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Guidance on Capacity Building for HIV Monitoring and Evaluation

This guidance is based on the *Organizing Framework for a Functional National HIV Monitoring and Evaluation System. Geneva: UNAIDS, 2008a.*

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Purpose of the *Guidance*

The purpose of this Guidance is to provide practical advice for national AIDS programmes that are planning and implementing capacity building activities as part of their effort to develop a unified and effective national HIV monitoring and evaluation (M&E) system. The Guidance is relevant to the wide range of individuals and organisations involved in the national HIV M&E system; it is particularly relevant for the health sector, given its central role in M&E of HIV.

The *Guidance* is intended to:

- Enable stakeholders to reach a shared understanding of the overall goal of M&E capacity building (i.e., improved performance of the national HIV M&E system).
- Offer strategies and interventions for achieving M&E capacity building results, using a systems approach.
- Promote the development and implementation of complementary and coordinated actions to build capacity, using agreed standards that are adapted to local objectives.
- Provide basic steps for monitoring M&E capacity building as well as the performance of the national HIV M&E system.

To further structure and guide the process of M&E system development, UNAIDS and partners – under the auspices of the global Monitoring and Evaluation Reference Group (MERG) – recently agreed on an *Organising Framework for a Functional National HIV M&E System* (UNAIDS 2008a). This framework, which is an essential part of the Guidance, describes 12 main components of a multi-sectoral HIV M&E system. It also defines an overall performance goal for each component and expected results if the component is functioning well. In addition, the framework helps countries to define an agreed set of national performance objectives for the HIV M&E system and to guide strategies for building capacity to reach these objectives.

Content of the *Guidance*

The *Guidance* provides an overview of M&E capacity building and outlines specific strategies and interventions for addressing gaps in capacity. The document is divided in four Sections:

Section 1 includes the **basic concepts** related to M&E capacity building, which can be used to reach a shared understanding of the capacity building goals and strategies among key stakeholders. The Section also includes a concise overview of the 12 components in the *Organising Framework for a Functional National HIV Monitoring and Evaluation System* (UNAIDS 2008a) and its applicability as a reference for capacity building planning.

Section 2 focuses on **planning** for capacity building. It includes information on how to develop a costed plan for capacity building, who should be involved in planning, how to use the results of capacity assessments, and how a capacity building plan complements or is incorporated in the national M&E plan and costed work plan.

Section 3 explores **strategies and interventions** at the individual, organisational and system levels for addressing capacity gaps in each of the 12 components of a national HIV M&E system. The list of capacity building interventions in this Section is not intended to be exhaustive but includes those that are most commonly supported and for which there is general acknowledgement of their value. Section 3 provides several examples of capacity building interventions that can improve M&E system performance. (Neither Section 3 nor the overall Guidance address the many day-to-day challenges of managing an M&E system. Information on managing the ongoing operations of a national M&E system is available from other sources; for example, http://www.GlobalHIVMEInfo.org.)

Section 4 provides recommendations for **monitoring M&E capacity building** and the performance of the national HIV M&E system over time. Stakeholders are encouraged to use the M&E capacity building plan to monitor progress of capacity building interventions. Various tools are available to assess the status of the overall M&E system or components thereof (see Operational Guidance on the Selection of Tools & Approaches for the Assessment of HIV Monitoring and Evaluation Systems, UNAIDS 2009a). Performance results defined for each of the 12 M&E system components can be used as simple measures of performance to track changes over time and refine needed capacity building strategies and activities.

Selected country examples are included in the Guidance. Additional country experiences and examples are continuously collected by a range of agencies/organisations involved in HIV M&E. These are disseminated through various channels including dedicated websites (e.g., http://www.GlobalHIVMEInfo.org).

Intended users of the *Guidance*

The *Guidance* is relevant to the following audiences:

- National M&E managers
- National AIDS programme managers
- Members of the national HIV M&E technical working group
- Sub-national HIV programme staff and service delivery staff with M&E responsibilities
- Staff from agencies/organisations involved in HIV M&E support

In addition to the national AIDS programme, specific sectors with M&E responsibilities in the national AIDS programme (e.g., Ministry of Health, Ministry of Education, Ministry of Social Welfare) will also benefit from the Guidance.

Although this Guidance is focused on M&E capacity building in the area of HIV and AIDS, its principles, strategies and interventions are applicable to other areas of public health.

How to use the *Guidance*

The *Guidance* should be used to inform planning to improve the performance of the national HIV M&E system. It provides practical advice for defining strategies and identifying interventions for building capacity. It promotes implementation of complementary and coordinated interventions to build capacity based on agreed standards.

The *Guidance* is particularly useful when stakeholders are deciding how and when to assess capacity, setting performance objectives for the M&E system, determining capacity building priorities, identifying appropriate strategies and interventions to address capacity gaps, assigning roles and responsibilities for capacity building and allocating resources to achieve performance objectives.

Ideally, the *Guidance* will serve as a reference to help stakeholders prepare for, interpret and act on the results of a capacity assessment of a national M&E system. If no formal assessment has been conducted, stakeholders can still use this Guidance and its companion document – *Organizing Framework for a Functional National HIV Monitoring and Evaluation System* (UNAIDS 2008a) – to reflect on capacity and performance gaps in the system and define steps to address them. In general, the Guidance can be used to structure and focus the process of M&E capacity building.

1. Basic concepts in M&E capacity building

This Section provides basic concepts and definitions for capacity building of the HIV M&E system. It contains a concise overview of the 12 components in the *Organising Framework for a Functional National HIV Monitoring and Evaluation System* (UNAIDS 2008a) and its applicability as a reference for capacity building planning.

This Section also addresses the importance of capacity building at different levels of the M&E system. It defines principles of good practice in capacity building and it introduces a set of standard approaches to capacity building.

- OPERATIONAL DEFINITION OF CAPACITY BUILDING
- PURPOSE OF CAPACITY BUILDING IN HIV M&E
- ORGANISING FRAMEWORK FOR A FUNCTIONAL NATIONAL HIV M&E SYSTEM
- LEVELS OF M&E CAPACITY BUILDING
- STANDARD CAPACITY BUILDING STRATEGIES AND INTERVENTIONS
- PRINCIPLES OF M&E CAPACITY BUILDING

Operational definition of capacity building

Capacity building is **a process for improving the ability of persons, groups, organisations or systems to meet objectives, address stakeholders' needs and, ultimately, perform better** (Horton et al, 2003; LaFond & Brown, 2003; Goodman et al, 1998). It refers to the creation, expansion or upgrading of a stock of desired qualities and features called capabilities that can be continually drawn on over time. Capacity building generally involves an ongoing, systematic and planned process with measurable performance objectives, defined outcomes, implementation strategies and ways to measure capacity building outcomes and performance over time.

Purpose of capacity building in HIV M&E

The purpose of capacity building in HIV M&E is to **improve the performance of the national HIV M&E system**. At a minimum, M&E system performance includes the production of timely and quality data on the HIV epidemic and the national HIV response and the use of data for evidence-informed decision-making in programme planning, programme improvement and resource allocation.

Organizing framework for a functional national HIV M&E system

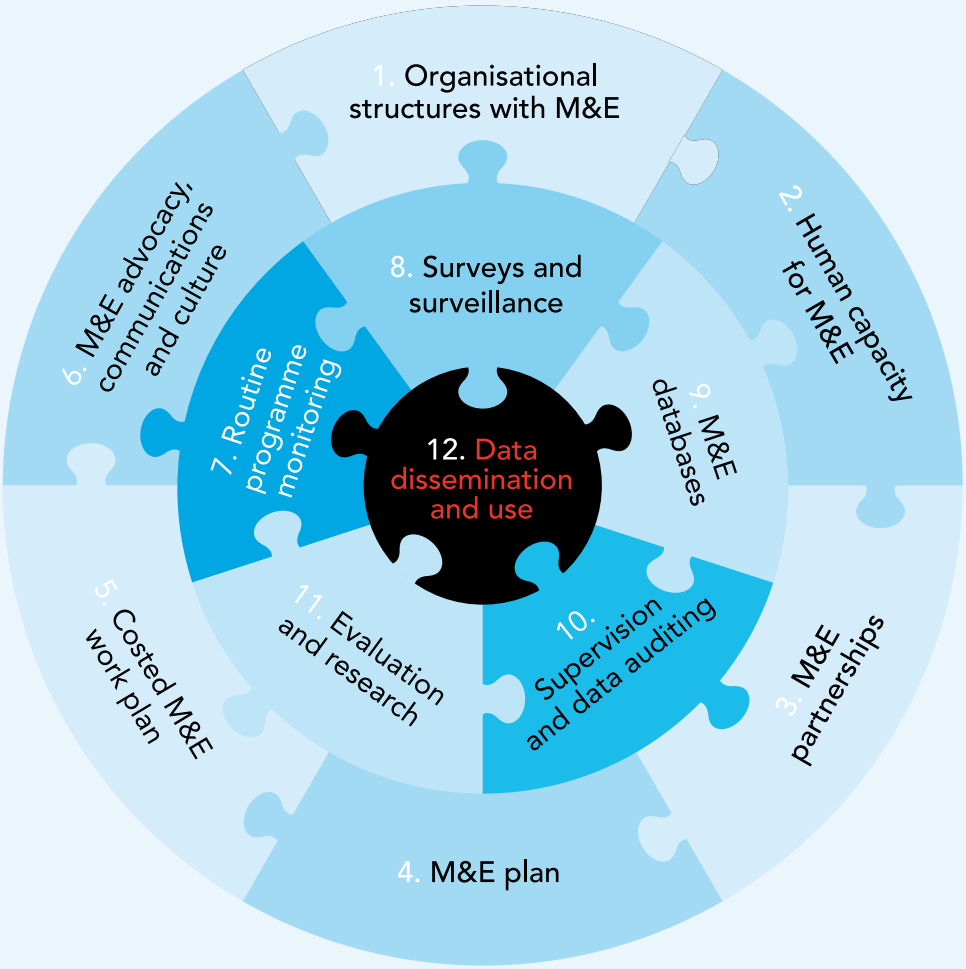
The *Organising Framework for a Functional National HIV Monitoring and Evaluation System* (UNAIDS 2008a) is an important reference for building the capacity in HIV M&E. The Organising Framework [**Box 1**] describes the 12 main components of a multi-sectoral HIV M&E system; it defines an overall performance goal for each component; and it identifies expected results if the component is functioning well.

In a functional HIV M&E system, each of the 12 components is present and working at an acceptable level to produce a basic set of results:

- The outer ring of the *Framework* represents the human resources, partnerships and planning required to support data collection and data use. It includes individuals, organisations, functions/actions and the organisational culture that are fundamental to improving and sustaining the performance of an M&E system.
- The middle ring of the *Framework* focuses on the mechanisms through which data are collected, verified and transformed into useful information.
- The centre of the *Framework* represents the primary purpose of the M&E system: using data for decision-making. It is important to remember that collecting data, which are not used, wastes valuable time and resources.

The *Organizing Framework* helps planners focus their efforts to build M&E capacity. For example, it distinguishes capacity building for *systems* from capacity building for people. It also uses a 'systems thinking approach' to M&E, which allows stakeholders to gain insights into the whole system and understand the linkages and interactions between specific system components.

Box 1. Overview of the 12 components of a functional national HIV M&E system



People, partnerships and planning

1. Organisational structures with HIV M&E functions
2. Human capacity for HIV M&E
3. Partnerships to plan, coordinate and manage the HIV M&E system
4. National multi-sectoral HIV M&E plan
5. Annual costed national HIV M&E work plan
6. Advocacy, communications, culture for HIV M&E

Collecting, verifying, and analysing data

7. Routine HIV programme monitoring
8. Surveys and surveillance
9. National and sub-national HIV databases
10. Supportive supervision and data auditing
11. HIV evaluation and research

Using data for decision-making

12. Data dissemination and use

To date, capacity building interventions in HIV M&E have tended to focus on improving performance in data collection, verification and analysis; i.e., the **technical elements** of the system such as routine HIV programme monitoring, surveys and surveillance, national and sub-national HIV databases, supportive supervision and data auditing, and HIV evaluation and research.

However, the organisational structures and processes that enable the technical aspects of M&E to function effectively are equally important. Data collection, analysis and management do not occur in a vacuum. Rather, these actions take place in an **organisational context**, which includes factors that can inhibit or encourage sound practice. These factors include organisational structures with HIV M&E functions; human capacity for HIV M&E; partnerships to plan, coordinate, and manage the HIV M&E system; a national multi-sectoral HIV M&E plan; an annual costed national HIV M&E work plan; and advocacy, communications, and culture for HIV M&E. The importance of investing in the organisational as well as the technical capacity of the M&E system is demonstrated in the analysis of barriers to M&E system performance in **Box 2**.

Box 2. Situation analysis of human and organisational capacity in M&E in Guyana

A situation analysis and a participatory assessment of the human and organisational capacity of the national HIV M&E system in Guyana were conducted in 2007 and 2008, respectively. Both assessments revealed a range of limitations to M&E system performance, including both technical and organisational factors. The primary technical barriers included a lack of technical M&E skills and experience and the existence of parallel information systems. Key informant interviews with staff collecting and managing data at national, sub-national and service-delivery levels noted that critical aspects of the organisational structure and relationships with stakeholder were lacking, which prevented the M&E system from working effectively. Of particular importance was the lack of a well-defined mandate for the M&E Unit of the National AIDS Commission to be recognized as the coordinator of relevant stakeholders in M&E, leading to a lack of commitment from stakeholders to contribute to the national HIV M&E system.

Levels of M&E capacity building

There are three levels where capacity is required to ensure overall performance of the HIV M&E system: **individual, organisational and system**. Definitions of each level and examples of capacity elements are included in **Box 3**. When planning for M&E performance improvement, capacity building should be done at all three levels. In fact, improving capacity at one level may require concurrent interventions at another level. For example, to reinforce M&E technical training at the individual level, it is important to institutionalise regular performance assessments linked to job incentives at the organisational level. Examples of the interdependence of capacity building interventions at different levels are provided throughout Section 3 of the Guidance.

