raped and fear that they could be infected with HIV
NGO	TASC	VCT counsellor training
NGO	Women's Resource Centre	Women's rights, building confidence and esteem in women, economic empowerment and promotion of food security – providing technical support
NGO	World University Services Swaziland	Capacitating CBOs initiating community projects for orphans and vulnerable children, providing psychosocial support for the OVC, educating the mentors, household heads and OVCs on HIV/AIDS life skills, bereavement and counseling and project identification and implementation.

## Appendix 4: Questionnaire



### **NERCHA National Emergency Response Council on HIV/AIDS Swaziland**

#### **To questionnaire respondents**

NERCHA is taking stock of monitoring and evaluation (M&E) practices, needs and capacities in Swaziland as part of its mandate to co-ordinate and strengthen the National HIV/AIDS response. Towards this end NERCHA is conducting a survey of all organisations, departments, institutions and consultants which are contributors or service providers to HIV/AIDS programmes.

Your organisation has been identified for inclusion in the survey. We kindly request that you complete the accompanying questionnaire and return it within 3 days to Mr Alfred Mndzebele, who is co-ordinating the survey and will address any questions relating to it (Tel: 404 4721/602 0920). The completed questionnaire may be returned by fax (Fax: 404 5532) or return email ([amdzebele@yahoo.com](mailto:amdzebele@yahoo.com)) if it has been delivered by email. Alternatively you can arrange for it to be picked up by hand.

1. The questionnaire is to be completed by a person who is responsible for monitoring and evaluation in the organisation/department, or if there is no such person, the person who is most likely to be able to report on monitoring and evaluation activities of the organisation/department.
2. You are urged to answer the questions as accurately as possible to reflect the present M&E situation in your organisation.

Following analysis of the survey NERCHA will inform you and other partners of the outcome of the survey, as well as launch a monitoring and evaluation capacity building strategy and program. We hope to be able to do this by the end of April 2004.

Your co-operation in this regard is much appreciated.

Yours sincerely

Dr Derek von Wissell

Director-NERCHA



**NERCHA  
National Emergency Response Council on HIV/AIDS  
Swaziland**

---

If your response to a statement is 'Yes' write X in the 'Yes' box. Like this →	No	<del>Yes</del>
If your response to a statement is 'No' write X in the 'No' box. Like this →	<del>No</del>	Yes

1. PROFILE OF ORGANISATION/DEPARTMENT/INSTITUTION/CONSULTANCY		
1	Name of organisation / department / institution / consultancy:	
2	Name of person providing information:	
3	Position of person in organisation:	
4	For how many years has your organisation been actively involved in HIV/AIDS programmes in Swaziland? _____	
5	Does your organisation receive subvention funding from the Government?	No Yes
6	Has your organisation received funds from NERCHA in the past?	No Yes
7	Is your organisation expecting funds from NERCHA in the future?	No Yes
8	Does your organisation provide training, consultancy services or technical assistance to other organisations or departments? If <b>yes</b> , describe:	No Yes
9	Has your organisation <b>provided</b> training, consultancy services or technical assistance <b>specifically in the areas of research, monitoring, evaluation or assessment</b> to other organisations or departments? If <b>yes</b> , describe:	No Yes
10	Has your organisation <b>received</b> training, consultancy services or technical assistance in <b>the areas of research, monitoring, evaluation or assessment</b> from other agencies? If <b>yes</b> , describe what type of assistance:  If <b>yes</b> , which agencies <b>have provided you</b> with such assistance?	No Yes
11	Is your organisation a funding organisation in the sense of managing the disbursement of funds to service delivery organisations?	No Yes
12	Does your organisation have a computer?	No Yes
13	Do most of your programme staff members have computers?	No Yes
14	Is there an internet connection in your office/s?	No Yes

2. How would you describe your organisation (Choose only one: if more than one fits please use 'other' and describe)?		
1	Non-governmental organisation (active in more than one region)	No Yes
2	Community based organisation or association (active in one region only)	No Yes
3	Government (National or Regional)	No Yes
4	Parastatal organisation (statutory body) or municipality	No Yes

5	Church or faith based organisation	No	Yes
6	Donor organisation	No	Yes
7	Private company/consultant	No	Yes
8	Commercial organisation with internal HIV/AIDS programmes	No	Yes
9	Other: Describe		

<b>3. Does your organisation/department provide services in the following areas? (Please write X only in areas that you are <u>actively</u> involved in)</b>			
1	Prevention of mother to child transmission (PMTCT) of HIV	No	Yes
2	Prevention of accidental or occupational exposure to HIV	No	Yes
3	Post exposure prophylaxis (PEP) for HIV	No	Yes
4	Condom promotion and distribution	No	Yes
5	Blood safety	No	Yes
6	Behaviour change programmes	No	Yes
7	Prevention programmes specifically for vulnerable groups (sex workers, truckers, street children, women) Other		
8	Mobilising and organising community action in any area of HIV/AIDS response	No	Yes
9	Awareness programmes in educational institutions	No	Yes
10	Awareness programmes in the workplace	No	Yes
11	Home based care for AIDS	No	Yes
12	HIV/AIDS counselling	No	Yes
13	HIV testing	No	Yes
14	Procurement and distribution of HIV/AIDS related supplies	No	Yes
15	Clinical management of HIV/AIDS related opportunistic infections and STIs	No	Yes
16	TB services and treatment	No	Yes
17	Anti-retroviral therapy services or training/education	No	Yes
18	Rehabilitation related to HIV/AIDS	No	Yes
19	Nutrition support related to HIV/AIDS	No	Yes
20	Support for people with HIV/AIDS and families	No	Yes
21	Support for orphans and vulnerable children	No	Yes
22	Social welfare support related to HIV/AIDS	No	Yes
23	Legal rights, legislation and policies in response to HIV/AIDS including workplace policies	No	Yes
24	Government education services HIV/AIDS programmes	No	Yes
25	Government health and social welfare services HIV/AIDS programmes	No	Yes
26	Other government department HIV/AIDS programmes	No	Yes
27	Supporting decentralised responses to HIV/AIDS (regions, municipalities, Tinkhundla)	No	Yes
28	Donor organisation support for HIV/AIDS programmes	No	Yes
29	Building partnerships between stakeholders	No	Yes
30	Development/improvement of health information systems	No	Yes
31	Epidemiological surveillance - HIV	No	Yes

32	Epidemiological surveillance - STI	No	Yes
33	Epidemiological surveillance - AIDS cases	No	Yes
34	Behavioural surveillance - (KAP – knowledge, attitudes, practices)	No	Yes
35	Advocacy and lobbying on HIV/AIDS issues	No	Yes
36	Gender issues in relation to HIV/AIDS	No	Yes
37	Faith based responses to HIV/AIDS	No	Yes
38	Cultural responses to HIV/AIDS	No	Yes
39	Employee assistance programmes	No	Yes
40	Media and communications interventions	No	Yes
41	Co-ordination or integration of services at the local level	No	Yes
42	Fostering co-operation between government agencies	No	Yes
43	Promoting use of and access to services	No	Yes
44	Monitoring of community responses	No	Yes
45	Developing or maintaining data bases or directories of local HIV/AIDS response agencies	No	Yes
46	Describe any other activities not included above:		

<b>4. Has your organisation ever conducted the following activities? (please only answer 'Yes' if your organisation has been the <u>primary</u> agency in conducting the activity.)</b>			
1	Assessed the social or socio-economic impact of HIV/AIDS	No	Yes
2	Assessed economic impact of HIV/AIDS on a business, government department, institution or community	No	Yes
3	Conducted a cost analysis, cost effectiveness or cost benefit study	No	Yes
4	Conducted or commissioned an assessment of the impact of HIV/AIDS on the functioning of <b>your own</b> organisation	No	Yes
5	Conducted an assessment of the impact of HIV/AIDS on the functioning of <b>another organisation</b>	No	Yes
6	Undertaken some form of audit or mapping of organisations, services or resources in an area  If <b>yes</b> , describe:	No	Yes
7	Undertaken a study or project to identify high transmission areas and populations at especially high risk	No	Yes
8	Conducted a health facilities survey	No	Yes
9	Conducted a situation analysis or audit relating to the number of orphans and vulnerable children or their needs	No	Yes
10	Designed and written-up a KAP-type (knowledge, attitudes, practices) study	No	Yes
11	Undertaken an opinion poll or rapid survey	No	Yes
12	Conducted market research	No	Yes
13	Used social marketing methods and strategies	No	Yes
14	Tested responses to media products like posters and pamphlets	No	Yes

15	Undertaken research for purposes of policy development	No	Yes
16	Conducted an operations research study (research towards improving a programme)	No	Yes
17	Conducted a formative evaluation of a project or program	No	Yes
18	Conducted an outcome (summative) evaluation of a project or program	No	Yes
19	Delivered a research presentation at a conference	No	Yes
20	Other relevant research experiences, not necessarily in the HIV/AIDS field: Describe		

<b>5. Monitoring and evaluation framework: Within your own organisation.</b>							
1	Does your organisation have a documented (written-down) monitoring and evaluation strategy related to your HIV/AIDS programmes?					No	Yes
2	How often does your organisation produce a report on its HIV/AIDS activities?		Seldom or never	monthly	quarterly	annually	
	If it does, for whom, or what institution is the report written? Describe						
3	Has your organisation reviewed its programme objectives in the last year?					No	Yes
4	Does your organisation have an annual workplan?					No	Yes
5	Does your organisation have a documented set of key indicators through which the success of the organisation in meeting its targets can be measured?					No	Yes
6	Has your organisation developed monitoring protocols (forms) for keeping track of programme activities and service delivery? Please only answer 'yes' if such forms are regularly used.					No	Yes
	6.1 If <b>yes to 6</b> : Were these tools/forms developed by someone within your organisation?					No	Yes
	6.2 If <b>yes to 6</b> : In what areas of activity does your organisation use monitoring forms or checklists? Write below:						
7	Is data from monitoring forms captured on a computer? If <b>yes</b> , please list all the areas:					No	Yes
8	What software do you use for capturing monitoring information?	SPSS	ACCESS	EXCEL	EpiInfo	Other	
9	How often is monitoring data analysed and written into a report?		Seldom or never	monthly	quarterly	annually	
10	How often does your organisation generate charts or graphs from monitoring data?		Seldom or never	monthly	quarterly	annually	
11	If your organisation conducts training or education programmes, are the sessions regularly evaluated by <b>participants</b> using evaluation forms?					No	Yes
12	If your organisation conducts training or education programmes, are the sessions regularly self-evaluated by <b>presenters/facilitators</b> ?					No	Yes

13	<p>Has your organisation received any training on M&amp;E framework/systems development? If <b>yes</b>, describe:</p>	No	Yes
<p>14. What information do you regularly access and use in managing, planning and monitoring your own programmes?</p>			
<p>15. What <b>additional</b> information or data related to HIV/AIDS would you find helpful in planning or evaluating your own or other programmes? (For example, prevalence of syphilis, number of AIDS orphans in an area). In answering, please describe your unmet information collection, analysis and information management needs.</p>			
<p>16. Describe any M&amp;E plans not mentioned above that your organisation may have.</p>			

6. Human resources and personnel					
1	Does your organisation have a monitoring and evaluation unit or members of staff whose primary job designation is to conduct M&E activities? If <b>yes</b> , please fill in below:			No	Yes
	<u>Position</u>	<u>Qualifications</u>	<u>Training</u>		
	1.	1.	1.		
	2.	2.	2.		
	3.	3.	3.		
2	If <b>no</b> to the question above, does your organisation have members of staff who have <b>amongst other duties</b> , monitoring and evaluation? If <b>yes</b> , please fill in below:			No	Yes
	<u>Position</u>	<u>Qualifications</u>	<u>Training</u>		
	1.	1.	1.		
	2.	2.	2.		
	3.	3.	3.		
3	Does your organisation have a financial officer or manager?			No	Yes
4	Please describe any intentions your organisation may have with respect to hiring of staff in the areas of research, monitoring and evaluation.				

7. Specific technical skills within your organisation					
Is there anyone in your organisation with skills/experience in the following areas? (the level of skill must be such that the person can independently undertake tasks in the area)					
Methods of data collection					
1	Questionnaire development			No	Yes
3	Designing community or household surveys			No	Yes
4	HIV and AIDS surveillance research Describe:			No	Yes
5	Conducting focus group research			No	Yes
6	Conducting in-depth interview research			No	Yes
7	Interview or focus group audiotape transcription			No	Yes
8	Quantitative data capture			No	Yes
	8.1 If <b>yes</b> , what software do you use? Other:	SPSS	ACCESS	EXCEL	EpiInfo
Methods of data capturing and analysis					
9	Use of <b>software</b> for <b>qualitative</b> data management and analysis (e.g. Nudist, InVivo) 9.1 If <b>yes</b> , describe what software you use and for what purpose.			No	Yes



10	<b>Quantitative data analysis</b>	No	Yes
	11.1 If <b>yes</b> , what software do you use?		
11	Basic quantitative data analysis (frequencies, cross-tabs, etc.)	No	Yes
12	Basic statistics (anova, chi square, etc.)	No	Yes
13	Advanced statistics (multivariate analysis)	No	Yes
14	Generating charts from statistical data	No	Yes
15	Analysis of sick leave, absenteeism or mortality data to understand the impacts of HIV/AIDS	No	Yes
<b>Research design and methodology expertise</b>			
16	Qualitative research design 16.1 If <b>yes</b> , describe what expertise exists in this area:	No	Yes
17	Basic survey sampling methods	No	Yes
18	Population based sampling methods	No	Yes
19	Expertise in programme evaluation design 19.1 If <b>yes</b> , describe what expertise exists in this area:	No	Yes
20	Participatory research methods 20.1 If <b>yes</b> , describe what expertise exists in this area:	No	Yes
21	Other areas of expertise in research design not mentioned above: Describe		
<b>Knowledge and information management</b>			
22	Report writing and presentation	No	Yes
23	Publishing research or monitoring and evaluation studies	No	Yes
24	Developing health information management systems	No	Yes
25	Use of geographic information systems (GIS) software or technology	No	Yes
26	Development of databases	No	Yes

<b>8. This section to be completed ONLY by organisations which provide technical support, capacity building and training to OTHER organisations.</b>			
1	Does your organisation have amongst its objectives provision of support (financial, training or technical) for development of monitoring and evaluation capacity? If <b>Yes</b> , please describe:	<b>No</b>	<b>Yes</b>
2	Do members of your organisation provide training in the area of monitoring and evaluation? If <b>Yes</b> , please describe:	<b>No</b>	<b>Yes</b>
3	<p>If your organisation uses the services of other providers to assist in M&amp;E capacity building, what organisations are used?</p> <p><b>Internal (Swaziland):</b></p>   <p><b>External (International):</b></p>		
4	Outline any plans your organisation may have for developing capacity for monitoring and evaluation in HIV/AIDS programmes in Swaziland.		

