Sierra Leone

National Monitoring & Evaluation Plan on HIVAIDS

2011-2015

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Sierra Leone

National Monitoring & Evaluation Plan on HIV/AIDS

2011-2015

National AIDS Secretariat
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National AIDS Secretariat

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Five for One

Five for One: Represents the **Five** 'Pillars' strategically designed to compliment and feed into one another delivering **One** robust and comprehensive road map for the multi-sector response to HIV/AIDS in Sierra Leone.

The **Five Pillars** will contribute towards the goal of Zero New HIV Infections, Zero Discrimination, Zero AIDS Related Deaths in Sierra Leone guided by and in line with the governments Agenda for Change, the UN Joint Vision for Sierra Leone, the UNAIDS Strategic Outcome Framework and the scaled up the national response towards Universal Access and the MDGs.

Five Pillar Activities:

Know your Epidemic, Know your Response (Modes of HIV Transmission):
The purpose of the Know your Epidemic is to better characterize Sierra Leone's epidemic, to assess the extent to which existing responses address the real drivers, sources of new HIV infections and to recommend strategies to improve the effectiveness of Sierra Leone's response to HIV/AIDS.

Final Joint Programme Review of the NSP 2006-2010:
The final Joint Programme Review is to undertake a comprehensive consultative Review in respect of the NSP 2006-2010. The Joint Programme Review and Know your Epidemic will provide recommendations that will guide the development of a new National Strategic Plan 2011-2015, the new National M&E Plan 2011-2015 and an Operational Plan.

National Strategic Plan on HIV/AIDS 2011-2015
The current (NSP 2006-2010) concludes its time frame tin 2010, therefore a new National Strategic Plan on HIV/AIDS will be developed for 2011-2015 The new NSP will have clear and measurable goals, objectives and priorities that are going to guide the country's future programmes and operational plan that will benefit the response as follows.

National M&E Plan on HIV/AIDS 2011-2015
The current National M&E Plan concludes its time frame in 2010. The new M&E Plan will include a robust Monitoring and Evaluation Framework that will guide the collection, collation analysis and dissemination of strategic information on the HIV/AIDS epidemic and the responses to the epidemic in the country.

National Operational Plan 2011-2012
Based on the findings of the Know your Epidemic study, the outcome of the Joint Programme Review and NSP, a national Costed Operational Plan will be developed for the period 2011-2012. The OP will serve as a road map that clearly defines the role and responsibilities of stakeholders in implementing the provisions of the NSP.

FORWARD

The 2011-2015 Sierra Leone Monitoring and Evaluation (M&E) Plan for HIV and AIDS response is the second in the series since the establishment of the National HIV/AID Secretariat in 2005. The first and predecessor M&E plan for HIV and AIDS covered the period 2006- 2010. The current plan is designed to track and assess the six thematic areas targets of the 2011-2015 National Strategic Plan for HIV and AIDS response, whose main goal is to attain zero new HIV Infections by 2015. In addition, it is designed to respond to reporting needs of Government of Sierra Leone, Development Partners including the Global Fund, UN Family, US Government, German Fund, etc, International and national implementing partners, private sector, academia and researchers.

As one of the principles of "Three Ones", the 2011-2015 M&E Plan for HIV and AIDS was developed with the main objective of strengthening systems and capacities for data collection and collation, and tools to improve the monitoring and evaluation of the AIDS response. It also emphasizes the need to strengthen the effective flow of information at all levels –facility, community, district and national. In addition, the M&E plan also outlines how information will be generated, packaged, disseminated and used by different partners at national, regional and international levels for programme design and implementation.

The development of the M&E Plan spanned a period of four months –December 2010 to March 2011 with the following key phases: preparation and planning; assessment of M&E structures and leadership; human resource availability and capacity needs; data sources; collection, flow and reporting; information use; M&E planning and integration; formulation of the Plan and a stakeholder validation and consensus building workshop. The Secretariat will roll-out this M&E plan to all partners and stake holders involved in the HIV and AIDS countrywide.

The M&E plan development was led, managed and coordinated by NAS with technical support from national and international consultants, and resident international technical advisers. Government of Sierra Leone and the UN Family provided financial support to this process. It is worth mentioning that the draft M&E plan was subjected to external and internal reviews and validation. Also, assessment of the M&E systems and practices gathered from all categories of partners and stakeholders involved in the AIDS response informed the development of this plan. Furthermore, a rigorous, transparent, participatory and evidence-based process was used in determining the baseline values, targets, implementation period, and activities and their associated costs.

Finally, the implementation and tracking of annual results requires technical, financial and human resources and the collective will and total commitment of all partners. I wish to implore all national and international partners in the AIDS response to align their M&E plans to this national strategic document. As we move towards halting new HIV infections and begin to reverse the spread of HIV in Sierra Leone by 2015, it is my profound hope and trust that we will all stay on course and remain committed in the next five years of implementation.

Brima Kargbo (Dr.)
Director
National AIDS Secretariat

ACKNOWLEDGEMENTS

I would like to acknowledge the contributions of various partners, The M&E Technical Working Group, and all staff of the Secretariat who individually and collectively gave their support, comments and advice during the design and development of the M&E Plan as well as those who participated in the validation, review and finalization of this plan. My special thanks go to Officials and staff of the District Health Management Teams (DHMT), the District AIDS Committee (DACs), NGOs, CBOs, FBOs, private sector, researchers and academia for their invaluable contributions and support during the exercise.

The current Plan would not have been developed in such timely manner without the combined efforts of the M&E Team of the National AIDS Secretariat, and the M&E Staff of the National AIDs Control Program, the M&E Technical Working Group and in particular, Mr. Gboboto Musa of Statistic Sierra Leone, Mr. Samuel Weekes of the University of Sierra Leone, Professor George Gage, Mr Kiskama Swaray, M&E Officer of NACP, Dr Saidou Hangadoumbo, International NAS M&E Consultant and the UNAIDS M&E Adviser, Mr. Chibwe Lwamba.

I am particularly grateful and indebted to the lead International Consultant, Mr. Bernad Mwijuka who during the tail-end of this exercise lost his dear wife in Uganda. His dedication and contributions to the development of this plan and the 2006-2010 M&E plan is invaluable. May the soul of his departed wife rest in perfect and eternal peace.

Victor Kamara (Mr.)
Senior Monitoring and Evaluation Officer
National AIDS Secretariat

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List of abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ARG	AIDS Response Group
ART	Antiretroviral Therapy
AWP	Annual Work Plan
BCAASL	Business Coalition Against Aids in Sierra Leone
BCC	Behavioural Change Communication
BSS	Behavioural Surveillance Survey
CAC	Chiefdom AIDS Committee
CBO	Community Based Organization
CCM	Country Coordination Mechanism for Global Fund
CDC	U.S Centre for Disease Control
COMAHS	College of Medicine and Allied Health Sciences
COPSAASL	Coalition of Public Sector Against HIV and AIDS in Serra Leone
CRIS	Country Response Information System
CSO	Civil Society Organization
CSW	Commercial Sex Worker
DAC	District AIDS Committee
DAAG	Disability Awareness Action Group
DBS	Dried Blood Spot
DHMT	District Health Management Team
DHO	District Health Officer
DMO	District Medical Officer
DPC	Disease Prevention and Control
DPI	Directorate of Planning and Information of the MOHS
DQA	Data Quality Assessment
ETWG	Extended Technical Working Group
FAO	Food and Agricultural Organization
FSU	Family Support Unit
GF/GFATM	The Global Fund on HIV/AIDS, TB and Malaria
GIS	Government Information Service
GoSL	Government of the Republic of Sierra Leone
GWT	Gender Working Team
HACSA	HIV and AIDS Care and Support Association
HARA	HIV and AIDS Reporters Association
HBC	Home Based Care
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
IEC	Information, Education and Communication
ILO	International Labour Organization

IMC	Independent Media Commission
INGO	International Non Governmental Organization
IOM	International Office of Migration
JAPR/JAR	Joint Annual Programme Review/ Joint Annual Review
JPR	Joint Programme Review
KFW	Krebital ftaltfürWieberaufbau (German Development Bank)
KYE,KYR	Know Your Epidemic, Know Your Response
Le	Leone (Sierra Leone crécy)
MARPs	Most-at-Risk Populations
MDAs	Ministries, Departments and Agencies
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
MELSS	Ministry of Employment, Labour and Social Security
MEYS	Ministry of Education, Youth and Sport
MESST	*Monitoring and Evaluation Systems Strengthening Tool*
MIALGRD	Ministry of Local Internal Affairs, Local Government and Rural Development
MLGCD	Ministry of Local Government and Community Development
MoD	Ministry of Defence
MoFED	Ministry of Finance and Economic Planning
MoHS	Ministry of Health and Sanitation
MoIC	Ministry of Information and Communication
MoJ	Ministry of Justice
MoT	Modes of Transmission
MoTCA	Ministry of Tourism and Cultural Affairs
MoU	Memorandum of Understanding
MoWHI	Ministry of Works, Housing and Infrastructure
MoYS	Ministry of Youth and Sports
MRU	Manor River Union
MSM	Men who have Sex with Men
MSWGCA	Ministry of Social Welfare, Gender and Children Affairs
MTR	Mid Term Review
NAC	National AIDS Council
NACP	National AIDS Control Programme
NACSA	National Commission for Social Action
NAS	National HIV/AIDS Secretariat
NASSIT	National Social Security and Insurance Trust
NECHRAS	Network of Christian Response to HIV and AIDS in Sierra Leone
NETHIPS	Network of HIV Positives
NGO	Non-governmental Organization
NOW	National Organization for Welbodi
NSP	National Strategic Plan
OHCHR	United Nations Office of the High Commissioner for Human Rights
OI	Opportunistic Infection

OP	Operational Plan
OVC	Orphans and Vulnerable Children
PABA	People Affected By AIDS
PEP	Post Exposure Prophylaxis
PHC	Primary Health Care
PHE	Public Health Educators
PHU	Peripheral Health Units
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PR	Principal Recipient (for GFATM Grant)
PSM	Procurement and Supply Management
PWD	People Living With Disabilities
PSO	Private Sector Organization
RH	Reproductive Health
SEAC	Sexual Exploitation and Abuse Committee
SHARP	Sierra Leone HIV and AIDS Response Project
SI	Strategic Information
SL	Sierra Leone
SLANGO	Sierra Leone Association of Non-Governmental Organization
SLDHS	Sierra Leone Demographic and Health Survey
SR	Sub receipt (of GFATM grant)
STI	Sexually Transmitted Infections
SWAASL	Society of Women and AIDS in Africa, Sierra Leone Chapter
TWG	Technical Working Group
UCO	UNAIDS Country Office
UNAIDS	Joint United Nations Program on HIV and AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nation General Assembly Special Session
UNICEF	United Nations Children Fund
UNIPSIL	United Nations Integrated Peace Building in Sierra Leone
USG	United States Government
WFP	World Food Programme
WHO	World Health Organization

CHAPTER ONE: INTRODUCTION & BACKGROUND

1.1 Introduction

With the National Adult HIV prevalence estimated to have continued to increase from 0.9% in 2002 to 1.5% (15-49 years) in 2005 and remaining the same through 2008 (SDHS 2008), the Government Sierra Leone (GOSL) has, through the "Agenda for Change" and the recently launched National HIV/AIDS Strategic Plan (NSP 2011-2015), articulately described how the HIV epidemic poses serious challenges to the social and economic development of the country given its current and potential effects on the population.

Having launched the second National HIV/AIDS Strategic Plan for the period 2011-15, the GOSL commissioned the development of a new National HIV/AIDS Monitoring and Evaluation (M&E) Plan to strengthen the tracking and assessment of the epidemic and the response towards the attainment of the NSP goal of "Zero New HIV Infections". An M&E Plan for the 2010 - 2015 has been developed with NAS and UNAIDS support based on the assessment of the M&E systems and practices and with wide participation of all categories at National, Decentralized and community levels.

1.2 Structure of the Monitoring and Evaluation (M&E) Plan

The M&E Plan, primarily designed to measure the performance of the NSP and enabling the tracking and assessment of the HIV /AIDS epidemic and its effects on the population, is structured into the following four chapters and annexes:

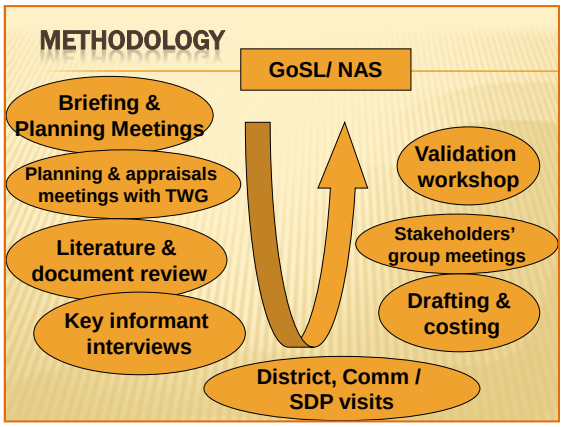
Chapter 1:	Introduction and Background
Chapter 2:	M&E Plan Objectives, NSP Results and Indicators
Chapter 3:	Data Sources, Management and Reporting
Chapter 4:	M&E Management and Coordination Framework
Annex 1:	Costed Two Year Implementation Plan
Annex 11:	Draft National HIV and AIDS Data Collection Tool

The plan also has a number of annexes including the indicator definition sheets, the Glossary of key M&E concepts and terms used in the plan and the full schedule of indicators.

1.3 Plan Development Process

The entire process for the development of the National M&E plan was participatory, lead by GOSL through the National Secretariat (NAS) working with stakeholder working groups and technically supported by a team of consultants and resource persons. The plan development process basically involved the following methods, stages and processes as presented in figures 2 and 3.

Figure 2: Plan Development Methodology and process



a. **Briefing and planning meetings** with NAS and other Organizations responsible for the Coordination of the National response

b. **Planning and appraisals meetings/ sessions** with the National HIV/AIDS M&E Technical Working Group. The TWG also supported the selection and prioritization of indicators.

c. **Literature and document review**

d. **Key informant interviews** with Stakeholders at National, Districts and Community levels

e. Consultative **stakeholders' group meetings** and discussions

f. **District, Site / service delivery visits**. In all 8 districts were visited (see annex 3). The **districts were visited** to assess the Status of M&E of the different HIV/AIDS activities at district and community or service levels. The selection of districts took into consideration the factors that may have bearing on the set up, status and strengths of systems and structures for monitoring and evaluation. Selection factors considered to ensure a representative sample of districts included: Being urban or rural; well established systems and those with not well established institutions; no recent similar assessment; regional representation, hard and easy to reach; border districts; mobile Populations; MARPs and high transmission areas.

g. **Development of an analytical M&E assessment report**: The field team developed an analytical report, had it discussed with the TWG and based on the report, priority areas for M&E strengthening were identified along with the matching priority actions.

h. Drafting and costing a draft M&E Plan

i. **Stakeholder validation workshop** will a cross section of stakeholders including Government MDA, CSOs, INGOs, NNGOs, FBOs, Research and Training institutions, Private sector agencies, PLHIV and all districts of Sierra Leone (see annex 4).

Figure 3: Plan Development Road map

The plan development span over a period of two months as per the road map with 5 key phases in Figure 3:

Preparatory & Planning

Assessment in regard to: M&E Structures and leadership; Human Resource; ICT; data sources; collection, flow and reporting; information use; M&E planning and integration and Capacity needs.

Plan formulation

Stakeholder Validation and Consensus building

Next will be the plan Marketing / popularization, roll- out and implementation.

Assessment in regard to: M&E Structures and leadership; Human Resource; ICT; data sources; collection, flow and reporting; information use; M&E planning and integration and Capacity needs.
Plan formulation
Stakeholder Validation and Consensus building
Next will be the plan Marketing / popularization, roll- out and implementation.

1.4 Status of the HIV /AIDS Epidemic

The HIV epidemic Sierra Leone is characterized as mixed, generalized and heterogeneous affecting different population sub-groups and resulting in multiple and diverse transmission dynamics (2010 Modes of Transmission study). The HIV epidemic affects all sectors of the economy and is not only an epidemiological but a developmental challenge in general that requires appropriate multi-sectoral and multi-thematic responses.

The HIV prevalence is estimated to have increased from 0.9% in 2002 to 1.5% in 2005. The prevalence appears to have peaked in 2005 with a national prevalence of 1.5% (15-49 years) and remained same through 2008 (DHS 2008). The prevalence rate for men was recorded at 1.2% while that for women was 1.7%. The Female prevalence peaked at 30 to 34 years (2.4%) while their male counterparts peaked at 45 to 49 years (2.1%). There were no consistent patterns of HIV prevalence by age among either women or men; rather the levels fluctuate by age group. Prevalence was found to be higher in urban areas (2.7%) than in the rural areas (1.2%). Compared with the previous population-based sero-prevalence survey of 2005, there was no change in the national prevalence rate and a similar prevalence pattern is exhibited for the sexes and the settlement patterns.

Figure 4: HIV Epidemic Profile/ Highlights

- Adult HIV Prevalence 1.5%
- HIV prevalence among Men 1.2%
- HIV prevalence among women 1.7%
- Female prevalence peak (30-34) 2.4%
- Male prevalence peak (45-49) 2.1%
- Urban prevalence 2.1%
- Rural Prevalence 1.2%
- Prevalence among pregnant women (ANC) 3.2 %
- Prevalence trend 2002- '05- '08 of:0.9%-1.5%-1.5%
- Declining prevalence in preg Women 2007,2008 & 2009 of from 4.4%, 3.5% & 3.2%
- Prevalence among miners 1.13%
- Prevalence among MSM 7.5%
- Prevalence among fishermen 3.9%

Contribution to new infections (2010 KYE/KYR)

- CSW & their clients 39.7%
- Multiple Concurrent partnerships 40.0%
- Discordant relationships 15.6%
- Fisher folks 10.8%
- Traders 7.6%
- Transporters 3.5%
- Mineworkers 3.2%

However, HIV prevalence among pregnant women attending antenatal clinics (ANC) is 3.2% (NACP 2009) and is significantly higher than the national prevalence. The HIV prevalence among pregnant women over the years shows a declining trend from 4.4% to 3.5% and 3.2% for 2007, 2008 and 2009 respectively. The 2008 DHS and the 2009 ANC survey show urban rural regional variation in HIV prevalence. Other cohort studies were conducted between 2007 and 2010 provided information on HIV prevalence among some key drivers of the epidemic. Among miners, men having sex with men and fishermen, the prevalence rates were estimated at 1.13%, 7.5% and 3.9% respectively.

The 2010 modes of transmission study also revealed that commercial sex workers, their clients and partners of clients contributed more than one-third (39.7%) of all the estimated total new HIV infections in adults (15-49 years) in 2008. The study further revealed that people in discordant monogamous relationships contributed 15.6% of new infections whereas people reporting multiple partnerships and their partners contributed 40%. Of these, multiple sex partnership groups with the casual heterosexual sex group and their partners contributed about 15%.

Fisher folks contributed the second highest incidence (10.8%) followed by traders, transporters and mine workers with 7.6%, 3.5% and 3.2% respectively. The MOT study indicated that Men having sex with Men (MSM) and IDUs are slowly emerging in the Sierra Leone society and are estimated to have accounted for 2.4% and 1.4% of the new infections in 2008 respectively.

Figure 5: Risk and Contextual factors driving the Epidemic

Risk factors

- Commercial sex networks
- Multiple partners
- Discordance and non-disclosure
- Low condom use
- Alcohol and drug use
- Presence of STIs, especially HVS-2
- Transactional sex
- Cross-generational sex

Contextual factors

- Human rights, stigma & discrimination
- Wealth and poverty
- Low status of girls & women
- Socio-cultural factors
- Inequity and access to prevention
- Care and treatment

Based on the review of the epidemiology of HIV (especially drawing on the analysis of the DHS and various studies carried out among vulnerable populations between 2005 and 2008, the risk factors and contextual factors driving the HIV epidemic in Sierra Leone are summarized to include the following (Figure 5):

1.5 Highlights of the HIV/AIDS Response

The National response in Sierra Leone is largely marked by diagnosis of the first case of HIV and the establishment of a National AIDS Committee in 1987 with support from WHO. The committee was subsequently transformed into the National AIDS Control Programme (NACP) within the Ministry of Health. Until about 2000, the national HIV response was largely health-sector focused with the training and re-training of medical and health staff as well as execution of health related HIV/AIDS activities. This led to other sector intervention being largely un-coordinated.

Starting 2000, Sierra Leone took the first major steps towards adopting the multi-sectoral approach to HIV/AIDS. Through collaboration and partnership with development partners including the UN Theme Group on HIV/AIDS and the World Bank, the country's first Policy on HIV/AIDS was formulated in 2001. Also in partnership with the US Centres for Disease Control and Prevention (CDC) the country undertook its first comprehensive HIV sero-prevalence study.

With funding support from the World Bank, National HIV/AIDS Council (NAC) and NAS were established in 2002 under the Office of the Presidency, with responsibility of providing leadership in coordinating, monitoring and mobilizing resources for the national response.