Box 3. Levels of M&E capacity building (USG, 2007)

Individual Level

Definition

The individual level refers to the individual job performance and behaviours/actions of staff with M&E responsibilities in the national AIDS programme.

Capacity elements

- Job requirements
- Skill levels and needs
- Performance reviews
- Accountability and career progression
- Access to information, training / re-training
- Professional networking

Organisational Level

Definition

The organisational level refers to the infrastructure and operations that need to be in place within each organisation to support the collection, verification and use of data for programme management and accountability.

Capacity elements

- Management process
- Communication process
- Human resource system and personnel structure
- Financial resources
- Information infrastructure
- Organisational motivation

System Level

Definition

The system level refers to the M&E functions across different organisations and how they interact, as well as the supportive policy and legal environment for M&E.

Capacity elements

- Policies, laws and regulatory actions that govern the collection and use of health-related information
- Resource generation and allocation for M&E
- Systems for management and accountability
- Resources, processes and activities across different organisations

Standard capacity building strategies and interventions

There are some standard capacity building strategies and interventions that are used at different levels of the M&E system to improve performance. They include: introducing or strengthening strategic planning for M&E system capacity building; leadership development; team-building; coaching; mentoring; exchange visits; technical assistance; and, short and long-term training. In all cases, it is not only the strategy or intervention chosen that influences success in capacity building but also how it is done. Evaluations of capacity building teach that there are good practices which are more likely to lead to effective outcomes. These good practices include:

- Understand that capacity building is more than a one-off event.
- Take ownership of your organisation's capacity building efforts.
- Focus on the needs and priorities of the organisation as a whole.
- Engage stakeholders in the capacity building process.
- Cultivate political support for capacity building.
- Actively manage capacity building processes.
- Prepare for monitoring and evaluation at the outset of a capacity building initiative.
- Establish an environment conducive to learning and change.

[Source: Douglas Horton et al. (2003), Evaluating capacity development. Experiences from Research and Development Organisations around the World, IDRC. http://www.idrc.ca/en/ev-31556-201-1-DO_TOPIC.html, accessed 13 February 2009.]

Box 4 provides a concise description of commonly used strategies and interventions for building capacity at different levels of the HIV M&E system. Section 3 of the Guidance builds on this list and offers capacity building strategies and interventions that are specific to improving the performance of each of the 12 components of the HIV M&E system.

Box 4. Standard capacity building strategies and interventions at different levels

Individual Level	
Training: short-term / long-term	Training refers to the acquisition of knowledge, skills and competencies as a result of the teaching of vocational or practical skills and knowledge that relate to specific useful competencies. Training aims to improve a person's capacity and performance. Training can generally be categorized as: • *On-the-job training* which takes place in the real work situation. The trainees learn to use the tools, equipment, documents or other materials needed to enhance job performance. • *Off-the-job training* typically takes place away from the real work situation, implying that the employee does not count as a directly productive worker while such training takes place. This training has the advantage of allowing people to get away from their usual work and concentrate more thoroughly on the training. *Short-term training* is often completed in less than one year. Short-term training may include a range of options: seminars, workshops, continuing education, personal enrichment courses, non-credited and open enrolment courses. *Long-term training* typically takes one or more years to complete. Long-term training refers to formal education consisting of systematic instruction, teaching and training by professional teachers in order to obtain a professional degree or diploma. Education is a broad concept, referring to all the experiences in which students can learn; Instruction refers to the intentional facilitating of learning toward identified goals, delivered either by an instructor or other means; Teaching refers to the actions of an instructor designed to impart learning to the student; Training refers to learning with a view toward preparing learners with specific knowledge, skills, or competencies that can be applied immediately upon completion.

Box 4. Standard capacity building strategies and interventions at different levels

Coaching

Coaching is:

- A means for learning, development and guiding someone towards her/his goals.
- The mutual sharing of experiences and opinions to create agreed upon outcomes.
- Short-term and structured; meetings between the coach ad the person coached are scheduled on a regular basis.

Coaching is *not* an opportunity for correcting or directing someone's actions, *nor* for the coach to be the expert with all the answers.

Not all people or situations are the same, so different coaching styles need to be mastered by the coach to adapt to different circumstances. In some cases, a directive approach may need to be adopted, particularly when working with those who are inexperienced or whose performance requires improvement. Other situations may call for a more supportive approach when one acts more as a facilitator or guide.

Coaching style	**Used for**	**Examples**
Directive	Developing skills	Instructing a new employee who needs to develop skills in your area of expertise Acting as a model for the individual being coached by showing the most effective way to perform a task
	Providing answers	Explaining the organisation's business strategy to a new employee Clarifying departmental protocol for the new employee
Supportive	Facilitating problem solving	Helping individuals to find their own answers to problems
	Building self-confidence	Expressing confidence that an individual can find the solution Providing positive feed-back for a job well done
	Encouraging individuals to learn on their own	Challenging individuals by assigning new responsibilities, even if it means risking mistakes
	Serving as a resource for others	Providing information about new situations Sharing experiences Introducing new contacts

Source: Adapted from Coaching people. Expert solutions to everyday challenges. Boston: Harvard Business School Press, 2006.

Box 4. Standard capacity building strategies and interventions at different levels

Mentoring

Mentoring is:

- The guidance and support offered by a more experienced colleague
- Longer-term and informal; meetings between the mentor and the person mentored (i.e., the mentee) take place as needed

A mentoring relationship is established between a mentor and a mentee. The mentor is the role model or the influential person who provides help to the mentee to reach his/her major life goals.

Four common objectives of mentoring are:

1. To assist in the application and integration of institutionally-based learning to the reality of professional practice;
2. To support and assist the transitional process of taking up a new role in the workplace and becoming a fully fledged professional;
3. To bring benefits to an organisation by promoting a supportive structure for staff development; and,
4. To support continuing personal and professional growth.

The mentor is *not* a crisis counselor, who appears in time of trouble only. The mentor is part of the ongoing life of an organisation, a steady and continuing thread in the fabric of professional induction and development.

Mentoring should *not* be a formal method of assessment of professional competence.

Though mentoring was traditionally targeted at young professionals, given the fact that changes occur throughout one's professional life, it is important to make mentors available at all stages.

Source: Adapted from Freeman R (1998). *Mentoring in General Practice*. Oxford: Butterworth Heinemann.

Box 4. Standard capacity building strategies and interventions at different levels

System Level & Organisational Level	
Institutionalise a strategic capacity building process	Capacity building requires a comprehensive, continuous and logical process that begins with strategic planning and is followed by assessments of capacity needs, planning for capacity building interventions, and periodic monitoring and evaluation of these interventions. Managers need to cultivate support among the organisation's stakeholders; senior managers and political authorities are especially important because they usually sanction any major changes that may take place within or across organisations. It is critical that one team (in an organisation) or one organisation (in a system) takes responsibility for managing the overall capacity building process. In some countries, the national HIV M&E technical working group plays this role in the national capacity building process. Over time, the capacity building process should become a permanent part of the M&E activities, supporting strategic investment and sustaining commitment to systematic capacity building.
Leadership development and team-building	Leadership for M&E is linked closely to performance. Leaders create a shared vision and mobilise people and resources for peak performance. The *Virtual Leadership Development Program* – http://www.hrhresourcecenter.org/vldp_07 – is an internet-based and team-based approach to strengthening leadership that can be adapted for use in M&E. Other strategies to improve leadership include creating a network of M&E leaders; training and mentoring leaders in developing competencies; and, providing incentives for sound leadership. Capacity building often requires changes in the structure, behaviour and attitudes that are found in organisations and systems. Defining the need for change and leading the organisation of system through the steps for change is more effectively accomplishment through a team-based strategy. Among other benefits, teamwork builds on collective experiences, creates a sense of ownership and shared commitment to change, and reduces competition.

Box 4. Standard capacity building strategies and interventions at different levels	
Technical Assistance	Technical Assistance is defined here as the provision of advice or practical activities or the development of capacity that can prevent and correct problems within the national M&E system. Ideally, technical assistance is meant to be a temporary measure, designed to fill specific capacity gaps (Macintyre, 2006). The nature of the partnership between those providing technical assistance and an organisation or individual receiving assistance should be one of commitment to open dialogue and to implementing activities that aim for mutual benefit (LaFond & Frankel, 2005). If outside organisations are identified as resources for capacity building, it is especially important that the capacity building partner transfers capacities to the recipient over time.
Exchange visits	Exchange visits are a practical way for building capacity. Individuals or groups from one organisation learn new knowledge, skills and applications through visiting another organisation and engaging in dialogue, sharing experiences and practicing specific skills. Visits foster professional interaction between individuals and organisations and also play an important role in promoting collaboration between different organisations. Exchange visits could take place in country or could involve visiting another country. The visits are usually short term (i.e., less than two weeks). Visits are a form of peer-to-peer learning. The lessons learned should be integrated into regular practice in the visiting organisation.

Principles of M&E capacity building

The following principles of good practice are critical to M&E capacity building.

Ownership. An organisation should lead its own capacity building efforts so that it meets its own needs and takes ownership of the process. External agents may provide support, but the motivation and responsibility for change must come from within the organisation. [**Box 5**]

Partnerships for mutual benefit. Capacity building often entails a partnership between those providing technical assistance and the organisation or individual receiving it. The nature and quality of this partnership can have a major influence on the outcome of capacity building. Each partner's goals need to be discussed and the purpose and nature of the partnership made explicit. There should be commitment to open dialogue and to implementing capacity building activities that aim for mutual benefit.

How capacity building is done is as important as the goals. The processes used to build capacity are important. For example, trainings should be designed to promote self-learning, critical thinking, team building and action planning. When individual training is used for capacity building, the organisation should define the goals of the training, how individual training will benefit the organisation, and how the organisation can support newly trained staff. Learning by doing is fundamental to capacity building and an environment that is open to self-reflection and improvement should be encouraged.

[Source: Adapted from LaFond A, Frankel N (2005). *Staff Handbook on Capacity building in Monitoring and Evaluation*. Chapel Hill: MEASURE Evaluation]

Box 5. Actions to support a coordinated approach to HIV M&E capacity building

M&E capacity building should support the country's national M&E plan and implementation priorities for establishing and maintaining one national HIV M&E system (i.e., the 'Third One'[1]).

What can be done at global level to support a coordinated approach to M&E capacity building?

- Establish and maintain global partnerships for coordination and harmonization of M&E capacity building and the development of M&E standards and guidelines.
- Communicate the global M&E standards and guidelines to staff involved in providing technical assistance and update business practices to incorporate this normative guidance.
- Support the adaptation of global M&E standards and guidelines to regional and country contexts.
- Identify the resources and comparative advantage of agencies / organisations involved in M&E capacity building.

What can be done at the national level to support a coordinated approach to M&E capacity building?

- The national HIV M&E unit should provide leadership in the areas of identifying need and coordinating technical assistance for M&E capacity building. The national M&E technical working group (or equivalent forum) can play an important supportive role.
- The National AIDS Strategic Plan, the national M&E plan, the costed work plan and M&E assessment reports should be easily accessible to providers of technical assistance to ensure a common understanding of the country's M&E priorities and performance objectives.

What can organisations do to support a coordinated approach to M&E capacity building?

- Align the organisation's M&E plan to the national M&E plan and implementation procedures. Regularly review and revise the organisation's M&E plan to ensure harmonization with the national M&E plan and other organisations conducting HIV M&E in the country.
- Commit to transparency, objectiveness and flexibility with M&E.
- Communicate to all relevant personnel and to the national M&E technical working group (or equivalent forum) the organisation's role, responsibilities and contributions to the national M&E system.
- Commit to pairing external expertise with the national institutions and ensure transfer of capacities over time.
- Define the skills required by providers of technical assistance in their Terms of Reference; monitor the performance of individuals and organisations providing technical assistance.

1 The 'Three Ones' refer to: one national AIDS authority, one national AIDS strategic plan, and one national M&E system (the latter is also referred to as 'the Third One'). See: UNAIDS. *"Three Ones" key principles: "Coordination of National Responses to HIV/AIDS" Guiding principles for national authorities and their partners. Geneva*: UNAIDS, 2004.

2. Developing a national M&E capacity building plan

This Section includes information on how to develop an HIV M&E capacity building plan, who should be involved in planning for capacity building, how to use the results of capacity assessments, and how a national capacity building plan differs from, but complements the national M&E work plan. A template for an HIV M&E capacity building plan and a country example are provided.