**9. This section to be completed by ALL ORGANISATIONS**

1. List what technical or training assistance needs your organisation has in the M&E field.

2. What technical assistance in the area of M&E might your organisation be able to offer to other organisations?

3. What suggestions or advice would you offer about how M&E capacity should be developed within the Swaziland HIV/AIDS response system?

4. Do you have any further, specific suggestions how NERCHA might be of assistance to your organisation in developing M&E capacity?

**THANK YOU FOR YOUR ASSISTANCE**

## Appendix 5: National Consensus Building Workshop - Attendance list

Name	Organization
1. Marjorie Mavuso	NERCHA
2. Lisa Mbuli	NERCHA
3. Edith Partaillourd	NERCHA
4. Eugenia Marinova	World Bank
5. Kevin Kelly	CADRE
6. Alfred Mndzebele	CANGO
7. Bongani Magongo	CADRE
8. Phindile Weathersson	Standard Bank
9. Gugu Mpapane	AMICAALL
10. Sara Mbingo	SHAPE
11. Thembiisile Dlamini	UNAIDS
12. Mbongiseni Shabangu	COSAD
13. B Nyirenda	Times Of Swaziland
14. Jabu Dlamini	Ministry Home Affairs
15. Sindile Mcanyana	SWAAGA
16. Zodwa Mthethwa	FLAS
17. Sanelisiwe Tsela	FLAS
18. Mirriam Mabilisa	Ministry of Health and Social Welfare
19. Sikhulile Dlamini	RSSC
20. Thandi B Mndzebele	Ministry of Health and Social Welfare
21. DrMA Dube	UNISWA
22. Elliot Nxumalo	LDS
23. Dudu Mbuli	Ministry of Health and Social Welfare
24. Makhosini Makhubu	SNAD
25. Mbongwa Dube	SNAD
26. Dr. Rose Mary Mukasa	Ministry of Health and Social Welfare
27. Veronica Bhembe	RFM Hospital
28. Dan Gama	
29. Thabsile GUmbe	Ministry of Public Works and Transport
30. Sam Mamba	Vusumnotfo
31. Glory Magagula	MOHSW
32. Pureen Ndzinisa	MOHSW
33. Esther Dlamini	MOHSW
34. Thuli Mngadi	UNFPA
35. Thembi Vilakati	Salvation Army
36. Khosie Hlatshwayo	Business Coalition on HIV/AIDS
37. Grace Msiska	Vusumnotfo
38. Joseph Mkhonta	MOHSW
39. Danisile Vilakati	Nutrition Council
40. Anna mdluli	RFM Hosp- Community
41. Sibongile Maseko	UNDP
42. Pilkington Gamadze	Scripture Union
43. Lucky gamedze	MFA
44. Samuel S Dlamini	MOAC
45. Winston B Shongwe	ACAT
46. Nhlanhla Mnisi	SNAP
47. Russia Dlamini	World Vision
48. Gugulethu Mgabhi	Youth Council
49. Hilda Mdluli	Cheshire Homes
50. Richard Phungwayo	NERCHA

51. Mduduzi Mavimbela	SYUAHA
52. Samkelo Mahlalela	Fundza
53. Betty Simelane	MOHSW
54. Jethro Ndzingane	HM Correctional Services
55. Ntombikayise Dlamini	MOAC
56. Nelisiwe Mavuso	National football Association
57. Sebentile Dlamini	Central Statistics Office
58. Hamilton J Khoza	MOAC
59. Dlamini Faith	NERCHA
60. Zakaria Yakubu	NERCHA

**Appendix 6: National consensus building workshop evaluation**

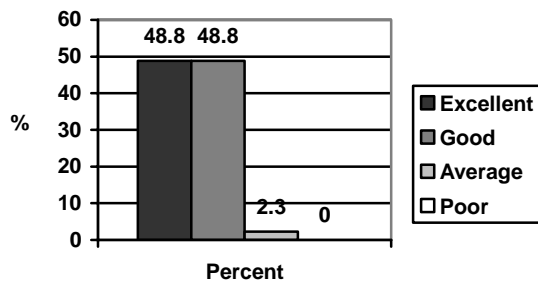
**Esibayeni 17-18 May**

**National consensus building workshop on capacity building for M&E  
Post workshop evaluation by participants**

**Number of respondents: 43**

**1. How do you feel about the organization of the workshop?**

	Frequency	Percent
Excellent	21	48.8
Good	21	48.8
Average	1	2.3
Poor	0	0

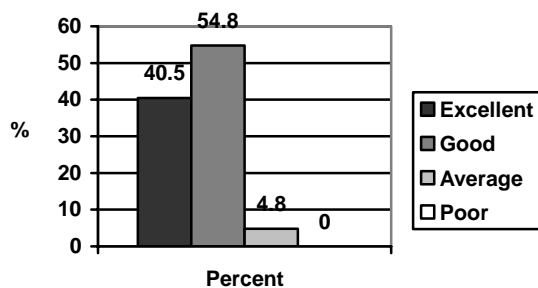


*Comments:*

- Well organised, Marjorie did a good job, and Alfred.
- Insufficient handouts. We were promised yesterday but nothing came today.
- Yesterday's morning session rather too long without a break,

**2. How do you feel about the structure of the workshop?**

	Frequency	Percent
Excellent	17	40.5
Good	23	54.8
Average	2	4.8
Poor	0	0

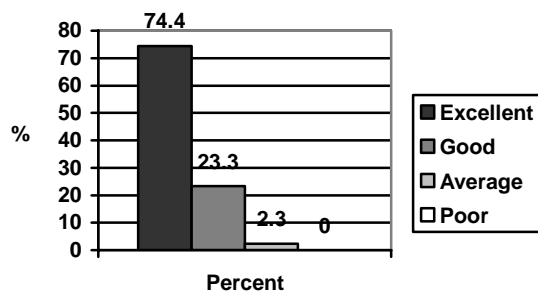


*Comments:*

- It is time we get legislatures to some of these meetings

**3. How do you feel about the facilitation of the workshop?**

	Frequency	Percent
Excellent	32	74.4
Good	10	23.3
Average	1	2.3
Poor	0	0

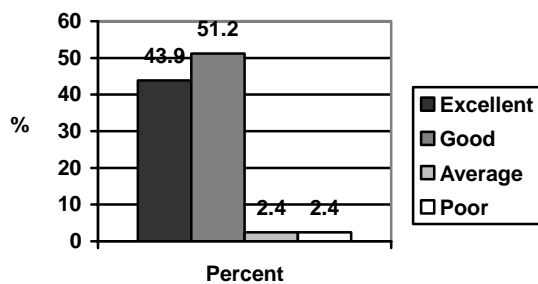


*Comments:* no comments

- Facilitators lively, keep it up.

**4. How clear were the CADRE presentations?**

	Frequency	Percent
Excellent	18	43.9
Good	21	51.2
Average	1	2.4
Poor	1	2.4



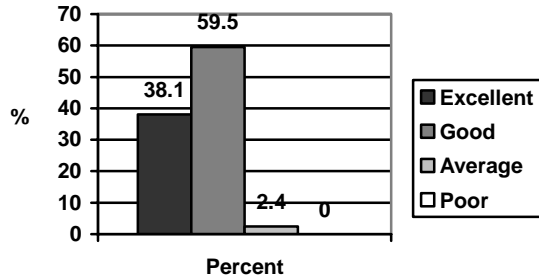
*Comments:*

- They did a good job, but I think we need to see the final report.

**5. Rate the value to you of the breakaway discussion groups**

	Frequency	Percent
--	-----------	---------

Excellent	16	38.1
Good	25	59.5
Average	1	2.4
Poor	0	0

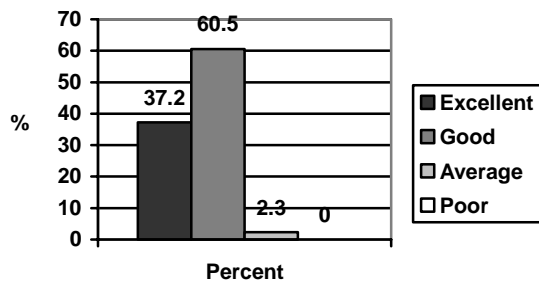


**Comments:**

- Very enlightening, particularly because I was participating for the first time in an M&E workshop
- Very fulfilling to me, especially groups 1, 2, 3

**6. Rate the extent to which the workshop provided participants with sufficient opportunities to share views?**

	Frequency	Percent
Excellent	16	37.2
Good	26	60.5
Average	1	2.3
Poor	0	0

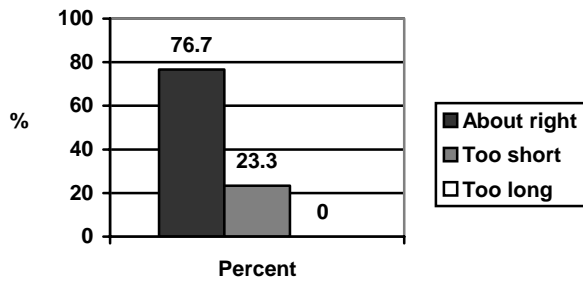


*Comments:* No comments

**7. Was the duration of the workshop appropriate?**

	Frequency	Percent
Too long	0	0
Too short	10	23.3
About right	33	76.7





*Comments:*

- This workshop was well organised and though there was not enough time of discussion, the time frame of the whole workshop was about right.

**8. Do you have any comments and suggestions fro NERCHA about how to improve the value of future M&E workshop or training events?**

**Suggestions relating to future training logistics**

- Kindly please provide per diem since we were away from the office.
- Financial assistance to those who will be training and those who will be trained, like salaries because some organisation members are not employed. There is nothing which encourages them to help the nation. Use them after training in their communities.
- For commitment sake add allowances to participants in the future.
- Provide proper materials for use at the workshop on time; ie. stationery, copies of presentations etc. Good work NERCHA.
- Folders will not be a bad idea to keep our reading materials/handouts.
- There's a need to consider icebreakers or 2 minute breaks especially towards lunch, participants tend to fall asleep or lose concentration.
- Next time they should have more time, so that the discussants should not be limited due to the time factor.
- There is a great need for NERCHA to add more days on the future workshops and to send out material prior to the workshop.
- The workshop was very useful though the time was a bit short for us to exhaust all the facts and clarification for some points.
- The next workshop should be held in a far away place; e.g. Simunye club where participants would sleep over so that we can keep time.

**Suggestions relating to future training processes**

- Let this meeting be held at least twice a year to sort of evaluate the progress on M&E.
- This kind of workshop should be done at least four times a year to catch up with the fast moving of the HIV/AIDS.
- To make sure that the workshops of this nature be conducted annually to as to keep track of what is going on out there.
- The workshop was very good, we need more workshops of this nature.
- More workshops should be conducted and training has also to be increased.
- More training should be given to personnel that know nothing about M&E.
- Could we be provided with skills developing workshop.
- The same people who have attended the previous workshop should continue coming for the subsequent workshops for continuity or progress.

- Need to organise more of such workshops. However, for continuity, there's need for organizations/stakeholders not to send different faces for the workshops
- To ensure sustainability and continuity, try and have a data base of participants, so that when sending invitations to the various NGOs you specify the name of the officer you have been working with - unless they have left - but try to at least invite 2 people per organisation.
- Since this is a process the same participants should attend as they will be familiar with the stance of the workshops, otherwise this is a very important program especially because everyone in the program has to know what has been done and how it has been done.
- Should not exclude highly trained officers in M&E because the beginners feel intimidated during deliberations. Otherwise a good workshop for the rightful participants.
- I would appreciate that NERCHA offers training to new organisations or rather those organisations that do not have M&E personnel. Those who should be trained must be the co-ordinators.
- Can a timetable be drawn which will distributed so that we do not miss out; e.g. it seems many people are coming for the second time yet some of us are working in offices where M&E is critical and we have not been before.
- Ensure representation by all stakeholders; e.g. regional and SNAP not represented.
- Smaller groups (participants) would have been ideal to encourage full participation from all persons. It would also help on using the two days fruitfully.
- It would be a very useful workshop training on M&E that is conducted in a conducive place and have facilitators; i.e. good ones like we have in this workshop.
- Summary of previous activities completed needs to be presented as a background at the beginning.
- Get someone to give direction during small group discussions so that the group would be relevant in their assignment.
- Be simple and be clear enough when defining the meaning of M&E to accommodate participants' different levels of understanding.
- Decentralise the workshops to regions.
- Have thematic workshops separately.
- Follow up training or workshops for capacity building on M&E; e.g. data capturing and analysis. Keep the momentum.
- We need some more training on M&E.
- Extend invitations directed to Regional Public Health matrons and hospital matrons because of problems with regional health administrators in some regions.
- Outside visits would be very much appreciated.
- Very good work by NERCHA. There is a need for this workshop evaluation, so that there is continuity in establishing M&E merit in the country.

#### **Suggestions relating to the national M&E capacity building process**

- Provide feedback on this workshop.
- Keep all participants informed on developments and future activities.
- Put together a list of all participants to be shared.
- Use this group to set up a network of practitioners.
- Always consult the stakeholders about changes and progress on the M&E program.
- Provide progress report on what has already been done and for the future give a report from now to the next step. Please make this workable.
- The workshop was quite good, but I think for good results in assessing stakeholders performance activities needs to start down at community level where it can be judged or measured by people's response with regards to how the services are rendered; i.e. whether they are satisfactory or need improvement, otherwise we

might go with a wrong impression from only us service providers.

- CANGO must swiftly take the capacity building on research methodology and M&E for NGO's as part of their capacity building activity.
- Central government to be fully involved and represented at high level because her commitment will show sustainability of the project.
- There is a need to keep the momentum going. There is a need to bring on board these and other partners to ensure greater ownership and a participatory process.
- There needs to be a way of tracking progress being made by M&E.
- There is a need for a stakeholders' forum towards the consolidation of an National M&E plan. That is the very essence of monitoring and evaluation!
- Much has been said about what needs to be done in the next year or two. My suggestion is that let us stick to the recommendations which were presented by the groups. Amongst other things: 1. Pretest indicators. 2. Make periodic reviews. 3. Have workshops to take stock of progress. 4. Continuity to be done.
- NERCHA should make sure they solicit funds for sustainability of M&E.
- Advocate M&E to directors and managers of all sectors especially government.
- I think there is a need to put up an organogram (at the top of which is NERCHA-National Committees) and other key players outlining who reports or relates to who to kick start the process.
- Use already existing structures, viz. University of Swaziland on capacity building (training).
- Need for government commitment as per Act of Parliament of 20003
- Still no clarity on reporting of indicators by organisations to NERCHA, but I believe it shall be worked out by committee.