Figure 6: National HIV/AIDS Response Highlights

- 1987- National AIDS Committee formed
- National AIDS Control Programme (NACP)
- 2000 - adopted the multi-sectoral approach to HIV/AIDS
- 2001 - First HIV/AIDS Policy formulated 2001
- 2001 - first comprehensive HIV sero-prevalence
- Major National projects: World Bank & Global Fund
- 2002 - National HIV/AIDS Council (NAC) and the National HIV/AIDS Secretariat (NAS) were established
- Scaled up multi-sectoral response and with decentralized and community focus as well.
- Scaled up stakeholders' participation: Govt sectors, Districts, CSOs, Private, devt partners, FBOs, PLHIV
- More Multi thematic focus: prevention; treatment, care & support; coordination; legal and policy environment; research monitoring & evaluation
- 2006 – first NSP and HIV/AIDS Framework
- More development partners & Resource Mobilization
- 2010- KYE/KYR; Review of response, New NSP 2011-15
- Sustained committed GOSL Leadership

The multi- sectoral response has witnessed a dramatic increase in the number stakeholders including the development partners, public sector; CSOs and private sector entities, unions, religious bodies and people living with HIV/AIDS becoming actively involved in the implementation of a wide range of Prevention, Treatment, Care and support interventions at National, Sectoral, District and community levels.

In addition to the Prevention, treatment, care and support information and service delivery, the country has developed other necessary response supportive interventions including: the strong coordination structures at NAS, Line Ministries and Districts; Advocacy for increased support, resources and mainstreaming for HIV/AIDS interventions; enhancing legal and policy framework to HIV/AIDS response development; establishment and strengthening of coordination arrangements and forum for CSO, Private sector and PLHIV; HIV and associated disease surveillance; Research, Monitoring and Reporting; HIV/AIDS Resource tracking and expenditure assessment; resource mobilization and direct funding by government and; intensification of general social development interventions that directly impact or mitigate the effects of the AIDS epidemic.

In 2006, with support from donor partners, Sierra Leone developed the country's first multi-sectoral National HIV Strategic Plan and Monitoring and Evaluation Framework in 2006. These two documents have guided the response and formed the basis for resource mobilization from both bi and multilateral partners. This support has contributed to strengthening the country's response against the epidemic.

The GOSL has consistently provided committed and strategic leadership to the fight against the HIV/ AIDS Epidemic through the creation of an enabling framework and environment to the development and implementation of the national response.

A new NSP has now been developed based on the principles of participation and involvement of key stakeholders, ownership and buy-in and evidenced-based planning. Its development was also in the context of the 1991 Constitution, The President's Agenda for Change- which stresses the prevention of new infections, treatment, care and support to people living with HIV/AIDS, including orphans and vulnerable children, the Second Poverty Reduction Strategy (PRSP II), 2008-2012, Joint Review of National response to HIV/AIDS, Prevention and Control of HIV and AIDS Act as well as the *UN Joint Vision for Sierra Leone and* the UNAIDS *Outcome Framework 2009–2011.*

Figure 7: The 2011-2015 NSP thematic areas:

i. Coordination, Institutional arrangements, Resource Mobilization and Management;
ii. Policy, Advocacy, Human Rights and Legal Environment;
iii. Prevention of New Infections;
iv. Treatment of HIV and Other Related Health Conditions;
v. Care and Support for the Infected and affected by HIV and AIDS and;
vi. Research, Monitoring and Evaluation

The Sierra Leone 2011 - 2015 National Strategic Plan on HIV/AIDS aims at Zero New HIV Infections by 2015 as the overarching goal to all our partners. This is a more comprehensive result-based strategic plan on HIV/AIDS that will also chart the roadmap for Sierra Leone towards achieving the Millennium Development Goal to have halted and begun to reverse the spread of HIV/AIDS by 2015.

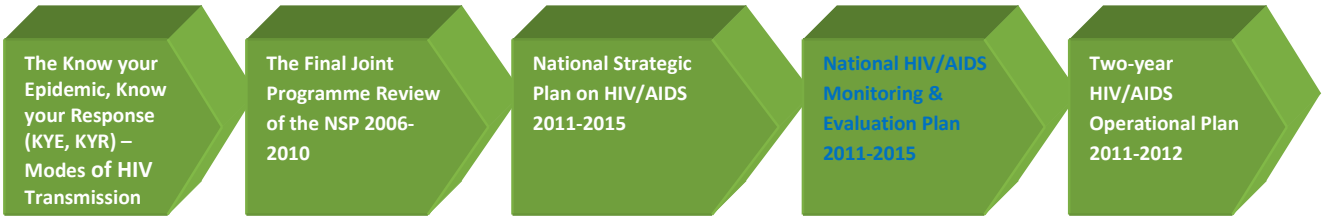
1.6 NSP and M&E Plan

Having launched the second National HIV/AIDS Strategic Plan for the period 2011-15, the GOSL commissioned the development of a new National HIV/AIDS Monitoring and Evaluation (M&E) Plan as "the fourth response pillar" to strengthen the tracking and assessment of the epidemic and the response towards the attainment of the NSP goal of "Zero New HIV Infections". The M&E plan (2011-2015) is therefore anchored into the NSP 2011-2015 as its main reference frame with specific regard to its thematic focus.

In 2010 alone, the GOSL lead the implementation of several initiatives that provided a better understanding on the nature of the epidemic Sierra Leone was confronted with, the strengths, weaknesses, challenges and opportunities of the national response to HIV/AIDS. Key of these initiatives that provide a firm basis for National HIV/AIDS Response programming and implementation, also presented in sequential order in Figure 1 below, include the following:

- The Know your Epidemic, Know your Response (KYE, KYR) also known as a Modes of HIV transmission study.
- The Final Joint Programme Review of the NSP 2006-2010
- National Strategic Plan on HIV/AIDS 2011-2015

Figure 7: Five Key pillars for strengthening National HIV/AIDS Response Framework



The development of the National M&E Plan and subsequently the Operational plan will set the stage ready for more coherent and contextually relevant National response.

1.7 Status of M&E in National Response

The 2010 Joint Programme Review (JPR) and the M&E assessment carried out at the beginning of 2011 as part of this M&E Plan development indicated a number key achievement over the past five years; a number of strengths; Gaps and weaknesses in the Monitoring and evaluation of the National response at Overall National multi-sectoral level; Setcoral and Decentralized levels. The highlights of the status of M&E are summarized in Table 1 on the next page.

The analytical summary is structured to highlight the M&E status in regard to:

- A national M&E framework was developed five years ago and adopted. The framework was however not well disseminated and rolled out at decentralized levels

- A National M&E TWG was established but is not as functional as desired and the expected M&E working groups at the districts have not been fully established nationwide. The M&E TWG is not very active; not transacting business effectively as desired; has not well motivated membership; not well structured and leadership and secretariat provided by NAS which is not healthy for the response

- M&E Coordination is generally limited mainly to project implementing partners.

- The NAS M&E unit is in essence the M&E Unit of Global fund project for which NAS is a PR. For this reason the unit is as such not appropriately structured and oriented to adequately offer the needed strategic leadership on the entire response expected from the custodian of the "one M&E system". The extension of this overall M&E strategic leadership by staff of GF PR at NAS is therefore adhoc.

- Guidelines and tools on M&E having been developed but poorly disseminated to the districts. NAS has reporting formats for the GF projects and is yet to roll out the generic reporting forms beyond the project SRs and project implementing partners. Therefore data collection is seemingly not very functional on HIV and AIDS activities.

- There are data banks at NAS and MOHS and in a few districts.
- Internet access at the district level is mainly through internet modems but is not as widespread as required.

- The reporting system is not effective in all of the districts. There is a distinct gap in reporting between DACs and NAS as the activities of implementing partners are poorly tracked.

- Protocols for surveillance and research exist mainly at headquarters but not well disseminated to the districts;

- There is marked absence of periodic epidemiological bulletins

- Quality assessment and assurance criteria is done in some districts but not strictly and regularly followed.

- A multi-year and annual M&E work plan was developed by NAS in close collaboration with the MOHS. The work plan is reviewed annually but it is still not replicated in all the districts

- All districts and Urban authorities have established District AIDS Councils (DACs) that are multi-sectoral and have the responsibility of AIDS programme review

- Major data collection activities have been undertaken in the previous 5 years including: Sero surveys; KYE/MOT study; BSS including focus on MARPS; NASA; DHS; MICS

- M&E Assessments (MESST) are also undertaken by GF

- National HIV/AIDS estimates and projections have also been produced by NAS
- National Targets, response gap analysis and coverage estimates and projection have also been undertaken as part of the NSP development and through the GF grant development/ application processes
- The majority of partners at National level have reliable access to internet and correspondences are made in hard and soft/ electronic channels since the coverage is relatively good enough
- The key reports and strategic planning/ programming documentation are developed through stakeholder processes and are disseminated at national stakeholders' workshops/ for a, World AIDS day commemorations and Partnership forum meetings. These channels are also used for feedback.
- At the district level, feedback is mainly through the health partners review monthly and quarterly meetings at the district with about an average of 30 stakeholders, PHU in-charges meetings and when the DHMT is visited by the H/Q—MOHs or called to meetings. Other forms of feedback are phone calls from the MOHs, DHMT to PHUs, Education Inspectorate to the zones and schools, Support supervision visits by both National offices in MOHs, NGOs NAS and other partners. There are also radio programmes on district programmes by both public and CSOs including HIV/AIDS with call in facilities that enhance interaction and feedback.
- Health Facility and service delivery quality surveys are not regularly being undertaken by MOHS as would be desired
- At the district level, the key data sources for data on HIV/AIDS are: service delivery records, national surveys, assessments conducted by some of the development partners NGOs, UN agencies and even CBOs, implementing HIV/AIDS interventions

A detailed discussion of the key strengths, achievements, gaps and weaknesses are presented in annex 4 of the plan.

1.8 Identified priority areas to strengthen Monitoring and Evaluation

Based on the consultations with stakeholders, the following were identified as areas requiring priority action to strengthen Monitoring and Evaluation at both National and decentralized levels. These priority areas of action are presented in Figure 4 below and the detailed description of strengths, achievements, gaps and weaknesses are presented in annex 4 of the plan.

Table 3: Key M&E Capacity Needs for Response strengthening

National Level capacity needs	Decentralized levels capacity needs
✓ Establish clear and elaborate structures for overall National M&E strategic guidance at NAS ✓ A strong, well structured M&E TWG ✓ An M&E Capacity specific needs assessment and capacity Building Programme for National level –NAS and other public and CSO stakeholders implementing HIV/AIDS programmes ✓ The NAS and line ministries require dedicated field vehicles for Field monitoring and support supervision. Development partners should look into this. ✓ Sector line ministries need computing facilities to capture data, analyze and generate reports ✓ Stakeholders' beyond NAS require clear and elaborate reporting tools ✓ Budget for HIV/AIDS and M&E in line sector ministries ✓ Have better planned and well structured and not the current adhoc and intermittent interaction and information sharing of HIV/AIDS strategic resources. ✓ More functionally structured NAS with more disciplinary team, more clear focus, adequate numbers and skills for functional linkages to link and ably follow up and monitor the different thematic areas of the response and categories of stakeholders well (these go beyond M&E unit to the programming—planning Units)	✓ Promote the district ownership and leadership of the respective HIV/AIDS responses through strengthening the position of the District AIDS Committees (DAC) and the District HIV/AIDS Focal Persons by: o Providing the needed strategic guidance on roles and TORs o Capacity building o Provision of logistics on a planned and sustained basis for work by the DAC and FP office these two response pillars. o Supporting the operationalisation of District HIV/AIDS partnerships so as to mobilize the effective engagement of stakeholders ✓ Support to development of decentralized strategic and operational/ action integrated HIV/AIDS plans at district level. This would promote M&E. ✓ Support the mapping of HIV/AIDS actors within the district to produce an inventory of actors

National Level capacity needs	Decentralized levels capacity needs
✓ New TORs for M&E TWG ✓ Stronger and well structure intra-NAS and inter stakeholder M&E / review arrangements that allows addressing real needs through free information flows and effective feedback ✓ Have/ develop an annual National Multi-sectoral and integrated M&E Plan in line with the NSP and OP. ✓ Widen and have specific funding for M&E development and operations/ roll out; Multi-sectoral response Development and; Decentralized and community HIV/AIDS response planning and management ✓ Have Annual M&E plan/ systems assessments and not wait for MTR with leadership of both independent Research and training institutions and CSO as watch dogs to the leading public sector. This will inform the needed Advocacy for M&E. ✓ Have annual or Bi-annual thematic evaluation guidance and implementation ✓ Well structured; technically guided; comprehensive; re-tooled and logistically enabled/ supported field monitoring and support supervision component by all National actors (NAS, Line ministries, CSO and all Self Coordinating Entities) ✓ Support to routine programme coverage data collection production of quarterly and annual progress reports at NAS, sectoral, SCE and decentralized levels ✓ Establish reporting linkages between the development partners and other SCEs and the NAS	✓ Training in basic M&E and management for HIV/AIDS for all district level technical personnel in public sector and non public sector organizations implementing HIV/AIDS programmes. ✓ Provision of National M&E Plan to the districts and orientation of the key staff in lead agencies on its application. ✓ Provision of the Standard data collection forms by NAS ✓ Provision of consistent support to the implementation of the decentralized HIV/AIDS programme including the logistical support for M&E with key emphasis on data collection, data capture and analysis capacity, M&E planning and promotion/advocacy for stakeholder use of available HIV/AIDS data. ✓ Support to revival of CRIS or other relevant systems for the non health sector interventions to complement the HIS introduced by MOHs that contains an HIV/AIDS Component. ✓ Support the establishment of reliable data backup systems, data bases and HIV/AIDS resource centres district levels

Based on the M&E assessment findings, priority action areas identified, proposals made by stakeholders and the National HIV/AIDS Strategic Plan results framework, the next chapter presents the objectives, outputs, indicators, baseline values and targets of the M&E Plan 2011-2015.

CHAPTER TWO: M&E PLAN OBJECTIVES, NSP RESULTS, INDICATORS AND TARGETS

2.1 Introduction

This chapter presents the main axis of the M&E plan by presentation the objectives of the plan, the results of the National Strategic Plan (NSP 2011-2015), the strategies or approaches and the indicators to measures the Strategic plan results.

The process of implementing the National Strategic Plan entails so many actions and activities; by many actors/players; with varying objectives and responsibilities; acting at different levels and with different approaches; generating a lot of results and information and measuring their inputs and results in varied ways.

As indicated in chapter one of this plan, the M&E plan will use the NSP as the main reference frame and as such its objectives, strategies and indicators must be anchored into the NSP Results framework. The M&E Plan, however, has been designed to enable the monitoring and evaluation of all the results of the NSP as well as any other HIV/AIDS interventions in the National Response.

Figure 8: Benefits of an M&E Plan

a. Guide and enable priority setting in planning
b. Facilitate response/ Programme performance assessment
c. Enhance technical support supervision and quality assurance
d. Determine the levels of output, process evaluation and effects assessments
e. Provide baseline data and time series information for projecting the epidemic and mapping out patterns and make possible trends assessment/analysis
f. Make it possible for the making of necessary selection of strategic choices
g. Enable the targeting of interventions on specific population groups for maximum effect and equity
h. Supporting resource mobilization, allocation, efficient and effective utilization, management, accountability and cost justification.
i. Inform HIV/AIDS and related policy development and monitoring policy compliance
j. Facilitate the response coordination, building programme synergy, consistency and coherence
k. Basis for maintaining programme relevancy and logic programme evolution
l. Guide to the institutional and Community competency building
m. Enable the intra programme sharing, learning and best practices

2.2 Importance of the Monitoring and Evaluation Plan

The effective management of a national response with a number of thematic areas focus as listed in chapter one, to be implemented by a multiplicity of actors and at different programme levels is only possible with a roll out of Monitoring and Evaluation Plan. An M&E Plan is vital to guide the collection, collation, analysis, management and dissemination of strategic information on the HIV/AIDS epidemic and the performance of the responses to the epidemic.

The M&E plan, adopted and popularized among stakeholders will, among other benefits, serve the following purposes important to the national HIV/AIDS response:

2.3 Principles and Scope of the M&E Plan

2.3.1 Guiding Principles and Factors

The M&E Plan development process and the subsequent plan provisions and strategies have been designed or guided by a number of key principles, factors and considerations including the following:

a. **Anchorage to the NSP**: The main frame on to which this M&E plan is anchored is the Sierra Leone National Strategic Plan for HIV and AIDS (2011-2015). The M&E Plan is however also be applicable to interventions not in the NSP
b. **Muti-sectoral** thematic focus and Comprehensiveness in coverage
c. Coverage of entire results chain / measurement levels: covering required information for assessment of inputs, processes, outputs, outcomes and impacts.
d. Entire coverage and responsive to **all Programme levels**: The M&E plan provisions should are also designed to be enabling for application at all programme levels right from Community; Service Delivery Points (SDP) by different categories of actors; lower local government; district; in-country regional; project; sectoral; National as well as regional and international levels.
e. Entire coverage and responsive to **entire length of the Programming Cycle**: The M&E plan is also expected to be applicable to all stages of the programme cycle including: Situation analysis and needs assessment; response assessment; programme/ project formulation; implementation and monitoring; results assessment and evaluation.
f. **Comprehensive and specific enough coverage** to the Information on epidemic, response status, delivery and access for all population and specifically to all possible "populations groups" including the "Most at Risk Populations" (MARPs)
g. Compliance with the **contemporary technically acclaimed** methods and approaches
h. **Strategic Effectiveness and Efficiency** of the approaches adopted for undertaking M&E functions
i. **Alignment, coherence, mainstreaming and in-built synergies** with National Systems and; with **logical and consensual evolution** where changes are needed
j. **Evidence based, experiential learning** and "**best practice**" based, promotion and transfers
k. Contextual **relevancy and technological appropriateness**
l. **Partnership and Networks** promotion and development
m. **User-friendly presentation** for ease of application by all categories of stakeholders
n. Standardization and respect to innovation and peculiar contexts
o. In-built resource mobilization and country human **resource capacity building, systems strengthening** for Sustainability
p. Promotion of **National Leadership and ownership**
q. Compliance with contemporary recommended technical considerations such as the 12 features of a good M&E system agreed upon by leading HIV/AIDS development partners

2.3.2 Scope and coverage of the Plan

In line with the above principles and for the plan to strengthen the principle of a "One M&E System", it has been designed to cover:

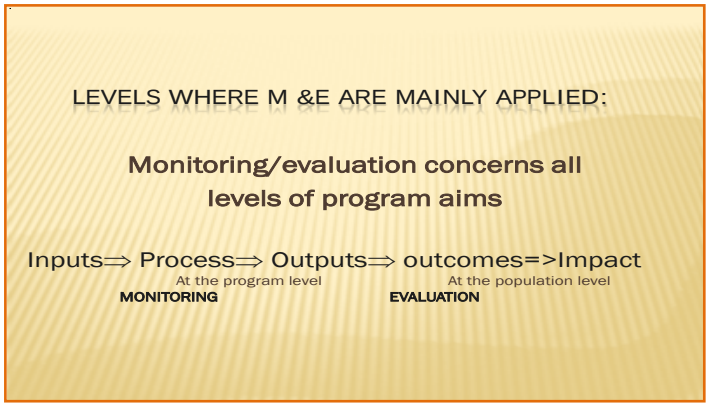
a. All the thematic intervention areas of the NSP which are:
    i. Coordination, Institutional arrangements, Resource Mobilization and Management;
    ii. Policy, Advocacy, Human Rights and Legal Environment;
    iii. Prevention of New Infections;

iv. Treatment of HIV and Other Related Health Conditions;
v. Care and Support for the Infected and affected by HIV and AIDS and;
vi. Research, Monitoring and Evaluation

b. All response programme and support perspectives:
   - programmatic performance measurement
   - financial, other resource planning and management and management performance measurement
   - procurement and supply management performance on one hand and;
   - The tracking of the epidemic patterns and trends on the other.