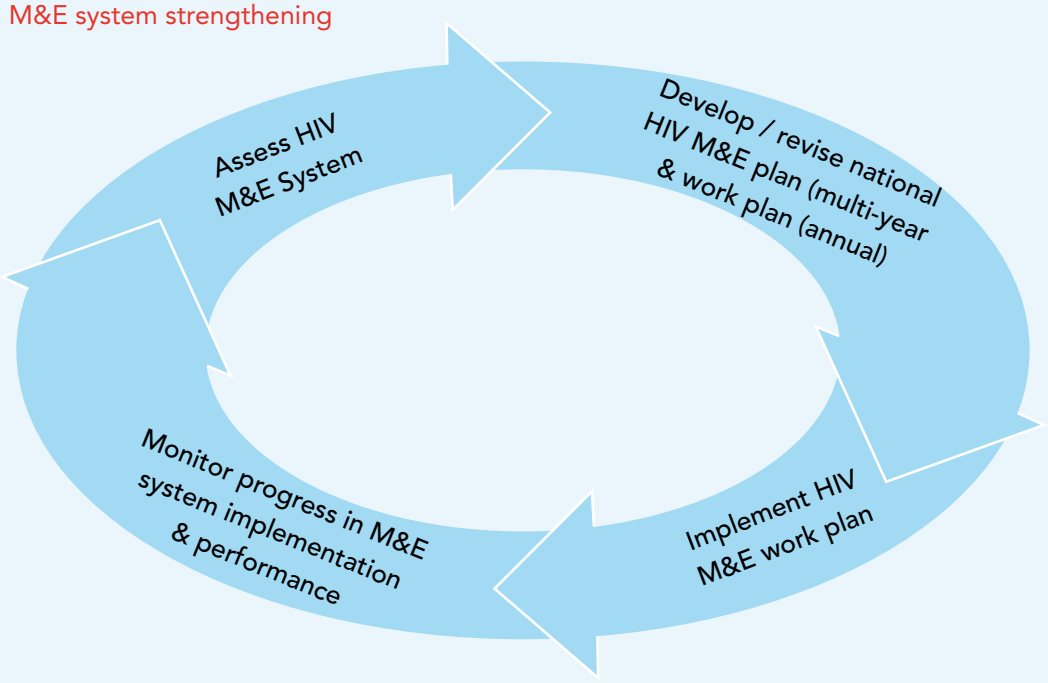
- DEVELOPING A NATIONAL HIV M&E CAPACITY BUILDING PLAN
- SETTING PRIORITIES FOR HIV M&E CAPACITY BUILDING
- HIV M&E CAPACITY BUILDING PLAN CONTENT

Developing a national HIV M&E capacity building plan

The development of an M&E capacity building plan should be incorporated into the regular cycle of national strategic planning and implementation [**Figure 1**]. The development of this plan should be based on the lessons learned from assessments of the M&E system. These assessments can include a comprehensive review of the entire M&E system, done every two to three years; targeted reviews of specific components of the system done every one to two years; and routine monitoring of the ongoing performance of the system. It is also useful to assess the status of the HIV M&E system whenever the national response is reviewed (e.g., during a Joint Annual HIV Programme Review or when the National AIDS Strategic Plan is revised[2]). The direct output of an M&E assessment is a report on the strengths and weaknesses of the HIV M&E system (or components thereof) and the recommended actions to support M&E system strengthening. These recommendations should be considered when revising the national multi-year M&E plan and the annual M&E work plan. Specific recommendations for M&E capacity building strategies and interventions should be included in these plans; if they were not, an addendum to these plans should be developed at the earliest opportunity.

There a several standardised tools available for an M&E assessment; see: *Operational Guidance on the Selection of Tools & Approaches for the Assessment of HIV Monitoring and Evaluation Systems, UNAIDS 2009a; 12 Components Monitoring and Evaluation System Assessment Tool. Geneva: UNAIDS 2009b.*

Figure 1: Strategic planning and implementation cycle in support of the national HIV M&E system strengthening



2 See: UNAIDS. *Joint Reviews of National AIDS Responses. A Guidance Paper.* Geneva: UNAIDS, 2008.

Setting priorities for M&E capacity building

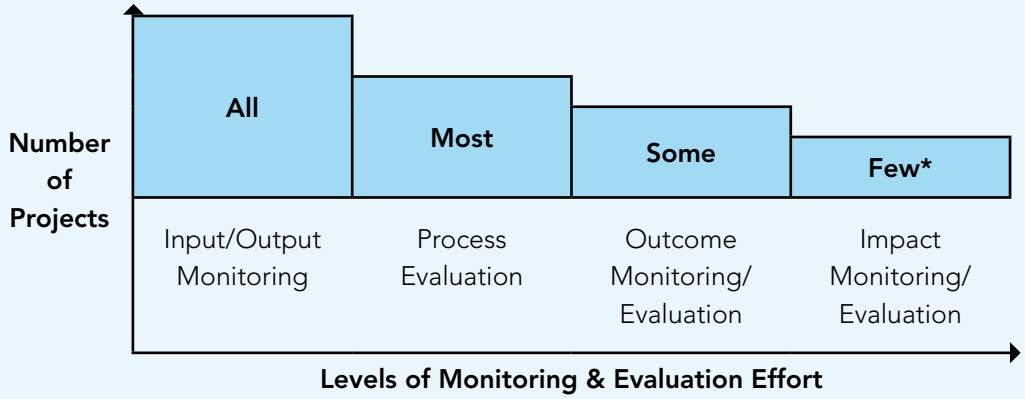
Developing a fully functional national HIV M&E system takes time because not everything can be done at once. It is essential to take a phased approach in the implementation of the system, consistently building on existing capacity. As mentioned above, regular assessments, which identify the strengths and weaknesses of the overall M&E system and/or individual components of that system, should be the basis for setting priorities in M&E system strengthening. The availability of financial and human resources will further determine what can be achieved.

Key principles to keep in mind when setting M&E priorities are:

- Pay close attention to human resources. Adequately trained staff with dedicated time for M&E is critical. The ability to draw on technical assistance, when and where needed, is equally important.
- Support M&E activities that build one national M&E system. An international effort to foster coordination has culminated in the endorsement by all governments and major donor agencies of the *Three Ones Principles: A Commitment to Concerted Action* (UNAIDS, 2004). This commitment seeks to transform the concepts of one national AIDS authority; one national strategic plan; and one comprehensive, strategic, and well-coordinated M&E system, into reality. It is important to build on this international effort by developing M&E partnerships and collaborative networks to foster coordination at all levels to reduce fragmentation and duplication of effort.
- Collect data that will be used to improve the response. Data needs to adress key questions for national programme management and improvement: (1) Are we doing the right things? (2) Are we doing these things right? (3) Are we doing them on a large enough scale to make a difference? Bringing together all relevant stakeholders to determine data needs based on what key decisions need to be made and when, is a fundamental aspect of prioritization.
- Make sure that the people working in the national M&E system are focused on the right tasks. In other words, not everyone working within the national HIV M&E system will be – or should be – involved in all aspects of M&E [**Figure 2**].
  - » *Everyone* should conduct basic programme input and output monitoring for the purposes of good programme management and for selecting a few indicators to report to key stakeholders to whom the programme is accountable.
  - » *Most people* should also conduct some basic process evaluations, such as implementation assessments, quality assessments, basic operations research, case studies and cost analyses.
  - » Only *some people* would conduct outcome monitoring and even fewer rigorous outcome evaluations, not only because of the additional time, expertise, and resources that these methods require but also because they are only relevant to more established programmes (outcome monitoring) or programmes for which there is insufficient evidence that they work (outcome evaluation).
  - » Finally, *very few people* would be involved in an impact evaluation, which attempts to attribute long-term effects (impact) to a specific programme.

With these general principles in mind, it is important that all M&E stakeholders agree on the priorities to ensure that everyone is committed to addressing them. In many cases, agreeing on priorities will require stakeholders to make difficult choices. To assist in the prioritization process, there are a range of techniques that can be used (for example, see: Duttweiler 2008; Management Sciences for Health 2005; Public Health Foundation 2006).

Figure 2. Strategic Planning for M&E: Setting Realistic Expectations



*Disease impact monitoring is synonymous with disease surveillance and should be part of all national-level efforts, but cannot be easily linked to specific projects.

[Source: Adapted from Rugg D, Peersman G, Carael M (2004). Editors' Notes. In: Global Advances in Monitoring and Evaluation of HIV/AIDS. Rugg D, Peersman G, Carael M (Eds). *New Directions for Evaluation*, 103: p.4]

Content of an M&E capacity building plan

Below is a possible template for a national M&E capacity building plan.

Box 6. Template for a national M&E capacity building plan

NATIONAL M&E CAPACITY BUILDING PLAN					
Objective 1:					
Expected Key Results: • •					
Planned Activities	**Duration** [Start / End Date]	**Responsible Organisation** [Individual]	**Supporting Organi-sation(s)**	**Timeline** [Q1, Q2, Q3, Q4] Q=Quarter	**Cost** [Item & Total, Available funding, Funding gaps]
Activity 1					
Etc.					
Objective 2:					
Expected Key Results: • •					
Planned Activities	**Duration** [Start / End Date]	**Responsible Organisation** [Individual]	**Supporting Organi-sation(s)**	**Timeline** [Q1, Q2, Q3, Q4] Q=Quarter	**Cost** [Item & Total, Available funding, Funding gaps]
Activity 1					
Etc.					

3. Capacity building strategies and interventions to strengthen the national HIV M&E system

This Section describes the performance goal for each component of the HIV M&E system and the expected results of capacity building. It also introduces specific M&E capacity building strategies and interventions for achieving performance.

The Section starts with a general discussion of capacity building at the individual level and then considers capacity building at the organisational and system levels for each of the 12 components, following the structure of the *Organizing Framework for a Functional National HIV Monitoring and Evaluation System* (UNAIDS 2008a). The proposed strategies and interventions were chosen based on evaluation evidence and field experience. Examples of the interdependence of capacity building interventions at different levels are provided.

- INDIVIDUAL LEVEL CAPACITY BUILDING
- ORGANISATIONAL AND SYSTEM LEVELS CAPACITY BUILDING
  - » USING DATA FOR DECISION-MAKING
  - » PEOPLE, PARTNERSHIPS AND PLANNING
  - » COLLECTING, VERIFYING, AND ANALYSING DATA

Individual level interventions

Human capacity is one of the critical components required in an HIV M&E system. In the context of M&E, there are several terms that are used for human capacity building such as M&E training, education for M&E, and human resource development for M&E. This Guidance considers the term "human resource development" the most accurate description of the goals of human capacity building.

At the individual level, it is important for people to obtain and maintain the knowledge, skills and competencies (KSC) required to carry out the variety of duties for a particular professional position or among a team of people responsible for HIV M&E. **Box 7** presents an overview of KSC requirements at the individual level that enable people or teams to contribute to the performance of each of the 12 main components of a functional national HIV M&E system. Skills are defined as either general, M&E technical or managerial depending on the component addressed.

What can individuals do to enhance job performance?

Individuals – most often as part of a team/organisation – can and should:

- Develop and use a personal performance-review checklist as a job aide.
- Regularly self-assess their own knowledge, skills and competencies in relationship to key responsibilities of the job and develop a personal capacity building plan, including needs and opportunities for training, re-training, mentoring and coaching in order to address areas that are deemed to be important for good job performance. This plan should not focus exclusively on technical KSC; it should also include general knowledge and skills such as basic computer knowledge and organisational skills.
- Work with managers, supervisors, and/or peers to learn new skills or refine existing skills.
- Make a case to their supervisor for participating in additional training and other capacity building activities such as mentoring, coaching and supportive supervision.
- Obtain training (on-the-job, off-the-job, short-term and/or long-term) on specific M&E methods.
- Obtain train-the-trainer instruction to enhance their own presentation skills as a formal or informal trainer or communicator on M&E issues.
- Remain up-to-date on specific M&E methods, tools and guidelines as well as the general professional literature. Opportunities include regularly consulting guidelines or handbooks on M&E, visiting credible websites specialising in M&E resources and joining credible list serves that organise moderated discussions on HIV M&E.
- Obtain an in-depth understanding of the most recent standardised protocols, tools and guidelines to be able to design, conduct and/or critically review M&E activities.

Box 7. Individual knowledge, skills and competencies (KSC) needed to support implementation of a functional national M&E system

12 System Components	**Required individual level skills** (for an individual or team of people)
1. Organisational structures with HIV M&E functions	**Managerial skills:** Leadership; strategic and global thinking; capability to bring together diverse stakeholders; team work and cooperation; project management (including budgeting); management of human and financial resources; strategic planning; organising skills; facilitation; negotiation; transparency; diplomacy; objectivity; flexibility; conflict management; organisational commitment; professional networking.
2. Human capacity for HIV M&E	**M&E technical skills:** M&E curriculum development and standardisation. **Managerial skills:** Human resource planning, professional development system design and management.
3. Partnerships to plan, coordinate, and manage the HIV M&E system	**M&E technical skills:** Behavioural/basic epidemiology; surveillance systems; quantitative data collection and analysis; qualitative data collection and analysis; indicator selection/setting targets; routine programme monitoring; evaluation process management; information systems; data use, including audience analysis; data use constraints analysis. **Managerial skills:** Team leadership; team work and cooperation; management of human and financial resources; planning; standard setting; monitoring work; strategic and global thinking; strategic planning; capability to bring together diverse stakeholders; communication skills; negotiation; transparency; diplomacy; objectivity; flexibility; facilitation; cultural sensitivity; advising and consulting.
4. National HIV M&E plan	**General skills:** Logical framework analysis; history of HIV/AIDS and response. **M&E technical skills:** Quantitative data collection and analysis; qualitative data collection and analysis; indicator selection/ target setting; data use, including audience analysis; data use constraints analysis. **Managerial skills:** Strategic planning; analytic skills; facilitation; consensus-building; financial and budgeting skills.

Box 7. Individual knowledge, skills and competencies (KSC) needed to support implementation of a functional national M&E system	
5. Annual costed national HIV M&E work plan	**Managerial skills:** Project management, including budgeting; resource mobilisation; negotiation.
6. Advocacy, communications, and culture for HIV M&E	**Managerial skills:** Analytical skills; presentation; writing skills; communication skills; skills to interpret the programmatic implication of M&E data.
7. Routine HIV programme monitoring	**General skills:** Logic framework analysis. **M&E technical skills:** Behavioural/basic epidemiology; demography and population dynamics related to AIDS; surveillance systems; quantitative data collection and analysis; qualitative data collection and analysis; indicators selection/target setting; survey research, including questionnaire development; rapid assessment procedures; modeling; information/data auditing/validation. **Managerial skills:** Analytical skills; presentation; writing skills; communication skills; skills to interpret the programmatic implication of M&E data.
8. Surveys and surveillance	**M&E technical skills:** Behavioural/basic epidemiology; demography and population dynamics related to AIDS; surveillance systems; quantitative data collection and analysis; qualitative data collection and analysis; indicators selection/setting targets; survey research, including questionnaire development; rapid assessment procedures; modeling; geographic information systems. **Managerial skills:** Analytical skills; presentation; writing skills; communication skills.
9. National and sub-national HIV databases	**M&E technical skills:** Information systems; data use, including audience analysis; data use constraints analysis. **Managerial skills:** Team leadership, teamwork and cooperation, presentation and communication skills.