## Appendix 7: Provision of training, consultancy services or TA to other organisations

Organisation type	Name	Description of services provided
Business	Royal Swaziland Sugar Corporation	The company provides training of Peer Educators to people who are not RSSC employees, eg. contractors, people working in the shops, banks, or even non-employed. The company conducts education session on HIV/AIDS for the community including teachers employed by Govt. in the Simunye, Mhlume and Tshaneni community.
Business	Standard Bank	Training workshops to other corporates on workplace programs.
Business	Swaziland Business Coalition Against HIV/AIDS	Training on establishment, implementation, monitoring and evaluation of workplace programs
Business - Parastatal	Swaziland Railway.	Swaziland Railway was the first company to come up with an HIV/AIDS policy so other organization were consulted us for assistance and requesting for copies of our policy.
Consultancy	Aliment Software Technology	Customized software development
Consultancy	Computer Business & Consultancy	Ministry of health, SNAP; Ministry of finance, World Food Program
Consultancy	Earnest and Young	Various financial services and advice
Consultancy	International Development Consulting Group	Business management and engineering services; consultancy services in, socio-economic studies, market research and market analysis, feasibility studies, health care studies, M&E
Consultancy	KNC & Assoc.	Management development consultancy; human resources training; monitoring and evaluation; gender and development; environmental
Consultancy	KPMG	Accounting and management information systems; HR development; risk advisory; strategic planning
Consultancy	Lwati Training Institute	Provision of consultancy services in the form of providing policies and pro...for HIV in the workplace
Consultancy	Mananga	Provide training; organization development and high quality advisory and consultancy services. Manager achieves this through residential courses, tailor made and outreach courses.
Consultancy	MPH Geomatics	Mapping for GIS; GIS application development; data capture; data analysis and reporting
Consultancy	Nathi Gumede & Associates	Legislative drafting - ministry of health AIDS/HIV communication research - UNDP; lisenerhsip survey - transworld radio
Consultancy	SWAZIMED	Quality management; to provide training, consultancy and research services to develop efficient and effective public and private sector orgs
Consultancy	VTC Associates	impact assessments, applied socio economic research, workplace policies and programs OVC interventions
Donor or intern. support agency	British High Commission	We have provided TA to NERCHA
Donor or	EU	Support to gos, para-statals, private sector, NGO's

intern. support agency	Commission	
Donor or intern. support agency	Italian Co-operation	Technical assistance and training
Donor or intern. support agency	SIPAA	Working with NERCHA and UNAIDS to strengthen capacity for management and coordination, and M&E of the national response to HIV/AIDS. Specifically working towards building capacity to: Support to strengthen decentralized coordination frameworks at regional and chiefdoms levels. Capacity building of public sector (Ministries) for HIV/AIDS workplace program development and management. Support building of national network of PLWHAs. FBOs responses in HIV/AIDS Support training and mentorship programs for the civil society organisations in project planning and management, M&E and advocacy
Donor or intern. support agency	UNFPA	Provide technical assistance in surveys, population issues, reproductive health issues, through personnel and funding
Donor or intern. support agency	UNICEF	Technical assistance is provided to government ministries in planning, implementing of program initiatives that benefit children and woman. Training is regularly provided to depts.
Donor or intern. support agency	WHO	Our organization provides technical and financial assistance to MOHSW in various areas including HIV/AIDS
Donor or intern. support agency	HAPAC (EU Project)	Training and technical support is provided to the ministry of health and social welfare through SNAP for the three HAPAC supported components
FBO	Council of Swaziland Churches	Training and consultancy services
FBO	Scripture Union	We train peer counselors for different churches, we conduct life skills training in churches and do leadership training for teachers and church leaders
FBO	Swaziland Conf. of Churches	Involved in HIV/AIDS issues
Govt.	Dept. Urban Govt.	Local authorities (town councils and town boards)
Govt.	Min. Educ.	Training to its employees and teachers
Govt.	Min. Fin.	Provides technical assistance through the budget department to other line ministries; provides to departments, eg, customs and tax dpt.
Govt.	Min. Justice & Const. Affairs	None, except our departments in house
Govt.	Min. of Agric & Cooperative	Provision of technical assistance in crop promotion and use of drought tolerant affordable crop types. Professional help in identification and propagation of medicinal help. Professional

		assistance of poverty alleviation strategies.
Govt.	Min. of Econ Plan and Dev	Provide assistance in the training aspect. Through the external assistance unit, many employees from various organization including govt ministries got the opportunity to be trained
Govt.	Min. Public Service	Responsible for training (provision of sponsorship and actual training at a fee (Simpa), this training is for the public servants, private sector and Parastatals
Govt.	Min. Tourism, Environ. & Communication	Department archives; Swaziland National Trust commission; Swaziland Tourism Authority
Govt.	Nutrition Council	Public, private, faith based and community based organizations; requests us to facilitate in their workshops on HIV and infant feeding
Govt.	Rural Health Motivators' Initiative	Requested to facilitate home based care and trainings.
Govt.	SRH Unit	Training of adolescent youth; community leaders and parents; health care providers and teachers
Local Govt.	City Council of Manzini	In house behavioral change workshops
Local Govt.	City Council of Mbabane	Training on HIV/AIDS issues to government and non government sectors
Local Govt.	Piggs Peak Town Council	We provide training to community .... in the different wards in town
NGO	AMICAALL – Nhlangano/Hlal hikulu	Training for capacity building - community action group in the towns; provide information to municipal HIV teams and community; technical advice to council, and community
NGO	AMICAALL Swaziland	Training on: HIV/AIDS education; Community capacity enhancement
NGO	CANGO	Monitoring and evaluation; facilitation in workshops
NGO	Care Nakekela	HIV counseling and testing; home based care; child rights; neighborhood care points and agriculture skills
NGO	COSAD	EAP (Employee assistance program); training; Policy making and program coordinate
NGO	FLAS	FLAS provides training and/or consultancy in the areas in which wh has expertise in: e.g. peer education, research, youth sexual and reproductive health, IEC/BCC materials development
NGO	FODSWA	We provide trainings on HIV/AIDS to disabled people
NGO	FUNDZA	Library management skills to both primary and high schools
NGO	IBFAN	IBFAN provides technical support to national groups and governments in the development of HIV policies
NGO	Law Society	Strategic planning workshops; administrative conference
NGO	MFA	We train people on life skills and on HIV/AIDS awareness.
NGO	PSI	Training in workplace programs
NGO	SHAH	We provide training on home based; Palliative care, pain management, bereavement counseling, symptom management (Palliative care)
NGO	SHAPE	Other orgs ask the org. to provide training on HIV through the training unit
NGO	SINAN	Training of health workers
NGO	SNAJ	Reporting of cases in the media, media relations, newsletter production, research, consultancy in publicity issues
NGO	SOS	Training for people engaging in long-term family care for children. Basic mother training; family careers training; skills training for

		orphaned youth
NGO	SWAGAA	Training of professional groups like teachers, police, nurses, prosecutors and social workers on gender violence and how to handle such cases
NGO	SYUAHA	Training of behavior change program and life skills; help in group formations; proposal writing
NGO	TASC	VCT counselor training, systemic counselor training, HIV/AIDS education and training, peer education provide technical assistance to newly established VCT centers and to counselor
NGO	Women and Law	Action research, particularly on legal and socio-legal issues
NGO	Women's Resource Centre	Conducting HIV and AIDS workshops to youth as trainers
NGO	Women's Resource Centre	We provide training as a core activity of the organization in various areas including HIV/AIDS. We also provide consultancy in fields of expertise.
NGO	World University Services Swaziland	Occasionally gets contract to implement certain projects on civic education on issues related to orphans and vulnerable children and assisting Community Based Organizations in various areas to include writing proposals, finance management, identifying viable projects.
NGO (Parastatal)	Sebenta	provides training in life skills and psycho social support to difficult groups at community level
TI/ Academic	IDM	HIV/AIDS counseling; counseling at the workplace; information management (Excel, Access); explain in health service management
TI/ Academic	UNISWA – CTC	Different forms of consultancy work and training.
TI/ Academic	UNISWA – Research Centre Luyengo	Through the consultancy centre
TI/ Academic	UNISWA- Faculty of Health Sciences	Trains health professionals; conducts research; consultancy for other organisations

**Appendix 8: Position, qualifications and training of those member of staff whose primary job designation is to conduct M&E activities**

Organisation type	Name	Position	Qualifications	Training
Consultancy	International Development Consulting Group	1. M&E consultant 2. M&E consultant, research 3. Managing director	PHD in economics, MBA business administration MBA Business administration  MA economics	M&E by IFAD  Financial management
Consultancy	Mananga	Director Consultant Consultant	PHO (MSc; BA hon; dip mgt) MSc management; BA economics PHD; MA; BA Hons	Project management research Project analysis; M&E management training Consultancy skills, OD, Research
Donor or intern. support agency	HAPAC (EU Project)	Program manager	Epidemiologist	
Donor or intern. support agency	UNICEF	M&E officer	B.Com (Informatics)	Stata, Childinfo
Govt.	Min. Econ. Plan. & Dev.	Chief M&E officer Field officer Field officer	MSc (M&E) Certificate in Agric Certificate in Agric	
NGO	CANGO	Director Coordinator Research  Information officer	Mphil  post grad in Ed  BA Humanities	Monitoring and evaluation project management
NGO	FLAS	Research and evaluation manager  Research and evaluation officer	BA humanities; Postgraduate diploma; Master of Arts in pop. Studies  BA social science; postgraduate diploma in development studies	UNISWA, Uni of Botswana  UNISWA, Uni of Natal
NGO	FUNDZA	Director Librarian	MA – English Diploma in library management	
NGO	Lutheran	Rural	Degree in agriculture	



	Development Service	development coordinator		
NGO	SHAPE	Head of research  Research officer Research internet	BA(Soc Sc)  Bachelor of education O' Level	Formative research; SPSS data analysis and research for children
NGO	World Vision	M&E officer  Program development manager	BA social science; diploma in M&E  BA honors development administration	UNISWA – development training institute UNISA

**Appendix 9: Position, qualifications and training if organization has members of staff who have amongst other duties, monitoring and evaluation duties**

Organisation type	Name	Position	Qualifications	Training
Business	Royal Swaziland Sugar Corporation	HIV program coordinator	BA humanities, certificate in social work, diploma in education	
Business	Swaziland Business Coalition Against HIV/AIDS	Coordinator	Nurse	MSN
Business	SWAZIMED		Nursing qualifications Doctor qualifications	
Consultancy	KNC & Assoc.	Director  Consultant	MA  Post graduate diploma	Development and administration Environment and development
Consultancy	Lwati Training Institute	Senior consultant; finance/management Senior consultant; project management	Bed; Acca  Bed; postgraduate in project management	Financial management  Projects management, marketing and information systems
Consultancy	MPH Geomatics	Managing director  Senior Land Surveyor	BSC Land survey; professional land surveyor BSc land survey	Survey and GIS  Survey and GIS
Consultancy	Nathi Gumede & Associates	Director Manager	BA Law, MBA BCom Marketing	Communications Business counseling
Consultancy	SWAZIMED		Nursing and doctors qualifications	
Donor or intern. support agency	Italian Co-operation	Program director	Degree in medicine; specialization in infectious disease	Course in epidemiological methods Course in planning M&E of PHC programs
Donor or intern. support agency	UNFPA	Assistant representative	MA in public health	Public health
Donor or intern. support agency	UNICEF	Education officer	M.Ed  BA	Postgraduate research methodology

		Assistant Project officer		Research experience
FBO	Swaziland Conf. of Churches	General secretary	Pastor	Nil
Govt.	Department of Correctional Services	Staff nurse Nurse Officers	General nursing General nursing Certificate in prison duties	TOT on HIV/AIDS TOT on HIV/AIDS TOT on HIV/AIDS
Govt.	Dept. Urban Govt.	LGO BA HI	BA social science BA Social Science Degree in environmental science	UNISWA UNISWA UNISWA
Govt.	Min. Fin.	Finance officer - training	BA social science	Impact of HIV/AIDS on training function; training for focal point persons
Govt.	Min. Public Works&Transport	Executive secretary	MAEd	
Govt. - Parastatal	National Youth Council	Development officer	Diploma in Youth and Development	Leadership for results in HIV/AIDS
Local Govt.	City Council of Manzini	Local Coordinator	BA social science	-
NGO	AMICAALL Swaziland	National coordinator Finance Manger Local Coordinator	MPH (epidemiology) Bcom Bachelor degree (different areas)	
NGO	Baphalali Red Cross	National AIDS coordinator Blood donor recruiter	General nurse General nurse	No formal training No formal training
NGO	Care Nakekela	Coordinator Coworkers Administrator	Certificate in management studies Health related qualifications Administrative qualifications	
NGO	COSAD	Program coordinator	Degree	EAP website management
NGO	FODSWA	Coodinator	Degree in theology	Non
NGO	IBFAN	Regional coordinator	MA - Nutrition BA – Admin/Dip HR	Numerous Numerous

		Administrator		
NGO	MYAIHA	Treasurer	Matriculant	Leadership; project management; home based care
NGO	PSI	Research manager	Diploma in adult education; MA in research	Quantitative and qualitative research
NGO	SINAN	Research consultant Program manager	Nurse – MSc nursing Nurse – BA nursing	
NGO	SWAGAA	Program officer		Monitoring and evaluation
NGO	SYUAHA	Acting National Coordinator Program officer	Diploma in tourism and agency management Certificate in adult education	Tourism and agency management Adult education
NGO	TASC	Head of programs VCT trainers and counselors Project processing officer	Degree in nursing Diploma in nursing science  Degree in social work administration	Health sciences Health sciences  Social science
NGO	World University Services Swaziland	Project Coordinator  Information officer	Msc Nursing, BACurr.SCM RGN  Diploma in maintenance and electronics, diploma in Microsoft office suite and corel suite applications	Measurement and evaluation, system research None
NGO (Parastatal)	Sebenta	Regional officer	Diploma in adult education	-
TI/ Academic	IDM	Assistant registrar Senior consultant  Senior consultant	MBA; Bsc MSc; BA  MSc; BA	M&E management Performance management Project management; M&E evaluation
TI/ Academic	UNISWA – History department	Lecturer Associate professor	BA; PGCE; MA BA; MA; Phd	