Figure 9: M&E Results Chain

c. All Measurement levels right from the inputs, through processes/ activities and outputs at programme level and the outcomes and impacts at population level as indicated in Figure…. below:



d. The 12 internationally agreed upon components of a good M&E system (also illustrated in Figures 10 & 11) below:

Figure 10: M&E Staircase

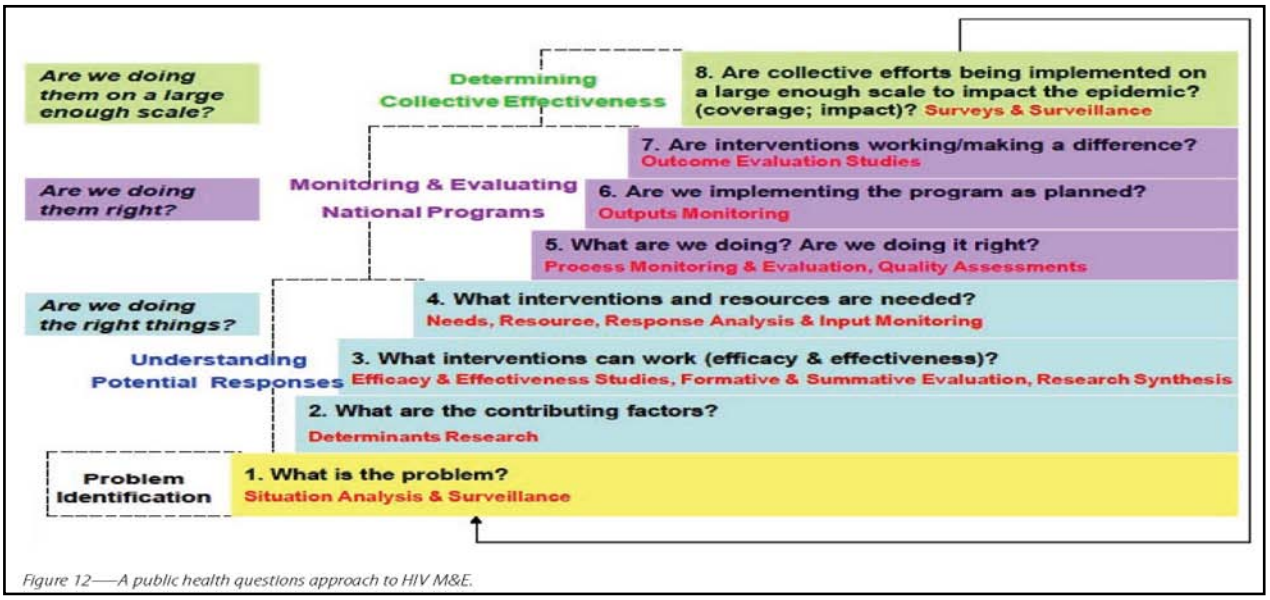
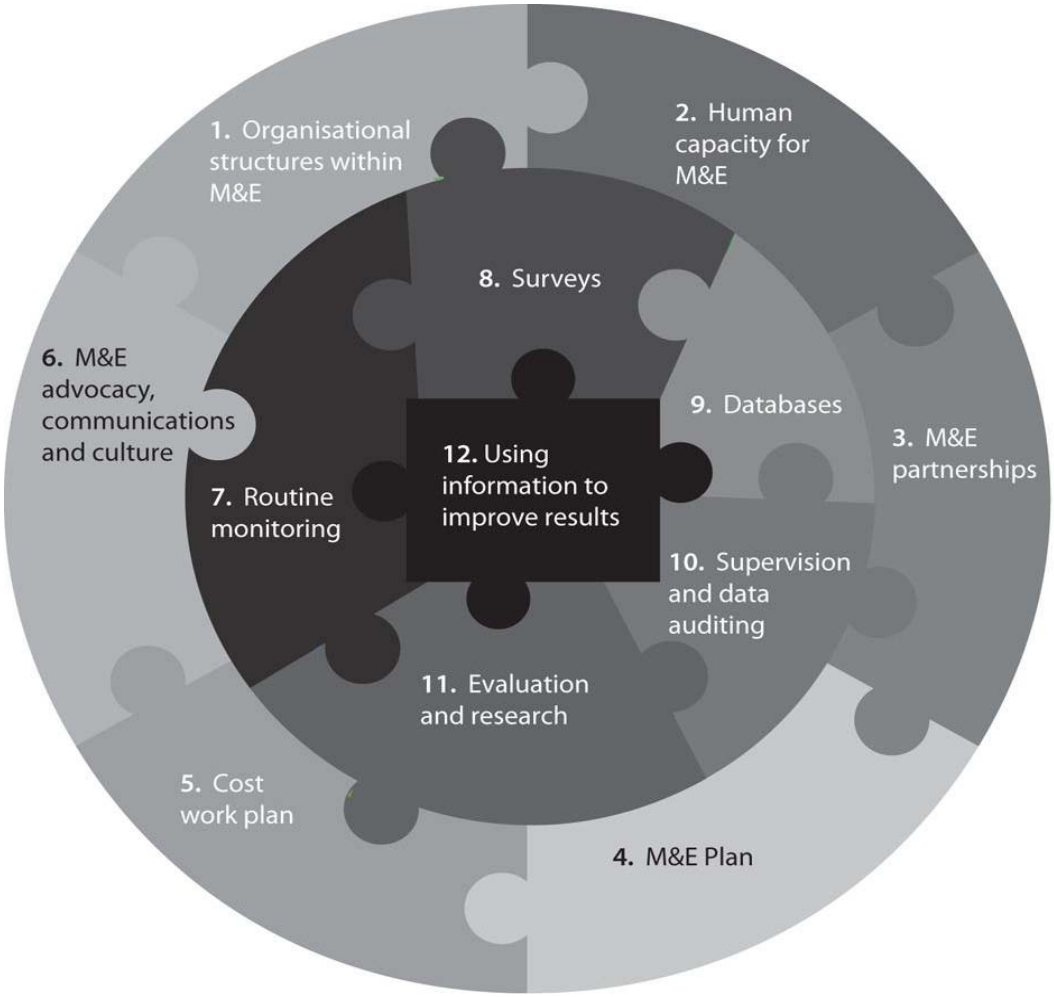


Figure 12—A public health questions approach to HIV M&E.

Figure 11: Components of M&E System

1. Organizational Structures for M&E
2. Human Capacity for M&E
3. M&E Partnerships
4. M&E Plan and implementation plan
5. Costed M&E Plan
6. M&E Advocacy, Communications and Culture
7. Routine Programme monitoring
8. Surveys and Surveillance
9. M&E Data bases
10. Supervision and Data quality assurance and auditing
11. Evaluation and Research
12. Data dissemination and Use



Source: UNAIDS MERG, 2008b

2.4 M&E Plan Goal, Strategic Objectives (outcomes) and outputs

2.4.1 M&E Plan Goal and Purpose

- **Goal:** The M&E Plan **will assume the Goal of the NSP** since Monitoring and Evaluation is part of the enabling framework for the effective implementation of the NSP. The Overall goal of the M&E Plan will therefore contribute to the attainment of "Zero HIV New Infections".

- **M&E Plan Purpose**

  The successful adoption and implementation of the M&E Plan will lead to a change is systemic behaviour or system strengthening which will be a result at outcome level and therefore the purpose of the M&E Plan will be:

  "A One **HIV/AIDS M&E System"** that is enabling, comprehensive and timely responsive to the policy development, planning, implementation and performance assessment for the National HIV/AIDS Response in Sierra Leone

2.4.2 Strategic Objectives of the M&E Plan (Outcome level results in NSP)

The M&E plan is designed and will be implemented to attain the following objectives modelled along NSP results at outcome and intermediate outcomes level:

i. Strengthened leadership and Coordination of HIV/AIDS Monitoring and Evaluation (M&E)
ii. Enhanced Strategic, Human resource and Logistical capacity for Monitoring and Evaluation (M&E) of the National Response
iii. Improved routine HIV/AIDS data collection, management and quality
iv. Strengthened systems to undertake HIV/AIDS and related biological and behavioural Surveillance, Surveys and Research
v. Enhanced HIV/AIDS Information & Knowledge Management
vi. Strengthened HIV/AIDS Financial monitoring, budget and expenditure analysis

2.4.3 Key M&E Outputs

i. Strengthened leadership and Coordination of HIV/AIDS Monitoring and Evaluation (M&E)

Key Outputs:

a. Strengthened HIV/AIDS M&E Coordination units/function at National, sectoral and Decentralised levels
b. Strengthened technical leadership and coordination function of HIV/AIDS M&E Technical Working Groups or other relevant M&E TWGs at National, Sectoral and Decentralised levels
c. M&E Planning protocols and strategic reference resources
d. National, Sectoral and decentralised level HIV/AIDS Coordination structures with office and field logistical M&E resources

ii. Enhanced quantity and quality of Human resources for HIV/AIDS Monitoring and Evaluation

Key Outputs:

a. Adequate M&E Human resources at National, Sectoral and Decentralised levels
b. Programme management and technical staff with relevant M&E skills in regard to data collection, management, reporting; identification of programme planning, management and policy implications and dissemination

iii. Improved HIV/AIDS data collection, management and quality

Key Outputs:

a. Standard user-friendly routine HIV/AIDS data collection and reporting tools developed and or reviewed and in use of (separate or integrated in existing tools)
b. Strengthened M&E support supervision, data quality assurance and quality audit processes
c. strengthened the data capture, analysis, storage and reporting systems of the HIV/AIDS implementing agencies

iv. Strengthened systems to undertake HIV/AIDS and related biological and behavioural Surveillance, Surveys and Research

Key Outputs:

a. HIV/AIDS surveillance and survey protocols reviewed/ developed, adopted and in use
b. A national HIV/AIDS research agenda developed, adopted and in use
c. Strengthened Surveillance, surveys and research on HIV/AIDS
d. HIV/AIDS special studies, epidemiological analyses and projections undertaken to enhance knowledge of the epidemic

v. Enhanced HIV/AIDS Information & Knowledge Management

Key Outputs:

a. An HIV/AIDS Knowledge management policy developed, adopt and in use
b. Enhanced integration and co-operability of HIV/AIDS related data bases and sharing of information

vi. Strengthened HIV/AIDS Financial monitoring, budget and expenditure analysis

Key Outputs;

a. National HIV/AIDS Spending Assessments
b. Regular budget and expenditure analysis to promote resource allocation, utilisation efficiency and equity in the national response
c. Unit cost studies, analyses and schedules

2.5 NSP Results Framework and Matching Core Indicators

2.5.1 Introduction

The M&E plan is designed to guide the determination of the extent to which the aims of the response, for which the NSP is the main reference frame, have been attained. To attain this purpose, the selected core Indicators must, to extent possible, be aligned to the NSP results.

The core indicators being proposed in this section will respond to all levels of measurement or the entire length of the M&E results chain (Impact, Outcome, Output, process and input) in all the six NSP thematic areas and programme levels in the national response. In addition, the indicators have been selected to meet the Service Delivery Point (SDP), decentralized entities, national and international reporting requirements.

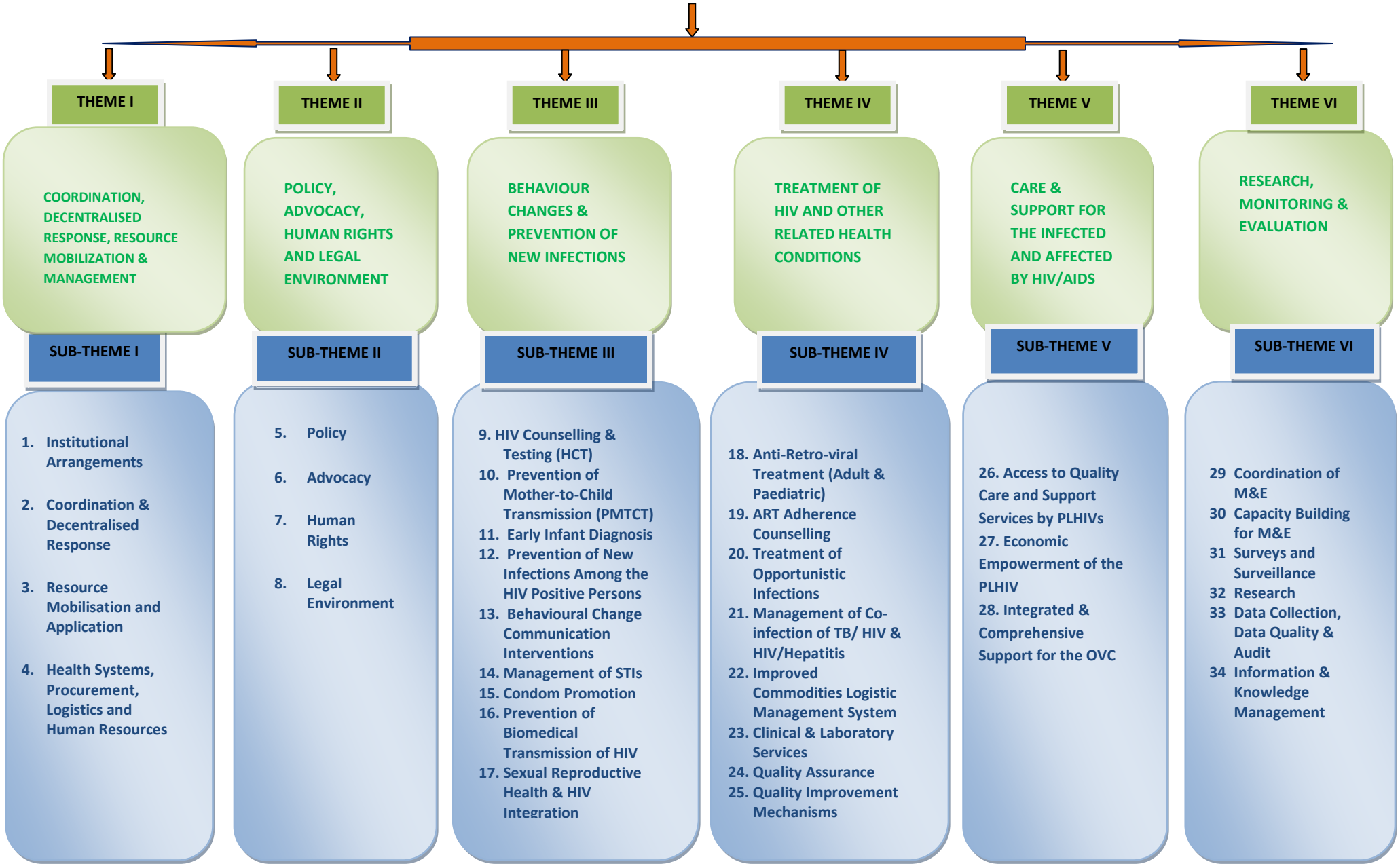
2.5.2 Summary Results Framework

As stated earlier on while describing the scope of the M&E plan, the results of the NSP are structured along six thematic areas as below:

(i) Coordination, Decentralized Response, Resource Mobilization And Management
(ii) Policy, Advocacy, Human Rights and Legal Environment.
(iii) Prevention of New HIV Infections
(iv) Treatment Of HIV And Other Related Health Conditions
(v) Care And Support for the Infected and Affected By HIV/AIDS
(vi) Research, Monitoring And Evaluation

The thematic areas and the sub-themes are as schematically represented in the diagram below. Based on the above, impact level results were generated for each thematic area except that for M&E which is at the outcome level. Figure 13 below presents the hierarchical presentation of the NSP result areas.

Goal: Towards Zero New HIV Infections, Zero Discrimination, Zero Related Deaths in Sierra Leone



2.6 Indicators

Indicators have been developed for each of the six NSP thematic areas. The indicators developed or selected do cover the Impact, outcome and output measurement levels.

The following standards were considered in selection of the indicators:

i. Whether or not the indicator is useful. (is it really needed and relevant to help measure the performance of the response)

ii. The technical merit of the indicator. Do the experts in the field consider it sound and significant? Is it possible to know how to interpret the changes in the indicator and should be sufficiently sensitive to detect changes in performance

iii. If or not the indicator can be fully defined. (clear and focused definition0

iv. Feasible to collect and analyze the data

v. Indicator having been tested or used in practice

2.6.1 Overarching and Impact Level Results and Indicators

The overarching impact result of SLNSP II (2011-2015) is to have **Zero-new HIV infections in Sierra Leone by 2015.**

To achieve this, the following three **impact level results** are to be achieved by the NSP:

i. HIV Incidence is reduced by 50%.
ii. Morbidity and mortality amongst the PLHIV are reduced.
iii. People infected and affected have the same opportunities as the general population

The impact level indicators for measuring progress as well as the baseline targets are as shown below.

TABLE 1 SUMMARY OF INDICATORS

THEMATIC AREAS	SUB-THEMES	IMPACT	OUTCOME	OUTPUT	TOTAL
	I	4			**4**
COORDINATION & INSTITUTIONAL STRENGTHENING	COORDINATION & INSTITUTIONAL STRENGTHENING		3	6	**9**
	PROCUREMENT AND LOGISTICS		1	4	**5**
POLICY, ADVOCACY, HUMAN RIGHTS &	POLICY, ADVOCACY, HUMAN RIGHTS & LEGAL		4	2	**6**
PREVENTION	BEHAVIOUR CHANGE COMMUNICATION		3	5	**8**
	CONDOM PROMOTION		2	3	**5**
	HIV COUNSELLING AND TESTING (HCT)		1	3	**4**
	STI TREATMENT		1	2	**3**
	PMTCT		1	6	**7**
	SEXUAL REPRODUCTIVE HEALTH		1	2	**3**
	POST-EXPOSURE PROPHYLAXIS (PEP)		1	3	**4**
	INJECTION SAFETY		2	2	**4**
	BLOOD SAFETY		1	2	**3**
TREATMENT	ADULT AND PAEDIATRIC ART		1	4	**5**
	TB/HIV		1	2	**3**
	OTHER OPPORTUNISTIC INFECTIONS (OIs)		1	2	**3**
	LABORATORY SERVICES		1	2	**3**
CARE & SUPPORT	ORPHANS AND VULNERABLE CHILDREN (OVC)		2	4	**6**
	PEOPLE LIVING WITH HIV (PLHIV)		2	5	**7**
M&E	M&E, RESEARCH & INFORMATION MANAGEMENT		2	2	**4**
GENDER	GENDER MAINSTREAMING		1	4	**5**
TOTAL INDICATORS		**4**	**32**	**65**	**101**

2.6.2 *Thematic intervention Results and tracks Indicators*

TABLE 2: THEMATIC INTERVENTION RESULTS AND TRACKS INDICATORS

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR		TARGET YEAR				
			BASELINE	2011	2012	2013	2014	2015
Impact	**DHS ANC SS**	Percentage of young women and men aged 15–24 who are HIV infected	Total 1.0% Women 1.4% Men 0.5% SLDH, 2008 -			Total 0.7% Women 1.0% Men 0.35%		Total 0.5% Women 0.7% Men 0.25%
Impact	**IBBSS**	Percentage of most-at-risk populations who are HIV infected	2005 CSW 8.5%, 2010 MSM - 7.5% 2007 UP - 3.1%2010 Fisher folk - 3.9%			CSW- 5% MSM-4% Uniformed Personnel- 3% Fisher folks- 3%		CSW 5% MSM - 4%, UP -3% Fisher folk - 3%
Impact	**SURVIVAL ANALYSIS STUDY**	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	84%			87%		90%
Impact	**PMTCT STUDY**	Percentage of infants born to HIV-infected mothers who are infected	2009 - 9%			7%		5%
1.0	**COORDINATION, DECENTRALIZED RESPONSE, RESOURCE MOBILIZATION AND MANAGEMENT**							
1.1	**COORDINATION & INSTITUTIONAL STRENGTHENING**							
1.1.1	**Result 1: Coordination mechanisms at national and sub-national levels strengthened**							
1.1.2	**Result 2: National HIV/AIDS Strategic Plan is funded**							
Outcome	**SYSTEMS STUDY**	% of DACs strengthened and fully functional	2010-0%			75%		100%
Outcome	**NASA HEALTH NATIONAL ACCOUNTS**	% of the annual funds required by the costed National Strategic Plan that is realized						
Outcome	**NASA**	% of government's contribution to total HIV/AIDS spending annually	2009 -3%			10%		15%
Output	**PROGRAM DATA**	Number of DACs strengthened and functional	2	5	7	9	12	14

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR	BASELINE	TARGET YEAR				
				2011	2012	2013	2014	2015
Output	PROGRAM DATA	Number of CACs established and strengthened	0	30	60	90	120	149
Output	PROGRAM DATA	Number of CSOs strengthened and functional	TBD	80	80	80	80	80
Output	PROGRAM DATA	Number of CSOs, PSOs, FBOs and networks trained in resource mobilization	TBD	80	80	80	80	80
Output	PROGRAM DATA	Number of NAS, MDAs and DACs trained in resource mobilization	TBD	60	60	60	60	60
Output	NATIONAL HEALTH ACCOUNTS	Amount of funds committed to fund the NSP	40%	45%	50%	60%	70%	80%
1.2	PROCUREMENT AND LOGISTICS							
1.2.1	Result 1: Effective human and logistical Systems in place							
Outcome	LMIS	% of facilities that experienced no stock-out of commodities annually (by ARVs, OI drugs, Male & Female Condoms)	TBD			70%		80%
Output	LMIS	Number of facilities experiencing no stock-out of male & female Condoms annually	*TBD*	*TBD*	*TBD*	*TBD*	*TBD*	*TBD*
Output	LMIS	Number of facilities experiencing no stock-out of ARVs annually	*TBD*	*TBD*	*TBD*	*TBD*	*TBD*	*TBD*
Output	LMIS	Number of facilities experiencing no stock-out of OI drugs annually	*TBD*	*TBD*	*TBD*	*TBD*	*TBD*	*TBD*
Output	LMIS PROGRAM DATA	Number of staff trained in procurement and logistics management system according to national and international standards	*TBD*	10		10		10
2.0	POLICY, ADVOCACY, HUMAN RIGHTS & LEGAL ENVIRONMENT							
2.0.1	Result 1: Existing laws and policies are strengthened for social protection of the PLHIV and other vulnerable groups							
2.0.2	Result 2: Stigma & discrimination towards PLHIVs is reduced							
Outcome	STIGMA STUDY	% PLHIV networks who report their rights are protected and they are empowered	TBD			60%		80%
Outcome	PARLIAMENT MINISTRY OF JUSTICE	Prevention & Control of HIV & AIDS Act presented to parliament to revise and enact it into law	2010 - NO			YES		YES