Box 7. Individual knowledge, skills and competencies (KSC) needed to support implementation of a functional national M&E system

10. Supportive supervision and data auditing	**M&E technical skills:** Information/data auditing/validation; specific M&E technical skills related to the data type under investigation. **Managerial skills:** Team work and cooperation; project management and proposal development; foresight and problem solving; communication skills; advising and consulting; transparency; diplomacy; objectivity; flexibility; mentorship; analytical skills; negotiation.
11. HIV evaluation and research	**M&E technical skills:** Quantitative data collection and analysis; qualitative data collection and analysis; data triangulation; meta analysis/research synthesis; management of the evaluation process; evaluation methods; research methods, including situation analysis and needs assessment; statistical skills. **Managerial skills:** Leadership; team work and cooperation; project management and proposal development; writing skills; communication skills; analytical skills; presentation.
12. Data dissemination and use	**M&E technical skills:** Quantitative data collection and analysis; qualitative data collection and analysis; skills for interpreting programmatic implications of M&E data; data use (including audience analysis; data use constraints analysis. **Managerial skills:** Analytical skills; writing skills; communication skills; presentation.

Organisational and system level interventions

Capacity building at the organisational and system levels is considered together in this Section. The synergy between interventions at these two levels often makes it difficult to determine which strategies and interventions are most relevant at each level. In many cases, efforts to build organisational capacity also benefit the system level and efforts to improve the system lead to improvements in the organisations that make up the system.

This Section provides several examples of what can be done at the organisational and system levels for strengthening each of the 12 system components. For each component, there is information on the overall performance goal, capacity building strategies and interventions for reaching this goal as well as the results that reflect sound performance of that specific component. The Section provides a picture of 'what we are aiming for' in building system capacity, 'how we get there,' and 'what the component/system should look like when we are done.'

Not all 12 components need to be present and addressed by all stakeholders, nor do they need to be addressed at the same time. In reality, stakeholders will be required to prioritise investment in some components over others because of time and resource constraints. However, in the course of prioritising investment in the HIV M&E system, stakeholders should keep in mind the critical role of data use. M&E data, regardless of who collects it, should be collected with the intent to use it for programme management, programme improvement and accountability. Consequently, capacity building for the use of M&E data should be a priority for all stakeholders.

Given the overriding importance of data use, Component 12 (Data Dissemination and Use) is presented first in this Section. This reflects its position at the centre of the framework illustration (see page 9) used to show how each of the 12 components is an essential part of a functional national HIV M&E system. Data dissemination and data use are the fundamental reasons for having a national HIV M&E system.

Using data for decision-making

Component 12: Data Dissemination and Use

Performance Goal: Disseminate and use data from the M&E system to guide policy formulation and programme planning/improvement.

What can be done at the system level to build capacity for dissemination and use of HIV data?

- Develop and communicate a mandate for sharing data publicly and in a timely fashion.
- Develop and implement guidelines on data confidentiality and data release with explicit decision-making processes and authorities; support a mechanism for enforcing adherence.
- Provide budgetary resources for supporting staff and activities focused on standard reporting formats and the reporting timetable.
- Work with key stakeholders in the M&E system to develop a decision calendar to identify key points in the year when critical decisions are made and data are needed to support decisions. The decision calendar [Box 8] describes data needs, data quality assurance, timely delivery of data and use of data. Use the decision calendar as a management tool for M&E.
- Coordinate the efforts of the M&E manager/team from the National AIDS Commission (or equivalent) with those of the key stakeholders who are responsible for data collection (e.g., the Ministry of Health) to develop a national protocol for trend analysis and data triangulation. Coordinate this work with other line ministries and technical organisations.
- Develop and implement a communication strategy and plan for M&E products tailored to different audiences (see Component 6). Key organisations within the M&E system should establish a communications team or identify key staff to handle coordinated communications.
- Conduct an analysis of barriers to data use using existing tools. Feed results into a strategy to address these barriers through training, mentoring, leadership and/or defining new organisational procedures and standards, as appropriate.

Box 8. The Decision Calendar: a management tool for evidence-based decision-making

The Decision Calendar provides a systematic approach for stakeholders to leverage data into more productive decision processes by encouraging greater demand for and use of information by decision-makers; identifying methods of more effectively utilizing existing data; and providing a timeline for monitoring progress in the decision-making process.

Programme managers and decision-makers would likely follow these steps:

- Identify key decisions that need to be made.
- Determine the key stakeholders in these decisions.
- Document the data sources required to make these decisions.
- Clarify next steps to get or use the needed data sources.

M&E practitioners would likely take these steps:

- Review available data resources.
- Conduct subsequent analysis as needed.
- Identify key findings of that analysis.
- Identify key decisions that could be influenced by these findings.
- Present these insights to appropriate stakeholders.

One possible template for a Decision Calendar is the following at-a-glance overview for all decisions in a given period:

Decision Calendar title:

Agency/Programme:

Programme Manager:

Facilitator:

Time period for decision-making:

PART A. Policy; planning and advocacy decisions

Decision	Frequency	Decision-maker and other stake-holders	Required information	Next steps	Timeline

PART B. Programme design and improvement decisions

Decision	Frequency	Decision-maker and other stake-holders	Required information	Next steps	Timeline

Box 8. The Decision Calendar: a management tool for evidence-based decision-making

PART C. Programme management and operations decisions

Decision	Frequency	Decision-maker and other stake-holders	Required information	Next steps	Timeline

Source: MEASURE Evaluation; http://www.cpc.unc.edu/measure/tools/monitoring-evaluation-systems/ddiu-strategies-and-tools

What can organisations do to build capacity for dissemination and use of HIV data?

- Identify data needs within the organisation, especially data needs from staff responsible for programme management and improvement.
- Develop a decision calendar [Box 8] describing data needs, data quality assurance, timely delivery of data and use of data. Use the decision calendar as a tool for M&E management.
- Institutionalise data use procedures for programme planning, programme improvement and resource allocation. These may include: incorporation of data-use tasks in job descriptions for M&E and programme staff; introduction of incentives for data use; and mentoring and supervision aimed at using data during planning and budgeting.
- Develop a communication strategy and plan for M&E products tailored to different audiences. Review models and examples of HIV communication materials used in other countries.

What results can be expected from building capacity for *Data Dissemination and Use?*

If procedures for data dissemination and use are in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
The National AIDS Strategic Plan and the national M&E plan include a data use plan.	✔	✔
Analysis of data needs and data users.	✔	✔
Data use calendar to guide the timetable for major data collection efforts and reporting requirements.	✔	✔
Standard format for data tabulation and reporting.	✔	✔
Information products tailored to different audiences and a dissemination schedule.	✔	✔
Evidence of information use (e.g., data referenced in funding proposals and planning documents).	✔	✔

People, partnerships and planning

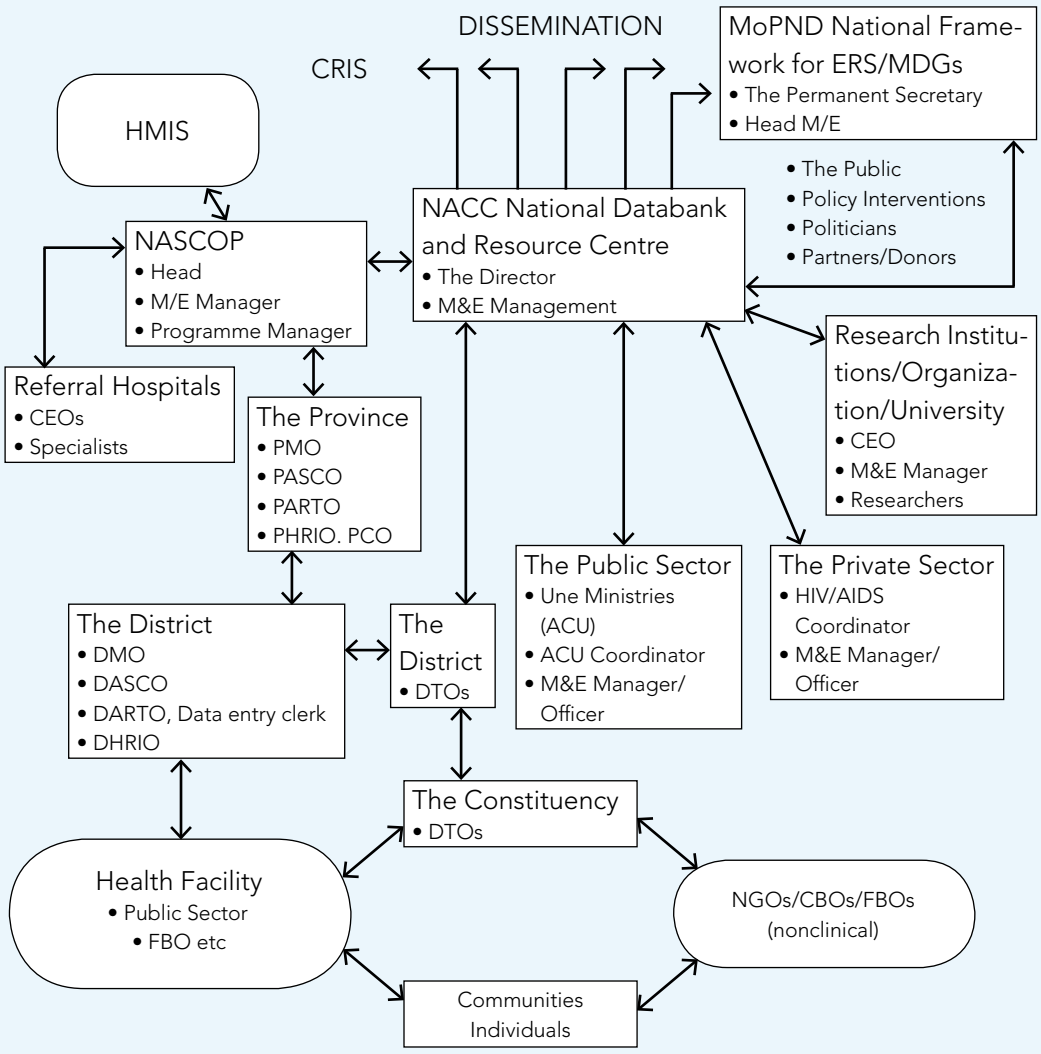
Component 1: Organisational Structures with HIV M&E Functions

Performance Goal: Establish and maintain a network of organisations responsible for HIV M&E at the national, sub-national and service-delivery levels.

What can be done at the system level to build capacity of the network of organisations with M&E responsibilities?

- Establish a Task Team to define an organisational chart for the national HIV M&E system including all stakeholders involved in M&E (i.e., multi-sectoral, national, sub-national and service-delivery levels; in-country and external partners). Define for each organisation its specific authority and responsibility with respect to M&E and the processes for shared decision-making among organisations. Ensure that each organisation in the system understands its role and responsibilities. See **Box 9** for one element of an organisational chart that depicts the flow of HIV data between various organisations collecting this data.
- Establish a national M&E technical working group. Define its scope of work, membership criteria and procedures for meeting, making decisions and communicating its decisions. Establish a Secretariat for the technical working group to carry out the management functions. Vet the technical working group with key decision-makers in relevant Ministries (such as Ministry of Health, Ministry of Planning and Ministry of Finance) and secure support for its role and the implementation of its recommendations.
- Write, endorse, implement and regularly review and update policies and regulations to support M&E data collection, sharing and use.
- Write and oversee implementation of a national strategy for human capacity development to support data collection, management, analysis and use.
- Define a strategy for resource generation for the HIV M&E system.
- Assess and track the overall performance of the M&E system on a regular basis. Develop and implement a national M&E capacity building plan and track changes in performance over time.

Box 9. Example of the organisational structure for the flow of M&E data in Kenya



ACU: AIDS Control Unit; CACC: Constituency AIDS Control Committee; CBO: Community-based organisation; CEO: Chief Executive Officer; CRIS: Country Response Information System; DARTO: District ART Officer; DASCO: District AIDS/STD Coordinator; DHRIO: District Health Records & Information Officer; DMO: District Medical Officer; DTC: District Technical Committee; ERSWEC: Economic Recovery Strategy for Wealth and Employment Creation; FBO: Faith-based Organisation; HMIS: Health Management Information System; MDG: Millennium Development Goals: MoPND: Ministry of Planning and National Development; NACC: National AIDS Control Council; NASCOP: National AIDS and STI Control Programme; NGO: Non-governmental organisation; PARTO Provincial ART Officer; PASCO Provincial AIDS/STD Coordinator; PHR&IO Provincial Health Records and Information Officer; PMO: Provincial Medical Officer.

Source: National AIDS Control Council, NACC (2005). National HIV/AIDS Monitoring and Evaluation Framework. Republic of Kenya: NACC.

What can organisations do to build organisational capacity for M&E?

- Describe the roles and responsibilities with respect to M&E within the organisation, including well-defined job descriptions and their relationship to the overall performance goals for M&E.
- Define procedures for personnel hiring and training / re-training of existing staff focusing on performance goals.
- Hire sufficient numbers of skilled staff or train/promote existing staff to fill technical and managerial positions.
- Establish a task team of managers to develop and introduce incentives for individual and organisational performance.
- Conduct regular performance reviews – both individual and organisational – and provide incentives / rewards for good performance.
- Conduct a workshop to define routine mechanisms for (1) M&E planning and management; (2) stakeholder coordination and consensus building; and, (3) for monitoring the performance of the M&E system
- Standardize and communicate the M&E planning and management processes and procedures; apply them consistently.
- Define basic organisational performance measures. Establish a performance improvement team within the organisation that (1) periodically coordinates an organisational performance self-assessment, using a standard checklist [Box 10]; (2) redefines the performance measures as needed; and, (3) facilitates the development of an organisational capacity building work plan.
- Define and secure technical, human and financial resources to implement the organisational capacity building work plan, including provision of leadership training and mentoring of junior staff by senior staff.
- Introduce leadership development opportunities for M&E managers.