**Appendix 10: Please describe any intentions your organization may have with respect to hiring of staff in the areas of research and M&E**

<b>Organisation type .</b>	<b>Name</b>	<b>Intention</b>
Business	Standard Bank	Hire consultants
Business	SWAZIMED	Yes, there is intention
Business - Parastatal	Swaziland Railway.	The organization would like to enrich officers responsible for programs, ie, their skills
Consultancy	Computer Business & Consultancy	Our company plans to employ two consultants in that respect.
Consultancy	Earnest and Young	No immediate plans. Number of staff do not warrant hiring special HIV/AIDS person
Consultancy	International Development Consulting Group	For big projects, the company hires external consultants.
Consultancy	KNC & Assoc.	Recently an M&E specialist joined us.
Consultancy	MPH Geomatics	None at the moment, a project would determine this.
Consultancy	SWAZIMED	Yes, there is intention
Consultancy	VTC Associates	We are a research company.
Donor or intern. support agency	UNICEF	Proposals being submitted in May 2004 for a senior professional national officer post in M&E
Donor or intern. support agency	WHO	Our organization is planning to mobilize resources that could be used to hire a M&E local person for SNAP
FBO	Council of Swaziland Churches	The organization desperately needs staff in research, monitoring and evaluation but currently unable to due to financial constraints
FBO	Scripture Union	We are seeking donations for research, monitoring and evaluation personnel to help with our current in-school and out of school interventions.
FBO	Swaziland Conf. of Churches	We need to employ someone to coordinate, monitor and evaluate programs before end of 2004.
Govt.	Department of Taxes	Staff will be hired as and when the need to do so becomes clear.
Govt.	Health Education Unit.	The organization is aware of the need to have an M&E unit with qualified staff but it does not have the capacity to employ people for this job.
Govt.	Min. Nat. Resources & Energy	We can hire someone as a consultant for a defined duration but not full time.
Govt.	Nutrition Council	Prepared some schemes of service for recruitment but posts are not available.
Govt.	Royal Swaziland Police	We presently do not have staff precisely responsible for this activity

Govt.	Rural Health Motivators' Initiative	To have people who are interested in our program to come and work with us to improve it. Presently no one is fully committed to assist in the development.
Local Govt.	City Council of Manzini	At the center of AMICAAL's aspirations is that its interventions in dealing with HIV/AIDS are meaningful and effective hence the ongoing recruitment of skilled personnel for the specialized functions and departments.
NGO	AMICAALL Swaziland	The program is expecting placement of an M&E volunteer by an Australian volunteer organization. It has also engaged an assistant research on a continuous temporary basis.
NGO	CANGO	If financial resources can be availed to CANGO, CANGO intends to strengthen the M&E unit and getting more personnel.
NGO	COSAD	There is great need for that in our organization.
NGO	FODSWA	We hope to hire someone to assist in the M&E of our daily activities
NGO	IBFAN	We have submitted a proposal to our donors to fund a staff position for research
NGO	MFA	So that they can create more good working skills through their experience of focusing in one job.
NGO	MYAIHA	None, due to lack of funding in this regard.
NGO	National Football Association of Swaziland	No intentions since the organization is in a financial crisis.
NGO	SASO	To sustain our programs.
NGO	SHAH	With funds being available the organization would like to hire someone in M&E.
NGO	SNAJ	We intend hiring a person who will do the above and also to carry out organizational HIV/AIDS projects (meant to help our members and to disseminate information to the nation through the media)
NGO	SWAGAA	Want to set up a sub-committee on monitoring and evaluating that will comprise a board member, staff and members.
NGO	Swaziland Nurses Association.	Since nursing is a science its approaches keep on changing to cope with changing disease patterns, our organization needs the research skills.
NGO	SYUAHA	We very much wish to have a full-time employee on this department but we cannot afford one at the moment.
NGO	TASC	We are in the process of mobilizing resources to hire M&E and research personnel
NGO	Women's Resource Centre	The person responding to this questionnaire was hired as Research Information officer. Unfortunately there were no funds to keep her in this position.
NGO	World Vision	The organization plans to increase the number of staff on D,M&E.
TI/ Academic	IDM	The restructuring exercise has proposed hiring of a pool of researchers. These will be hired over a period of time commencing in June 2004.

## Appendix 11: Audit or mapping research conducted

Organisation type	Name	Description of activity
Business	Swaziland Business Coalition Against HIV/AIDS	Mapping of SMEs in the country
Consultancy	MPH Geomatics	Cholera cases in SA; land audits for national road agency SA; Mapping of sewer lines in Maneini and Mbabane - SWSC
Consultancy	VTC Associates	PRA, area based surveys, resource mapping etc
Donor or intern. support agency	EU Commission	Mapping of HBC activities in one region
Donor or intern. support agency	Italian Co-operation	Accessibility survey of services for VCT and HBC
Donor or intern. support agency	UNICEF	Have mapped pgm initiatives in communities to determine impact and dispersion of resources
Donor or intern. support agency	WHO	In-depth human resource analysis; Mapping of community home based care in the Shiselweni region through technical assistance to the Ministry; cost analysis of health services
Donor or intern. support agency	HAPAC (EU Project)	Mapping of organisations involved in HBC in Northern Lubombo
FBO	Council of Swaziland Churches	Mapping study of initiatives undertaken by member churches
Local Govt.	City Council of Mbabane	Mapping of all existing HIV/AIDS related organization within the municipality
Local Govt.	Piggs Peak Town Council	We have developed a directory for all organisation that deal with HIV/AIDS issues in town
NGO	SYUAHA	Profiling of youth organisations
NGO	TASC	In the rural communities we work in
NGO	World University Services Swaziland	Conducted a mapping exercise on services available for OVCs in the community
TI/ Academic	IDM	Training needs assessment on M&E on HIV for national aids coordinating agency; management audit for St Josephs hospital at Roma

## Appendix 12: Relevant research experiences

Type of org.	Name	Relevant research experiences
Business	Royal Swaziland Sugar Corporation	Conducted voluntary anonymous and unlinked HIV prevalence survey.
Consultancy	Lwati Training Institute	Conducted an evaluation for Bristol Myers Corp on the training capacities of CBOs and NGOs for HIV/AIDS in Swaziland.
Consultancy	Mananga	Research on energy use; Research on food security; Research in gender in energy planning; Research in Agriculture; Research in Product knowledge
Consultancy	VTC Associates	VTC is an applied socioeconomic research consultancy. We also undertake research with HEARD for publication.
Donor or intern. support agency	Italian Co-operation	Comparability study of reagent procurement for government health laboratories.
NGO	CANGO	Research on local companies' social responsibility policies; Analysis of development practice in Swaziland; Investigation on social protection of the elderly in Swaziland; Studies to review IEC and other educational materials; Profiling community and institutional services/resources for OVCs.
NGO	COSAD	Evaluating the effectiveness of employee assistance program.
NGO	FUNDZA	Undertook a research-focus was mainly in English language teaching. Further undertook a course in research methods in the UK.
NGO	MYAIHA	Have merely observed the reaction of community members when a family member falls sick and dies.
NGO	Sidwashini Against Aids	The organization conducted research in the community with the aim of identifying youth interests in the following disciplines: community development, security, sports and recreation, tourism, health etc.
NGO	SINAN	Assess the sexual and reproductive health needs of HIV-positive women in Swaziland
NGO	SNAJ	The impact of gender/HIV/AIDS reporting by the media in the fight against the pandemic
NGO	SWAGAA	Currently conducting a study on gender, HIV and macroeconomic and trade policy. Conducted research on perceptions of child sexual abuse in Swaziland and spousal abuse
NGO	Swaziland Nurses Association.	Undertaken research for academic purposes.
NGO	World University Services Swaziland	Individuals have also presented research presentations at conferences.
TI/ Academic	UNISWA-Faculty of Health Sciences	Conducted a KAP-type study



### Appendix 13: Areas of activity in which monitoring forms and checklists are used

Organisation type	Name	Area of activity
Business	Royal Swaziland Sugar Corporation	STI, condom distribution, number of deaths related to HIV, number of people on ARVs, VCT statistics, ie, total no. tested, female/male, no positive/negative.
Business	SWAZIMED	In the use of anti-retroviral drugs and how many people are in the program
Consultancy	KNC & Assoc.	Monitoring and evaluation of program activities for annual review purposes
Consultancy	Lwati Training Institute	Training services and management consultancy
Consultancy	MPH Geomatics	All GIS and survey projects, these are used to ensure projects are completed and do not miss out on vital steps; managers can also monitor the progress
Consultancy	SWAZIMED	In the use of anti-retroviral drugs and how many people are in the program
Donor or intern. support agency	UNDP	Program evaluation
Donor or intern. support agency	UNICEF	Activity reports give feedback on program implementation in all areas of operation
Donor or intern. support agency	WHO	To all program areas supported by our office
Donor or intern. support agency	HAPAC (EU Project)	VCT; STI; HBC
FBO	Scripture Union	After trainings/workshops, forms are used for all life skills lessons conducted with youth
FBO	Swaziland Conf. of Churches	Membership involvement in groups, eg, women, youth etc
Govt.	Rural Health Motivators' Initiative	Collecting data at community level.
Local Govt.	City Council of Manzini	The AMICAALL program itself is guided by a detailed work plan which also serves as a monitoring tool to determine whether or not goals are achieved as per plan
Local Govt.	City Council of Mbabane	Progress reporting on status of planned activities
NGO	AMICAALL – Nhlanguano/Hlalhikulu	Monitoring of orphans, dropouts, sick and general population information
NGO	Baphalali Red Cross	HBC prevention
NGO	Care Nakekela	Monitoring activates in the community that are embarked upon after the main training
NGO	FLAS	monitoring forms and/or checklists in all its intervention strategies and service delivery points
NGO	FUNDZA	As we deal with setting up libraries in rural and underprivileged schools, we have to monitor all our projects so as to determine their impact. This we do by going to these places (hands on approach
NGO	IBFAN	PMTCT, Infant feeding; BFHI

NGO	Khulisa Umntfwana	The forms were developed with the assistance of BMS JHB office
NGO	PSI	Condom sales and distribution; VCT clients; VCT counseling and testing quality
NGO	Save the Children	Implementation; monitoring and evaluation
NGO	SHAH	HIV/AIDS, cancer, TB, Opportunistic infections - orphans
NGO	SINAN	Community and family support; clinical management of patients
NGO	SOS	Child development program and statistics
NGO	SWAGAA	Impact of counseling and educational programs
NGO	SYUAHA	Forms are used only to look at our facilitator's work and how people feel we could improve
NGO	TASC	VCT service provision in the central office and in community modible outreach programs. VCT counselor trainings; support newly established VCT centers; peer educators
NGO	World University Services Swaziland	To monitor the progress of reports.

**Appendix 14: Areas of activity in which monitoring data is captured on a computer**

<b>Organisation type</b>	<b>Name</b>	<b>Area of activity</b>
Consultancy	International Development Consulting Group	Socio-economic; agricultural development; health care studies
FBO	Scripture Union	Indicators in behavior change; attendance; teaching methods and course facilitators and community
FBO	Swaziland Conf. of Churches	List of pastors in regions; women in regions; youth in regions etc
Govt.	Rural Health Motivators' Initiative	Lack of computers and personnel has limited the analysis of data yet, it is very useful. Sometimes it is analyzed manually.
NGO	Cheshire Homes	Overall objective, outputs as achievements; comments/classification
NGO	PSI	MIS - track condom sales and distribution; ACCESS - VCT client records
NGO	World University Services Swaziland	Use of objectives against time frame, indicators, results and, responsible persons.

### Appendix 15: Training received on M&E frameworks or systems development

Organisation type	Name	Training received
Consultancy	Computer Business & Consultancy	Computerized systems
Consultancy	International Development Consulting Group	The consultant has received training through International Fund for Agriculture Development for M&E of SACD Projects
Consultancy	KNC & Assoc.	Staff received skills development through on-job application and facilitation of M&E systems development through training of participants within work environment
Govt.	Rural Health Motivators' Initiative	It was just an introduction conducted by Bristol Myers Squibb Foundation
NGO	CANGO	Manto management commissioned by Bristol; Myers Squibb foundation has provided some training to staff; the director at CANGO has also received training on M&E from Yale University
NGO	PSI	Corridors of hope; USAID training on M&E of behavior change communication program
NGO	SOS	Development of planning manual giving the overview of planning policy and putting the planning standards into practice
NGO	Women's Resource Centre	The log frame
TI/ Academic	IDM	M&E training workshop for BMSF - NGO Institute consortium by Manto Management, Johannesburg

### Appendix 16: For whom reports on HIV/AIDS activities are produced

Organisation type	Name	For whom reports produced
Business	Royal Swaziland Sugar Corporation	The monthly HIV/AIDS progress report is for management. The VCT monthly report is submitted to the VCT National coordinator. A quarterly report is written to NERCHA.
Business	Standard Bank	Exco and group.
Business	SWAZIMED	For the Directors
Business - Parastatal	Swaziland Railway	Human resources and development department which submit reports to top management
Consultancy	Mananga	Regional aids training network
Consultancy	VTC Associates	As required by clients
Donor or intern. support agency	Italian Co-operation	Cooperation headquarters in Italy
Donor or intern. support agency	UNDP	Performance management
Donor or intern. support agency	UNFPA	Relevant agencies and partners
Donor or intern. support agency	UNICEF	Made publicly available
Donor or intern. support agency	WHO	Every 6 months, and a report is produced for all program areas
Donor or intern. support agency	HAPAC (EU Project)	Ministry of economic planning and development; ministry of health and social welfare, CANGO, NERCHA and the office of European Commission and all stakeholders
FBO	Caritas, Hope House	Director of Caritas and the management committee; annual reports are for donors and the friends of Hope house
FBO	Council of Swaziland Churches	Organization and donors
FBO	Scripture Union	Southern African region and subsequently to the African region, annually to the AGM in Swaziland
FBO	Swaziland Conf. of Churches	The Annual General Assembly of SCC, where churches meet
Govt.	Department of Correctional Services	NERCHA and Baphalali Swaziland Red Cross
Govt.	Min. Educ.	Department and NERCHA
Govt.	Min. Fin.	Parliament, in a performance report
Govt.	Min. Nat. Resources & Energy	NERCHA
Govt.	Min. Public Works&Transport	NERCHA
Govt.	Min. Tourism, Environ. & Communication	For the ministry of tourism; NERCHA
Govt.	Nutrition Council	Newsletter is for all stakeholders and partners and public report is for nutrition council, donors and any interested party