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR	BASELINE	TARGET YEAR				
				2011	2012	2013	2014	2015
Outcome	STIGMA STUDY	Percentage of population expressing accepting attitudes in relation to people living with HIV	15-49yrs women 5.1% Men14.7% 15-24yrs women 5.2% Men 13.6% SLDHS, 2008			15-49yrs women 30% Men 35% 15-24yrs women 25% Men 30%		15-49yrs women 45% Men 50% 15-24yrs women 50% Men 60%
Outcome	STIGMA STUDY	System for officially documenting cases of stigma and discrimination exist	2010, NO			YES		YES
Output	PROGRAM DATA	Number of stakeholders sensitized on cultural and traditional barriers/practices that impede access to reproductive health information and services	TBD	100	100	100	100	100
Output	PROGRAM DATA	Number of stakeholders (NAS, DACs, PSOs, media, PLHIV and CSOs) trained in advocacy and policy analysis and development	0	25	25	25	25	25
3.0	PREVENTION							
3.1	BEHAVIOUR CHANGE COMMUNICATION							
3.1.1	**Result 1: MARPs and clients adopt safe behaviour**							
3.1.2	**Result 2: Reduction of Risky sexual behaviour**							
Outcome	DHS BSS	Percentage of population who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (disaggregated by age and sex)	15-24yrs: women 23.7% Men 32.9% 15-49yrs: women 19.7% Men 31.2% SLDHS, 2008			15-24yrs women 30% Men 40% 15-49yrs women 30% Men 40%		15-24yrs: women 50% Men 60% 15-49yrs: women 40% Men 60%
Outcome	DHS BSS	Percentage of young women and men aged 15-24 who have had sexual intercourse before the age of 15 (disaggregated by age and sex)	15-24yrs women 24.6% Men 11.0% 15-19yrs women 22.3% Men 11.4% 20-24yrs women 26.8% Men 10.5% SLDH, 2008			15-24yrs women 18% Men 8% 15-19yrs women 16% Men 9% 20-24yrs women 18% Men 8%		15-24yrs women 15% Men 5% 15-19yrs women 11% Men 6% 20-24yrs women 13% Men 5%

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR	BASELINE	TARGET YEAR				
				2011	2012	2013	2014	2015
Outcome	DHS BSS	Percentage of population aged 15-49 who had more than one sexual partner in the past 12 months (disaggregated by age and sex)	15-49yrs women 4.9% Men 20.8% 15-24yrs women 6.4% Men 18.9% SLDHS, 2008			15-49yrs women 3% Men 15% 15-24yrs women 4% Men 12%		15-49yrs women 2% Men 10% 15-24yrs women 3% Men 9%
Output	PROGRAM DATA	Number of IEC/BCC materials distributed	TBD	50,000	75,000	90,000	120,000	150,000
Output	PROGRAM DATA	Number of general population reached with BCC messages	TBD	1300000	1400000	1500000	1600000	1800000
Output	PROGRAM DATA	Number of in-school and out-of school youth reached with BCC messages	45000	200000	300000	400000	500000	600000
Output	PROGRAM DATA	Number of MARPs reached with BCC messages	TBD	10000	20000	40000	60000	80000
Output	PROGRAM DATA	Number of peer educators, outreach workers and animators trained in BCC implementation	TBD	5000	7500	10000	15000	20000
3.2	CONDOM PROMOTION							
3.2.1	**Result 1: Number of people who use condoms increased**							
Outcome	IBBSS	Percentage of MARPS reporting the use of a condom with their most recent client	68%, 2005 CSW Study			70%		80%
Outcome	DHS BSS	Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse	15-49yrs women 6.8% Men15.2% 15-24yrs women 12.2% Men 29.2% SLDHS, 2008			15-49yrs women 30% Men 40% 15-24yrs women 30% Men 40%		15-49yrs women 50% Men 60% 15-24yrs women 60% Men 80%
Output	PROGRAM DATA	Number of male condoms distributed	1,890,400	2000000	3000000	4000000	5000000	6000000
Output	PROGRAM DATA	Number of female condoms distributed	TBD	5000	10000	20000	30000	40000
Output	PROGRAM DATA	Number of health care workers, outreach workers and peer educators trained in condom promotion and distribution	TBD	2000	3000	4000	5000	6000
3.3	HIV COUNSELLING AND TESTING (HCT)							

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR	BASELINE	TARGET YEAR				
				2011	2012	2013	2014	2015
3.3.1	**Result 1: Number of people who know their HIV status increased**							
Outcome	DHS BSS	Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know the results	15-49yrs women 4.1% Men3.4% 15-24yrs women 4.4% Men 1.2% SLDHS, 2008			15-49yrs women 30% Men 30% 15-24yrs women 40% Men 40%		15-49yrs women 50% Men 50% 15-24yrs women 60% Men 60%
Output	PROGRAM DATA	Number of people who received counselling and testing for HIV and received their test results	2010-232,500	276,000	564,000	863,000	1,175,000	1,502,000
Output	PROGRAM DATA	Number of fixed and mobile facilities providing counselling and testing according to national guidelines	2010-556	630	680	750	795	850
Output	PROGRAM DATA	Number of health care workers and other service providers trained in counselling and testing according to national guidelines	711	1,000	1,200	1,400	1,600	1,800
3.4	STI TREATMENT							
3.4.1	**Result 1: Increase in Quality Treatment of STIs**							
Outcome	DHS BSS	Percentage of people reporting symptoms suggestive of STIs and seeking treatment from clinical services (disaggregated by sex)	women 41%, men 54% SLDHS, 2008			women 60%, men 60%		women 70%, men 80%
Output	PROGRAM DATA	Number of people with STIs treated at health facilities	99,952	120,000	120,000	120,000	125,000	130,000
Output	PROGRAM DATA	Number of health care workers and other service providers trained in STI treatment according to national guidelines	1793	1800	1900	2000	2200	2500
3.5	PMTCT							
3.5.1	**Result 1: Reduction in transmission of HIV during pregnancy, child birth and breastfeeding**							
Outcome	SPECTRUM PROGRAM DATA	Percentage of HIV+ pregnant women who received antiretroviral therapy to reduce the risk of mother to child transmission	56%, NAS Report 2010	60%	65%	70%	75%	80%
Output	PROGRAM DATA	Number of pregnant women who received HIV counselling and testing for PMTCT and received their test results	112,338	120,000	130,000	150,000	170,000	200,000

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR	BASELINE	TARGET YEAR				
				2011	2012	2013	2014	2015
Output	PROGRAM DATA	Number of HIV-positive pregnant women who received antiretroviral to reduce risk of mother-to-child-transmission	1805	2000	2,200	2,400	2,600	2,800
Output	PROGRAM DATA	Number of health facilities providing the minimum package of PMTCT services according to national standards or guidelines	511	610	730	880	910	1,010
Output	PROGRAM DATA	Number of health care workers trained in the provision of PMTCT services according to national and international standards	2399	2600	2700	2800	2900	3000
Output	PROGRAM DATA	Number of HIV-positive pregnant women receiving nutritional support	TBD	500	600	700	800	900
Output	PROGRAM DATA	Number of children receiving PCR testing	0	300	600	950	1,350	1,700
3.6	SEXUAL REPRODUCTIVE HEALTH							
3.6.1	**Result 1: HIV positive women are empowered to take informed reproductive health decisions**							
Outcome	PROGRAM DATA	Percentage of health facilities offering integrated family planning services as part of PMTCT	40%	50%	60%	70%	75%	80%
Output	PROGRAM DATA	Number of health care workers trained on integration of sexual reproductive health services and PMTCT services	TBD	200	240	290	350	420
Output	PROGRAM DATA	Number of health facilities with integrated SRH and HIV services	511	610	730	880	910	1,010
3.7	POST-EXPOSURE PROPHYLAXIS (PEP)							
3.7.1	**Result: Biomedical transmission of HIV is reduced**							
Outcome	PROGRAM DATA	Percentage of health facilities with post-exposure prophylaxis (PEP) available	TBD	10%	20%	30%	40%	50%
Output	PROGRAM DATA	Number of people provided with post-exposure prophylaxis (PEP)	TBD	5,800	5,800	5,800	5,800	5,800
Output	PROGRAM DATA	Number of health facilities with HIV post-exposure prophylaxis (PEP) available	TBD	105	210	315	420	525
Output	PROGRAM DATA	Number of health care workers trained in the provision of PEP services according to national and international standards	TBD	50	100	150	200	250
3.8	INJECTION SAFETY							
3.8.1	**Result: Biomedical transmission of HIV is reduced**							

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR	BASELINE	TARGET YEAR				
				2011	2012	2013	2014	2015
Outcome	DHS	Percentage of people in the general population reporting that last injection was given with a syringe and needle taken from a new, unopened package	women 95.8%, men 93.1% SLDHS			women 96%, men 96%		women 96%, men 96%
Outcome	IBBSS	Percentage of injecting drug users who reported using sterile injecting equipment the last time they injected	TBD					
Output	PROGRAM DATA	Number of health facilities with appropriate disposal method for health care waste	TBD	1050	1100	1200	1200	1300
Output	PROGRAM DATA	Number of health care workers trained in injection safety according to national and international standards	TBD	1,100	1,300	1,700	1,900	2,100
3.9	BLOOD SAFETY							
3.9.1	Result 1: Low levels of blood-born transmission of HIV is maintained							
Outcome	PROGRAM DATA	Percentage of donated blood units screened for HIV in a quality assured manner	100%, NAS Report 2009			100%		100%, NAS Report 2009
Output	PROGRAM DATA	Number of donated blood units screened for HIV in a quality assured manner		58,000	68,000	78,000	89,000	100,000
Output	PROGRAM DATA	Number of health care workers trained in blood safety according to national and international standards		100	100	100	100	100
4.0	TREATMENT OF HIV AND OTHER RELATED CONDITIONS							
4.1	ADULT AND PAEDIATRIC ART							
4.1.1	Result 1: Adult PLHIVs and Children PLHIVs eligible for ART receive it.							
Outcome	SPECTRUM PROGRAM DATA	Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy	2010 - Adults 52% 2010 - Children 5%			Adults 60% Children 60%		2010 - Adults 80% 2010 - Children 100%
Output	PROGRAM DATA	Number of adults (15+ years) with advanced HIV infection receiving antiretroviral therapy (ART)according to national guidelines	5500	10,800	12,300	13,800	15,300	17,000
Output	PROGRAM DATA	Number of children (0-14 years) with advanced HIV infection receiving antiretroviral therapy (ART)	300	1,100	1,600	1,900	2,300	2,600
Output	PROGRAM DATA	Number of health facilities that offer ART according to national guidelines	131	131	140	150	160	170

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR	BASELINE	TARGET YEAR				
				2011	2012	2013	2014	2015
Output	PROGRAM DATA	Number of health care workers trained in provision of ART according to national and international standards	TBD	400	420	450	480	510
4.2	TB/HIV							
4.2.1	Result 1: PLHIVs with HIV and TB receive appropriate treatment for TB							
Outcome	TB STUDY PROGRAM DATA	Percent of HIV-positive patients who were screened for TB in HIV care or treatment settings	23%, NAS Report 2010			60%		80%
Output	PROGRAM DATA	Number of health care workers trained on management of co-infections according to national and international standards	TBD	50	50	50	50	50
Output	PROGRAM DATA	Number of HIV-positive patients screened for TB in HIV care or treatment settings	TBD	5,600	5,600	5,600	5,700	5,800
4.3	OTHER OPPORTUNISTIC INFECTIONS (OIs)							
4.3.1	Result 1: PLHIVs receive OI and other co-infections prophylaxis and treatment according to need							
Outcome	SPECTRUM PROGRAM DATA	Percentage of people enrolled in HIV care and treatment who receive cotrimoxazole prophylaxis in the last 12 months	TBD			70%		80%
Output	PROGRAM DATA	Number of PLHIVs receiving cotrimoxazole preventive therapy	TBD	14,200	14,400	14,500	14,700	15,000
Output	PROGRAM DATA	Number of health care workers trained on OI management according to national and international standards	TBD	400	420	450	480	510
4.4	LABORATORY SERVICES							
4.4.1	Result 1: Laboratory services are strengthened for effective treatment							
Outcome	Laboratory Services	Percentage of health facilities with capacity to perform clinical laboratory tests for HIV patients	TBD	TBD	TBD	TBD	TBD	TBD
Output	Laboratory Services	Number of laboratories with capacity to perform clinical laboratory tests according to national guidelines	TBD	TBD	TBD	TBD	TBD	TBD
Output	Laboratory Services	Number of health care workers trained in the provision of laboratory-related services according to national and international standards	66	100	100	100	100	100
5.0	CARE AND SUPPORT							

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR	BASELINE	TARGET YEAR				
				2011	2012	2013	2014	2015
5.1	ORPHANS AND VULNERABLE CHILDREN (OVC)							
5.1.1	**Result 1: Social and economic protection is ensured for orphans and vulnerable children.**							
Outcome	DHS MICS	Percentage of OVC aged 0-17 whose households received free basic external support in caring for the child	1.30%			30%		50%
Outcome	DHS MICS	Current school attendance among orphans and non-orphans aged 10-14	Total Ratio =0.83; Male Ratio=0.88 Female Ratio=0.78			Total Ratio =0.90; Male Ratio=0.90; Female Ratio=0.90		Total Ratio =0.90; Male Ratio=0.90; Female Ratio=0.90
Output	PROGRAM DATA	Number of OVC receiving care and support (by type of support)	1448	2000	2500	3000	4000	5000
Output	PROGRAM DATA	Number of OVC receiving nutritional support	1448	2000	2500	3000	4000	5000
Output	PROGRAM DATA	Number of health care workers and care givers providers trained according to national and international standards	214	550	550	550	550	550
Output	PROGRAM DATA	Number of OVC and care givers accessing income and productive resources	0	500	500	500	500	500
5.2	PEOPLE LIVING WITH HIV (PLHIV)							
5.2.1	**Result 1: People living with HIV and/or affected by HIV/AIDS have improved economic opportunities and social protection.**							
5.2.2	**Result 2: PLHIVs receive care and support according to their needs**							
Outcome	STIGMA STUDY	Percentage of PLHIV network members applying for credit who accessed credit mechanism per year	TBD			50%		80%
Outcome	SPECTRUM PROGRAM DATA	Percentage of PLHIVs receiving nutritional support in the last 12 months	5%, NAS Report 2009			30%		60%
Output	PROGRAM DATA	Number of PLHIVs receiving care and support services according to national guidelines	8680	9,500	14,400	19,400	24,500	29,900
Output	PROGRAM DATA	Number of PLHIVs receiving nutritional support according to national guidelines	TBD	4,600	7,400	10,600	14,100	17,900

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR	BASELINE	TARGET YEAR				
				2011	2012	2013	2014	2015
Output	PROGRAM DATA	Number of health care workers and care givers providers trained according to national and international standards	TBD	460	745	1,065	1,415	1,785
Output	PROGRAM DATA	Number of home based care kits distributed	TBD	250	250	250	250	250
Output	STIGMA STUDY PROGRAM DATA	Number of PLHIV network members accessing income and productive resources	0	500	500	500	500	500
6.0	RESEARCH, MONITORING & EVALUATION							
6.1	M&E, RESEARCH & INFORMATION MANAGEMENT							
6.1.1	**Result 1: M&E, research and knowledge management systems at the national and sub-national systems are strengthened**							
Outcome	PROGRAM DATA	% of DACs submitting report to NAS at least once a year	2010 - 0%			80%		100%
Outcome	ETHICS COMMITTEE NAS	Number of HIV/AIDS related researches and studies conducted	2010 - 6			8		10
Output	PROGRAM DATA	Number of DACs submitting report to NAS at least once a year	0	10	12	15	17	19
Output	PROGRAM DATA	Number of implementing partners submitting report to NAS at least once a year	53	300	300	300	300	300
7.0	GENDER MAINSTREAMING							
7.0.1	**Result 1: Gender coordinating mechanisms related to HIV/AIDS established and functional**							
Outcome	SYSTEMS STUDY	Gender coordinating mechanisms related to HIV/AIDS established and functional	2010, NO			YES		YES
Output	PROGRAM DATA	Number of people reached explicitly on issues that address gender-based violence and coercion related to HIV/AIDS.	TBD	TBD	TBD	TBD	TBD	TBD
Output	PROGRAM DATA	Number of people reached explicitly on issues that address the legal rights and protection of women and girls impacted by HIV/AIDS.	TBD	TBD	TBD	TBD	TBD	TBD
Output	PROGRAM DATA	Number of women and girls impacted by HIV/AIDS accessing micro finances	TBD	TBD	TBD	TBD	TBD	TBD

RESULT LEVEL	DATA SOURCE BY THEME & SUB-THEME	INDICATOR		TARGET YEAR				
			BASELINE	2011	2012	2013	2014	2015
Output	PROGRAM DATA	Number of policy makers and program planners trained on gender mainstreaming	TBD	50		50		50

CHAPTER THREE: DATA SOURCES, MANAGEMENT AND REPORTING

3.1 Introduction

This chapter provides guidance on the sources of data for construction of indicators presented in chapter 2 of the plan; how the data will be collected; how data and at what stage the data from different sources will be aggregated, analyzed; data storage, retrieval and or access; reported production and what forms or reports and other information products; the reporting, information sharing and feedback arrangements; the major data/information users and purposes for which data/information will be generated and; dissemination feedback arrangements.

3.2 Data Sources

Various types of data are required to support the construction of indicators of the HIV/AIDS M&E Plan. Both routine and non routine and periodically generated data; primary and secondary will be necessary as well as quantitative and qualitative information. Typical sources data required are routine programme activity coverage reporting; behavioural, biological surveillance and operational research. Over the plan period 2011-2015 it is expected that data will be collected from the following sources as summarized in table 4 below.

TABLE 4: SUMMARY OF KEY DATA SOURCES IN THE HIV /AIDS M&E PLAN

Data Source	Lead Institutions	Frequency
Routine Programme Monitoring Data		
1. Health sector programme activity monitoring data	**NACP, MOHS**	Quarterly
2. Non health public sector programme activity monitoring data	**NAS, other MDAs, projects, DACs**	Quarterly
3. Routine programme Monitoring Data from other non health and non public sector agencies & (Self Coordinating Entities (SCE)	**NAS** & SCE secretariats, projects, DACs	Quarterly
4. Field Monitoring and Support Supervision	**NAS** & SCE secretariats, projects, DACs	Quarterly
Surveys and Surveillance		
5. Biological surveillance	**MOHS (NACP)**	Annual

6. Behavioural surveillance	**MOHS (NACP)**	Biennial
7. Quality of Health services delivery and related HIV Services Assessments	**MOHS (NACP)**	Biennial
8. Programme specific evaluations, assessment and surveys and sustainability analysis assessments	**Refer to Information products table**	Annual & Biennial
9. HIV/AIDS in Workplace Survey	**Ministry of Labour** Establishment Secretary's Office	Biennial
10. Integrated Household Surveys	Statistics Sierra Leone	Biennial
Other Essential Studies		
11. Assets Inventory, procurement and supply management and Administrative records analysis	**All stakeholders**	Annual
12. Stakeholders and Service Mapping	**NAS**	Annually
13. Resource Tracking and HIV/AIDS Accounts, Budget and Expenditure analysis	**NAS,** MOFPED	Biennial
14. HIV /AIDS operational research and special studies	**NAS** & Statistics Sierra Leone, MOHS, Development Partners, Research & training institutions	Periodically
15. Social Economic Impact Studies (SEIS)	**NAS**,	Every 3 yrs
16. National HIV/AIDS Estimates and Projections	**NAS, MOHS, SSL**	Annually

***institutions in bold indicate the lead partner**

From each of these data sources there are a number of indicators that will be derived. For each category of data source there is a description of the source, what data is needed from the source, the frequency of collection, which institution has responsibility for collecting the data, and a flow chart describing how the data will feed into the one M&E System.

3.2.1 Health Sector Programme Activity Monitoring Data

The NACP, MOHS is responsible for monitoring the health facility based and other community health HIV services including VCCT, ART, ANC, PMTCT, Sexually Transmitted Infection, STI, OI management, care, blood products safety, Post Exposure Prophylaxis (PEP), prevention programmes for MARPs, Universal precautions for infection control, and clinical care, condom distribution and Community Home Based Care (CHBC). The MOHS/ARG has developed its own data collection tools for routine reporting of HIV information on each of these services.

All health facilities in the country providing any of these services, regardless of the sector they belong to (government, faith based, non governmental, workplace based or private for profit) have been and will continue to be required to submit routine reports to MOHS /ARG every month. These reports contain among other aspects of interest: HIV/AIDS service coverage, HIV infection rates; service availability and service uptake information, patient adherence to treatment and survival and monitoring.

3.2.2 Non Health Sector Programme Activity Monitoring Data

NAS has developed reporting tools with which to capture data on all non health sector HIV services (i.e. all HIV services that are not provided by the Ministry of Health and Sanitation). The data collected includes HIV prevention, care and impact mitigation interventions. This is a routine data source that requires strengthening and will not be limited to the ministries funded through NAS but will cover all MDAs and private sector institutions implementing HIV/AIDS activities. It is used to collect and report routine data to measure the non health output level indicators in the national set of HIV indicators.

The Government Ministries, Departments and Agencies (MDAs) at the national level offering non health HIV services will complete the Service Coverage Reporting (SCR) forms on a quarterly basis.