In many countries, the centre of M&E activity is likely to be the national AIDS programme. However, it is important to ensure that sufficient M&E capacity is built over time in all sectors related to HIV and AIDS, including, for example, the Ministry of Health, Ministry of Education and Ministry of Labour. The **Appendix** includes detailed information on the required general, technical and managerial knowledge and skills for each M&E-related position within an integrated HIV M&E system (i.e., national, sub-national and service-delivery levels).

An organisation's capacity building work plan to achieve M&E performance results within the organisation is guided by the national strategy for M&E capacity development to support data collection, management, analysis and use.

Box 10. Assessment tools for enhancing organisational performance

Capacity building programmes are intended to strengthen an organisation's ability to provide quality and effective services as a viable institution. This means supporting an organisation to be programmatically sustainable (providing needed and effective services), as well as organisationally sustainable (with strong leadership, and having necessary systems and procedures to manage by), while ensuring that it has sufficient resources (human, financial and material) that are utilized well. Finally, this support must help the organisation understand the external environment (political, economic, and social) it operates in and to develop a relationship with it that is sufficiently stable and predictable.

An organisation can be thought of as a system of related components that work together to achieve an agreed-upon mission. The following list of organisational components is not all-inclusive, nor does it apply universally to all organisations. Rather, the components are representative of most organisations involved in development work and will vary according to the type of organisation and the context in which it functions.

Structure and Culture

- Organisational identity and culture
- Vision and purpose
- Leadership capacity and style
- Organisational values
- Governance approach
- External relations

Technical or Programme Functions

- Service delivery system
- Programme planning
- Programme monitoring and evaluation
- Use and management of technical knowledge and skills

Administrative and Support Functions

- Administrative procedures and management systems
- Financial management (budgeting; accounting; fundraising; sustainability)
- Human resource management (staff recruitment; placement; support)
- Management of other resources (information; equipment; infrastructure)

Resources

- Human
- Financial
- Other

Box 10. Assessment tools for enhancing organisational performance

When selecting an instrument to measure performance, one should first clearly identify what needs to be measured. The objective of the capacity building intervention may be to strengthen the entire organisation or only a specific function or component of the organisation. The most useful measurement will capture only the information relevant to the intervention. One approach is to measure the actual services or products the organisation provides. Another method is to look at how well the entire organisation functions by examining all of the components listed above. Yet another method involves examining only selected components of the organisation.

Measuring Institutional Capacity (USAID Center for Development Information and Evaluation, 2000) presents capacity-assessment tools and other measurement approaches that, while similar in some ways, vary in both their emphasis and their method for evaluating an organisation's capacity. Some use scoring systems while others do not; some use questionnaires while others employ focus groups; some use external evaluators and others use self-assessments; some emphasize problem solving while others concentrate on appreciating organisational strengths.

Some tools can be used to measure the same standard across many organisations while others are organization-specific. Many of the tools are designed so that the measurement process is just as important as, if not more important than, the resulting information. They may involve group discussions, workshops or exercises, and may explicitly attempt to be participatory. Such tools try to create a learning opportunity for the organisation's members, so that the assessment itself becomes an integral part of the capacity building effort. See the source document for a full description of the existing tools and approaches.

*The terms institutional capacity, institution building, institutional strengthening, organisational capacity and organisational development all address the same set of issues and are used interchangeably here.

Source: *Measuring Institutional Capacity (USAID Center for Development Information and Evaluation; 2000. TIPS. Recent Practices in Monitoring and Evaluation; Nr15)*

What results can be expected from building capacity of *Organisational Structures with HIV M&E Functions?*

If organisational structures are in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
Leadership: Effective leadership for M&E.	✔	✔
Human Resources: Job descriptions for M&E staff; adequate number of skilled M&E staff; defined career path in M&E.		✔
Organisational Culture: Commitment to ensure consistent performance of the M&E system.	✔	✔
Organisational Structure; Roles and Functions: Well-defined national organisational structure, including a national HIV M&E unit; M&E units or M&E focal points in other public (e.g. in the Ministry of Health), private and civil society organisations; clear, written mandates for planning, coordinating and managing the M&E system.	✔	
Organisational Roles and Functions: Well-defined M&E roles and responsibilities for key individuals and organisations at all levels.		✔
Organisational Mechanisms: Routine mechanisms for M&E planning and management, for stakeholder coordination and consensus building, and for monitoring the performance of the M&E system; incentives for M&E system performance.	✔	✔
Organisational Performance: Key organisations achieve their annual work plan objectives for M&E.	✔	✔

Component 2: Human Capacity for HIV M&E

Performance Goal: Ensure an adequate number of skilled individuals are available at all levels of the M&E system in order to complete all tasks defined in the annual, costed, national HIV M&E work plan.

What can be done at the system level to build human capacity for M&E?

- Define a national strategy for human capacity development for HIV M&E that projects human resources needs and focuses on pre-service and in-service training, professional development and professional standards.
- Develop a detailed plan to develop the human capacity for HIV M&E and secure resources for that plan.
- Strengthen local and regional training institutions. Specifically, secure and coordinate funding for local and regional institutions to build local capacity for M&E training.
- Develop / adapt and promote standardised curricula to train specific categories of personnel in M&E technical and managerial skills based on a situation analysis of capacity needs and priorities.
- Coordinate M&E training, technical assistance, and training and technical assistance providers. Define standards of good practice in M&E training and technical assistance provision.
- Establish national standards for M&E positions as well as career tracks for M&E in the public sector.
- Endorse mechanisms for knowledge, skills and competency-based position descriptions, hiring, assessments and career development.
- Advocate for knowledge, skills and competency-based approaches to human resources in organisations and share examples of good practices with this approach.

What can organisations do to build human capacity for M&E?

- Establish a career path in M&E and professional development opportunities, including training, coaching and mentoring.
- Dedicate resources (e.g., time and funding) for individual career development activities.
- Ensure that the external capacity building partners transfer knowledge, skills and competencies to individuals within the organisation.
- Develop a standardised tool [**Box 11**] and process for assessing individual knowledge, skills and competencies and establish a formal mechanism to routinely use this tool to determine career development needs and to provide a basis for performance reviews.
- Include opportunities for career development in personal work plans and assess progress regularly.
- Develop a checklist for better management of M&E human resources and assess managers' performance annually against the checklist. Offer incentives to managers in terms of career advancement and public recognition for strong management performance.
- Establish partnerships with organisations in other countries that have already implemented effective M&E systems.

An organisation can promote individual job performance by establishing a process for regular performance reviews linked to rewards and career progression.

Knowledge, skills and competency-based personnel hiring and professional development can be further enhanced by establishing career tracks for M&E across organisations.

Box 11. Example of a knowledge; skills and competencies (KSC) assessment tool for managerial skills

SKILLS AREAS IN AN INDIVIDUAL COMPETENCY ASSESSMENT
The following provides some example skills area which can be assessed:

INDIVIDUAL SKILLS – *Example skills areas are:*
Logical and critical thinking – Structuring your thoughts into rational frameworks, then using these for critical evaluation and analysing your own and others' ideas.

Managing time – Allocating priorities, thinking through and making productive use of time available.

Managing uncertainty and ambiguity – Being prepared to move away from familiar ways of thinking and working and dealing with uncertain situations comfortably.

Communication – spoken and written – Expressing yourself clearly when talking to people and/or speaking at meetings, making formal and fluent presentations and writing effectively.

Listening – Being attentive to people's views and ideas. Giving time and being patient in order to understand their concerns, feelings and interpretations on issues.

Problem solving and decision making – Being able to think through and work with the diverse elements of a problem, then integrating the elements and making a decision.

MANAGING RELATIONSHIPS – *Example skills areas are:*
Performance management – Agreeing, monitoring and achieving performance standards and targets in key result areas.

Networking – Identifying and building a cluster of mutually beneficial relationship and developing a wide range of contacts.

Box 11. Example of a knowledge; skills and competencies (KSC) assessment tool for managerial skills

Delegating – Developing others by passing on some of your authority and responsibility for tasks in a systematic way, thus giving you time to take on more challenging tasks from your boss.

Teamwork – Developing synergistic working relationships built on trust, sharing and openness.

SCORING COMPETENCY IN RELATION TO IMPORTANCE OF THE COMPETENCY FOR JOB PERFORMANCE

It is important to score the individual's competencies in relation to the importance of the specified skills area in the individual's job. In other words, where the individual scores low in competence but the skill is very / extremely important for his/her job, it is important to remedy the individual's capacity immediately. Conversely, if an individual scores low in competence in an area that is not of high importance to his/her current job, capacity building in this area is not a priority.

The following provides an example of a scoring approach:

Score	Competency assessment *Think about each competence in terms of situations that occur across the major areas of your work. Rate yourself using the following five-point scale.*	Job importance assessment *Think about your job, now take each competence in turn and assess how important these are for success in your job.*
1	***Not competent***	***Not important***
	An unused or untested area; or where you are totally lacking	No ability necessary for success or effectiveness
2	***Some competence***	***Some importance***
	A slight ability demonstrated in this area	Some ability necessary to be successful and effective
3	***Fairly competent***	***Fairly important***
	An average ability demonstrated in this area	An average ability necessary to be successful and effective
4	***Very competent***	***Very important***
	An above average ability demonstrated in this area	An above average ability necessary to be successful and effective
5	***Extremely competent***	***Extremely important***
	Regarded as an expert in this area	Must be an expert in this area for success and effectiveness

Source: Ashridge Business School; UK [http://www.ashridge.org.uk]

The **Appendix** includes detailed information on the required general, technical and managerial knowledge and skills for each M&E-related position within an integrated HIV M&E system (i.e., national, sub-national and service-delivery levels).

What results can be expected from building Human Capacity for M&E?

If system for developing and maintaining human capacity for M&E is in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
Defined skill set for individuals and organisations at national, sub-national, and service-delivery levels.	✔	✔
Work force development plan, including career paths for M&E.	✔	✔
Costed, human capacity building plan.	✔	✔
Standard curricula for managerial and technical capacity building.	✔	✔
Local and regional training capacity, including training institutions.	✔	
Managers / supervisors who are knowledgeable about M&E, providing in-service training and mentoring opportunities for M&E staff.		✔

Component 3: Partnerships to Plan, Coordinate and Manage the HIV M&E System

Performance Goal: Establish and maintain partnerships among in-country and international stakeholders who are involved in planning and managing the national HIV M&E system.

What can be done at the system level to build capacity in partnering for M&E?

- Compile an inventory of organisations involved in HIV M&E, including organisations from multiple sectors; organisations working at national, sub-national and/or service-delivery levels; organisations in the public and private sector; and in-country as well as external partners.
- Establish a mechanism for coordination and communication among organisations involved in HIV M&E through the establishment of a national M&E technical working group (or equivalent forum). [**Box 12**]
- Provide the national M&E technical working group with the mandate to coordinate M&E stakeholders and activities.
- Develop links between members of the national M&E technical working group and high-level decision-makers who influence policy formulation and resource allocation for HIV M&E (e.g., members of the National AIDS Commission). Keep the decision-makers informed of the work of the technical working group and identify potential champions for HIV M&E among the decision-makers
- Set-up management mechanisms that will allow the national M&E technical working group to effectively support the stakeholders. Empower local leadership and support capacity building for stakeholder planning, coordination and communication, where needed.
- Use routine communication from the national M&E technical working group to improve coordination, avoid duplication and standardise approaches and methods for M&E capacity building in the country.
- Ensure that the M&E unit of the National AIDS Commission (or equivalent) has the authority and resources to act on the decisions and recommendations made by the national M&E technical working group.
- Make M&E-related documents – the National AIDS Strategic Plan, the national M&E plan, annual M&E work plan, M&E assessment reports, etc. – readily available; for example, publish them on a national HIV website.
- Define policies and mandates and establish procedures for data sharing and reporting among different organisations. Address bottlenecks in data sharing to support timely availability of data to facilitate evidence-based decision-making.
- Carry out sustained M&E advocacy activities. Use in-country M&E champions to obtain buy-in and resources to implement priority M&E activities. Conduct broad promotion and dissemination of M&E-related documents to all stakeholders.

Box 12. Structures to support an effective National M&E Technical Working Group

The national M&E Technical Working Group has:

(1) A **defined membership** reflecting broad representation of all relevant stakeholders involved in HIV M&E. Each organisational representative must have at least a basic understanding of M&E and preferably play a central role in M&E in his/her organisation.

(2) A **defined Terms of Reference** which includes:
- Coordination of organisations involved in HIV M&E.
- Technical oversight of the implementation of the national M&E plan (multi-year) and work plan (annual).
- M&E problem-solving, including data validation / reconciliation of indicator values from different data sources.
- M&E technical input (e.g.; for data collection efforts such as the Demographic Heath Survey or AIDS Indicator Survey).
- Oversight of M&E capacity building planning and implementation to improve coordination, avoid duplication and standardise approaches/methods.
- Regular communication with high-level decision-makers and M&E champions to update them on ongoing and planned M&E activities in order to obtain input on data needs and support for M&E implementation.

What can organisations do to build M&E capacity in partnering for M&E?