Govt.	Rural Health Motivators' Initiative	Donors.
Govt.	SNAP	MOHSW
Govt.	SRH Unit	Ministry of Health and social welfare; donor agencies
Local Govt.	City Council of Mbabane	AMICALL Swaziland
Local Govt.	Piggs Peak Town Council	The report is prepared for the Town council and the National coordinating office for AMICALL of mayors to combat AIDS at local level
NGO	AMICAALL – Nhlanguano/Hlalhikulu	National office
NGO	Baphalali Red Cross	Donors - International federation of Red Cross
NGO	CANGO	Monthly reports - internal projects implementation; Quarterly and annual reports are mainly for donors but are also shared with cooperating partners
NGO	Care Nakekela	Donor agencies and the board
NGO	Cheshire Homes	The executive committee members and to NERCHA M&E offices
NGO	COSAD	Companies
NGO	FLAS	For local consumption - more for effective management decision making purposes
NGO	FUNDZA	Report being written for NERCHA
NGO	Lutheran Development Service	For donor agencies
NGO	MFA	Written by MFA to NERCHA about HIV/AIDS prevention.
NGO	MYAIHA	Member; stakeholder and other HIV/AIDS activists
NGO	National Football Association of Swaziland	NERCHA
NGO	PSI	Donors and headquarters
NGO	Salvation Army	For the Salvation Army headquarters and donors
NGO	SASO	For the office and to the donors
NGO	Save the Children	An international donor and Save the Children
NGO	SHAH	Reports to SNAP and NERCHA
NGO	SHAPE	Partners and donor
NGO	SINAN	Donors; internal use
NGO	SOS	Board of governors and regional office
NGO	SWAGAA	For our own use - for staff members to use
NGO	SYUAHA	Donors and SNYC
NGO	TASC	SNAP, relevant donors, TASC, MOHSW and other relevant stakeholders
NGO	Women's Resource Centre	Policy project donor
NGO	Women's Resource Centre	Internal document; funding donor
NGO	World University Services Swaziland	For the organization, donors and the Ministry of Health and Social Welfare.
NGO	World Vision	For internal use; donors; support offices
NGO (Parastatal)	Sebenta	NERCHA

### Appendix 17: TA or M&E training needs

Organisation type	Name	TA or M&E training needs
Business	Royal Swaziland Sugar Corporation	Methods of data collection; qualitative and quantitative data capturing and analysis using appropriate software; generating charts from data; report writing and presentation.
Business	Standard Bank	Incumbent has to be formally trained
Business	Swaziland Business Coalition Against HIV/AIDS	Strategy development
Business	Times of Swaziland	Broad understanding of M&E concepts; setting up of M&E program on HIV/AIDS within the organization.
Consultancy	Earnest and Young	Never really considered. Perhaps NERCHA could advise on basic needs to small organizations.
Consultancy	Mananga	Advanced training on qualitative research
Consultancy	MPH Geomatics	Statisticians Health specialists
Consultancy	Nathi Gumede & Associates	Monitoring multi-sectoral, long term projects Monitoring and evaluation of management strategies and systems, particularly in the areas of human resources management and governance
Donor or intern. support agency	UNICEF	These will be filled by our regional office once position is filled
Donor or intern. support agency	WHO	Training needs: in-depth orientation on M&E for the health sector
FBO	Council of Swaziland Churches	Training of our staff in monitoring and evaluation tool development, M&E methodologies as well as research methodologies Software for capturing M&E information
FBO	Scripture Union	Basic data capture and analysis
FBO	Swaziland Conf. of Churches	Research is needed Computer with relevant software Capacity building
Govt.	Department of Correctional Services	Project management; networking; team building; fundraising
Govt.	Department of Taxes	As illustrated by my response to questionnaires 1-9, my organization need full training in handling the whole HIV/AIDS matter.
Govt.	Health Education Unit.	Knowledge on how to develop M&E tools How to monitor and evaluate the existing programs in the unit How to write evaluation reports
Govt.	Min. Educ.	Policy development Workplace management for HIV/AIDS
Govt.	Min. Nat. Resources & Energy	Use of software for qualitative data analysis and management Survey HIV/AIDS surveillance research
Govt.	Min. of Agric & Cooperative	Data analysis
Govt.	Min. Public Service	All areas of M&E
Govt.	Min. Public Works & Transport	Everything

Govt.	Min. Tourism, Environ. & Communication	Home based care Symposium on HIV/AIDS treatment management Innovative workplace interventions
Govt.	Nutrition Council	Whole package of M&E
Govt.	Rural Health Motivators' Initiative	How do develop a monitoring framework for our organization; training of our staff in monitoring and evaluation
Govt. - Parastatal	National Youth Council	Data capturing and management
Local Govt.	City Council of Manzini	Effective M&E systems
NGO	AMICAALL – Nhlanguano/Hlahhikulu	Methods of data collection Analysis Research design and methodology
NGO	AMICAALL Swaziland	Objectives development Development of indicators Participating research Design of evaluation studies
NGO	Baphalali Red Cross	Methods of data collection Methods of data capturing and analysis Knowledge and information management Developing monitoring tools/protocols
NGO	CANGO	CANGO needs SAS/SPSS software to assist when analyzing quantitative data. Nudist is also one of CANGO's requirements. CANGO also needs assistance on Impact Monitoring and Evaluation to assist staff to understand how to address both the positive and negative consequences of the impact of a program. Training on use of programs.
NGO	Care Nakekela	Research, M&E and assessment training
NGO	Cheshire Homes	Training in M&E
NGO	COSAD	Management development program Financial management course Personnel and Human Resource development Strategic planning Project Manning and Management
NGO	FLAS	Provision of up to date software programs for data capture and analysis Training of staff in conducting cost analysis/cost benefit studies Training of staff in assessment of socio-economical impact of HIV/AIDS Training in use of GIS technology
NGO	FUNDZA	A strategic plan for M&E
NGO	IBFAN	Training on a computer based M&E program
NGO	Lutheran Development Service	Management Leadership Counseling Communication
NGO	Manzini YouthClub	We need to be equipped on data collection. Also data storage devices since don't own a computer.
NGO	MFA	How to evaluate our work according to NERCHA's strategy; training skills; set up a system for constantly monitoring our efforts and prevention for the purpose of restrategizing; research skills of evaluation.
NGO	MYAIHA	Project Management Financial Management Project Management and evaluation



NGO	Salvation Army	Skills in M&E
NGO	SASO	Basic training for staff and volunteers in M&E. Coaching
NGO	Save the Children	Use of software for M&E
NGO	SHAPE	Design and monitoring of HIV programs
NGO	Sidwashini Against Aids	Training in monitoring and evaluation, particularly to monitor our projects
NGO	SNAJ	Project co-ordination and monitoring Data collection and collation Data imputing and outputting Report production Monitoring and evaluation HIV/AIDS impact
NGO	SOS	Facility heads M&E management training Advanced computer skills enhancing information storing, sorting and analysis
NGO	Swaziland Nurses Association.	There is a need of training in M&E field since no one in the organization has any experience
NGO	SYUAHA	To be helped in establishing the department To train the officers To have a software for carrying out the M&E
NGO	TASC	Training on the technicalities of M&E and research Training of trainers in M&E
NGO	Women's Resource Centre	Due to financial problems, the organization has not been doing very well in terms of M&E. We hope that as soon as we get funding, our systems will be operational. However, we will definitely need assistance.
NGO	Women's Resource Centre	M&E particular developing indicators
NGO	World University Services Swaziland	Training of members of staff in M&E Updates of method used and the process
NGO	World Vision	Developing monitoring tools Developing a database to be used for M&E Capturing monitoring data on computer programs
NGO (Parastatal)	Sebenta	Introduction to M&E Design of effective M&E system Establishment of standards for M&E Data collection, analysis and presentation techniques
TI/ Academic	IDM	Strengthening of M&E skills for staff members engaged in HIV/AIDS training in our organization (IDM) To go for educational tours in organization which have fully established monitoring and evaluation programs/projects in HIV/AIDS.
TI/ Academic	Swaziland Institute of Management and Public Administration	Training on research skills
TI/ Academic	UNISWA – History department	Pooling staff from various sections of the university with M&E reports
TI/ Academic	UNISWA-Faculty of Health Sciences	Training of lecturers on M&E capacity building

**Appendix 18: M&E plans that organisations have (not mentioned elsewhere)**

<b>Organisation type</b>	<b>Name</b>	<b>M&amp;E plans</b>
Business	Swaziland Business Coalition Against HIV/AIDS	Use of corporate governance codes
Consultancy	KNC & Assoc.	Plans to follow-up and develop M&E systems in all programs. We observe that most programs in organizations do not have M&E systems. Our plans are to assist them to develop and implement M&E systems.
Donor or intern. support agency	UNICEF	Planning to collect data of OVCs at Sigodzi level through functioning NCPs
Govt.	Min. Nat. Resources & Energy	Progress reports on projects that aim at mitigating HIV/AIDS impacts in the countryside, eg, provision of clean water and good sanitation
Govt.	Min. Tourism, Environ. & Communication	Mobile VCT
Govt.	Nutrition Council	Spot visits, field visits
NGO	Baphalali Red Cross	In the area of PMTCT, VCT and Paediatrics
NGO	CANGO	CANGO intends to institutionalize M&E in all programs. The Director will provide training to all staff members.
NGO	COSAD	Effect of drugs on HIV prevalence
NGO	SASO	To develop monitoring protocols HIV and AIDS surveillance research
NGO	SNAJ	Media reports
NGO	TASC	To strengthen the M&E unit To establish a research unit
NGO	Women's Resource Centre	I believe the organization had developed very good M&E plans, but these have not been systematically used because the members that had developed, then left. Also, due to funding constraints, staff have no motivation
TI/ Academic	IDM	The performance management system (PMS) has been developed and, it is to be rolled out to the three campuses. Each campus has identified two trainers to facilitate the process.

### Appendix 19: Suggestions about how M&E capacity should be developed

Organisation type	Name	Suggestions
Business	Royal Swaziland Sugar Corporation	Identify people working in the M&E field; provide suitable training according to expressed needs, eg, people working on workplace programs may have different needs from a person working within an NGO that is dealing with orphaned and vulnerable children.
Business	Swaziland Business Coalition Against HIV/AIDS	Training and supervision
Business	Times of Swaziland	Institutionalise M&E in existing academic institutions and organization within the country.
Consultancy	Computer Business & Consultancy	National database of all organization dealing in HIV/AIDS and their interventions Mapping of the organization vis-à-vis the impact of their interventions using GIS
Consultancy	KNC & Assoc.	1. Prior to funding HIV/AIDS programs, there is a need to establish whether or not M&E systems exist – where they don't – advocate for their development. 2. Incorporate M&E issues in HIV/AIDS training programs.
Consultancy	Lwati Training Institute	M&E capacity could be enhanced through the establishment of community based focal points. This means empowering leader in terms of data collection and dissemination of any results obtained from research and studies obtained from scenarios within and without Swaziland.
Consultancy	Mananga	Training to all managers to give them the skills necessary to M&E projects/programs. Effective follow up by training institutes to ensure implementation of skills.
Consultancy	MPH Geomatics	All data should be captured electronically into a stable, well designed database to enable powerful evaluations and reporting. This being done within a geographical information system would encourage transparency in data via www. Monitoring of the spread of HIV can be done in an instant. Data going in must be good then data out is good.
Consultancy	Nathi Gumede & Associates	M&E capacity building should be built into every proposal that is funded by NERCHA
Consultancy	VTC Associates	We need quality control standards, particularly with regard to design (sample frame) and analysis. NERCHA needs to understand what reliable data is and what it is not!
Donor or intern. support agency	EU Commission	Not to develop a too sophisticated, detailed and complex system, but to strengthen existing institutions to conduct basic but fast and accurate M&E
Donor or intern. support agency	Italian Co-operation	MOHSW should have epidemiologist (epid/research unit) and M&E unit Ethic committee should be in place
Donor or intern. support agency	SIPAA	This could be looked at in three interrelated phases: 1. Capacity building of the 'capacity builders' of M&E – targeting Universities and consultants to create a cadre of M&E resource persons incountry. A special HIV/AIDS M&E curriculum targeting researchers and consulting organisations, to be managed and run by the university in collaboration with external resource institutitons,

		<p>once or twice a year.</p> <p>2. Capacity building for implementation at national level including the public sector, and the NGO level especially the smaller NGOs (and other implementing partners) at the Community level. All training should be based on a well developed curriculum and training manuals.</p> <p>3. Finalise the current process of developing an M&amp;E framework to ensure all capacity building for M&amp;E contributes to the implementation of the national framework.</p>
Donor or intern. support agency	UNDP	Capacity building of institutions capable to carry surveys
Donor or intern. support agency	UNICEF	The central statistics office should be actively involved in collecting aggregate data
Donor or intern. support agency	WHO	There is already an M&E system which is being developed for the multisectoral response. We need to see how the health sector component could also be developed.
Donor or intern. support agency	HAPAC (EU Project)	<p>Structure and mechanisms including co-ordination</p> <p>Financial resources needed</p> <p>Research Council or Ethics Committee</p> <p>*We need to have a clearing house</p>
FBO	Council of Swaziland Churches	Organisations would need to have at least one trainer of trainers to build capacity for their target groups/organisations
Govt.	Department of Correctional Services	Be offered in local institutions
Govt.	Department of Taxes	Training selected personnel on M&E
Govt.	Min of Public Works & Transport	There is need for training in the area especially for government
Govt.	Min. Nat. Resources & Energy	Designated candidates responsible for HIV/AIDS should be trained and tested so that they become permanent research specialists.
Govt.	Min. Tourism, Environ. & Communication	Measuring and monitoring M&E at the workplace
Govt.	Nutrition Council	Procurement and distribution of appropriate and functional equipment and supplies. Training workshops to be conducted
Govt.	SNAP	Each sector should have an M&E unit, well trained staff, provision of necessary equipment for the unit is also a must.
Local Govt.	City Council of Manzini	The development of a national M&E instrument as a check-list for the consortium of implementing organizations in the country to ensure positive flow and impact of intervention programs.
NGO	AMICAALL – Nhlanguano/Hlalhi kulu	<p>Training of NGO/CBO respondents in M&amp;E</p> <p>All NGOs/CBOs be compelled to have M&amp;E.</p>
NGO	AMICAALL Swaziland	The responses should be decentralized so that NERCHA receives summary reports from lower level coordination structure. NERCHA should build the M&E capacity of lower level coordination structures
NGO	CANGO	There is a need to ensure that all organizations understand the value of monitoring and evaluation of projects/programs and ensure that M&E is included in organizational policies.