For the district level non health sector departments, the form will be completed in triplicate to be able to share the reports with the other national level offices, the District HIV/ AIDS Focal Person/s (DHAP) and retain a file copy. The DHAP will collate data from the individual forms onto one District level summary form, and send it to NAS. NAS will collate the District level summary forms and produce a Quarterly Service Coverage Report. NAS will also be expected to disseminate the Quarterly Service Coverage Report to stakeholders at all levels at national and district levels on quarterly and annual basis.

3.2.3 Routine Programme Monitoring Data from Other Agencies

NAS will also solicit quarterly reports from other agencies other than MDAs. These will include not only the government but semi autonomous agencies, development partners, international and large national NGOs with national and regional coverage implementing or supporting HIV/AIDS interventions in the country. District Level NGOs will also fill the Quarterly Service Coverage reporting form and submit it to the District HIV/AIDS Focal Person. The Focal Persons will in turn include this information as part of the quarterly report to NAS.

NAS and development partners will also encourage and support the formation and sustainance of coordination structures for CSO (i.e. SLANGO) and other relatively homogeneous organizations into Self Coordinating Entities (SCE) to enhance reporting and data collection arrangement. Such Coordinating Body is a requirement by UNGASS national Commitment index indicators.

To avoid double reporting and facilitate data analysis, the NAS management Information System (MIS) will assign codes to all stakeholders. The Service coverage data base built at NAS will be structured to capture the services or interventions by thematic areas as well as geographic areas (districts and chiefdoms), by target groups and other specifications decided upon by NAS.

3.2.4 Field Monitoring and Support Supervision

Field support supervision reports by M&E Coordinating units including NAS M&E and programme coordination units; Line ministries HIV/AIDS coordination units; DACs; SCE secretariats will also provide very useful programme monitoring information that will be key for NSP, OP and M&E plan implementation, performance assessment and taking of immediate corrective actions.

3.2.5 Biological HIV Surveillance

The undertaking of biological HIV surveillance as standalone of along with the behavioural surveillance in the current generation of surveillance is an important component of this HIV/AIDS M&E plan to produce both bio makers and social-behavioural indicators. This source is very important since it is used to monitor trends in the epidemic and effectiveness of the response and will provide important information for designing interventions.

Key among the biological HIV surveillance in the Sierra Leone National HIV/AIDS response will comprise of:

- HIV surveillance at ANC clinics: Sentinel surveillance for HIV and STIs at ANC clinics using the MOHS/NACP protocols for sentinel surveillance
- ANC HIV surveillance data and Validation of ANC results
- The Sierra Leone HIV Sero Prevalence Survey,
- Demographic and Health Survey plus
- Routine AIDS case reporting*:* AIDS case reporting will be carried out during the plan period by MOH/ARG on a routine basis as is the case currently
- HIV prevalence among Most at risk Population (MARPs)*:* HIV baseline surveys on MARPs have been undertaken for the Military and Commercial Sex Workers. MOHS/ARG will carry out routine HIV surveillance among MARPs
- Prevalence of STIs: MOHS will carry out surveillance monthly and report on annually basis
- Routine prevalence data from health services: indicative HIV prevalence data accruing from service delivery such as HIV screening among blood donors, TB clinics, Prevention of Mother to Child Transmission (PMTCT) services and Voluntary Confidential Counselling and Testing (VCCT) services will be continuously collected and analyzed by the MOHS/NACP to complement the biological surveillance data

3.2.6 Behavioural HIV Surveillance

Reproductive Health and HIV/AIDS related behavioural surveillance, which is usually undertaken alongside biological surveillance, is important for monitoring the epidemic and for evaluation of the effectiveness of the various BCC interventions. It is used to monitor the proximate determinants underlying or driving the epidemic associated with sexual behaviours. BSS enhances the understanding and explanation of HIV infection patterns and trends within the population and provides critical information that serves as basis for priority interventions and programmes development. BSS information is important for monitoring the response since it serves as an early warning system, alerting policy makers and stakeholders to emerging risks or changes in existing risk behaviours. The behavioural surveillance for MARPs will be undertaken every two years where possible.

3.2.7 Quality of Health related HIV Services Survey

Given the central role played by the Health Sector responses, a large number of HIV/AIDS interventions are based in Health facilities or are part of health services. It is therefore important to collect data on both the quantity and quality of these services provided at health facilities. The assessment of the quality of care or of HIV service provision requires an independent survey. MOHS will undertake a Quality of Health related HIV Services Survey every two years, resources permitting.

This category of surveys will also be the responsibility of MOHS working with other National partners.

3.2.8 Programme specific evaluations, assessment and surveys

To enhance the depth of the performance assessment of key interventions, it is necessary to undertake evaluations or assessment of such interventions or components of the thematic response. A specific evaluation or assessment of ART programme is likely to produce deeper analysis and understanding of the key sub theme compared to when ART is assessed as part of overall treatment, care and support pillar of a national response. This desire for depth of investigation, however, does not rule out the wider thematic component evaluation that examines the inter-relationships within a pillar or even between different aspects of different pillars (i.e. ART adherence and community and family level support structures that could fall in two components of Care: the ART provision at clinical setting and the Home based care).

3.2.9 Workplace HIV/AIDS Programme Survey

A workplace survey covering a sample of public and private sector work places is necessary to assess the adherence to and regularly track the extent to which HIV/AIDS prevention and care policy provisions have been mainstreamed in workplaces. Private sector establishments are selected on the basis of the size of the labour force. The UNGASS commitment monitoring framework has developed indicators on workplace policies and programmes.

Usually, the sampled employers are asked to state whether they are currently implementing personnel policies and procedures that cover prevention of stigmatization and discrimination on the basis of HIV infection status in staff recruitment and promotion and employment, sickness, and termination benefits as well as existence of workplace based HIV prevention, control, and care programmes that cover the basic facts on HIV, specific work related HIV transmission hazards and safeguards, condom promotion, VCCT, STI diagnosis and treatment, and the provision of HIV related drugs

The workplace survey will be undertaken every two years. The Ministry of Labour will be responsible for commissioning the survey team to utilize the workplace survey protocol produced by UNAIDS and ILO.

3.2.10 Integrated Household Surveys

The other important source of population based data that will be for deriving of status of social economic indicators and key to generation of the HIV/M&E plan outcome and impact indicators will be the integrated household surveys. These will be undertaken by SSL but the NAS, MOHS and other key interested stakeholders will make input into the data collection modules.

3.2.11 Assets Inventory, Procurement and Logistics Supply Management and Administrative Records Analysis

The keeping of an asset inventory and Procurement and Supplies Management (PSM) records is a vital source of input indicators. The data is important for monitoring the volume, quality, durability, timely delivery and cost of the inputs and the efficient use of the different types of logistics. The procurement here is also used to as well cover the mobilization and acquisition of Human resources.

3.2.12 Stakeholders and Service Mapping

NAS will also commission a National Stakeholders and service mapping every 2 years. Such mapping has been undertaken in early 2006 and will enhance the building of an inventory and data base at NAS and the National Response Management Information System. The data base built with software for mapping services against geographical areas will help in monitoring of Service distribution and an analysis of possible relationship with different HIV/AIDS indicators.

3.2.13 Resource Tracking, HIV/AIDS Accounts, budget & Expenditure analysis

The National AIDS secretariat and the Ministry of Finance Planning and Economic Planning (MOFPED) will undertake National HIV/AIDS Spending Assessments (NASA) at most every two years. In addition, NAS and MFPED will circulate a Resource Tracking Form at the end of every financial year that will require stakeholders to submit information on resources accessed and committed to HIV/AIDS prevention; care, impact mitigation as well as institutional development. Resource Tracking will also be undertaken through resource tracking studies and HIV/AIDS national Accounts studies commissioned by NAS, Ministry of Finance and development partners.

NAS and the Development Partners will also support HIV/AIDS budget analysis exercises targeting major programmes and projects to determine the proportional expenditures between different thematic areas, beneficiary populations, production factors, unit costs, programme cost-effectiveness/ efficiency, by service delivery approaches, by categories of actors and by programme levels. These analyses are important for advocacy purposes, promotion of cost-effective approaches and will also help in prioritization of interventions that will have been regarded as more effective through other data sources.

3.2.14 HIV Operational Research and Special Studies

HIV/AIDS operational research and special studies are important in complementing the data from the other data sources. Operational research and special studies will include both quantitative and qualitative research. Qualitative research is important, as it will complement the information generated by the national core indicators, which are mainly quantitative to assess quality of interventions and satisfaction of beneficiaries with regard to the services or interventions being provided or implemented.

The National HIV/AIDS M&E Technical Working Group (TWG) will spearhead the process of developing a national HIV/AIDS research agenda and strategy. In the research strategy, formal reporting procedures will be formulated that will enable NAS to capture findings arising from the research that different research/academic institutions undertake

3.2.15 Social Economic Impact Studies (SEIS)

With support of development partners, NAS will commission a national Socio Economic Impact study that will help identify the effects and impacts of the epidemic on the various population groups and geographical areas. The SEIS will be undertaken every 5 years but could be undertaken once or twice in the course of this plan (in 2011 and 2015).

3.4 Data /Information Flow and Reporting

3.4.1 Introduction

The M&E plan can be only be regarded effective once the data/information generated has a meaning to the response and informs decision making. For the generated information to contribute to decision making, it has to be available in appropriate and user friendly formats and timely to inform decision making.

This section of the Plan describes how data on HIV/AIDS is transmitted between existing structures and programme and service delivery points and levels, and how and when the information is made available and shared to facilitate learning. This can be done by identification and defining of the different needs of the different stakeholders in the national response and packaging the information in desired forms.

3.4.2 National HIV/AIDS Response Stakeholders

The key Stakeholders in the National response in Sierra Leone that will certainly require HIV/AIDS information on the National response include the following:

- The Government of Sierra Leone Ministries Departments and Agencies (MDAs)
- The National HIV/AIDS Council and it's Secretariat (NAS)
- Districts: Planning teams and units: District Councils, Districts HIV/AIDS Committees, Urban / Town AIDS Committees, Chiefdom AIDS Committees, technical programme personnel of decentralized administrative units including the Urban Authorities
- Development Partners: Bi-lateral and Multilateral partners
- Statistics Sierra Leone and other data collection and management agencies and units
- CSO/ NGO Networks and individual International Civil Society Organizations
- Community Based Organizations (CBOs)
- Faith Based Organizations (FBOs),
- Associations and networks of PLHIVs,
- Research and Training institutions,
- Private sectors practitioners and their associations
- Service Delivery Points that generate HIV/AIDS and other relevant social economic data like Health Facilities, VCCT centres, ART Centres, STI Clinics, Anti-natal Clinics, Community projects, Workplace HIV/AIDS Service Delivery/ Coordination units)
- Service users/ Beneficiaries (PLHAs, recipients of HIV services at health facilities, recipients of HIV impact mitigation services)
- The general public in Sierra Leone,
- Regional and international organizations interested in monitoring trends and studying patterns of the epidemic as well as the response factors at play
- Independent researchers, social and development analysts

3.4.3 Information Needs of Stakeholders

For information generated to be useful to the different audiences, the M&E plan must respond to a few pertinent questions including at least the following:

- What information is required?
- When is the information required?
- Who needs the information?
- For what purposes is the information needed?
- In what forms or packaging is the information needed?
- How much of the information is needed?
- How will the interested users or stakeholders access the information?
- How cost effective are the mechanisms for generating the needed information?

The different national response stakeholders require information on the HIV/AIDS epidemic and response for a variety of reasons, key of which are include the following:

- *Setting of programme baselines and targets*
- *Production of time series information*
- *Projecting the epidemic*
- *Mapping out epidemic patterns*
- *Assessment of policy compliance*
- *Trends assessment/analysis*
- *Inform HIV/AIDS & related policy development*
- *Intervention and service delivery planning and priority setting*
- *Response/ Programme performance assessments*
- *Planning Technical support supervision and quality assurance*
- *Determination of the levels of output, process evaluation and effects assessments*
- *Response coordination and building programme synergy, consistency and coherence*
- *Maintaining programme relevancy & logic programme evolution*
- *Institutional and Community capacity building*
- *Making of necessary selection of strategic programme and intervention alternatives*
- *Targeting of interventions on specific population groups for maximum effect and equity purposes*
- Resource mobilization and where and how to access funding for HIV activities, allocation, efficiency in resource use and effective utilization, management, accountability and cost justification
- Determining the coverage and type of HIV services provided at health facilities, the coverage and type of HIV services provided in communities and how equitable and matched to the burden of the epidemic.
- *Intra-programme sharing, learning and best practices adoption/scale-up*
- Making personal reproductive and sexual behavioural decisions

3.4.3 Data and Information flow arrangements in the National response

Figure 13 below indicates the proposed data/information flow and reporting arrangements between different programme levels and sectors for the Monitoring and evaluation plan.

Key Partners and HIV/AIDS Data/Information Flow chart

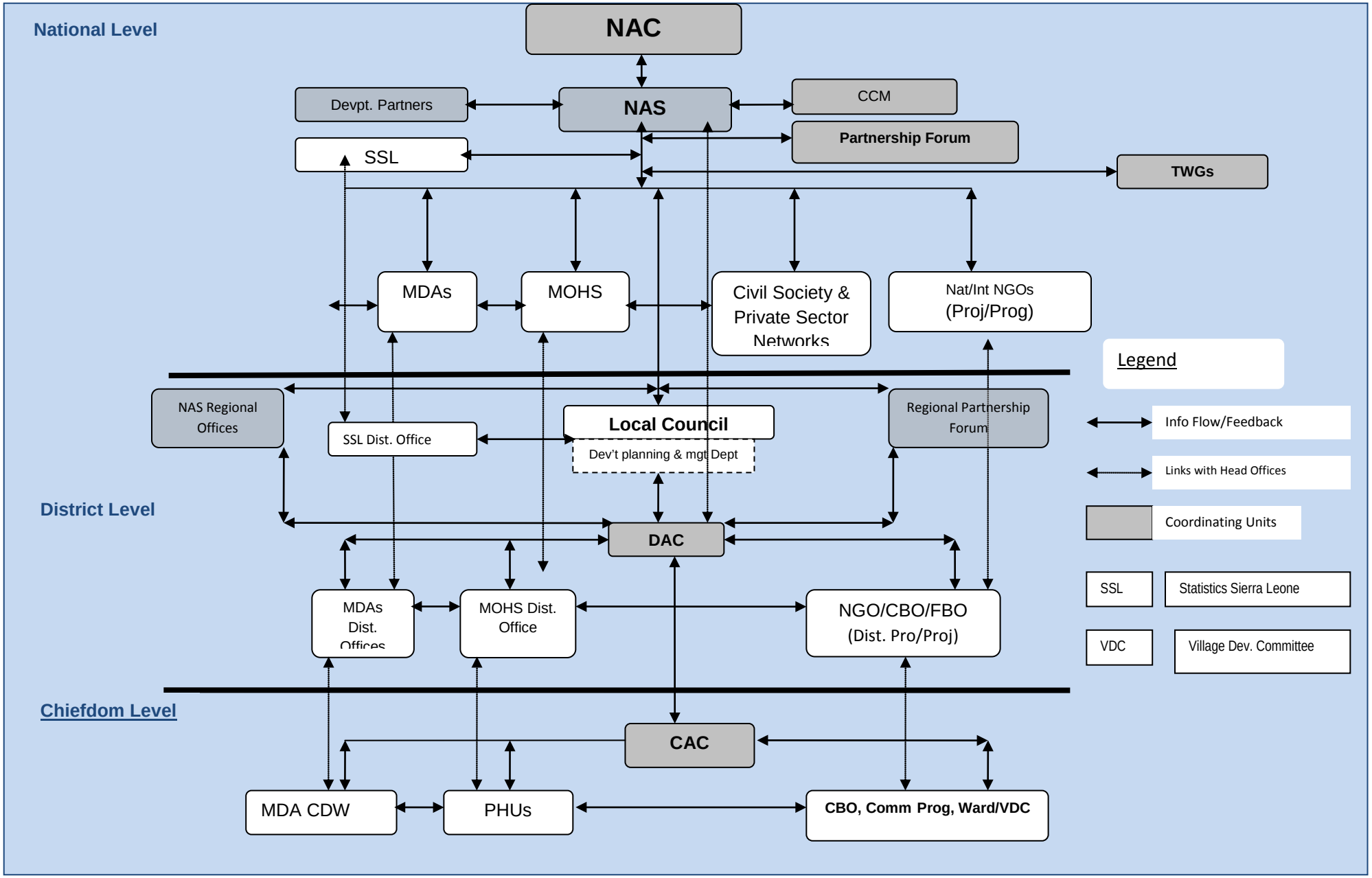


Figure 13 above illustrates the flow of data/ information right from service delivery points to the national repository at NAS and SSL. The flow makes provisions for coordination at each of the Chiefdom, District and National levels by the CAC, DAC and NAS/ NAC respectively while allowing the individual agencies or offices and sectors to still submit data /information to their head offices. The information flow system also emphasizes the need for feed back at all levels between those who generate information and those who collate, analyze, store and disseminate the information.

The flow system works through the government adopted Decentralization policy where by the DAC is expected to support the District/ Local Council with Monitoring and Evaluation of HIV/AIDS activities through the Planning and Management Department (DPMD). The DPMD itself reports to the Local Council through the Development planning subcommittee of the Council.

The National HIV/AIDS Secretariat will monitor the national response and the epidemic in a bottom top approach through the decentralized structures. Coordination, data collection, analysis, reporting and dissemination will be carried out via the activities of the CAC, DAC, the councils, the TWG, MOHS, HIV/AIDS Focal Persons in the MDAs, Development Partners and the Partnership Forum.

HIV/AIDS information will be shared horizontally and vertically by the institutions and coordinating entities as depicted in the flow chart above. Feedbacks are also made to the information sources and coordinating bodies

3.5 Information Products, Dissemination and Utilization.

In pursuit of the above information needs, the following information products will be generated by the M&E Plan:

Figure 14: Information Products from the various data sources & processes

Data source/type	Lead Institutions	Information Products / source
Routine Programme Monitoring Data		
1. Health sector programme activity monitoring data	**NACP, MOHS**	• Monthly, Quarterly and Annual progress /service coverage reports
2. Non health public sector programme activity monitoring data	**NAS, other MDAs, projects, DACs**	• Quarterly and Annual progress/ service coverage reports
3. Routine programme Monitoring Data from other non health and non public sector agencies & (Self Coordinating Entities (SCE)	**NAS** & SCE secretariats, projects, DACs	• Quarterly and Annual progress/ service coverage reports
4. Field Monitoring and Support Supervision	**NAS** & SCE secretariats, projects, DACs	• Field monitoring & support supervision specific reports
Surveys and Surveillance		
5. Biological surveillance	**MOHS (NACP)**	• Monthly, quarterly and annual surveillance reports
6. Behavioural surveillance	**MOHS (NACP)**	• Survey reports
7. Quality of Health services delivery and related HIV Services Assessments	**MOHS (NACP)**	• Assessments reports • Brochures, leaflets, fact sheets
8. Programme specific evaluations, assessment and surveys and sustainability analysis assessments	**NAS, MOHS (NACP), Projects**	• Evaluation and Assessment reports • Brochures, leaflets, fact sheets

Data source/type	Lead Institutions	Information Products / source
9. HIV/AIDS in Workplace Survey	**Ministry of Labour** (Establishment Secretary's Office)	• Survey reports
10. Integrated Household Surveys	Statistics Sierra Leone	• Survey reports
Other Essential Studies		•
11. Assets Inventory, procurement and supply management and Administrative records analysis	**All stakeholders**	• Assets registers and inventory, PSM reports • Service delivery returns
12. Stakeholders and Service Mapping	**NAS**	• Mapping reports • Mapping Atlas
13. Resource Tracking and HIV/AIDS Accounts, Budget and Expenditure analysis	**NAS,** MOFDEP	• NASA reports • Budget and expenditure analysis reports
14. HIV /AIDS operational research and special studies	**NAS** & Statistics Sierra Leone, MOHS, Development Partners, res & training institutions	• Study reports • Brochures • Fact sheets • Bill Boards • Wall Charts
15. Social Economic Impact Studies (SEIS)	**NAS**, Research & Training Institutions	• Impact study reports • Brochures • Fact sheets
16. National HIV/AIDS Estimates and projections annual exercise	**NAS, MOHS, SSL**	• Estimates and projections reports

Other key information products that will be developed using a combination of sources include:

- Annual programme thematic reports
- Biennial UNGASS Report
- Annual Universal Access reports
- Policy briefs

To the extent possible, all the information products above will contain information/data analyzed by sex, age group, social status/ groups and location (district or other administrative units). This will be done to enhance the monitoring of the coverage of interventions, address gender issues, disparities in service utilization by sex and age, which also allows for targeting and re directing of interventions.

3.5. 1 Quarterly and Annual Service Coverage Reports (QASCR)

Quarterly and Annual Service Coverage Reports (QASCR) will report on routine data about the coverage of all HIV services in Sierra Leone which will include health services provided by MOHS and their partners, and non health services provided by other sectors and partners. The purpose of the Quarterly and Annual SCR is to inform stakeholders where and what kind of HIV services were delivered in the past three months and one year respectively.