- Compile an inventory of stakeholders in the organisation, who can influence and/or support HIV M&E.
- Identify and orient an appropriate representative for active participation in the national M&E technical working group (or equivalent forum). An organisation's representative should have the necessary skills for active participation in the working group as well as the authority to represent the organisation with transparency, objectiveness and flexibility.
- Recognize the benefits of having a representative on the national M&E technical working group; for example, the opportunity to obtain technical inputs and problem-solving support on M&E issues that are important to the organisation.
- Allocate resources, time and authority to ensure that the representative to the national M&E technical working group is empowered and capable to act on behalf of the organisation.
- Establish and maintain routine communication within the organisation – regular meetings, web sites, etc. – to provide updates on the national M&E technical working group work / products and how they affect the organisation's M&E plan, system and products.

Each key stakeholder organisation involved in HIV M&E should identify a skilled representative who can actively participate in the national M&E technical working group (or equivalent forum).

A clear mandate and resources for the national M&E technical working group should be in place including for follow-up on its recommendations at system and organisational levels.

- Request feedback from M&E technicians and programme managers and schedule senior management time for questions and problem solving.
- Establish and maintain routine communication with key M&E stakeholders outside the national M&E technical working group to ensure coordination, information sharing and learning.
- Review and revise organisational plans and procedures based on recommendations from the national M&E technical working group.

What results can be expected from building capacity of *Partnerships to Plan, Coordinate and Manage the HIV M&E System?*

If partnering for M&E is in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
Mechanism to coordinate all stakeholders from the various sectors and levels of the system (e.g., national, sub-national and service delivery; in-country as well as external partners).	✔	
Mechanisms to coordinate organisational stakeholders and partners.		✔
Leadership and capacity for stakeholder coordination.	✔	✔
Routine mechanisms and communication channels to facilitate exchange of information on M&E among stakeholders.	✔	✔

Component 4: National HIV M&E Plan

Performance Goal: Develop and regularly update a national HIV M&E plan that includes identified data needs, national standardised indicators, data collection procedures and tools, as well as roles and responsibilities for implementing a functional national HIV M&E system.

(Note: A national HIV M&E plan should be a multi-sectoral, three-to-five-year strategy, which is developed and regularly updated with the participation of a wide variety of stakeholders from national, sub-national and service-delivery levels.)

What can be done at the system level to build capacity for national M&E planning?

- Encourage all stakeholders to use agreed standardised M&E terminology, cohesive planning and performance monitoring frameworks to ensure efficient communication about M&E issues.
- Agree on a standard template for a national M&E plan [**Box 13**] and a corresponding schedule for updating the plan. Identify examples of good M&E plans from other countries to use as models.
- Institutionalise coordinated M&E planning procedures for key M&E stakeholders, including periodic M&E assessments and performance monitoring linked to the National AIDS Strategic Plan. The planning process should be participatory with opportunities for feedback and input by all relevant public and private sector stakeholders, including civil society organisations and People Living with HIV.
- Dedicate staff time and resources to align the national HIV M&E plan to the monitoring and evaluation of the country's broader development plans.
- Establish a procedure for officially adopting the national M&E plan and mobilise resources to ensure implementation.
- Organise a training programme to rollout the implementation of the national M&E plan.

Institutionalised, coordinated M&E planning procedures at the national level requires active participation from all stakeholders involved in M&E.

Stakeholder organisations should take responsibility for training relevant programme staff and staff with M&E responsibilities in evidence-informed programme planning and resource allocation to ensure they can contribute effectively to the planning of the national HIV response.

Box 13. Standard components of an M&E Plan

M&E plan. A multi-year implementation strategy for the collection; analysis and use of data needed for programme and project management and accountability purposes.

The plan describes:

- Data needs linked to a specific programme or project.
- M&E activities that need to be undertaken to satisfy the data needs and the associated data collection procedures and tools.
- Standardised indicators that need to be collected for routine monitoring and regular reporting[3]
- Data quality control / assurance mechanisms.
- Components of the M&E system that need to be implemented and explicit linkages to other M&E systems.
- Roles and responsibilities of different organisations / individuals in M&E implementation, including partnerships and coordination.
- How data will be used for programme or project management and accountability purposes.
- Resource estimates (e.g., human, financial) and a strategy for resource mobilisation.
- Performance objectives for the M&E system and how these will be monitored.
- Relevant data-related policies, strategies and laws.

What can organisations do to build capacity for M&E planning?

- Dedicate staff time and resources to align the organisation's M&E plan to the national M&E plan to ensure harmonization, and to coordinate support at all levels of implementation.
- Train relevant personnel – i.e., those with programmatic and M&E responsibilities – in evidence-informed programme planning and resource allocation. Consider the organisation's experience with the use of HIV M&E data; assessments of data availability and quality; and, the results of an M&E system assessment in the development of the organisation's M&E plan.
- Agree on a standard template for the organisation's M&E plan and a schedule for updating the plan. Identify examples of good M&E plans from other organisations to use as models.
- Establish, communicate and implement planning procedures, including the time line for regular review and revision of the planning documents.
- Develop or adapt an existing standard M&E costing tool and train personnel in the use of it (see also Component 5 below).
- Secure funding to implement the organisation's M&E plan.

3 See: *UNGASS. Monitoring the Declaration of Commitment on HIV/AIDS. Guidelines on Construction of Core Indicators. 2010 Reporting. Geneva: UNAIDS, 2009c; Core Indicators for National AIDS Programmes. Guidance and Specifications for Additional Recommended Indicators. Geneva: UNAIDS, 2008b; Indicator Standards: Operational Guidelines. Geneva: UNAIDS 2009d.*

What results can be expected from building capacity for the *M&E Plan?*

If the procedures for national M&E planning are in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
Broad-based multi-sectoral participation in developing the national M&E plan.	✔	
Broad-based stakeholder participation in the development of organisations' M&E plans.		✔
The national HIV M&E plan is explicitly linked to the National AIDS Strategic Plan and includes clearly defined roles and responsibilities for all stakeholders involved in M&E.	✔	
The national HIV M&E plan describes the implementation of all 12 components of a national HIV M&E system.	✔	
Different stakeholders have their own M&E plan, which is explicitly linked to the national M&E plan.		✔
The national HIV M&E plan adheres to international and national technical standards for HIV M&E.	✔	
A national or organisational assessment of the M&E system has been completed and recommendations for system strengthening have been addressed in a revised national or organisation M&E plan.	✔	✔

Component 5: Annual Costed National HIV M&E Work Plan

Performance Goal: Develop an annual costed national M&E work plan, including specific HIV M&E activities of all relevant stakeholders and identified sources of funding. Use this plan for coordination and assessing progress of M&E implementation throughout the year.

(Note: A national HIV M&E work plan is an annual work plan, which is developed with the participation of those stakeholders that have roles and responsibilities for implementation of the M&E activities identified in the plan.)

What can be done at the system level to build capacity for annual M&E work planning?

- Establish and maintain a planning unit to lead and oversee the Joint Annual Programme Review.[4]
- Agree on a standard template for a national M&E work plan [**Box 14**] and a corresponding schedule for updating the work plan. Identify examples of good M&E work plans from other countries to use as models.
- Coordinate a workshop of stakeholders to develop the work plan, cost activities and assign responsibility for implementation of each activity.
- Seek endorsement for the work plan from high-level decision-makers.
- Secure funding for each activity from in-country and international stakeholders.
- Establish and maintain a unit – possibly in the Ministry of Finance – with responsibility for managing and coordinating financial resources for M&E.
- Empower the national HIV M&E technical working group to monitor implementation of the work plan on a quarterly basis and addresses bottleneck or delays in implementation.

What can organisations do to build capacity for annual M&E work planning?

- Institutionalise an annual review of performance results of the organisation's M&E functions and identify priorities for M&E system improvement and ongoing operations.
- Ensure that the M&E activities the organisation agreed to take responsibility for in the national M&E work plan are included in the organisation's M&E work plan.
- Develop or adapt an existing standard M&E costing tool to indicate unit or activity cost and the overall budget needed to support implementation of the M&E work plan.
- Reach consensus on the work plan among key stakeholders in the organisation and train staff in its use as a routine management and implementation tool.
- Secure funding to implement the organisation's M&E work plan.

4 For additional information on joint reviews of the national AIDS response, see: UNAIDS. *Joint Reviews of National AIDS Responses. A Guidance Paper.* Geneva: UNAIDS,2008; www.unaids.org/en/CountryResponses/MakingTheMoneyWork/ joint_national_reviews.asp

Box 14. Standard components of an M&E work plan

M&E work plan. An annual costed M&E plan describes:

- Priority M&E activities for the year.
- Roles and responsibilities of organisations/individuals for their implementation.
- Cost of each activity (unit costs) and the available funding.
- Overall cost for implementation of the work plan.
- Products and outputs.
- Time line for delivering the products / outputs.

What results can be expected from building capacity for a *Costed M&E Work Plan?*

If the procedures for M&E work planning are in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
The M&E work plan contains activities, responsible implementers, timeframe, activity costs and identified funding.	✔	✔
The M&E work plan explicitly links to the work plans and the Medium Term Expenditure Framework budgets of the National AIDS Commission (or equivalent).	✔	
Resources – human, financial, material – are committed to implement the M&E work plan.	✔	✔
All relevant stakeholders endorsed the M&E work plan.	✔	✔
The M&E work plan is updated annually based on M&E performance monitoring.	✔	✔

Component 6: Advocacy, Communication and Culture for HIV M&E

Performance Goal: Ensure knowledge of and commitment to HIV M&E and the HIV M&E system among policy-makers, programme managers, programme staff and other stakeholders.

What can be done at the system level to build capacity for M&E advocacy, communication and culture?

- Develop laws, policies and mandates that demonstrate national commitment to the collection and use of high-quality data for guiding the national AIDS programme; for example, effective laws and procedures that facilitate data sharing among government, non-government and international partners.
- Assign a line item in the budget for the national AIDS programme to help ensure continued investment in and operation of the HIV M&E system.
- Develop an advocacy and communication strategy for HIV M&E that outlines activities and provides resources to encourage national investment in the HIV M&E system and evidence-based decision-making.
- Develop advocacy materials addressing the utility of M&E and specific actions points (i.e., 'what you can do') for use with individuals and organisations that are or should be supporting M&E. [**Box 15**]
- Introduce incentives at all levels of the system that encourage the collection and use of high-quality HIV data.
- Support the development of a decision calendar for use as a management tool for evidence-informed decision-making. The decision calendar should describe the data needs of different stakeholders, data quality assurance, timely delivery of data, and the use of data. (See **Box 8** for additional information on a decision calendar.)
- Establish and maintain a communications infrastructure for M&E-related information, including a dedicated communications team or unit with responsibility for the timely production and distribution of useful M&E information targeted at key audiences.
- Support a culture of evaluation and critical review, which encourages the use of data for learning, performance improvement, and decision-making.

Box 15. M&E advocacy in Swaziland

In collaboration with the Public Relations Office of the National AIDS Commission in Swaziland, the M&E unit outlined key advocacy and communications activities around the new Swaziland HIV and AIDS programme monitoring system (SHAPMoS). Advocacy sessions with key stakeholders were held; communications materials on the M&E system were developed, including information packs, posters and brochures on SHAPMoS. In addition, radio commercials reminded implementing partners to report data using SHAPMoS.

What can organisations do to build capacity for HIV M&E advocacy, communication and culture?

- Encourage their leadership to publicly express a firm commitment to the collection and use of HIV data.
- Include M&E advocacy activities in the job description and personal work plan of staff with M&E responsibilities.
- Support the involvement of relevant personnel in the development of an M&E advocacy plan for the organisation.
- Support the development of a decision calendar for use as a management tool for evidence-informed decision-making. The decision calendar should describe the data needs of different stakeholders, data quality assurance, timely delivery of data, and the use of data. (See Box 8 for additional information on a decision calendar.)
- Provide training to relevant personnel, including senior management and key staff with programme and M&E responsibilities, on the use of M&E data for policy formulation, programme planning, performance improvement, and resource allocation.
- Establish and maintain a communications infrastructure for M&E-related information, including a dedicated communications team or unit with responsibility for the timely production and distribution of useful M&E information targeted at key audiences.

Increasing people's understanding of the utility of M&E for programme planning and improvement and resource allocation involves coordinated interventions at all levels of the M&E system (national, sub-national and service-delivery). These interventions include:

- M&E advocacy activities focused on data use.
- Defining data needs and ensuring timely, quality data.
- Training in using M&E data for programme management.
- Defined responsibilities for M&E communication.
- A functional infrastructure for M&E data sharing and dissemination of M&E products within and across organisations.

What results can be expected from building capacity for *Advocacy, Communication and Culture for HIV M&E?*

If the approaches for advocacy, communication and culture are in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
The national HIV communication strategy includes a specific HIV M&E communication and advocacy plan.	✔	
HIV M&E is explicitly referenced in national HIV policies and the National AIDS Strategic Plan.	✔	
HIV 'M&E champions' among high-level officials are identified and are actively endorsing M&E actions.	✔	✔
Financial resources are available for HIV M&E.	✔	✔
HIV M&E advocacy and communication activities are implemented according to the HIV M&E advocacy and communication plan.	✔	
Targeted HIV M&E information, which supports data sharing and use, is available.	✔	✔

Collecting, verifying, and analysing data

Component 7: Routine HIV Programme Monitoring

Performance Goal: Produce timely and high quality routine programme monitoring data.

What can be done at the system level to build capacity for routine HIV programme monitoring?

- Define standards, schedules and responsibilities for sharing and reporting HIV programme monitoring data among organisations.
- Develop, distribute and maintain standardised tools and clear operational guidance for data collection, analysis and reporting. Provide training on the tools and guidance for all appropriate individuals/organisations.
- Produce a clear plan for timely collection of high-quality data as part of the Health Information System and associated procedures for the Ministry of Health and other sectors involved in routine programme monitoring.
- Assess existing information technology systems; fill gaps in skills and equipment (e.g., hardware and software).
- Implement regular assessments of the quality of programme monitoring data, including data from the Health Information System using an existing standard tool (see Component 10). Ensure recommendations for data quality improvement are implemented in a timely fashion. [**Box 16**]

Standardised data collection and reporting tools for routine monitoring and explicit guidelines for their implementation should be developed and implemented by all key stakeholders involved in HIV M&E.