NGO	Care Nakekela	There is need for a uniform kind of M&E for organizations whose focus is on HIV/AIDS, so that the information given out to the world is one. Some kind of technical training is needed for all these organizations
NGO	FLAS	This being a specialized field, the available human resource should be continually trained and updated to keep pace with modern day demands M&E guidelines related to the HIV/AIDS response should be produced, well publicized & distributed to stakeholders
NGO	Lutheran Development Service	We have big organizations and small ones, therefore it must be considered as important to separate these categories when training to meet the desired goal of each category without being bored.
NGO	MFA	Train people on M&E concepts, will then hold training for trainers in all implementing agencies countrywide.
NGO	MYAIHA	The M&E is supposed to be some kind of barometer of any organizations that want to be successful
NGO	National Football Association of Swaziland	There should be a governing body which will be made up of certain committees. These should share the same sentiments on HIV/AIDS related issues.
NGO	PSI	Information sharing
NGO	Save the Children	It has to be based on the needs and abilities of the communities.
NGO	SHAPE	Train organization on the effective monitoring methodologies to suit organizational focus
NGO	SNAJ	All NGOs involved in HIV/AIDS should be made accountable to one central monitoring and evaluating organization whereby they shall deposit reports of their work quarterly. This central point will then ensure that there is no duplication of efforts and also to redirect disdirected efforts.
NGO	SOS	Go beyond hearsay about some initiatives but come up with mechanisms that will check them out to give fare justification on the manner they are perceived.
NGO	SWAGAA	Monitor how many people disclose their status to their partner Problems faced by individuals in disclosing status Number of people receiving ARVs and their impact
NGO	SYUAHA	I would advise that this is the heart of all interventions and without it none of our work would be effective. There is need for helping all organizations start or strengthen their M&E department.
NGO	TASC	Establish a national M&E unit Training of M&E personnel in all HIV/AIDS service organizations Standardise M&E tools and package
NGO	Women's Resource Centre	We need to have an umbrella organization that will ensure that people are doing what is expected of them in terms of M&E.
NGO	World University Services Swaziland	Training in the area of M&E
NGO	World Vision	Train partners on M&E and give field practice Each organization to have people responsible for M&E NERCHA to have M&E specialist to be responsible for training NGOs and partners on M&E M&E specialist to develop tools with every fund disbursed
TI/ Academic	IDM	Train a core team on M&E. An expert in M&E could be invited to build this capacity in Swaziland.

		<p>The core team train teams on M&amp;e at regional level.</p> <p>To have a sensitization workshop on the importance of M&amp;E in HIV/AIDS for regional health management teams.</p> <p>Develop, test and implement a national M&amp;E tool.</p>
TI/ Academic	UNISWA – History department	A multi-sectoral and multi disciplinary team with M&E expertise should be known to major organization working on HIV/AIDS and other social problems. So not focus n HIV/AIDS alone and exclude others.
TI/ Academic	UNISWA- Faculty of Health Sciences	Training of personnel in various organizations

## Appendix 20: Possible contribution of services in support of a national M&E system

Organisation type	Name	Contribution
Business	Swaziland Business Coalition Against HIV/AIDS	Workplace M&E Training in workplace initiatives
Business	Swaziland Business Coalition Against HIV/AIDS	Training
Business	Times of Swaziland	Reporting (public awareness)
Consultancy	Computer Business & Consultancy	Development of computerized systems/M&E applications/tools
Consultancy	Computer Business & Consultancy	Training and techniques for development of computerized M&E models
Consultancy	Earnest and Young	Financial advice
Consultancy	KNC & Assoc.	We would like to facilitate the organization and developments of sound M&E systems for HIV/AIDS programs. Undertake M&E exercises for HIV programs. Conduct of program evaluations Training and the design of M&E tools and carrying out M&E on a consultancy basis
Consultancy	Lwati Training Institute	Data collection, analysis and evaluation of mitigating strategy given the different scenarios in HIV/AIDS management at the world of work, as well as community level. Training on project M&E techniques
Consultancy	Mananga	Project management within context of HIV/AIDS programs Leadership skills
Consultancy	MPH Geomatics	Database design Data capture Application development Analysis (spatial and statistical)
Consultancy	Nathi Gumede & Associates	Epidemiological surveillance techniques Research training M&E training
Consultancy	VTC Associates	Quantitative and qualitative survey instrument design, implementation, analysis of data and presentation. Training in aids modeling (demographic)
Donor or intern. Support agency	HAPAC (EU Project)	The M&E of the 3 supported components has been planned and included in our work program and budget
Donor or intern. Support agency	British High Commission	Financial support
Donor or intern. support agency	HAPAC (EU Project)	Developed tools and trained STI managers on M&E TA in research studies and also for laboratory support Conducting baseline surveys M&E on STI issues
Donor or intern. support agency	Italian Co-operation	Design programs (including M&E) Design logical framework To lab services of MOHSW through technical assistance and budget allocation

Donor or intern. support agency	SIPAA	<p>Support participatory planning, M&amp;E of community based HIV/AIDS interventions</p> <p>Supporting development of national M&amp;E frameworks, including the integration of the UNAIDS initiative of “CRIS”</p> <p>Support development of a national HIV/AIDS resources tracking system</p> <p>Actionaid under the SIPAA program work through a host of Technical Resource Network of institutions/ consultants to provide the above services to national AIDS Councils and other key partners in the national response</p> <p>SIPAA is contributing to enhancing the National Capacity for Monitoring and Evaluation of the National HIV and AIDS Response in Swaziland through:</p> <ul style="list-style-type: none"> <li>Support for a Joint Review of the National HIV and AIDS response and strategic Plan</li> <li>Support for capacity building of CSOs in Participatory Monitoring and Evaluation</li> <li>Support the development of a national HIV/AIDS resource tracking system</li> <li>Support for the establishment of a Resource rgani and promote intra-country and inter-agency learning and documentation</li> </ul>
Donor or intern. support agency	UNFPA	Support partners by soliciting technical advisors from CST Harare
Donor or intern. support agency	UNICEF	<p>To work with implementing partners to develop monitoring tools</p> <p>In order to evaluate impact of program initiatives, stakeholders at a community, regional &amp; national level need to be able to monitor their activities. This is part of our program implementation</p> <p>Technical assistance is given to implementing partners to evaluate the situation of children and women on the ground to determine the impact of UNICEF program initiatives</p>
Donor or intern. support agency	WHO	Depending on the needs, our organization is capable of mobilizing the necessary TA in areas of M&E, provided there is a request from MOHSW
FBO	Council of Swaziland Churches	We can offer consultancy and training services to other organisations once our staff have been trained in M&E.
Govt.	Min. Econ. Plan. & Dev.	Assistance i training of government employees
Govt.	Min. Educ.	Building human capacity through UNDP
Govt.	Min. Nat. Resources & Energy	Use of software for qualitative data CDF management. Management audit
Govt.	Min. Tourism, Environ. & Communication	Basic facts on prevention and controlling of HIV/AIDS Technical assistance plus monitoring
Govt.	Rural Health Motivators’ Initiative	Process evaluation
Local Govt.	City Council of Mbabane	Community capacity enhancement and leadership for results by UNDP
NGO	AMICAALL – Nhlngano/Hlalhikulu	Basic population data
NGO	AMICAALL Swaziland	Design of an M&E framework



NGO	CANGO	Basic M&E training and skills Training on institutionalizing M&E Instill the culture of having M&E policies in organizations Action research training Development of tools Defining indicators
NGO	Care Nakekela	The tools we use for conducting a survey and monitoring of progress in community projects
NGO	COSAD	Training of trainers for Health sector Health information systems Public Health management Monitoring EAP (employee assistance program) Employee training Supervisory training
NGO	FLAS	Questionnaire development Designing community or household surveys Behavioural surveillance surveys Conducting focus group research Conducting in-depth interview research Qualitative and quantitative data capture and analysis Assistance has been in the form of training in these disciplines
NGO	FODSWA	Funding from BMS
NGO	IBFAN	Training in M&E
NGO	Khulisa Umntfwana	Training and technical assistance.
NGO	Lutheran Development Service	Training on PRA techniques
NGO	MFA	Prevention skills, but we still need to improve our capacity on that. How to evaluate your own work
NGO	MYAIHA	Project Management Home based care Care and support Home based care; project management; leadership, finance management
NGO	PSI	Condom distribution and sales tracking Research
NGO	Save the Children	Training in M&E approaches
NGO	SHAPE	The use of statistical analysis software SPSS Designing and conducting qualitative formative research Qualitative formative research course
NGO	SINAN	Research; training on M&E
NGO	SNAJ	Information dissemination techniques Media relations Publicity HIV/AIDS issues, positive reporting; poverty issues
NGO	SOS	Good practice sharing Participation and partnerships
NGO	SWAGAA	Research and evaluation of programs
NGO	SYUAHA	Assessment of SYUAHA - organization assessment
NGO	TASC	Data capturing and analysis in VCT service provision
NGO	Women's Resource Centre	We ourselves are not very competent yet, but we provide training to women's groups and technical support to these groups

NGO	World University Services Swaziland	Training in the area of M&E
NGO	World Vision	Preparation of terms of reference Evaluation Contribute to development of M&E plans Contribute to development of monitoring tools
TI/ Academic	IDM	Under the department of business management IDM conducts training on: project M&E, project appraisal; training in planning and managing evaluation projects and programs. Has funds available for a workshop on M&E Evaluation of health services as part of ...in health service manage kk
TI/ Academic	UNISWA – CTC	Training of consultants for HIV/AIDS communication strategy
TI/ Academic	UNISWA – History department	M&E in general and how to promote collaboration. Provides assistance on a voluntary basis through NGOs they belong to and they have capacity for this
TI/ Academic	UNISWA – Research Centre Luyengo	In service training; formal courses will have to be discussed

### Appendix 21: Training or TA in M&E provided to other agencies

Organisation name	Type	Services provided
Business	Swaziland Business Coalition Against HIV/AIDS	Workplace HIV/AIDS programs
Business	SWAZIMED	We provided training to doctors on HIV/AIDS protocols
Consultancy	Aliment Software Technology	Swaziland association of savings and credit org; Swaziland government
Consultancy	Computer Business & Consultancy	Swaziland National AIDS program
Consultancy	Int. Dev. Consult. Group	Training of civil service in engineering and management, socio-economic studies for public and private projects, feasibility studies of property development projects
Consultancy	KNC & Assoc.	Research to UNDP including command country assessment; world bank studies on peri-urban areas; monitoring and evaluation of projects for European union (Swaziland and Zimbabwe)
Consultancy	Lwati Training Institute	Anglican church - Swaziland; Bristol Myers Squibb; Private sector support program; ACAT, Swaziland; European Union
Consultancy	Mananga	KAP; prevalence; behavioral change; HIV program audit; home based care; organization development; project management
Consultancy	MPH Geomatics	Together with the HSRC and MHP, we did research on AIDS in SA, handled by Nelson Mandela's children fund and health association of SA; KZN dept. of health - monitoring cholera, WHO accessed web page to monitor the outbreak
Consultancy	Nathi Gumede & Associates	HIV/AIDS communications research - UNDP; curriculum on governance prepared for BINSF (Ngo institute)
Consultancy	SWAZIMED	We provided training to doctors on HIV/AIDS protocols
Consultancy	VTC Associates	Assessments of the impact of HIV on various govt sectors depts., private sector, ngos, etc.
Donor or intern. support agency	EU Commission	Monitoring and evaluation exercises
Donor or intern. support agency	SIPAA	So far supported the following in Swaziland: Organisational capacity assessment of NGOs in HIV/AIDS collaboration with CANGO Analysis and costing of key gaps in the national response to HIV/AIDS Financial management capacity assessment of NERCHA Situational analysis of Church responses to HIV/AIDS in Swaziland through PACANET Assessment of support group of PLWHAS in Swaziland
Donor or intern. support agency	UNAIDS	M&E plan (NERCHA); impact of HIV into he agric and private sector
Donor or intern. support agency	UNDP	Impact studies; Situation analysis
Donor or intern. support agency	UNFPA	Technical assistance mainly in research and assessment

Donor or intern. support agency	UNICEF	Have assisted DPM's office in survey designs, data collection and interpretation
Donor or intern. support agency	WHO	We have regular and ongoing technical support on issues of surveillance and M & E for the health sector response. WHO is mostly a technical organization providing technical assistance in all listed areas.
Donor or intern. support agency	HAPAC (EU Project)	Baseline assessment of the STI mgmt; biological sentinel surveillance of STI in Swaziland; baseline assessment of HBC in Luorubo; HRC mapping in Lubombo
Govt.	Min. Agric. & Cooperatives	Training and technical assistance including research has been done and continuing especially in the poverty alleviation strategies, proper national nutrition approaches. Research on recommended food types for people living with HIV/AIDS.
Govt.	Min. Econ. Plan. & Dev.	MEPD has facilitated such provision in vast areas of focus overseas for government as well as for employees from other organizations
Govt.	Min. Educ.	To teacher education colleges and teaching at peripheral schools
Govt.	Nutrition Council	Served as a board member in a study and infant feeding practices in South Africa; principal investigator in the assessment of infant feeding practices in Swaziland; data collection in pediatric ward in assessing children that are failing to thrive
Govt.	SRH Unit	Training of health care providers on data collection and analysis
Local Govt.	City Council of Mbabane	Involved in policy development for orphans and vulnerable children for ministry of economic planning
NGO	AMICAALL – Nhlalngano/Hlalhi kulu	For assessment of urban/periurban population
NGO	CANGO	Conducted evaluation of TASC projects; capacity assessment; monitoring training; training of OVC network
NGO	COSAD	EAP Training; drafting of EAP policy; research
NGO	FLAS	All FLAS projects have M&E components designed and supervised by the research and evaluation unit. Flas spearheaded the behavioral surveillance survey in the Kingdom in 2001/2
NGO	IBFAN	IBFAN provides technical support in code monitoring and assessment of the baby friendly hospital initiative and infant feeding in emergency situations
NGO	Manzini YouthClub	Life skills and livelihood skills training to young people
NGO	SNAJ	UNDP
NGO	Women and Law	Research for UNICEF
NGO	World Vision	World Vision Swaziland provides assistance to the World Vision offices such as the Zimbabwe and Lesotho. Assistance in the form of evaluation, baselines and training on M&E
TI/ Academic	IDM	Management audit for St Josephs Hospital at Roma, Maseru; project monitoring and evaluation training to various clients; project appraisal/analysis; salary review for government officials; arrangement of home based care and orphan care program in local
TI/ Academic	UNISWA – Research Centre Luyengo	Through the research centre (Luyengo campus)