The data in the QSCR will assist HIV stakeholders to identify gaps and thus better target available resources to areas and population groups where they are needed in order of intensity of need. The Sectoral HIV/AIDS Focal persons and the District HIV/AIDS Focal persons will also produce the corresponding QASCR for their sectors and districts respectively.

QASCR will contain data for all output and process indicators in the HIV M&E Plan. The NAS will conclude the report by providing key interpretations for the patterns and trend observed.

Different service providers will submit their reports to their respective coordinating units within the first week of the next quarter. The District, Sectoral and National QASCR will be produced every quarter and specifically, 15, 30 and 45 days after each quarter respectively.

To ensure coherency at the different programme levels, the National, Sectoral and District QASCR will be validated and approved by the NAS M&E Technical Working Group (TWG), the Sectoral HIV/AIDS Committees (SHAC) and the District HIV/AIDS Committees (DAC) respectively before they are compiled into composite reports.

3.5.2 Quarterly and Annual HIV/AIDS Brochure/ fact sheets/ brief/ bulletin

Using the same sources as the QASCR and other data sources, the National HIV/AIDS Secretariat (NAS), the Sector HIV/AIDS Committees and District HIV/AIDS Committees will respectively produce the National, Sectors and District Quarterly and Annual brochure/fact sheets and bulletins every three months and programme year.

The HIV/AIDS brochure/ fact sheets/ bulletin will be produced to communicate HIV M&E results in a more simplified state to the stakeholders using language and forms that are easy to understand (using less of technical language and concepts). The brochures and fact sheets will also be used to share the dates of forthcoming key HIV/AIDS and M&E events with the stakeholders. Each issue of quarterly brochure and bulletin could be given a theme depending on the key interventions that are being reported on or are part of the upcoming events.

Since the M&E Brochure/ fact sheets/ bulletins will utilize the information from many data sources and information products, the content will depend on the theme and mini-themes of the edition that is being prepared and the recent information (i.e. the Surveys, Census, Demographic and Health Surveys and policy guidelines with HIV/AIDS and related social economic information/ data) of interest worth reporting. It may range from the annual sentinel surveillance reports to M&E training manuals and even other NAS HIV M&E information products.

NAS M&E unit and programme specific coordinating units, the Technical Working Group and the respective coordinating entities such as the NGOs SCE and Line ministries will decide on the theme of different Brochure/ fact sheets and/or bulletins.

The National, Sectoral and district brochures/ fact sheets/ bulletins will be produced every quarter. The National, Sectoral and District brochures/ fact sheets/ bulletins will be approved by the National M&E TWG, SCE M&E working groups, SHAC and DAC respectively before dissemination.

3.5.3 Annual HIV/AIDS Status Reports

Annual National, Sectoral and District and SCE HIV/AIDS Status reports will be produced. The status reports will provide a comprehensive overview of the spread of the epidemic, key drivers of the epidemic, and the extent of Sierra Leone's response to HIV/AIDS epidemic.

The sector and District Status reports will also correspondingly report on their target population groups respectively.

The data sources for this report are all data sources as listed in this HIV M&E Plan. Should new data sources become available this category of National, Sectoral and district reports may enrich this report with additional data sources.

The Status Reports will contain information on the HIV/AIDS situation as per the impact, outcome, output and input indicators contained in the national HIV M&E Plana, whether or not the indicator scores have changed for that particular year. It will also provide an analysis of the scope of the interventions, the gaps and limitations to the responses, the emerging issues and opportunities and strategic considerations to enhance the effectiveness of the National, Sectoral and district responses.

The status reports will also contain key issues for future implementation building on the key HIV/AIDS events of the year. The reports will adopt information presentation approaches /formats such as Graphs, charts and other methods of data presentation that 'easily catch' the attention of the readers and could be presented at stakeholders coordination meetings and forum at the different levels.

For the Status reports to inform decision making, the reporting period will coincide with NAS's programme/ implementation period or financial year. The National, Sectoral and District HIV/AIDS Status reports will be approved by the respective TWGs or AIDS or M&E Working groups at the corresponding programme levels.

3.5.4 Annual Thematic reports

To enhance the systematic reviews and strategic technical development of the key thematic intervention areas/ programme area, annual thematic reports will be produced by the respective sector or thematic lead institutions and discussed by Technical Working Groups or Technical Resource Networks. The following are some of the vital areas (figure 15) of the national response for which thematic reports will be produced:

Figure 15: Annual Thematic Reports

Thematic area	Responsible lead institution
For the six thematic areas for the 2011-2015 NSP:	
1. Coordination, Institutional arrangements, Resource Mobilisation and management	**TBD---Coord & Institutional Development TWG? and NAS**
2. Policy, Advocacy, Human Rights and Legal Environment	**TBD and NAS**
3. Prevention of New Infections	**Prevention TWG, MOHs**
4. Treatment of HIV and Other Related Health Conditions	**Treatment TWG, MOHs**
5. Care and Support for the Infected and affected by HIV and AIDS and	**Care and Support, TWG, MOHS and NAS**
6. Research, Monitoring and Evaluation	**M&E TWG, SSR and NAS,**
Other Specific thematic reports (including the following)	
7. Social Economic Impact Mitigation including OVCs	**MEDP**
8. HIV/AIDS in the Work Place	**MOL**
9. Home Based Care and Community HIV/AIDS Initiatives and Competency	**MSWGCA**
10. HIV/AIDS Mainstreaming and Multi-sectoral programmes Development	NAS

This category of report /information product will highlight the policy and service delivery Plan; the key interventions and scope of coverage; performance of the thematic area based on the thematic area indicators in the Plan and against the set targets; any assessments undertaken on the thematic area interventions; the Strategic improvements and best practices; strategic response gaps and challenges and; priorities for the next implementation period. This product will also constitute a major source of information for the Annual Status report by NAS.

3.5.5 National UNGASS Report

Sierra Leone is a signatory to the 2001 Declaration of Commitment on HIV and AIDS at the United Nations Special Session on HIV and AIDS (UNGASS). By signing this Declaration of Commitment, the country committed itself to reporting on a set of standardized indicators ('UNGASS indicators'). All UNGASS indicators have been included in Sierra Leone's HIV/AIDS M&E Plan. Once every two years, NAS using a stakeholder participatory process will have to submit an UNGASS Report to UNAIDS. The UNGASS report provides indicator values on all UNGASS indicators. It summarizes the progress of the national HIV/AIDS response in a nut shell.

The data sources for the UNGASS indicators are as per the data sources specific in the UNAIDS Guidelines for the Construction of Core Indicators. It relies on all the data sources in the national HIV M&E Plan. During the time period of this M&E Plan (2011 – 2015), two UNGASS reports will be produced.

3.5.6 Addressing adhoc Information Needs

As earlier indicated in chapter one, this M&E plan is anchored on to the NSP but would also cater for M&E needs beyond the NSP results framework provided the information need is considered relevant. From time to time situations may arise where some stakeholders might have information needs that are not adequately covered by the information products in the National HIV/AIDS M&E Plan. Such requests should be made in writing to NAS which will in turn consider whether it can accommodate the requests within the available resources and technical appraisal by the M&E TWG.

Information needs may emerge that require re-analysis of the existing data or the generation of raw data. Depending on the information needs in question and their relevancy to the management of the National response, the TWG and NAS will make effort to commission an activity to generate such information with support from the relevant partners if resources are available or give the necessary technical guidance to the stakeholders in need of such information.

3.6 Information Dissemination

NAS will lead stakeholders in disseminating and promoting the use of information generated by the Plan. The sustainability of the application and the buy-in into this Plan will to a large extent depend on the ease for stakeholders to utilize the information products produced by this Plan. There is no point at all in collecting data that cannot be used or will not be used. The ultimate use of data should serve to direct AIDS control efforts at all levels: national, Sectoral, district and the chiefdom levels. Data from the motoring and evaluation of the national response will be disseminated widely to various stakeholders using different channels that will include the following:

a) The National Partnership Forum to bring together stakeholders' at national and District levels to share the information products of this Plan and those sourced from elsewhere by NAS. The stakeholder's partnership forum at national and district level will enable all categories of stakeholders share the HIV/AIDS Status reports and other resources key for the strategic development and technical references for the national response interventions. It will also be the channel for sharing information on the national response in the preceding implementation period with key focus on the scope of service coverage, the best practices and management of challenging and emerging issues.

b) Quarterly coordination and planning meetings with the HIV/AIDS Focal Persons in the ministries at National levels

c) National level quarterly coordination meetings with HIV/AIDS and M&E Focal persons from SCEs including: national and international NGOs, networks of PLHAs, networks and umbrella organizations, Inter Faith Forum, Private sector associations and federations, and the research and teaching institutions

d) District level quarterly HIV/AIDS Committee and Coordination meetings and feedback workshops, which will also be used to monitor progress of implementation of the HIV/AIDS and M&E activities within the districts, share any available HIV/AIDS information, identify the lessons learnt, challenges and constraints and then map the way forward strategies.

e) Quarterly Chiefdom level general stakeholders' forum involving all the Community development workers from the key sectors (Health, Education, Agriculture and Social welfare), the CBOs and NGOs operating in the Chiefdom and representatives of Village and ward development Committees. The forum at the chiefdom will consider all development programmes review including HIV/AIDS interventions.

f) Use of the print and electronic media by having airtime and news paper space and pull outs in the widely circulated news papers.

g) Electronic distribution through email distribution lists and regularly uploading and updating the NAS and other linked websites

h) National, sectoral, district and other public and private Resource Centres

i) Websites and electronic platforms or common email addresses id to health partners forum

j) Stakeholder Mailing lists—electronic and manual

k) Stakeholder dissemination workshops

l) National, regional and District HIV/AIDS Partnership meetings

m) Coordination meetings of the Self Coordinating Entities (SCEs)

n) District Councils

o) Training Workshops and Seminars

p) National Exhibitions at different fairs and days that involve exhibitions

q) International Conferences

CHAPTER FOUR: M&E INSTITUTIONAL AND MANAGEMENT ARRANGEMENTS

4.1 Stakeholder Functional Roles

4.1.1 Introduction:

The institutional mechanisms to deliver the implementation of this National HIV/AIDS M&E plan will largely make use of the existing structures at National and decentralized programme levels. The National HIV/AIDS Secretariat (NAS), which is the "One national Coordinating Authority" in Sierra Leone, will be responsible for the overall strategic leadership in the plan execution.

At the decentralized programme levels the District HIV/AIDS Committees (DAC) and the Urban AIDS Committees with support of the M&E desk of the Development Planning and Management Departments will ensure that M&E of HIV/AIDS is part and parcel of the respective council's overall Oversight and Monitoring and Evaluation programme function. At the Chiefdom Level, the monitoring and evaluation of HIV/AIDS activities will be spearheaded by the Chiefdom AIDS Committees (CAC) being supported by the PHU in-charges and the Community development workers.

The Sectoral HIV/AIDS Committees (SHAC) will support the respective Ministry Planning Units (MPU) in the Ministries to coordinate and monitor the implementation of their respective sectoral HIV/AIDS responses this Plan. The secretariats or coordinating offices of the various Self Coordinating Entities will be responsible for incurring that the M&E in their respective constituencies feeds into the one M&E system hosted by the National AIDS Secretariat (NAS).

4.2 At National Level

4.2.1 Planning, Monitoring and Evaluation M&E Unit at NAS

The Government of Sierra Leone, through the National HIV/AIDS Secretariat (NAS) champion the planning, monitoring and evaluation the National HIV/AIDS response in line with the "one M&E System" principle. NAS will be expected to establish the necessary coordination arrangements with all the different categories of stakeholders in the national response at the national level and through the DACs at the District level.

4.2.2 National HIV/AIDS M&E Technical Working Group (TWG)

The National HIV/AIDS M&E TWG with a multisectoral membership will provide the overall support supervision, technical guidance to the roll out and implementation of the Plan. The TWG will ensure that the implementation of the Plan meets the stakeholders' and response expectations. The NAS M&E Unit will provide the secretariat to the TWG which will lead the operational planning for M&E, development of strategic resources for M&E, mobilize support to the M&E efforts by stakeholders and monitor the compliance to the provisions of the Plan by different stakeholders, including the critical role assigned to NAS under this Plan.

The TWG will operate as independent forum based on the technical interpretation of the NSP and M&E plan by the members, supported by NAS as a secretariat. The TWG will not take directives from NAS. The TWG will serve as the stakeholder's forum which will among other functions ensure that the NAS plays it's expected pivotal role in the execution of the Plan. The TWG will also be expected to support the major national data collection and research related to HIV/AIDS and other thematic TWGs for quality assurance and promotion of coherence to the one M&E system. The TORs for the National HIV/AIDS M&E technical working group (TWG) as presented in annex…. of this plan.

4.2.3 Ministry of Health and Sanitation (MOHS)

The National AIDS Control Programme (NACP) of the MOHS which is charged with the overall planning, management and coordination of all HIV/AIDS interventions under the health sector with overall sector policy guidance of the Directorate of Planning Information (DPI) of the ministry and the District Health Management team (DHMT) at the district level will be responsible for M&E in the health sector.

The NACP, through DPI, being the historical response leader, will be expected to ensure that the huge volume of data from the health sector, the biggest of the sectors is fed into the "One National M&E System" of the response. The NACP/MOHS will also ensure that there is synchronization and inter-operability between their reach data bases and the other non health sector response data bases managed by NAS, other line ministries and MDAs for completeness of response reporting.

4.2.4 Statistics Sierra Leone (SSL)

Statistics Sierra Leone (SSL) is the mandated body corporate for collection, compilation, analysis, validation and dissemination of all official and other statistical information in the country. SSL will technically support NAS, the M&E TWG and other stakeholders in ensuring that methodologies used in collecting data, sampling for representativeness, management of data during research, monitoring and evaluation of HIV/AIDS activities are complaint with the national and international standards and specifications or technical protocols. SSL will be involved in questionnaire design, methodologies for surveys, censuses or routine data collection and has to ensure that NAS updates it on the values of the HIV indicators baselines and targets set in the NSP and this M&E Plan.

SSL will involve NAS and the M&E TWG in planning for the HIV/AIDS, Reproductive Health and related Social Economic surveys so that the content makes enough provisions for the generation of information needed by the National HIV/AIDS response for outcomes and impact level measurements only derived from the surveys and other studies.

4.2.5 Sector HIV/AIDS Committees (SHAC) and Focal Points in line Ministries

In a drive to promote the mainstreaming of HIV/AIDS, all line ministries are expected to identify and designate HIV/AIDS Desks/ Focal Persons/ focal points to lead the planning, implementation, coordination and monitoring of all HIV/AIDS interventions targeting the sector/ ministry employees and the population groups whose development and well being is the mandate of the sector.

Each of the ministries is expected to have an established Sector HIV/AIDS Committee with members of the committee drawn from the respective departments within the ministry and other stakeholder organizations in the sector. It is important to include non ministry but sector partners on SHAC since the sector is bigger than the ministry but the ministry is the government designated sector leader or coordinator.

These committees are charged with the duty to oversee the implementation and monitoring of HIV activities within their respective ministries. The committees are expected to meet regularly, preferably on a quarterly basis, to review programme progress and planning ahead. The Sector HIV/AIDS focal persons/ unit are expected to provide the secretariat to this Sector committee as well promote the mainstreaming of HIV/AIDS into the sector core functions and services. This coordination arrangements provided an important locus to the tracking of the implementation of activities, collect, compile and analyze data arising from the implementation of the activities, and to feed such data/ or reports, usually service coverage data, into the one National M&E System coordinated by NAS.

4.2.6 Task forces or Technical Resource Networks (TRN)

The implementation of some specific major activities of the M&E plan will be facilitated by constituting of key task forces or Technical Resource Networks (TRN) by the M&E TWG that will guide the conceptualization and crystallizing of technical view points on to guide implementation. Such activities may include definition of some new indicators in the context of the country, scope of some studies or surveys and the modelling, projections and target setting tasks.

TRN can also be used to arrive at the best estimate or informed guess where specific data is not available for determination of a given indicator but must yet be reported upon through estimation informed by credible assumptions. The TRN will also be needed for related policy development, further indicator analysis and development and production of the National HIV/AIDS Status and thematic reports production. The committees to preside over surveys and surveillance that will be made use of during the next 5 years of this Plan such as the HIV/AIDS Surveillance Technical Committee (formed and chaired by MOHS or MOHS designated sector institution), Workplace Survey Committee chaired by the Ministry of responsible for Labour in close collaboration with SSL and; a projections and modelling group headed by a relevant University department/ research institution.

The Technical Committees will help to develop Terms of Reference, approve the protocol documents, and appraise the applications or proposals for ethical approval among other key technical inputs to major and highly specialized M&E processes or activities. The committees will also be responsible for advising on the procurement services of independent contractors/firms to conduct such M&E related undertakings.

4.2.7 Civil Society Organizations (CSOs)/ NGO networks

The NSP upholds the contribution by Non Government Organizations (NGO) and other CSOs as very vital in the response to the HIV/AIDS epidemic in Sierra Leone. The NGOs/ CSOs are key programme implementers and service providers and their networks can also play a key role in the coordination and monitoring of several HIV programmes at the national and local/district levels. NGO networks such as SLANGO will be vital for the M&E of the response in their respective constituencies.

CSO networks are also required to, in addition to reporting; provide alternative assessment of the national response when preparing the UNGASS report every two years. The CSO participation is also an important component in constructing an indicator on national programme effort Index. The assessment the strategic orientation of the National Response also rates highly the existence of a body responsible for coordinating NGOs implementing HIV/AIDS programmes. These networks for NGO will therefore play an important role in the monitoring and evaluation of the national response. They will support and guide the collection of data required under the M&E Plan, compilation and submission of NAS M&E Forms, supervision visits, dissemination fora, and utilization of data to improve the way that they plan and manage the implementation of HIV/AIDS interventions at different levels in the country.

Networks and umbrella organizations of NGO/CSO/FBO will also be represented by the relevant technical persons in the HIV/AIDS M&E TWG and various TRNs, share HIV/AIDS information and events with their members, support NAS in updating the data base/ inventory of HIV/AIDS Stakeholders, enhance compliance to reporting requirements, and capacity building for M&E.

4.2.8 Private Sector institutions and networks

Likewise, the appropriate inclusion and tapping the capacity of the private actors is vital for the scaling up of the National HIV/AIDS Response, and indeed the required monitoring and evaluation. In Sierra Leone, the private sector is and will continue to be involved and supported to tap its potential as another important player in the national HIV/AIDS response against the epidemic and one that can extend and even sustain the services being provided if the motivating factored are appropriately factored in. The private sector agencies implement both health and non related interventions. A number of private firms have the responsibility of the provision of adequate Health Care, including HIV/AIDS prevention and care services for their employees; do support community HIV/AIDS efforts; do sponsor production of HIV/AIDS Messages and procurement of vital space and air time in the media channels for HIV/AIDS programmes. These interventions do generate data in form of service statistics and administrative records. NAS will support private sector networks and ensure that the private sector stakeholders and networks do the monitoring and reporting of their activities to enable reporting and monitoring on the private sector response. BICAASL, an SCE for the Business and private sector, is expected to play a key role in this respect.

4.2.9 Development Partners

The implementation of the HIV/AIDS M&E Plan in Sierra Leone will need the support from Development partners who include United Nations agencies, bilateral and multilateral agencies, international NGOs funding and providing technical assistance to Sierra Leone in the area of HIV/AIDS, Social Economic and Institutional Development.

Establishment of formal information sharing and reporting linkages between NAS and the AIDS Development Partners (ADP) coordinating arrangements will help foster M&E of the supported HIV/AIDS interventions and in so doing enhance the coverage and strength of the one M&E system. This links have not been adequate in the recent past and will therefore be strengthened to enhance reporting and maximize the benefit of the fact that most Development Partners already have established M&E systems with international technical inputs, have databases with HIV/AIDS and related social economic data which NAS will capture and include in the National HIV/AIDS database as well as use to facilitate the intra-response learning.

This collaboration will also help in mobilizing resources to support the vital M&E Plan activities for the response.

4.3 District Level Structures

4.3.1 District HIV/AIDS Committees (DAC)

The NSP Institutional and Coordination arrangements for the implementation of the National HIV/AIDS response require each of the 14 District Councils and 5 Town Councils in Sierra Leone to have a District HIV/AIDS Committee. These committees have been in existence for some years but have been largely not been functioning to the desired levels. These committees are expected to support the District Planning and Management (DPM) Department monitor and Evaluate HIV/AIDS activities in the district and will be supported to ensure vibrant decentralized response and monitoring. These structures also support Evaluation activities normally executed by the national agencies but implemented at the population level that certainly falls in respective decentralized localities.

The District AIDS Committees (DAC) and other AIDS committees at decentralized levels working with Council M&E committees and desks will, among other functions, assist the DPM in respective districts in:

- Developing the M&E plan component of their respective HIV/AIDS strategic and operational or action plans. As part of the roll out of the National M&E Plan in their respective districts
- Supporting the implementation of the National level coordinated HIV/AIDS M&E activities that are implemented or conducted in the districts
- Support the Technical appraisal and review of HIV/AIDS programmes and projects
- Managing or contribute to the development and management of HIV/AIDS resource center / collection in other resource centers
- Undertaking field visits and monitoring of the HIV/AIDS activities in the districts jointly with the

respective sector heads/staff

- Collection, collation, analysis, storage of the HIV/AIDS data
- Setting up of HIV/AIDS data base in the district
- Dissemination of HIV/AIDS Plan products to stakeholders in the district
- Collaborate and liaise with the CAC within respective districts to identify and prepare an inventory of all the implementers (CSOs, Ministries and departments and other institutions) implementing HIV activities in the district
- Building the M&E capacity of the Stakeholders including the sectors and chiefdoms structures and NGO networks
- M&E Coordination in the respective localities

4.3.2 District HIV/AIDS Focal Person (DFP)

All districts and urban authorities have an officer (s) designated to serve as District HIV/AIDS Focal Person. The DFP's office will serve as a secretariat to the DAC and the respective Council to ensure the effective monitoring of the response in the area of jurisdiction.