These procedures should be supported by a national mandate for data sharing within the HIV M&E system and endorsed by all key stakeholders, including international donors and agencies.

Box 16. Assessment of the national routine reporting system in Viet Nam

As part of the process for revising the national routine reporting system, a provincial M&E system assessment was conducted in 7 of the 64 provinces in Viet Nam in September 2007. The Viet Nam Administration for HIV/AIDS Prevention and Control led the assessment team. The team consisted of members of the national M&E working group, including representatives from: the Hanoi School of Public Health, the National Institute of Hygiene and Epidemiology, Pasteur Ho Chi Minh City, Pasteur Nha Trang, Pasteur Tay Nguyen, MEASURE Evaluation, UNAIDS, UNICEF and WHO. The assessment focused on: (1) data management and reporting systems at the intermediary aggregation levels (i.e., commune, district, provincial and regional) and (2) tracing and verifying reported data for key indicators at selected service delivery sites. Key findings included: too many indicators to collect; difficulties in obtaining data from non-health sectors; inadequate financial resources to support data collection; overburdened staff at all levels; staff not adequately trained in basic M&E; unclear reporting flow due to health structure reforms at district and provincial levels; and non-harmonised indicators and parallel systems exist for reporting to donors.

Source: Phan Thu Huong; Vladanka Andreeva; Chu Hong Anh. Provincial M&E Assessment in Viet Nam. Poster Presentation; UNAIDS 3rd Global Monitoring and Evaluation Training; Bangkok (Thailand); 6-17 October 2008.

What can organisations do to build capacity for routine HIV programme monitoring?

- Organise a meeting with project managers and M&E staff to agree on data to be collected routinely for project management and improvement.
- Develop, maintain and distribute standardised tools and operational guidance for data collection; provide training for relevant staff on the tools and guidance.
- Establish organisational performance goals and specific targets and use these consistently as a management tool.
- Establish data quality procedures.
- Train relevant staff on the interpretation of M&E data – particularly, their programmatic implications – and establish procedures for regular data use.
- Implement procedures for data sharing with the national M&E system and international donors and agencies.
- Implement regular assessments of the quality of monitoring data and implement improvements in a timely fashion.

What results can be expected from building capacity for *Routine HIV Programme Monitoring?*

If routine HIV programme monitoring is in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
Routine data quality assessments conducted and results used for improving the performance of the routine monitoring system.	✔	✔
Clearly defined data collection, transfer, and reporting mechanisms, including collaboration and coordination among the different stakeholders.	✔	✔
Essential tools and equipment for data management (e.g.; collection; transfer; storage; analysis)		✔
Routine procedures for data transfer from sub-national to national levels.		✔
Routine data collection strategy is explicitly linked to data use.	✔	✔

Component 8: Surveys and Surveillance

Performance Goal: Produce timely and high quality data from surveys and surveillance.

What can be done at the system level to build capacity in HIV-related surveys and surveillance?

- Conduct regular strategic planning for defining evidence-informed data needs and the role of surveys and surveillance in addressing these needs.
- Develop and implement a strategy for the management of data collection efforts focused on surveys and surveillance and for data sharing, which respects security and confidentiality concerns. [**Box 17**]
- Establish a mechanism for building ownership and consensus at country level around data values (i.e., data triangulation and data reconciliation) from surveys and surveillance.
- Determine the programmatic implications of the survey and surveillance data.
- Develop and implement procedures for data dissemination and feedback to data-collection partners, surveyed populations, programme managers, policy-makers and other relevant audiences.
- Develop and use mechanisms / tools for data sharing and dissemination of data products with the general public (e.g., national HIV website).

Box 17. Example of data sharing guidelines respecting security and confidentiality

HIV/AIDS Surveillance Guidelines – Security and Confidentiality

Source: Centers for Disease Control and Prevention (CDC) and Council of State and Territorial Epidemiologists. *Technical Guidance for HIV/AIDS Surveillance Programmes; Volume III: Security and Confidentiality Guidelines*. Atlanta; Georgia: Centers for Disease Control and Prevention; 2006. http://www.cdc.gov/hiv/surveillance.htm.

The document details programme requirements and security recommendations. These requirements, recommendations and practices are based on discussions with HIV/AIDS surveillance coordinators, CDC's Divisions of STD Prevention and TB Elimination, security and computer staff in other Centers and Offices within CDC and on reviews by state and local surveillance programmes.

The document requires each cooperative agreement grantee to designate an Overall Responsible Party (ORP). The ORP will have the responsibility for the security of the surveillance system (including processes; data; information; software; and hardware) and may have liability for any breach of confidentiality. The ORP should be a high-ranking public health official. This official should have the authority to make decisions about surveillance operations that may affect programmes outside of HIV/AIDS surveillance. The ORP is responsible for determining how surveillance information will be protected when it is collected, stored, analyzed, released and dispositioned.

Although there are many sources of surveillance information (e.g., medical charts, insurance forms, behavioural surveys and service organisations), the authority of this document is limited to data collected for HIV/AIDS surveillance. Data in the HIV/AIDS surveillance system are to be held under the highest scrutiny and require the most stringent protections, regardless of the level of security of the source data or of non-HIV surveillance data. A breach of confidentiality anywhere in this system could affect surveillance operations nationwide. All references in these guidelines to surveillance information and data should be understood to refer only to HIV/AIDS-related surveillance. These security guidelines may serve as a model for other programmes to emulate when reviewing or upgrading security protocols that are specific to their overall procedures and mission. For programmes that integrate HIV and other disease surveillance, all data should be protected equally in compliance with these guidelines.

The document is intended to assist programmes in providing aggregate data for maximum public health utility with minimum risk of disclosure of individual-level data. Given the advances in information technology, as well as changes in surveillance practices since the previous update in 1998, the guidelines are being updated to provide project areas with guidance reflecting those changes. CDC will continue to assist states as they adapt their policies and procedures to comply with evolving requirements and standards.

For the full document, see http://www.cdc.gov/hiv/surveillance.htm.

What can organisations do to build capacity in HIV-related surveys and surveillance?

Organisations conducting surveys and surveillance can:

- Design and distribute standardised protocols, tools and guidelines. Provide technical guidance and reference materials to institutions conducting surveys and surveillance.
- Provide training (on-the-job, off-the-job, short-term and/or long-term) as well as mentoring and coaching for individuals conducting surveys and surveillance.
- Ensure that anyone involved with surveys and surveillance has a complete understanding of the procedures for data confidentiality, feedback of findings to surveyed populations, and data sharing (including raw data to be used for additional analysis).
- Ensure that anyone involved with surveys and surveillance has a complete understanding of the procedures for data quality assurance. Share reports on data quality assessments and supervision.

Organisations coordinating surveys and surveillance can:

- Include data sharing (i.e., raw data, reports) in the contractual agreement with the organisations conducting the surveys and surveillance.

What results can be expected from building capacity for *HIV Surveys and Surveillance?*

If surveys and surveillance are in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
Protocols for all surveys and surveillance based on international standards.	✔	✔
Specified schedule for data collection linked to stakeholders' needs, including identification of resources for implementation.	✔	✔
Routine procedures for data quality assurance.	✔	✔
Inventory of HIV-related surveys conducted.	✔	
Well-functioning biological surveillance system.	✔	
Well-functioning behavioural surveillance system, including data on cultural practices.	✔	

Component 9: National and Sub-national HIV Databases

Performance Goal: Develop and maintain national and sub-national HIV databases that enable stakeholders to access relevant data for policy formulation and programme management and improvement.

What can be done at the system level to build capacity for managing national and sub-national HIV databases?

- Develop and disseminate guidelines on information sharing, dissemination, and acquiring data from different organisations.
- Establish procedures through which data can be obtained and managed in alignment with government policies, data flows, and the design of the national HIV databases.
- Assign responsibilities for aggregating data at different levels (e.g., the Health Information System managed by the Ministry of Health); update and maintain the databases.
- Institutionalise regular strategic planning for defining information system needs and system implementation.
- Establish a technical working group including representatives from the various sectors in charge of collecting and compiling HIV data to guide and harmonise databases and to assure quality of data management and data sharing procedures.
- Develop and implement a mechanism for data sharing and dissemination of data products with the general public (e.g., a national HIV website). [**Box 18**]

Box 18. Using a national website for disseminating M&E products in Brazil

The National STD and AIDS Programme of the Brazilian government has a regularly updated website which includes information about HIV/AIDS and other sexually transmitted diseases (STDs) in Brazil:

The Site Map includes:

- Learn about HIV and AIDS
- Living with HIV and AIDS
- Documents and publications
- Civil society organisations
- About Brazil's National Programme
- Learn about STD
- Technical Area
- Human rights and legislation
- STD and AIDS in the media

The website provides a central dissemination channel for various M&E products, such as: 'The epidemiological bulletin,' the 'AIDS Media Center,' and 'MONITORAIDS.'

MONITORAIDS is an extensive information system for programme monitoring data. It is the product of a joint initiative of the National STD/AIDS Programme (NP STD/AIDS), the Health Information Department of the Scientific and Technological Centre (DIS/CICT) of the Oswaldo Cruz Foundation and the US Centers for Disease Control and Prevention/Global AIDS Programme-Brazil (CDC/GAP-Brazil). MONITORAIDS provides to the NP STD/AIDS and its partners – and to society as a whole – useful information to track the Brazilian response to AIDS and other STDs. As a joint product, MONITORAIDS demonstrates the commitment of the partners involved, to producing and using data for standardised indicators derived from information systems of the Ministry of Health, surveys and special studies undertaken by the NP STD/AIDS, as well as from other available sources of information.

MONITORAIDS provides indicator data available for Brazil as a whole, as well as the Geographic Regions and the Federative Units (States). Indicators can be disaggregated by age, sex, and socioeconomic status, facilitating the analysis of any social inequalities. For each indicator there is corresponding information on: the purpose of the indicator; the definition and interpretation; its link to the national M&E plan; the method of data collection and indicator calculation; its limitations, periodicity and the date for updating.

MONITORAIDS is the most important structural component of the implementation of the national M&E plan. Compiling data on the different components of the NP STD/AIDS and supporting the integration of the principles for equity which underpin the National Health System, MONITORAIDS constitutes an indispensable system for analysing and using data for programme improvement. MONITORAIDS is published on an annual basis, incorporating improvements in the system and updated existing data.

Source: http://www.aids.gov.br/main.asp?LangID=en; http://sistemas.aids.gov.br/monitoraids2/aidsi/frames.htm

What can organisations do to build capacity for managing sub-national HIV databases?

- Define roles and responsibilities for staff members operating the M&E information system in the organisation and develop procedures for hiring and training relevant staff.
- Determine user requirements and establish an infrastructure for electronic data management within the organisation.
- Invest in training on database technology and management for staff responsible for the database structure and content, including establishing and maintaining the database and implementing procedures to ensure security and confidentiality of the data.
- Develop and implement a mechanism for data sharing and dissemination of data products within, as well as, outside the organisation (e.g., a secure website).

What results can be expected from building capacity for managing *National and Sub-national HIV databases?*

If national and sub-national databases are in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
Database(s) designed to respond to the decision-making and reporting needs of different stakeholders.	✔	
Linkages between different relevant databases to ensure data consistency and data sharing, and to avoid duplication of effort.	✔	
Well-defined and managed national HIV database to compile, verify, analyse and present programme monitoring data from all levels and sectors.	✔	
Mechanisms for data sharing and dissemination of data products.		✔

Component 10: Supportive Supervision and Data Auditing[5]

Performance Goal: Monitor data quality periodically and address any obstacles to producing high-quality data (i.e., data that are valid, reliable, comprehensive and timely).

What can be done at the system level to build capacity in supportive supervision and data auditing?

- Establish national standards and procedures for data quality assurance in accordance with international standards. Agree on data quality standards with relevant sectors and organisations, including consensus on standardised protocols and tools for data audits and assessments.
- Include data audit and assessment requirements in the contractual agreement with organisations conducting data collection activities.
- Ensure that organisations and individuals involved with data auditing and assessments understand the relevant protocols and procedures. Provide feedback on the quality of their work.
- Support a data auditing unit for oversight of auditing and audit reports. Alternatively, establish an inventory of experts in data auditing for local use.
- Organise regular meetings between external data auditors and internal staff responsible for data quality to maintain a professional dialogue on data quality issues.
- Share the report on data quality assessments or audits with the relevant organisations and individuals and follow up on implementation of recommended corrective actions.

What can organisations do to build capacity in supportive supervision and data auditing?

- Adapt the organisation's data quality procedures and tools to reflect national and international data quality standards [**Box 19**].
- Incorporate supportive supervision of data quality in job descriptions; recruit, train and manage relevant staff accordingly.
- Establish a forum for supportive feedback at all levels of the organisation, from senior management to junior administrative staff.
- Provide training for management and programme staff – in addition to staff with M&E responsibilities – on the importance of data quality and how to incorporate routine data quality checks into programme operations.
- Provide training (on-the-job, off-the-job, short-term and/or long-term) for individuals conducting routine data quality assessments.
- Create a supportive environment for data quality improvement. Support linkages between the data quality staff, management and programme staff to ensure support for and an understanding of data quality at all levels. Provide training to programme and management staff to ensure data quality improvement is understood and implemented where needed.
- Secure resources (e.g., financial, human) for specific activities to improve data quality.

5 *Supportive supervision* refers to overseeing and directing the performance of others and transferring the knowledge, attitudes and skills that are essential for successful M&E of HIV activities. It offers an opportunity to take stock of the work that has been done; critically reflect on it; provide feedback to local staff; and, where appropriate, provide specific guidance to make improvements. *Data auditing* is the process of verifying the completeness and accuracy of reported aggregate HIV programme data. This typically requires field visits to organisations that reported the data in order to check these data against client or other programmatic records.