## Appendix 22: Plans for developing capacity for M&E in HIV/AIDS program

Organisation type	Name	Plans
Consultancy	Computer Business & Consultancy	Development of computerized M&E tools for data capture, analysis and presentation Training on the new systems for organization development in HIV/AIDS for quick data retrieval and analysis.
Consultancy	Earnest and Young	No immediate plans. Tend to rely on general facilities such as media, medical aid. Organisation is too small to warrant dedicated function in this area.
Consultancy	KNC & Assoc.	To assist HIV/AIDS programs to develop monitoring and evaluation systems We want to follow-up action plans for training undertaken for government and other institutions on HIV/AIDS programs.
Consultancy	Mananga	Training HIV/AIDS managers on M&E Consultancy to assist organization M&E
Donor or intern. support agency	Italian Co-operation	M&E of lab services is part of ongoing bilateral program.
Donor or intern. support agency	SIPAA	To support capacity building of implementing partners e.g. NGOs/CBOs in participatory planning, monitoring and evaluation, through a process of identifying an international consultant to twin with local consultants (and a national facilitation team) to develop training manuals and conduct training in M&E. The local consultant (and the national facilitation team) will be in charge of rolling out the trainings based on the manual developed. The target for these training will primarily be the NGOs in HIV/AIDS work.
Donor or intern. support agency	UNFPA	To create an awareness about the importance of M&E to our partners and hold trainings to build capacity
Donor or intern. support agency	UNICEF	Support of a situation analysis on women and children Train community level implementers in data monitoring (as mentioned above)
Donor or intern. support agency	WHO	As stated above we are planning to mobilize resources to support M&E for health sector response to HIV/AIDS
Donor or intern. support agency	HAPAC (EU Project)	In May 2004 all clinic supervisors, regional HIV/AIDS co-ordinators and one STI trainer will have a one week training on STI M&E All partners of HAPAC especially contracted NGOs and focal persons from the three components will be trained on project management including M&E
FBO	Council of Swaziland Churches	The need is there but presently there are no plans due to financial constraints
Govt.	Min. Public Service	Once we have the workplace program operating well then we will need assistance and skills in research, monitoring and evaluation; e.g. workshops, seminars etc.
NGO	AMICAALL Swaziland	Employ an M&E officer Training all local coordinators in M&E Train all community AIDS action committee members in M&E
NGO	CANGO	Plans to institutionalize M&E and provide services for

		training in M&E to other member organizations.
NGO	IBFAN	IBFAN works through SINAN and the nutrition council
NGO	SNAJ	SNAJ intends to establish a wing that will deal directly with the above. This wing will form part of its staffing and programs. The intention is to have accurate information and indicators in relation to HIV/AIDS effect on Swaziland, especially in relation to gender children and orphans.
NGO	TASC	M&E for the newly established VCT centers and counselors
NGO	Women's Resource Centre	At the moment, no plans, but funds permitting, we look forward to capacity building for M&E in HIV/AIDS programs.
NGO	World University Services Swaziland	Planning to contract summative evaluation on projects on board; source for funding from NERCHA for capacity building within the organization.
TI/ Academic	IDM	IDM is looking for organizations and funds to send some staff members from the public administration department to develop their skills in monitoring and evaluation in HIV/AIDS programs. To strengthen the relationship between IDM and the ministry of health and social welfare To work closely with other NGOs and OBOs with HIV and aids programs/projects.
TI/ Academic	UNISWA – History department	Individual research by staff

### Appendix 23: How NERCHA could assist to develop organisation's M&E capacity

Organisation type	Name	NERCHA assistance
NGO	Baphalali Red Cross	To provide training on M&E for officers in charge
NGO	Cheshire Homes	We would be grateful to have training in M&E
NGO	CANGO	CANGO needs more financial resources in order to strengthen the M&E unit by getting more human resources Provide training to all staff members on M&E frameworks and tools to be utilized.
NGO	COSAD	Organizational exchange program financed by NERCHA
NGO	PSI	Workshops in information sharing Research that informs the direction of interventions
NGO	Save the Children	Find the training of more staff in M&E.
NGO	SHAPE	NERCHA could partner with other organization and provide for M&E capacity building.
NGO	SOS	Provide necessary funding Serve as soundboards for supported organization to ensure further development
NGO	SWAGAA	Financial support in conducting M&E Development of M&E tools and accessing impact
		Train staff to develop M&E strategy Train staff on data analysis
NGO	SNAJ	NERCHA may help by supporting an HIV/AIDS section in SNAJ. This section will be responsible for ensuring that journalists do appreciate fully the effects of HIV/AIDS in general and also be involved in the day-to-day efforts of NERCHA and other NGOs in the fight against HIV/AIDS. This should include voluntary testing, fighting stigmatization and discrimination, positive reporting, etc.
NGO	World Vision	NERCHA can give theoretical and practical training to the M&E staff NERCHA can participate in an M&E activity to share expertise
NGO	Care Nakekela	We need financial assistance in order to be able to establish or recruit people who will do the monitoring and evaluation in the organization Technical assistance to be able to draw up an M&E document for the organization Training on M&E framework/systems development
NGO	FODSWA	The organization is currently struggling with securing funds from NERCHA. We would appreciate if more of our members could be assisted in securing staff members to assist in monitoring and evaluation
NGO	Khulisa Umntfwana	NERCHA, in conjunction with NGO institutes, must hold intense training on M&E and capacity building.
NGO	MYAIHA	NERCHA would be doing a noble act to fund CBOs as they are at grassroots level where in fact the problems of HIV/AIDS are worse.
Business	SWAZIMED	We need local assistance as we use outside organizations in our HIV/AIDS program
NGO	SYUAHA	Since they already have the M&E they have to help organizations or implementers to establish an effective M&E department with well-trained staff. Conduct trainings for organizations on M&E.
FBO	Scripture Union	For assistance (financial) towards appointing staff or monitoring and evaluation personnel, and further training of the personnel in the field of monitoring and evaluation

FBO	Swaziland Conf. of Churches	NERCHA should focus on each mother body of FBO, lumping them won't get things done.
Donor or intern. support agency	Italian Co-operation	Exchange info
Donor or intern. support agency	UNICEF	NERCHA can play roles of bringing stakeholders together and to co-ordinate baseline and other data collection of decentralized levels in way to maximize data availability at local level.
Donor or intern. support agency	WHO	We need to work closely with NERCHA in developing the M&E strategy and tools for the health sector.
Local Govt.	City Council of Manzini	Training local coordinators on M&E systems, best practices etc.
Govt.	Department of Correctional Services	NERCHA should provide training and follow up the programs, to make sure commitment.
Govt.	Department of Taxes	Training selected staff on M&E.
Govt.	Min. of Econ Plan and Dev	NERCHA must firstly provide funding for such training on developing M&E capacity. The focal persons together with HIV/AIDS committees be trained for the benefit of staff. Then with such knowledge it will be easy to monitor and evaluate HIV/AIDS related programs.
Govt.	Health Education Unit.	Provide technical assistance in the establishment of an M&E unit and research unit. Assist in capacity development for the staff who will be employed in these units.
Govt.	Nutrition Council	Funding procurement of the old equipment, independent e-mail, capacity development on M&E and recruitment of research officers
Govt.	Min. Nat. Resources & Energy	Through training
Govt.	Min. Public Service	First outlining why M&E is necessary, how it is done from programs developed and its use for maximum program efficiency and effectiveness
Govt.	Min. Public Works&Transport	To provide training
Govt.	Min. Tourism, Environ. & Communication	To provide funds for HIV/AIDS activities as I have undertaken trainings in many departments and looking forward to continue in other departments which have already invited me.
Local Govt.	Piggs Peak Town Council	It would help us if NERCHA could develop a standard evaluation tool and distribute such to all organizations that partake in the fight against HIV/AIDS. There also has to be training of representatives of each organization for the M&E tool to be effective.
TI/ Academic	UNISWA- Faculty of Health Sciences	Solicit funds for developing M&E capacity Conduct training sessions
Consultancy	Computer Business & Consultancy	Supporting organization dealing with HIV/AIDS acquiring proper IT and GIS training in our company. Use of our M&E solutions.
Consultancy	Nathi Gumede & Associates	The thorough development of an M&E database in the area of human resources
Business - Parastatal	Swaziland Railway.	Training and providing technical support.
Consultancy	SWAZIMED	We need all assistance local as we use outside organisation in our HIV/AIDS program



NGO	Women's Resource Centre	If NERCHA funds UMTAPO we look forward to their capacity building of NGOs in M&E
TI/ Academic	UNISWA – History department	It is important to build and know local capacity on M&E. There should also be networking at bilateral levels, eg, with SA or Mozambique and at regional level in the context of SADC. NERCHA must have formal links with Human science research council and Africa institution in south Africa, Pretoria, who are among major layers in Hiv/aids research and social change.
Govt.	Dept. Urban Govt.	Yes, training the HIV team and other relevant officers on M&E.
Govt.	SNAP	By provision of better financial and technical support to universities in the area of M&E
Consultancy	Earnest and Young	Provide basic M&E needs or methods for a small organization (less than 30 staff)
Govt. - Parastatal	National Youth Council	Facilitating a training workshop on monitoring and evaluation
FBO	Council of Swaziland Churches	NERCHA can help by providing financial and technical assistance to train our staff so that they can offer professional and effective M&E services to boost the performance and service provision of our organization.
Donor or intern. support agency	HAPAC (EU Project)	We need to have a Country Response Information System (CRIS) Assist in facilitating and using evaluation findings
NGO	TASC	Training on research and M&E Assist and strengthen the M&E and research unit Assist to develop and install software on data capturing and analysis
Business	Swaziland Business Coalition Against HIV/AIDS	Raising awareness on the importance of M&E to stakeholders
Govt.	Rural Health Motivators' Initiative	To conduct sharing meetings for the NERCHA supported organizations, have a close working relation with all departments.
Business	Standard Bank	Make it mandatory for personnel in HIV/AIDS offices to be trained because some organization may not take it seriously.
NGO	MFA	NERCHA should employ those trained trainees to train others.
Business	Times of Swaziland	Train us in M&E capacity.
TI/ Academic	UNISWA – Research Centre Luyengo	Elicit the participation of the centre coordinator at Luyengo
NGO	National Football Association of Swaziland	Train some of us who have no expertise in M&E.
Business	Royal Swaziland Sugar Corporation	Training on software for data analysis.

**Appendix 24: Use of other providers to assist in provision of M&E, TA, capacity building and training services**

<b>Agency using service provider</b>	<b>INTERNAL (Swaziland) service providers</b>	<b>EXTERNAL (International) service providers</b>
Mananga		Regional aids training network; ESAMI; Malawi Institute of management
MPH Geomatics		MHP geospace
VTC Associates		Consultants from within the region, e.g. HEARD; SIAPAE Namibia,etc
Italian Co-operation	FHT consultancies	
SIPAA	TBD	Yet to select from our technical resource network of institutions/consultants
UNDP	UNISWA	Regional office
UNFPA		CST Harare
UNICEF	Various consultants	Various consultants
WHO		WHO regional office in Africa; WHO HQ, Geneva
HAPAC (EU Project)		EPOS Health Consultant
AMICAALL Swaziland		The African Capacity Building foundation
Baphalali Red Cross	University of Swaziland - Health Faculty	International Federation of Red Cross; Finnish Red Cross society
CANGO		Manto management based in Joburg
COSAD	FSE	SANCA - South Africa; AADAC - Canada
IBFAN		SIDA - Sweden provides independent consultant; DGIS - Independent consultant
SNAJ	MISA UNDP	
SWAGAA	NEXUS Individuals	Individuals
Women's Resource Centre	BMS NGO institute	MS - Danish development organization
World University Services Swaziland	CANGO; Microprojects	
IDM		IDM - Botswana campus

**Appendix 25: Information regularly accessed and used in managing, planning and monitoring own programs**

Organisation type	Name	Information regularly accessed
Business	Royal Swaziland Sugar Corporation	Workplace programs on HIV/AIDS, updates on information related to HIV/AIDS from government, NERCHA, UNAIDS
Business	Standard Bank	Rely on input from group level which at this point, I have not yet been able to influence the manner in which such information is drawn.
Business	Swaziland Business Coalition Against HIV/AIDS	Business information
Business	SWAZIMED	Data collected from doctors who assist patients in enrolling into the program
Business - Parastatal	Swaziland Railway.	STI, deaths, sick leave; condom distribution; health education sessions. ? (illegible) for supervisors, HIV/AIDS supervisors committee and peer educators; HIV positive employees.
Consultancy	Aliment Software Technology	-
Consultancy	KNC & Assoc.	Annual action plans, management meetings, monthly accounts, record keeping forms, evaluation of completed programs
Consultancy	Lwati Training Institute	Participant evaluation, incidence of reference by customers/clients who have previously received our intervention
Consultancy	Mananga	Evaluation from facilitators, participants and stakeholders
Consultancy	MPH Geomatics	Hours spent by different staff members on various jobs and their related costs. Distances traveled and total time spent on jobs. Assessing similar projects.
Consultancy	Nathi Gumede & Associates	New legislation from government gazettes
Consultancy	SWAZIMED	Data collection from doctor who assists patients in enrolling into the program
Donor or intern. support agency	British High Commission	Prevalence rate of HIV/AIDS infection Number of orphans
Donor or intern. support agency	EU Commission	Project progress reports (quarterly, annually), project requests, stakeholder consultation.
Donor or intern. support agency	Italian Co-operation	Administration of the program MOHSW data Lab registers
Donor or intern. support agency	UNAIDS	International conferences Program co-ordination board for UNAIDS Guidelines from UNAIDS secretariat International commitments – e.g. Abudja Declaration – and the UN General Assembly special session on HIV/AIDS
Donor or intern. support agency	UNDP	Organization practice tools
Donor or intern. support agency	UNFPA	Office management plan
Donor or	UNICEF	Number of OVCs

intern. support agency		HIV/AIDS prevalence School enrolment figures Immunization figures Health data such as infant mortality rates
Donor or intern. support agency	WHO	Country cooperation strategy document WHO regional strategies for different areas of work
Donor or intern. support agency	HAPAC (EU Project)	Progress reports of the three supported components
FBO	Council of Swaziland Churches	Half-yearly and annual reports
FBO	Scripture Union	Number of participants in their different age groups and needs Number of available support staff and resources available
FBO	Swaziland Conf. of Churches	Our members are churches scattered all over the country. We divide them into 4 regions and in each region we form zones. In each zone women, youth, men and pastors are represented.
Govt.	Min. Nat. Resources & Energy	Printouts from finance on financial resources
Govt.	Min. of Agric & Cooperative	Total lactarage of crops planted per season; total field estimated pers season; total number of beneficiaries per harvest; total number of chiefdoms partaking in the project per season.
Govt.	Nutrition Council	Poverty reduction strategy Health sector response to HIV/AIDS Sentinell reports STI reports Any other survey reports or workshop reports in relation to my field Policies and guidelines on HIVAIDS activities
Govt. - Parastatal	National Youth Council	The council is guided by the National Youth Policy and a strategic plan was developed as a guiding tool for the organisation
Local Govt.	City Council of Mbabane	Monthly, quarterly and annual reports from community projects. Quarterly reports presented at NHT meetings
NGO	AMICAALL – Nhlanguano/Hlalhikulu	Community projects, community conversation, activities related to HIV and poverty reduction
NGO	AMICAALL Swaziland	Number of children per ward and town Number of OVC per ward and town Number of HBC clients per ward and town
NGO	Baphalali Red Cross	Journals from websites on especially Health International Statistics from sentinel surveys Our own reports
NGO	CANGO	Project document which has indicators are used often when reports generated. These reports then inform the way the programs progress –from the lessons learnt
NGO	Cheshire Homes	
NGO	COSAD	Information from similar working organizations
NGO	FLAS	Each intervention program has its own set of indicators and targets
NGO	IBFAN	Reports from groups Internal program and progress reviews Questionnaires to groups