4.4 Chiefdom HIV/AIDS Committees (CAC)

A Chiefdom is the smallest administrative unit in Sierra Leone with structures and staffed offices and service delivery as well as structures to implement and coordinate government and other community social development programmes. Chiefdoms will be expected to constitute an HIV/AIDS Committee or task force or designate an already existing committee to take up HIV/AIDS as one of its core functions given the limited resources.

Chiefdom AIDS committee will spear head the planning, coordination and monitoring of the HIV/AIDS Interventions in the chiefdom by replicating the roles of the DAC in M&E at a District to chiefdom level. The CAC will have one of the offices from the Government departments such as the staff of the PHU, the Community Development Assistants (CDAs) to serve as secretariat or HIV/AIDS Focal point.

4.5 National and sub national HIV/AIDS Databases

A number of national and sub national data bases, notable of which are the ones run by NAS and MOHS, will be strengthened, linked and modelled to have inter-operability to enhance the sharing of information on HIV/AIDS. NAS will strengthen the HIV/AIDS database to serve as the main national repository for HIV/AIDS information for both programme coverage data; population based survey, surveillance and assembles; as well as financial monitoring data.

Procedures or database management protocol will be developed for the database to ensure that its data are updated regularly, consistently and on time. This protocol will define when it should be updated, what it will be updated with, who will update it, who will have access it with what access rights to the data contained, who will be able to make changes to the data, how data will be protected, and how the changes will be made to the data base with the relevant technical and informed expert leadership.

The data in the database will (among other desegregation criteria) be disaggregated by district & chiefdom, by thematic areas and target population and type of services so as to enable the spatial analysis of data relating to the supply of HIV/AIDS services, the demand for services, and the provision of financial and resources to fund services and thus better planning. NAS will encourage and work towards the creation of geo referenced HIV/AIDS data. Once such data exists, relevant geo referenced data will be used to create maps and data atlases for inclusion in M&E information products for enhanced strategic information management.

Both National and sub national databases shall, if possible, be accessible online via the NAS website to enhance access for any stakeholder within and outside the country. The NAS will make use of the Health Information System (HIS) already functional down to the district levels, the revitalized Country HIV/AIDS Response Information System (CRIS) soft ware originally promoted by UNAIDS or any other relevant ones and other Information systems in the country to enhance the access and management of information from districts and various data sources highlighted in the Plan.

The M&E TWG will ensure that different software used to provide a platforms for Project/ interventions data base, Research data base, Indicators data base and the Resources data base and are compatible with most other data bases in and outside the country for ease of exporting and importing data between systems as well as meeting the National and international reporting requirements.

4.6 Technical Support for M&E Planning and Coordination

All the key coordinating units for the implementation of this Plan such as the NAS M&E unit; the MOHS DPI and NACP; the District M&E Units; the District HIV/AIDS Focal office; the Secretariats of Stakeholders' Self Coordinating Entities (SCE) and Networks and Sector HIV/AIDS Focal Offices will require sustained support to execute specific core M&E planning, coordination, monitoring, evaluation and technical support activities whose capacity may not be available in-house. The structural appropriateness of these responsible M&E Coordination units will also be reviewed and accordingly developed/ strengthened.

Based on the assessment of needs, the TWG working through NAS or outsourcing to an appropriate service providers will mobilize and provide technical support using common M&E plan budget/ funding its or the identified development partners may provide technical support services.

For major and specialized M&E activities in the Plan such as surveillance, NAS may, as has been the case in the past, solicit technical support from the specialized agencies such as UNAIDS and WHO to help in availing resource persons to assist the validation process.

While such technical support is being provided, the following considerations are important for execution effective procurement of the technical assistance: the development of a clear scope of work contained in a terms of reference and; the assignment be undertaken in close partnership with technical staff of the client department and/or national consultant, where possible, so that mentorship and capacity building is enhanced for sustained response purposes as long as it is not compromising the objectivity of the exercise in question.

4.7 Capacity Development for M&E Activities

Capacity building for the stakeholders including NAS is thus vital for the successful implementation of the proposed M&E activities and systems in this Plan. The priority capacity building needs for both the M&E Coordination units and stakeholders based on the M&E systems and practices assessment undertaken as part of the plan development are reflected in the assessment report and implementation plan.

4.8 Joint Support Supervision

The Implementation of this M&E plan also provides for the joint support supervision by stakeholders at National and decentralized levels. This will foster coordination, is cost effective and will enable the holistic view and assessment of the HIV/AIDS M&E activities provide to the same population; validation of the data generated by different actors and systems; data verification are essential to ensure that good quality information products and will raise the M&E clout in informing decision making. NAS M&E staff, development partners; line ministries HIV/AIDS Focal Persons and other HIV/AIDS coordinating bodies including the SCE secretariats; and DAC will conduct joint support supervision, using the NAS M&E supervision and schedules and quality assurance guidelines.

4.9 Sustained Advocacy for HIV/AIDS Research, Monitoring and Evaluation

To ensure that the Monitoring, Evaluation and Research activities remain priorities in the National HIV/AIDS response, the responsible unit of NAS with support from UNAIDS and WHO will undertake the needed high level and advocacy and mobilize resources for the implementation of the M&E Plan.

Advocacy for HIV/AIDS M&E will be part of the National Advocacy and Communications strategy. NAS will also guide the stakeholders on what proportion of resources that should be reserved for Monitoring and Evaluation. NAS, MOHS, Line ministries and SCEs will also ensure that advocacy for M&E strengthening and support id undertaken in the different stakeholders' constituencies and at decentralized levels.

4.10 Performance Assessment of the HIV/AIDS M&E Plan

The Joint AIDS reviews and the Mid term review of the implementation of the National HIV/AIDS Strategic Plan (NSP) 2011-2015 will have assessment of M&E as one of the pillars. M&E is one of the NSP thematic areas and will as such be regularly assessed based on the indicators and targets reflected in this plan.

Annually, the M&E TWG working with the support of NAS and development partners will also undertake an M&E Systems Strengthening Assessment (MESST) using the UNAIDS published assessment tool developed with the consensus of the leading M&E technical agencies. Assessments create opportunities for redirection of efforts in the national response by allowing for the use of lessons learnt and addressing of any challenges, gaps and constraints that may be affecting an effective implementation of the M&E plan.

Reviews for both the NSP and M&E Plan will be both internal and/or external depending on the need and availability of technical and other resources as well as the extent to which peer review in needed for particular evaluation exercises. Schedules for conducting these reviews have been reflected in the Implementation plan.

4.11 Conditions for M&E Effectiveness

The M&E assessment findings presented in chapter one of this report indicated a national response the has registered key and significant M&E system achievements and milestones in data collection for programme planning and performance management as well as for national and international level reporting requirements. The achievements notwithstanding, a number of yet significant weaknesses that threaten the quality of the response and its performance were also identified.

The following are the key conditions for building an effective M&E systems based on the current realities in the national HIV/AIDS response landscape, less of which, it may not be possible to build and sustain an effective M&E system and already attained benefits of the national response:

i. An elaborate and strengthened M&E coordinating structures at the National HIV/AIDS secretariat from the current inappropriate arrangements that cannot effectively offer strategic guidance to the National response beyond the constituent projects at NAS. Without this the centre or a one M&E system cannot hold but remain elusive.

ii. Minimum or thresh hold investment in M&E development in form of a project or any very coherently designed national undertaking to support the strengthening and sustenance of M&E planning and management and implementation by the key Units/ desks or offices responsible for M&E coordination at NAS, all Line ministries, Secretariats of all Self Coordinating entities (especially the CSO/NNGOs; Research and Training Institution; the Private sector) and the District levels. The investment will include funding for strategic resources development; Human resource skills development; coordination resources; field monitoring , support supervision and data quality assurance; Data collection and management; production of appropriate information products and; advocacy, mobilization and dissemination capacity.

iii. Support to multi-response development and management. At present, there is no significant support to sustain the multi-sectoral response dispensation beyond the health sector. This gap translates into a big vacuum of very limited action at both national workplace programmes and limited or an effective absence of participation of key line sectors at the district level. Without this line of HIV/AIDS mainstreaming and response strengthening, the generation of the vital non health sector indicators supposed to be generated by the sectors will at best be adhoc and more importantly the HIV/AIDS interventions supposed to reach some of the most vulnerable population such as in schools; population groups under social welfare like OVCs, elderly, community social support structures; population groups in the leisure industry; work places.

iv. Support to Decentralized Response/ Initiatives (DRI) strengthening. The district have to be supported to undertake strategic planning; operational planning, budgeting for HIV/AIDS as part of council plans; coordination and; mobilization and advocacy which will in turn provide an enabling environment for undertaking of M&E activities.

4.11 Summary of the MESST Assessment and Recommendations

Summary Assessment of 12 Component of a Functional M&E System for Sierra Leone using MESST Tool		
STRENGTHS	**WEAKNESSES**	**RECOMMENDATIONS**
1. Organizational structure:		
a. NAS & NACP have M&E units, M&E officers, and data base managers b. M&E responsibilities are clearly defined in job descriptions c. There is a written mandate to execute M&E functions d. NAS and NACP are equipped with necessary tools and equipment to perform their functions	a. There are no M&E units at other entities though some have single officers b. No Statistician, enough IT staff and Epidemiologist at NAS and NACP c. Staff job descriptions are outdated and not regularly updated d. There are no M&E formal structures at sub-national level	a. Strengthen M&E units for partners and sectors b. Recruit additional two IT Specialists, statistician and epidemiologist for both NACP and NAS c. Update M&E staff job descriptions d. Recruit M&E staff at sub-national level
2. Human Capacity:		
a. M&E skills and competencies required by NAS and NACP have been included in the national human capacity plan b. HIV related M&E skills and competencies of the staff at NAS & NACP have been assessed within the past three years c. M&E human capacity is built through workshops, mentoring and coaching;	a. There is no nationally endorsed M&E training curriculum b. Formal M&E course is not available in colleges and universities c. M&E staff capacity at sub-national and implementing partner level have not been assessed within the past three years d. Capacity building initiatives undertaken are not coordinated	a. Develop and conduct an M&E Skills and Competences Assessment Plan a. Develop and cost an M&E Capacity Building Plan b. Fund NAS and NACP M&E Officers to undertake academic M&E training c. Identify and adapt M&E Training Manuals d. Institutionalize M&E training

Summary Assessment of 12 Component of a Functional M&E System for Sierra Leone using MESST Tool		
STRENGTHS	**WEAKNESSES**	**RECOMMENDATIONS**
	and sometimes duplicative	
3. **Partnerships:**		
a. There is an M&E technical working group at NAS which meets quarterly and a task force at MOHS level b. There is a clear terms of reference for the M&E TWG which clarifies their role in approving documents, providing technical leadership and coordinating the HIV M&E system	a. Membership of TWG members not well represented b. Terms of reference have not been updated to meeting new emerging issues c. There is no detailed and costed annual work plan	a. Restructure and strengthen M&E TWG membership and functionality b. Revise and update terms of reference c. Develop detailed costed work plan
4. **National M&E Plan:**		
a. There is an approved national HIV Multi-sectoral M&E plan b. The development of the current M&E plan was very participatory c. NAS, NACP, and Local Government have entity-specific M&E plan	a. Few organizations have entity-specific M&E plan aligned to national M&E plan	a. Develop a costed five year national M&E plan with clear targets, activities and indicators
5. **National M&E Work plan:**		
a. There is a costed M&E work plan included in the 2006-2010	a. Not all entities have a costed work plan b. Funds provided are insufficient to meet M&E work plan requirement	a. Develop a costed M&E work plan with targets to effectively monitor the implementation of the program and clearly identifying the roles and responsibilities of all stakeholders and partners
6. **Advocacy, Communication & Culture:**		
a. M&E advocacy is high b. There are strong M&E advocates across all stakeholders c. NAS has developed useful M&E information products for all stakeholders d. There is a functional website	a. Advocacy, Communication and dissemination strategy not available b. M&E staff have not been adequately equipped with advocacy and communication skills c. HIV information products not well packaged and distributed widely for use d. Website not regularly updated	a. Develop a comprehensive advocacy, communication and dissemination strategy b. Equip NAS, NACP and implementing partners in advocacy, communication and dissemination skills c. Develop and distribute widely HIV information products in user-friendly format d. Update website regularly
7. **Routine Monitoring:**		
a. National guidelines and system exist for routine monitoring of services for drugs and supplies,	a. Quality assurance guidelines available for some services but not comprehensive	a. Develop comprehensive HIV quality assurance guidelines for all services

Summary Assessment of 12 Component of a Functional M&E System for Sierra Leone using MESST Tool		
STRENGTHS	**WEAKNESSES**	**RECOMMENDATIONS**
laboratory, STI treatment, VCCT, ART, PMTCT ,and safe blood screening b. Annual HIV programme statistics available	b. HIV information products not well packaged and distributed widely for use	b. Produce user-friendly and regular statistical bulletins
8. **Surveys & Surveillance:**		
a. NAS has an updated inventory of all HIV related surveys and surveillance conducted in the country since early 2000 a. Bi-annual ANC sentinel surveillance conducted b. BSS, MICS and DHS available c. MARPS surveys for MSM and Fisher Folks conducted	a. National workplace surveys are not conducted as per global standards b. Surveys for CSW not conducted in the recent years c. IDUs survey not available	a. Conduct comprehensive surveys on MARPS and workplace
9. **National & Sub- national databases:**		
a. NACP is a functional integrated database for electronically capturing and storing a wide range of HIV services b. At NAS level there is HIV/AIDS program database(HAPROD) though not in use c. HMIS has integrated some HIV components of ART, PMTCT, VCCT, STI and Laboratory	a. Database not integrated to support transmitting, entering, extracting, merging and transferring data on HIV M&E System b. Human resources for maintaining and updating the IT equipment and infrastructure are inadequate c. Human resource constraints exist at sub-national level for maintenance of HIV database d. HMIS not fully functional to produce timely and complete HIV data	a. Ensure the functionality of the HAPROD b. Ensure that partner databases are integrated and interlinked with the national c. Train database managers on data management d. Continue discussions with the MoHS to fully integrate HIV data and produce timely & accurate reports
10. **Supervision and Auditing:**		
a. A protocol for auditing routine HIV data from health service delivery point exist b. National protocol for auditing data used in the national set of indicator value exist	a. Data auditing is not common at lower level b. Actors at sub-national level do not maintain data supervision reports c. Supervision grid available only at few entities	a. develop a comprehensive supervision checklist for national and sub national partners b. Develop annual partner data audit schedule
11. **Evaluation and Research:**		

Summary Assessment of 12 Component of a Functional M&E System for Sierra Leone using MESST Tool		
STRENGTHS	**WEAKNESSES**	**RECOMMENDATIONS**
a. A mandated national team and procedures exist which is responsible for coordinating and approving new HIV research and evaluation b. International partners actively participate in joint HIV program reviews c. Joint reviews of HIV response takes place during annual reporting, mid-term and end of term NSP reviews d. Programme evaluations on PMTCT, ART Survival and PLHIVs	a. There is no national HIV research agenda b. Programme evaluations on HIV services such VCCT, Community, condom use, stigma and discrimination not conducted	a. Develop a costed national HIV research agenda b. Strengthen the M&E technical working group to coordinate research and evaluation c. Encourage joint program review with international partners and stakeholders
12. **Data Use:**		
a. Information products regularly sent to a wide variety of stakeholders other than data providers b. At NAS and NACP level stakeholders have access to data/information product which meet their needs for programme design and implementation c. NSP II and M&E II was developed based on available data	a. HIV stakeholders information needs have not been assessed comprehensively b. Data use by partners is very low in their day to day work c. Despite huge availability of data from surveys and studies, policy briefs are note developed and disseminated	a. Carry out stakeholders' information needs assessment b. Disseminate relevant information products to all stakeholders c. Equip NAS, NACP and partners in secondary data analysis

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ANNEXES I: Costed Two Year Implementation Plan – 2011-2012

Activity Code	RESULTS	OUTCOMES/OUTPUTS AND ACTIVITIES	IMPLEMENTATION PERIOD		LEVEL OF IMPLEMENTATION N=National R= Regional D=District	RESPONSIBLE ORGANIZATION/ SECTOR	ANNUAL COSTS (USD)		FUNDING SOURCE(S)	ASSUMPTIONS/COMMENTS
			2011	2012			2011	2012		
	Outcome 1: M&E, research and knowledge management systems at the national and sub-national systems are strengthened									
	Intermediary Outcome 1: Capacities for M&E increased									
	Output 1 : Number and capacities of M&E officers increased									
6.1.1	Capacity-building plan for M&E developed	Conduct M&E needs assessment at all levels (National, district and Facility levels) and develop Capacity Building Plan	√		N,R,D	NAS, NACP, CSOs, Health facilities	7,500		GF, GOSL	2 national consultants for 30 days. Field Visits for 6 persons (including 2 drivers) for 7 days. 1 day validation meeting for 20 people.
6.1.2		Develop Guidelines /Field M&E Managers Hand book	√	√	N	NAS, NACP, CSOs,	40,000	35,000	GF, GOSL, Un Family	1 international consultant, 1 national consultant for 30 working days. 2 day validation meeting for 25 people
6.1.3	120 various categories of staff are trained on M&E locally and internationally.	Conduct Training on M&E for relevant staff(SRs, Counsellors & Dist HIV Focal Points)	√	√	N, R,D	NAS, NACP, CSOs, Health facilities	20,000	10,350	Global Fund/UN	100 participants per year for 1 week residential training
6.1.4		Conduct Refresher Training for 20 NAS M&E Staff	√	√	N, R,D	NAS	5,000	5,000	GF/UN Family	1 week residential training for 20 participants, 1 international consultant for 10 days
6.1.5		Conduct Programme & Financial Monitoring Training for NAS & NACP M&E Officers	√	√	N	NAS,	3,500	3,500	GF, UN Family	5 day residential programme for 15 M&E & Programme staff, 1 facilitator for 10 days
6.1.6		Attend International/Regional M&E training for M&E staff	√	√	N	NAS	14,200	10,650	GF	International/Regional M&E training for 7 M&E staff, 2 staff per qrt,
6.1.6		Conduct Program and Financial Monitoring of Implementing partners	√	√	N	NAS	2,000	2,000	GF, GOSL	4 trips per year by 2 teams for 7 days. A team comprises 5 members (2 finance, 1 programme, 1 M&E, 1 driver)
6.1.7	Logistical support provided to NAS and DACs for effective M&E.	Provide logistical support for NAS and DAC M&E units	√	√	N,D	NAS	60,000	60,000	GF, UN Family	2 vehicles for NAS M&E and 14 motorcycles for the 14 districts.
6.1.8		Develop five year National M&E Plan for NSP.	√		N	NAS	50,000		GoSL, UN Family	Estimated costs of US$50,000

Activity Code	RESULTS	OUTCOMES/OUTPUTS AND ACTIVITIES	IMPLEMENTATION PERIOD		LEVEL OF IMPLEMENTATION N=National R= Regional D=District	RESPONSIBLE ORGANIZATION/ SECTOR	ANNUAL COSTS (USD)		FUNDING SOURCE(S)	ASSUMPTIONS/COMMENTS
			2011	2012			2011	2012		
	Output 2: M&E TWG established and functional at Regional level									
6.2.1	3 regional M&E TWG established and functional	Convene periodic meetings of the M&E Technical Working group	√	√	N,D	NAS, MDAs, CSOs	400	400	Global Fund	1 day meetings with 25 participants per year
6.2.2		Establish and hold M&E technical working Group meetings at the Regional level	√	√	D	NAS	2,000	500	GoSL	TORs to be developed by national TWG. Meetings will hold in each of the 3 regions. M&E TWG in each region consists of 12 persons
6.2.3		Conduct Project review meetings	√	√	N,D	NAS, CSOs, MDAs,	2,000	2,000	Global Fund	1 day meeting for 50 people per year
6.2.4		Conduct Bi annual M&E TWG Support Supervision at district Level		√	N,R,D	NAS, CSOs, MDAs,	10,000	10,000	Global Fund, GoSL	Field visit of 3 teams (of 3 persons each including the driver) for 5 days for each team.
	Intermediary Outcome 2: Research and surveillance activities are enhanced.									
	Output 3: Increased capacities to conduct more researches and surveys									
6.3.1	HIV Research and Ethics Guidelines and research agenda developed and disseminated	Establish a National HIV/AIDS Evaluation and Research Committee and convene periodic meetings	√	√	N	NAS, CSOs, Academia	2,000	500	GoSL	1 day meeting for 20 members
6.3.2		Develop and disseminate HIV Research and Ethics Guidelines	√	√	N	NAS, MDAs,CSOs, Academia	20,000	10,000	GF, GOSL, UN Family	1 national and 1 international consultant for 30 days. 2 day meeting for 15 TWG members 1 day validation for 40 people. 500 copies printed and 200 e-copies. distributed. E-copies to be uploaded on various websites
6.3.3		Develop National Evaluation & Research policy and Agenda		√	N	NAS, MDAs, CSOs, Academia		5,000	GF, GOSL, UN Family	2 day meeting of TWG
6.3.4		Establish HIV/AIDS Evaluation and Research Network	√		N,D	NAS, MDAs, CSOs, Academia	6,000		GF GOSL, UN Family	1 network established. Honorarium for 1 national coordinator
6.3.5	80 stakeholders trained on HIV/AIDS research	Build capacity of NAS, NACP, IPs, CSOs, FBOs etc in HIV/AIDS research	√	√	N,R,D	NAS, CSOs, Academia	20,000	20,000	GF, GOSL, UN Family	2 training workshops per year for 40 participants for 5 days

Activity Code	RESULTS	OUTCOMES/OUTPUTS AND ACTIVITIES	IMPLEMENTATION PERIOD		LEVEL OF IMPLEMENTATION N=National R= Regional D=District	RESPONSIBLE ORGANIZATION/ SECTOR	ANNUAL COSTS (USD)		FUNDING SOURCE(S)	ASSUMPTIONS/COMMENTS
			2011	2012			2011	2012		
6.3.6		Establish a National Epidemiological analysis and projection Committee and produce bulletins	√		N	NACP, MOHS	5,000	5,000	GF, GOSL, UN Family	Hold periodic meetings of 10 members
	Output 2: HIV/AIDS related research and evaluation studies conducted									
6.4.1	At least 12 researches, surveys and studies conducted and disseminated	Conduct Annual HIV & AIDS Epidemiological Projections	√	√	N	NACP, MOHS	5,000	5,000	GF, GOSL, UN Family	2 training workshops per year for 40 participants
6.4.2		Conduct Workplace Surveys		√	N,D	NAS, BCAASL, Unions		30,000	Private Sector, GoSL	KAP study estimated at 30000 USD
6.4.3		Conduct and disseminate ANC Surveillance	√	√	N,D	NACP, CSOs	10,000	40,000	GoSL,CDC	Estimated cost of conducting and disseminating ANC Surveillance survey is 50000USD
6.4.4		Conduct Condom Availability, Quality and Condom Use Survey		√	N,D	NAS, CSOSs		100,000	GF, GoSL, UN Family	Medium survey estimated 100,000USD, Technical assistance required from PSI and Measure Evaluation
6.4.5		Conduct National AIDS Spending Assessment Study(Resource Tracking of HIV/AIDS Expenditure)		√	N	NAS, CSOSs		20000	GoSL,UN Family	Data collection for 2010 & 2011 estimated at 20,000 USD based on the previous processes
6.4.6		Undertake Annual Unit cost studies for commodities and products for all Thematic areas and disseminate	√	√	N	NAS, CSOs, MDAs	5,000	5,000	GF, GoSL, UN Family	1 national consultants for 2 15 days. 1 day validation meeting for 25 people
6.4.7		Conduct Baseline surveys on Small & Medium Enterprises(SME) to identify and develop appropriate Programs/interventions		√	N	NAS, BCAASL, Unions, CSOs		20,000	Private Sector, GoSL	Mapping study estimated at 20,000USD
6.4.8		Conduct Specific Studies on the behaviours of MARPS (Sex Workers, MSMs, Uniformed Personnel, Fisher folks, Mobile Migrant, Miners , IDUs, Prisoners, Hair Dressers)	√	√	N	Public/ Private	90,000	30,000	GoSL, GF, UN Family	1 integrated behavioural surveillance survey conducted.[Sex Workers, MSMs, IDUs, Prisoners] + [Uniform Personnel, Fisher folks, Mobile Migrant, Miners, Hair Dressers]. Estimated Cost of survey is US$120,000
6.4.9		Study on Effective Alternative forms of treatment & prevention of HIV/AIDs		√	N	Public		30,000	GoSL, Global Fund	Estimated cost of conducting and disseminating this study is 30000USD
6.4.10		Conduct BSS/KAPB Studies	√	√	N	NAS, CSOs, MDAs	100,000	250,000	GF, UN Family	Estimated cost is US$350,000

Activity Code	RESULTS	OUTCOMES/OUTPUTS AND ACTIVITIES	IMPLEMENTATION PERIOD		LEVEL OF IMPLEMENTATION N=National R= Regional D=District	RESPONSIBLE ORGANIZATION/ SECTOR	ANNUAL COSTS (USD)		FUNDING SOURCE(S)	ASSUMPTIONS/COMMENTS
			2011	2012			2011	2012		
6.4.11		Conduct Second Generation Surveillance(Behavioural & Biological Survey)		√	N	NAS, SSL, CSOsMOHS	450,000		GF, UN Family	Estimated Cost of US$450,000
6.4.12	At least 12 researches, surveys and studies conducted and disseminated	Conduct Impact study on PMTCT - Prevalence of HIV amongst Children born to HIV infected mothers.	√	√	N	NACP, NAS, CSOs	14,000	14,000	GF, UN Family, GoSL	I international consultant for 60 days, 2 national consultants for 60 days, 1 day dissemination workshop for 70 participants
6.4.13		Conduct Multi-Cluster Indicator Survey	√		N	NACP, NAS, CSOs	800,000		UN Family, GoSL	Estimated cost is US$800,000
6.4.14		Conduct Drug Efficacy Study & Resistant to ARVs.		√	N	NACP, NAS, CSOs		80,000	GF, UN Family, GoSL	1 international consultant, 2 national consultants, for 60 days, 1 day dissemination workshop for 70 participants
6.4.15		Conduct Socioeconomic impact studies on HIV/AIDs on specific sectors; education, agriculture, livelihood, workforce etc		√	N	NAS, CSOs, Private sector		60,000	GF, UN Family, GoSL	1 study to cover the different sectors. Estimated costs is $60,000
6.4.16		Conduct Survival Analysis among ART patients(Adults & Children)	√		N	NACP, MOHS, NAS, CSOs	30,000		GF, GoSL	Technical assistance required for 1 international consultant and 2 national consultants for 60 days
6.4.17		Conduct Quality Control assessment of HIV Screening Test in the Field	√	√	N,D	NACP, MOHS	10,000	10,000	GF, GoSL	4 per year@$2500
	Intermediary Outcome 3: Data quality, information generation and dissemination are improved.									
	Output 1: M&E systems are integrated with the existing Health Management Information Systems (HMIS)									
6.5.1	HIV/AIDS M&E systems are integrated into Health sector MIS	Conduct periodic Monitoring and supervision of HIV/AIDS activities of implementing institutions	√	√	N,D	NAS, DACs, CSOs, MDAs	7,000	7,000	GF, GoSL	Per diem for 5 Officials for 7 days per qrt.
6.5.2		Conduct Data Quality Audits/verification	√	√	N,D	NAS, DACs, CSOs, MDAs, BCAASL	15,000	15,000	GF, GoSL	Activity to be Outsourced and funds allocated. Estimated costs is $30,000
6.5.3		Consultative meetings/training to review, align and harmonize HIV M&E monitoring tools including nutrition supported programs, PLHIVs	√		N,D	NAS, NETHIPS,	19,000		GF, UN Family	2 workshops, 70 participants for 2 days

Activity Code	RESULTS	OUTCOMES/OUTPUTS AND ACTIVITIES	IMPLEMENTATION PERIOD		LEVEL OF IMPLEMENTATION N=National R= Regional D=District	RESPONSIBLE ORGANIZATION/ SECTOR	ANNUAL COSTS (USD)		FUNDING SOURCE(S)	ASSUMPTIONS/COMMENTS
			2011	2012			2011	2012		
6.5.4		Design information system for HIV nutrition reporting HIV/TB database	√		N,D	NAS, NETHIPS,	3,000		GoSL, UN Family	1 national consultant for 30 days. Training of 4 database managers for 1 day
6.5.5		Advocate for the integration of HIV M&E systems with HMIS	√		N,D	MOHS, NAS	500		GoSL	1 advocacy meeting per quarter. Refreshments for 30 people
	Output 2: Information sharing amongst stakeholders increase									
6.6.1	National HIV/AIDS information dissemination strategy developed and disseminated	Develop a National HIV/AIDS Information Dissemination Strategy	√		N	NAS, MDAs, CSOs, BCAASL	62,000		GF, UN Family, GoSL	1 international consultant and 1 national consultant for 30 days. 1 dissemination workshop for 70 participants, 1000 hard copies
6.6.2		Set up Editorial Committee and hold periodic meetings	√		N	NAS	500	500	GoSL	Regular meetings quarterly meetings. Refreshments for 15 people per quarter
6.6.3	At least 12 newsletters and reports printed and distributed	Produce HIV/AIDS Publications (reports, Newsletters, Press releases, fact sheets etc) that provides information on best practices	√	√	N,D	NAS, CSOs, MDAs, BCAASL	10,000	10,000	GF, GoSL, UN Family	1,000 copies produced every six months
6.6.4		Develop an HIV/AIDS Research Inventory documenting all HIV AIDS related researches	√	√	N,D	NAS	11,000	5,000	GF, GoSL, UN Family	2 national consultants for 60 days, 500 printed copies, 1000 CDs printed
6.6.5	At least 6 learning and sharing events are organized.	Conduct annual program review and planning and disseminate lessons learnt	√	√	N,D	NAS, NACP, CSOs, MDAs, BCAASL	5,000	5,000	GF, GoSL	2 day meeting of 50 people
6.6.6		Facilitate attendance of M&E people in International HIV/AIDS Conferences and Workshops	√	√	N	NAS, CSOs, Private sector	10,000	10,000	GF, GoSL, UN Family	2 staff per Qrt.- 7 days PD & 1 Return Air Ticket
6.6.7		Conduct Biennial HIV/AIDS Conference		√	N	NAS, CSOs, MDAs, Private sector, Unions		20,000	GoSL, GF,UN Family	1 national consultant for 30 days. Conference materials for 300 participants, Refreshments for 2 days, Printing of workshop time-table and proceedings (500), 10 banners, radio and television advert (10 slots each), Venue,2 day workshop for 200 participants,

6.6.8		Produce annual country HIV/AIDS Status reports	√	√	N	NAS, CSOs, MDAs, Private sector, Unions	10,000	10,000	GoSL, UN Family	1 day dissemination meeting for 150 people. 1,000 hard copies and 2,000 e-copies
Activity Code	RESULTS	OUTCOMES/OUTPUTS AND ACTIVITIES	IMPLEMENTATION PERIOD		LEVEL OF IMPLEMENTATION N=National R= Regional D=District	RESPONSIBLE ORGANIZATION/ SECTOR	ANNUAL COSTS (USD)		FUNDING SOURCE(S)	ASSUMPTIONS/COMMENTS
			2011	2012			2011	2012		
	Output 3: HIV/AIDS databases integrated and linked									
6.7.1	HIV /AIDS database upgraded and capacities for database management enhanced	Review Existing Data collection and Reporting tools for all programmatic areas -Pretest, Print out and distribute	√		N	NAS, MDA,CSOs, BCAASL	12,000		GF, GoSL, UN Family	1 National consultant for 20 days, 3 day residential programme for 25 persons, 1 day validation meeting for 100 persons
6.7.2		Hold National Workshops on data collection management and quality assurance for staff from M&E Coordinating Organizations	√	√	N,D	NAS, MDA,CSOs, BCAASL	13,000	13,000	GF, GoSL, UN Family	2 workshops- 1 per year for 5 days,6 NAS,14distx2 , 2X20 Sectors/SRs=72
6.7.3		Capacity Building Training for HIV Counselors on Data Management	√	√	N,D	NAS	10,000	10,000	GF, GoSL, UN Family	1 national consultant for 8 days, 5 day residential training for 50 people
6.7.4		Set up a database for SMEs & Formal Business Houses or Institutions	√	√	N	BCAASL, NAS, Unions	6,000	2,000	GF, GoSL, UN Family, Private Sector	1 national consultant for 30 days
		Recruit 2 Database Managers and 3 data entry clerks	√		N,R	NAS	36,000	36,000	GF, GoSL	2 database managers recruited at national level with support from GF
6.7.5		Train personnel on the use of revised tools	√	√	N,D	NAS	5,000	5,000	GF, GoSL, UN Family, Private Sector	2 workshops per year to train 50 national & district M&E & programme officers for 5 days (in-house)
6.7.6		Upgrade existing database in line with the revised tools	√	√	N,R,D	NAS	3,000	3,000	GF, GoSL, UN Family	1 national consultant for 30 days including training for 4 database managers for 5 days
6.7.7	HIV/AIDS database integrated into M&E systems are integrated into Health sector MIS	Advocate for the integration of HIV database into health sector database	√		N,D	MOHS, NAS			GoSL, UN Family, GF	No costs . Link with activity 6.5.5
6.7.8		Procure data management platform (hardware and software including computers, VSAT) for NAS, NACP& DACs M&E Staff	√	√	N,D	NAS	100,000	20,000	GF, GoSL, UN Family	1 VSAT connection & package, 24 months subscription, 14 desktop computers for district M&E officers, 15 HQ desktop computers for M&E officers/programme staff, 2 network printers , anti-virus software and 24 months subscription
		GRAND TOTAL – TECHNICAL & FINANCIAL SUPPORT					1,732,100	1,035,400		

ANNEXES II: Draft National HIV and AIDS Data Collection Form

PARTNER NAME:……	**IDENTIFICATION NO:……..**
PROJECT NAME: ……	
SOURCE OF FUNDING: ……	
DISTRICT: ……	**CHIEFDOM:……**
OPERATIONAL SITE NAME:……	
REPORTING PERIOD:……	**YEAR:……**

Service Delivery Area	Number of Service Outlets /centres /Documents	Number of Clients/ Individuals Served/Reached/Commodities Distributed			Number of Service Providers Trained
		Female	Male	Total	
General Prevention Programmes:					
Number of **adult individuals** reached with prevention programmes					
Number of **in-school youths** reached with prevention programmes					
Number of **out-of-school youths** reached with prevention programmes					
Number of **Most-at-risk-populations** reached with prevention programmes					
Number of **fisher folks** reached					
Number of **Men-having-sex with men** reached					
Number of **Injecting Drug Users** reached					
Number of **Miners** reached					
Number of **Uniformed Personnel** reached					
Number of **female sex workers** reached					
Number of **petty traders** reached					
Number of **Okada/Taxi Drivers** reached					
Number of **Other MARPs** reached					
Number of IEC/BCC Materials Distributed					
Condom Distribution:					
Number of female and male **condoms** distributed					
Medical Transmission and Safety Programmes:					
Blood safety - Number of blood units screened for HIV, Syphilis, Hep. B and Hep. C according to national guidelines					
Injection safety- Number of health facilities disposing their medical waste according to national guidelines					
PMTCT Services Programmes:					
Number of Pregnant women counselled, tested and received results					
Number of HIV+ Pregnant women on complete ARV prophylaxis					
Number HIV+ women receiving food and nutritional support					

PARTNER NAME:……	**IDENTIFICATION NO:…….**
PROJECT NAME: ……	
SOURCE OF FUNDING: ……	
DISTRICT: ……	**CHIEFDOM:……**
OPERATIONAL SITE NAME:……	
REPORTING PERIOD:……	**YEAR:……**

Service Delivery Area	Number of Service Outlets/Centres	Number of Clients Served			Number of Service Providers Trained
		Female	Male	Total	
Voluntary Confidential Counselling and Testing Programmes:					
Number of people counselled, tested and received results for HIV					
Number of PLHIVs screened and tested for TB					
Number of PLHIV on TB treatment					
Care and Support Programmes:					
Number of **PLHIVs** receiving care and support, including **home-based care** and **hospice care**					
Number of PLHIVs receiving **Home-based Care**					
Number of PLHIVs receiving **Hospice Care**					
Number of **orphans and vulnerable children** receiving external support					
Number of OVC receiving **emotional & psychosocial** support					
Number of OVC receiving **food & nutritional** support					
Number of OVC receiving **Educational** support					
Number of OVC receiving **shelter & clothing** support					
Number of OVC receiving **health** support					
Number of OVC receiving **protection & legal** support					
System Strengthening Programmes:					
Workplace: Number of organizations implementing workplace programmes					
Laboratory(Infrastructure): Number of laboratories strengthened					
Monitoring & Evaluation: Number of M&E staff trained					
Institutional or Organization capacity building: Number of institutions or organizations strengthened					
Policy Development/Strategic Documents: Number of national policy or strategic documents developed					
Support Groups: Number of support groups strengthened					
Coordinating Committees: Number of AIDS committees strengthened					
Coordinating Bodies: Number of AIDS coordinating bodies/umbrella organizations strengthened					

PARTNER NAME:……	**IDENTIFICATION NO:…….**
PROJECT NAME: ……	
SOURCE OF FUNDING: ……	
DISTRICT: ……	**CHIEFDOM:……**
OPERATIONAL SITE NAME:……	
REPORTING PERIOD:……	**YEAR:……**

Service Delivery Area	Number of Service Outlets /Centres	Number of Clients Served			Number of Service Providers Trained
		Female	Male	Total	
ART Treatment Programme:					
Number of patients **Currently** on ART					
Paediatric Treatment (< 15 years)					
Adult Treatment (15+ years)					
Number of **New** patients receiving ART					
Paediatric Treatment (< 15 years)					
Adult Treatment (15+ years)					
Number of patients on ART receiving **food and nutritional** supplements					
Paediatric receiving food & nutritional Support (< 15 years)					
Adults receiving food & nutritional Support (15+ years)					
STI Treatment Programme:					
Number of patients with STIs treated through comprehensive case management.					

ANNEXES III: Attendance List

No.	Name	Organization
1.	Mohamed Parker	HACSA
2.	Abdul Karim Samura	CCYA
3.	Emma Sengeh	MoH/ARG
4.	Abioseh P. S. Mansaray	WARDC
5.	Al-Hassan Jalloh	Koinadugu Dist. Council
6.	Arnold Macauley	NETHIPS
7.	Wilhemina Sawyer	NETHIPS
8.	Suliaman H. Bangura	SLYEO
9.	Tamba A. Kabba	KNS City Council
10.	Junisa Jamiru	Kono Dist. Council
11.	Koyama Saffa	ARG/MoHS
12.	Eric M. Sam	Kailahun Dist. Council
13.	Alphonso Manley	SLYC HIV/AIDS
14.	Mohamed B. Koroma	SLYC HIV/AIDS
15.	Mulunesh Tennauashw	UNAIDS
16.	Ibrahim Kamara	Plan S/L
17.	Dr. S. Hangadoumbo	NAS
18.	Aminata B. Jalloh	CRS-SL
19.	Gilbert Nhaybay	Child Fund-SL
20.	Gbegboto B. Musa	SSL
21.	Hassan F. Kanu	-
22.	Bockarie Med Conteh	EU Delegation
23.	Rose G. Kamara	CARE
24.	Achmed M. Thoronka	RSLAF
25.	Sheik A. T. Rogers	Decsec
26.	Mohamed A. S. Koroma	Pujehun Dist. Council
27.	Prof. G. George	-
28.	Andrew A. Kamara	SSL
29.	Kiskama F. Swarray	NACP/MoH
30.	Dalton K. Charles	Bonthe Municipal Council
31.	Aruna R. Koroma	RODA
32.	Hawa R. Juana	MCSL
33.	Victor Gaima	TSHSL
34.	Fatmata B. Kabbe	CCSL
35.	Martin P. Ellie	TOHSL
36.	Zainab Mansaray	WFP
37.	Lillian Bintu Khanu	BCAASL
38.	Fatmata Kokobaye	WFP
39.	Abdul Karim Marah	Freetown City Council
40.	Augustine B. Amara	Kenema Dist. Council
41.	Hawa Turay	HIV Counsellor

No.	Name	Organization
42.	Juana Konteh	WICM
43.	Mohamed Sellu	WICM
44.	Thomas Keitell	MoHS
45.	Edmond Makiu	UNICEF
46.	Timi Owolabi	NAS
47.	Lamin Bangura	NACP
48.	Austin D. Lemoh	BBN-93
49.	Dilys Thompson	NAS
50.	Frank Kanu	Bombali Dist. Council
51.	Maybelle Gamanga	MEST
52.	Dr. Louisa Ganda	WHO
53.	Marie Benjamin	SWAASL
54.	S. B. Weekes	IPS/FBC
55.	Victor S. Kamara	NAS
56.	Musu A Jimmy	UMC Friends/G.HOS
57.	Hudson Tucker	SLANGO
58.	Rachel Norman	YWCA
59.	Kabba P. Sesay	UNIDO
60.	Dr. Jeane Kabba-Kebbay	UNFPA
61.	Abu B. B. Koroma	NAS
62.	Joyce W. Abu	BCAASL
63.	Kemoh S. Mansaray	NAS
64.	Fatmata B. Kallay	NAS
65.	Philip Kamara	NAS

National Monitoring & Evaluation Plan on HIV/AIDS 2011-2015

Sierra Leone Towards
Zero New HIV Infections
Zero Discrimination
Zero AIDS Related Deaths

National AIDS Secretariat

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