NGO	Law Society	By providing workshops and conferences
NGO	Lutheran Development Service	We use monthly reports from field officers and we also have fortnightly meetings and quarterly meeting for all field staff
NGO	MFA	Information from our objectives towards what we have achieved and our weaknesses.
NGO	MYAIHA	Documents on HIV/AIDS and print media reports
NGO	National Football Association of Swaziland	Information from media, internet, health offices etc.
NGO	PSI	Research Data from program progress Public feedback
NGO	Save the Children	Quantitative information e.g. statistics Qualitative information e.g. reports
NGO	SHAH	Total number of case loads, visits to AIDS patients at terminal stage
NGO	SNAJ	Internet information Documentary information Feedback reports
NGO	SOS	Principles, standards, responsibilities, guidelines and how to.
NGO	SWAGAA	Feedback from participants, recommendations from members of the public, membership and staff
NGO	SYUAHA	We try to get information from any monitoring program that we feel can help us in making an impact
NGO	TASC	Drop-in or referred clients Number of people attending educational sessions, their gender and age distribution Number of people coming or opting to test for HIV, their gender and age distribution and their results. Distribution of IEC material and condoms.
NGO	World Vision	Data related to our indicators e.g. Number of people trained on HIV/AIDS Number of people knowledgeable Number of people chronically ill Number of home based carers and visits made etc.
NGO (Parastatal)	Sebenta	How many learners are there in our classrooms i.e. including orphans and OVC, children, is food provided to them?
TI/ Academic	IDM	Use identified key program indicators Participants and stakeholders feedback
TI/ Academic	UNISWA – History department	Baseline data

**Appendix 26: Additional information or data related to HIV/AIDS which would be helpful in planning or evaluating own or other programs. ('Describe unmet information collection, analysis and information management needs')**

<b>Organisati on type</b>	<b>Name</b>	<b>Information needs</b>
Business	Royal Swaziland Sugar Corporation	Assistance for orphaned and vulnerable children. Sustainability of the government ARV program. Number of people testing in other VCT centers. Surveys or studies conducted by other organization on issues related to HIV/AIDS. The drivers of the pandemic in Swaziland, why is Swaziland leading the world in HIV infection? What are the core issues that we are supposed to be tackling in fighting the pandemic? Young people can turn the pandemic around through delayed sexual debut. Have aggressive efforts been made in that regard? How many active youth groups are there in the country? The plight of women in Swaziland. Are there strategies targeting them, because the majority of them are silent or submissive not because their lives are unimportant, but for other reasons, probably for economic reasons.
Business	Standard Bank	Staff may need to help the program by declaring their family situations, ie, who's looking after orphans, who's an HIV widow or widower etc.
Business	Swaziland Business Coalition Against HIV/AIDS	Policy in the organization Presence of peer educators Training sessions
Business - Parastatal	Swaziland Railway.	Formation of support groups for the infected and affected; regular meetings for these group to foster support. A scheme for the infected and no of people who have (illegible) the scheme through deaths and illnesses.
Consultancy	Lwati Training Institute	Prevalence of HIV/AIDS statistics Statistics on orphans and vulnerable children
Consultancy	Mananga	Refer to annexure 1
Consultancy	VTC Associates	Coherent, cohesive national and regional data across all HIV/AIDS sectors. A comprehensive Swaziland HIV/AIDS bibliography/library and access to this
Donor or intern. support agency	British High Commission	Human resources needs Ratio of nurse/doctor to patient ARVs coverage (to be needed once full implementation has been achieved)
Donor or intern. support agency	HAPAC (EU Project)	Monitoring of the (not legible) STI syndrome
Donor or intern. support agency	UNFPA	The impact and effectiveness of the youth friendly services
Donor or intern. support agency.	UNICEF	Number of AIDS orphans: baseline community level of number of OVCs as well as national and regional level School attendance/enrolment rates at community/regional and national level Number of deaths from HIV/AIDS
FBO	Council of Swaziland Churches	Number of AIDS orphans in an area Research on HI/AIDS prevalence in churches as well as the relationship between HIV/AIDS and poverty especially in FBOanizations

FBO	Scripture Union	Number of orphans number of school drop-outs, prevalence of crime pregnancy rate (out of marriage) Stability or functionality of families (percentage of functional families per given area)
FBO	Swaziland Conf. of Churches	Number of AIDS orphans per local church in a given zonal region.
Govt.	Department of Taxes	We need to begin the data collection exercise.
Govt.	Min. Nat. Resources & Energy	Records on absenteeism due to illness or death related to HIV/AIDS
Govt.	Min. Tourism, Environ. & Communication	Basic facts on prevention and controlling of HIV/AIDS
Govt.	Rural Health Motivators' Initiative	To find out the number of people receiving services from the RHMS and also the type of problems faced by the families and community health workers. Suggest attention should be given to community based programs.
Govt.	SNAP	Prevalence of HIV among pregnant women TB STI clients
Local Govt.	City Council of Manzini	The rising number of orphans within the city communities is a clear indication of deaths associated with HIV/AIDS
Local Govt.	City Council of Mbabane	Number of implementing organizations and their focal areas. Types of assistance given to vulnerable families and OVCs.
NGO	AMICAALL – Nhlngano/Hlalhikulu	Number of people participating in community HIV/AIDS activities, Needs of orphans, Mortality
NGO	AMICAALL Swaziland	Prevalence of HIV by town Mortality data Morbidity data Impact data on municipalities and the ... Specific risk factors Specific vulnerability factor Available funding
NGO	Baphalali Red Cross	National Directory on HIV/AIDS National IEC guidelines Computer training esp Access or Excel, Power Point
NGO	CANGO	All programs are fragmented though they are all intending to contribute to the country's response to HIV and AIDS. We need information on the number of orphans currently available, the service providers addressing the issues affecting orphans and the number of beneficiaries from each of the service providers.
NGO	Care Nakekela	Impact of HIV/AIDS with regards to OVCs Program to capture the data on OVCs
NGO	COSAD	Affected children Needs analysis Evaluating our assistance
NGO	IBFAN	Infant mortality due to mother to child transmission of HIV Breastfeeding rates of HIV positive mothers. Is it exclusive or mixed feeding? Numbers of parents who attend VCT clinics

NGO	Khulisa Umntfwana	Percent of sexually active youth in schools; availability of health education in schools,; programs of behavioral ? (illegible) of school going youth.
NGO	MFA	Known the weaknesses of the affected and infected; set you objectives according to your target group; evaluate yours to see whether yours meet your targeted goals.
NGO	MYAIHA	Work closely with health motivators, the clinic nurse of the community clinic and the Chief's inner council
NGO	PSI	Identification cards (ages of clients) DHS BSS (condomise, VCT use, facts in...)
NGO	SHAPE	Number of AIDS orphans
NGO	SINAN	Number of HIV positive pregnant women and partners Number of HIV positive women on treatment
NGO	SNAJ	Percentage of people affected by HIV/AIDS (i.e. those infected males/females, ages, areas e.g. towns, rural areas, etc). The methods used by Swaziland to monitor and evaluate the effect and spread of HIV/AIDS. The impact of preventative measures. The impact on positive living
NGO	SWAGAA	Number of people who have been infected through rape Number of people receiving PEP. Number of children who are receivinb free education because the breadwinner is behind bars for rape allegations
NGO	Swaziland Nurses Association.	Impact of HIV at the workplace Impact of the disease burden in nursing
NGO	TASC	Information on effective condom usage Behavior change information in relation to VCT and ARVs Referrals and feedbacks Needs: Personnel for M&E and research Training on research M&E packages
NGO	Women's Resource Centre	HIV/AIDS and (illegible) dimensions kk
NGO	World University Services Swaziland	The organization needs more training on M&E and information management systems for its workers.
NGO (Parastatal)	Sebenta	Number of AIDS orphans in the area. Do they have food, shelter, do they go to school or Sebenta? classes?
TI/ Academic	IDM	Member of child headed families Prevalence of child sexual abuse, particularly by relatives
TI/ Academic	UNISWA – History department	Prevalence studies



## **Appendix 27: A suggested M&E foundations training programme**

### **MONITORING AND EVALUATION PRINCIPLES AND PRACTICE Foundation skills for HIV/AIDS program staff**

#### **Conducted by**

- An internal or international consultancy group with prior experience in M&E training and support, that will take primary responsibility for developing course content in consultation with NERCHA and the M&E Technical Committee, and for leading an workshop process.
- At least two additional consultants from Swaziland, who should be selected because of their expertise in M&E and their potential for engaging in M&E training activities in the future. Their role will be to co-facilitate the training course and to coach and support participants during and after the training.
- A NERCHA administrative assistant who will be on-hand to deal with logistical needs during the training program.

#### **Target participants**

- HIV/AIDS program managers or designated M&E personnel, whether presently active in M&E at programme level or not.

#### **Pre-requisites for participation**

- Project management experience
- Basic numeracy skills (e.g. understanding of percentages, means)
- Basic computer skills

#### **Objectives of the course**

- To orient participants to current concepts of M&E in HIV/AIDS
- To provide a practice-oriented learning opportunity focusing on core M&E principles and skills, in the context of multi-sectoral responses
- To equip practitioners to develop M&E indicators for their programs
- To equip practitioners to develop an M&E strategy at programme level
- To equip practitioners to develop their own basic M & E tools

#### **Learning principles**

- Preparation prior to the program
- Learning by experience
- Intensive 4/5 day learning, with preparation work each day
- Use of own projects as examples
- Use of best practice examples
- Working in teams and pairs
- Simple, direct, practice-oriented approach
- 20-30 participants
- To be followed up in 6 months time with a questionnaire prior to a brief 2-day follow-up and refresher course

#### **Assessment and evaluation**

- Certificate of attendance
- Ongoing self and peer evaluation of learning during course
- Assessment at the end of course with marked scripts returned to participants and a report on training and assessment

#### **Equipment and facilities required**

- Bank of computers with Excel, MSWord and calculator programs loaded, data projector, printer, photocopy facilities, newsprint, writing materials for newsprint

work in small groups, access to facilities for after-hours work, residential facilities

### **Concepts and basic principles to be covered**

- ❑ A brief background of M&E; M&E and surveillance; M&E and research
- ❑ Current concepts of M&E in HIV/AIDS
- ❑ The role of M&E at country, program and project level
- ❑ Types of M&E; input-activity/process-output-outcome-impact framework
- ❑ M&E and program management and development
- ❑ Ethics of M&E

### **Skills development (through individual and group exercises)**

- ❑ Indicator development (guidelines on how to construct useful indicators from project objectives and activities) (1/2 day)
- ❑ Constructing an M&E matrix (1/2 day)
- ❑ Basic questionnaire development, layout and administration (1/2 day)
- ❑ Developing an interview or focus group protocol (2 hours)
- ❑ Data capturing: qualitative and quantitative data capture (1/2 day)
- ❑ Understanding data (questions; hypotheses; description and interpretation; organizing data by categories; themes and patterns) (2 hours)
- ❑ Numeric concepts in M&E (fractions and decimals; percentages; measures of central tendency; concepts of probability and significance; numerators and denominators; aggregation and disaggregation; sampling concepts) (3 hours)
- ❑ Guidelines for analyzing descriptive data tables (finding themes and patterns and identifying key features; pitfalls in data analysis and interpretation): (1/2 day)
- ❑ Guidelines for analyzing qualitative information (open and closed coding; interpretation; dealing with exceptions) (1/2 day)
- ❑ Data and information management: guidelines (keeping track of versions, time series data, using data bases (conceptual introduction only), pitfalls): (2 hours)
- ❑ Working with charts (reading charts, simple steps to making charts out of tabularised data): (2 hours)
- ❑ Integrating M&E into program management: checklist and guidelines (2 hours)
- ❑ Reporting findings (the basic elements and model of a report; reporting quantitative and qualitative data; structure of a report; pitfalls in report writing): (1/2 day)
- ❑ Guidelines for contracting an M&E consultant (pitfalls of hiring consultants and how to overcome them; budgeting for M&E): (2 hours)

### **Early-riser skills development sessions**

There will be three separate sessions on computer skills, each lasting for 1 1/2 hours, on the following topics. (These will be conducted after an early breakfast and prior to commencement of the daily program.) Each of these will be accompanied by a skills test which participants will be encouraged to undertake in their own time.

- ❑ Working with tables in MSWord
- ❑ Calculations using MSExcel and a PC calculator
- ❑ Computing shortcuts and useful features for M&E report writing (advised for everyone)

### **Coaching sessions**

The facilitators will be available for up to one hour each evening, immediately after the workshop, for demonstration, clarification or revision of course content. This is an opportunity to catch up for those who find the pace too fast.

**Resource package**

- Websites, listserves, M&E associations and links
- Tools and guidelines: Electronic and hard copies