Box 19. An example of a standard data quality assessment tool

Improving measurement accuracy through data quality assurance: The Routine Data Quality Assessment Tool

Ronald Tran Ba Huy, The Global Fund to Fight AIDS, Tuberculosis and Malaria; David Boone, Karen Hardee and Silvia Alayon, MEASURE Evaluation; Cyril Pervilhac and Yves Souteyrand, World Health Organisation; Annie La Tour, Office of the Global AIDS Coordinator

Issues: Programmes have ambitious goals for HIV/AIDS prevention, treatment and care/support. Programmes must show effectiveness to warrant continued investment. Increasingly, funding is tied to performance. High quality data must be generated by M&E systems for programme effectiveness to be evaluated and funding decisions made. Many national programmes and implementing partners are new to reporting results and justifying expenditures. The quality of data being reported to national programmes and donors is uncertain.

Description: GFATM, PEPFAR and USAID (through MEASURE Evaluation) and WHO have developed the Routine Data Quality Assessment Tool (RDQA), a simplified version of the tool GFATM will use to audit grant recipients. The RDQA can be used to rapidly verify the quality of reported data for key indicators at selected sites and the ability to collect, manage and report quality data. The RDQA helps identify strengths and weaknesses in a reporting system and identify measures for systems strengthening. Used over time, the RDQA can help monitor improvement and the effectiveness of capacity building efforts. The output of the MS Excel-based RDQA includes automated graphics depicting a quantitative assessment of reporting performance in terms of accuracy, timeliness, completeness and the availability of data, as well as a qualitative assessment of (1) strengths and weaknesses among functional areas of a reporting system and (2) the relative strength of the reporting system in terms of dimensions of data quality; such as precision; reliability; integrity and confidentiality. Finally, the RDQA output includes a costed action plan for system strengthening.

Lessons Learned: The RDQA methodology is based on pilot tests in Rwanda, Tanzania, Vietnam and Madagascar and accurately identified weaknesses in reporting systems and facilitated the calculation of performance indicators. Feedback on usability and acceptability was obtained and the tools modified accordingly.

Next steps: The RDQA is available for use by national programmes, implementing partners and donors.

Source: Abstract; XVII International AIDS Conference; Mexico City; 3-8 August 2008.

What results can be expected from building capacity for *Supportive Supervision and Data Auditing?*

If supportive supervision and data auditing are in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
National standards and procedures for data quality assurance.	✔	
Guidelines for supervising routine data collection at facility- and community-based HIV service-delivery levels.	✔	
Routine supervision visits, including data assessments and feedback to local staff.		✔
Periodic data quality audits.	✔	✔
Supervision reports and audit reports.		✔

Component 11: HIV Evaluation and Research

Performance Goal: Identify key evaluation and research questions; coordinate studies to meet the identified needs; and enhance the use of evaluation and research findings.

What can be done at the system level to build capacity for HIV Evaluation and Research?

- Organise a national workshop with relevant individuals and organisations (e.g., Ministries, universities, research organisations and service delivery organisations) to agree on priority questions for evaluation and research, associated data needs and data collection procedures as part of a national agenda-setting process. [**Box 20**]
- Establish procedures for implementation of the national evaluation and research agenda; including procedures for coordination of generation and allocation of resources for evaluation and research.
- Establish ethical procedures for evaluation and research and implement a mechanism for ensuring adherence.
- Maintain a regularly updated, national inventory of country-specific HIV evaluation and research studies, including unpublished reports.
- Maintain a regularly updated, national inventory of local evaluation and research capacity in government departments, universities and research organisations.
- Establish a mechanism for sharing findings (e.g., national HIV website) from evaluation and research studies, including the synthesis and interpretation of programmatic implications of the findings.
- Organise an annual national conference for sharing and discussing the implications of HIV evaluation and research findings.
- Follow-up on the use (e.g., explicit referencing) of local evaluation and research findings in official planning and strategic documents.

Box 20. Key elements of a national HIV evaluation and research agenda and example prioritised evaluation questions

The key elements of a National HIV Evaluation / Research Agenda are:

1. National HIV evaluation / research strategy.
2. Process and supportive infrastructure for identifying and prioritising evaluation / research gaps.
3. Prioritised list of evaluation / research questions linked to the National AIDS Strategic Plan.
4. Dissemination and data use strategy.
5. Costed operational plan, including support for management structures, conducting studies, capacity building and dissemination of evaluation / research findings.

Source: UNAIDS Monitoring and Evaluation Fundamentals: A National Evaluation Agenda for HIV and AIDS. Geneva: UNAIDS, 2009.

Example: Prioritised evaluation questions for Botswana

Prevention

- To what extent are the following prevention interventions accessible (i.e., geographical reach; utility and user friendliness) across the country? (Priority Areas: HIV counseling and testing, routine HIV testing, prevention of mother to child transmission of HIV, male involvement, behaviour change communication; Secondary priorities: life skills, workplace, blood safety.)
- To what extent have these prevention interventions led to adoption of key HIV prevention behaviours?

Care and Support

- To what extent are the antiretroviral therapy rollout and delivery models (physician; nurse; outsourced) cost- effective and increasing access to services?
- To what extent do local level referral systems and operational processes strengthen the linkages and coordination of services between counseling and testing, behaviour change communication, prevention of mother to child transmission of HIV, tuberculosis and antiretroviral therapy?

Psychosocial and Economic Impact

- To what extent are antiretroviral therapy and AIDS care and support programmes (public and non-governmental organisations) providing adequate, standard and quality psychological counseling according to available guidelines and protocols?
- To what extent are services provided by the Orphans and Vulnerable Children (OVC) programmes (public and non-governmental organisations) improving the level of school enrollment and retention. How does that influence the lives of registered OVCs?

Source: Fidzani B. Botswana Pilot of Agenda-setting Process. Presentation at the UNAIDS M&E Reference Group Meeting; Divonne-les-Bains; 14 December 2007.

What can organisations do to build capacity in HIV Evaluation and Research?

- Define evaluation and research guidelines, protocols, and tools and provide technical support to evaluators. (See: *Prevention Evaluation – Standards for Developing Terms of Reference; UNAIDS 2009*.)
- Provide training (on-the-job, off-the-job, short-term and/or long-term) to individuals conducting evaluation and research.
- Ensure that anyone involved with evaluation and research has a complete understanding of the relevant procedures for data sharing. Ensure that timely feedback is shared with study populations as well as the policy and research communities.
- Establish ethical procedures for evaluation and research (e.g., Institutional Review Board) in line with the national and international requirements and ensure adherence with those procedures.

What results can be expected from building capacity in *HIV Evaluation and Research?*

If procedures for evaluation and research are in place and functioning effectively, the following performance results should be readily apparent at the system and/or organisational levels:

Performance Results	System Level	Organisational Level
Inventory of completed and ongoing country-specific HIV evaluation and research studies.	✔	
Inventory of local HIV evaluation and research capacity, including major research institutions and their focus of work.	✔	
National HIV evaluation and research agenda.	✔	
Ethical approval procedures and standards.	✔	✔
Guidance on evaluation and research standards and appropriate methods.	✔	✔
National conference or forum for dissemination and discussion of HIV research and evaluation findings.	✔	
Evidence of use of evaluation and research findings (e.g., referenced in planning documents).	✔	✔

4. Assessing progress in M&E capacity building

This Section provides recommendations for monitoring M&E capacity building and ultimately the performance of the national HIV M&E system over time.

- PURPOSE OF MONITORING M&E CAPACITY BUILDING
- KEY STEPS IN MONITORING M&E CAPACITY BUILDING

Purpose of monitoring M&E capacity building

Capacity building is intended to improve performance of the HIV M&E system. Monitoring capacity building interventions enables managers to systematically track progress in M&E system implementation and performance and to identify areas where improvements are needed. For effective monitoring of capacity building, the following recommendations are highly relevant:

- Use the products or outputs of interventions defined in the national M&E capacity building plan to monitor implementation.
- Define one or two important performance results (i.e., benchmarks or indicators) for each system component and use these to expand, refine or revise the existing capacity building strategies.

Planning for M&E capacity building monitoring should involve all relevant stakeholders at national, sub-national and service-delivery levels. The act of planning is in itself a way to build capacity by encouraging participants to think in evaluative terms.

Key steps in monitoring M&E capacity building

The following four steps will help facilitate the monitoring of M&E capacity building:

Step 1: Define the scope and scale of M&E system capacity and performance.
Monitoring the progress of capacity building could look at the system as a whole or it might be limited to specific components of the system that have received capacity building support in a defined period. Decisions about the scope and scale of monitoring should be informed by what decisions need to be taken as well as what resources are available. For example, an assessment of the overall M&E system may be conducted when it is time to revise the national multi-year, multi-sectoral HIV M&E plan. Conversely, an annual review of the performance of the M&E system based on selected key results may be useful to make adjustments in the annual M&E work plan, report progress to stakeholders and encourage further development of M&E capacity.

One important benefit of the routine use of the same M&E system assessment tool and consistent use of standardised results is the ability to make comparisons over time and improve the understanding of the M&E system's development.

Step 2: Define indicators or benchmarks.
To help choose the most appropriate measures for monitoring M&E capacity and system performance over time, indicators or benchmarks should:

- Reflect the performance results for each system component.
- Be able to detect changes in performance.
- Be standardised to allow comparisons over time.
- Draw from readily available data sources, which are already reported on a routine basis.

Ideally, one or two indicators or benchmarks should already be defined for the capacity building priorities that are part of the development and regular updating of the national multi-year, multi-sectoral HIV M&E plan and the annual M&E work plan. It may be important to also look for synergies between capacity building interventions and coordination of capacity building efforts.

Step 3: Identify data sources and data collection tools.
Once capacity building indicators or benchmarks have been defined, the next step is to identify the data sources needed to track these measures. M&E of capacity building often uses a combination of qualitative and quantitative methods. Quantitative methods usually involve surveys or other types of questionnaires that gather respondent information that can be aggregated. These data often provide the basis for comparing programme processes or effects across various types of respondents and/or various time periods before and after capacity interventions are delivered. Qualitative methods (e.g., interviews, focus groups, direct observation) can provide an understanding about contextual factors and interactions, as well as people's values, perceptions, and motivations.

As noted above, in most cases indicators or benchmarks should draw from existing data sources or rely on data collection tools that are already routinely used. These data sources and tools may include:

- Results from national and sub-national HIV M&E system assessments.
- Routine health, education, and other information systems.
- Financial and administrative data on human resources.
- Reports to stakeholders and donors.
- Policies and/or legal/regulatory statements (e.g., bills, acts, white papers).
- Organisational capacity assessments.
- Supervision reports and self-evaluation reports.
- International and national training databases.

If no existing data are available – or if existing data do not cover all the information needs – then data gathering needs to be initiated using specific tools such as capacity and performance checklists. Many existing data collection tools can be adapted to the country's specific needs.

Step 4: Develop a written plan for monitoring M&E capacity building.
The final step in preparing for M&E capacity building monitoring is to write a simple work plan to guide the implementation. This work plan should include information on the following topics:

- Approach (e.g., methods, indicators/benchmarks, instruments and data sources).
- Time frame for data collection, analysis and reporting.
- How data will be stored.
- Assigned roles and responsibilities for different sectors and organisations.
- Budget.
- How results and reports will be disseminated to stakeholders.
- How results will be used. (A data use calendar may help in determining when data are needed for key decisions and for reporting to stakeholders and donors, see page 25.)

Conclusion

Capacity building is a process for improving the ability of persons, groups, organisations or systems to meet objectives, address stakeholders' needs and, ultimately, perform better. Capacity building involves an ongoing, systematic and planned process with measurable performance objectives, defined outcomes, implementation strategies and ways to measure capacity building outcomes and performance over time.

HIV M&E system capacity building involves more than ensuring adequate human capacity is in place. It involves strategic – often, interdependent – interventions at the system, organisational and individuals levels to ensure that all 12 main components of a national HIV M&E system are functioning effectively. Stakeholders should rely on this document to define strategies and interventions for achieving capacity building results. This Guidance promotes the implementation of complementary and coordinated interventions to build capacity based on agreed standards.

The *Guidance* lays out basic principles, approaches, strategies and interventions in M&E capacity building. A national M&E capacity building plan, ideally developed as part of existing M&E planning procedures, spells out M&E capacity building interventions and the resources needed to implement them, and the expected products / results. The *Guidance* should be used when stakeholders are determining capacity building priorities, defining appropriate interventions to address identified M&E capacity gaps, assigning roles and responsibilities for capacity building, and allocating resources to achieve performance objectives.

Since the ultimate goal of M&E capacity building is M&E system performance, monitoring M&E capacity building should not be restricted to assessing whether specific capacity building interventions achieved their objectives. It is ultimately evaluated by assessing the performance results of the M&E system as whole.

Specifically, this *Guidance* can be used at the:

- country level to determine critical M&E capacity building interventions and mobilise required financial resources to strengthen or improve M&E system performance.
- regional level to promote standard M&E capacity building approaches through the various trainings / training hubs.
- global level to evaluate different M&E capacity building approaches and guide inter-agency harmonisation and coordination of M&E support.

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Appendix: Knowledge, skills and competency (KSC) areas for M&E-related positions

A. Overview of key knowledge, skills and competency areas related to M&E

General Areas	Managerial Areas
G1. History of the HIV/AIDS epidemic & response	M1. Management of human & financial resources
G2. Behaviour change	M2. Planning; setting standards; monitoring work
G3. Human rights-based approach to programmeming	M3. Project management & proposal development (including Budgeting)
G4. Gender considerations	M4. Team leadership
G5. Social marketing	M5. Team work and cooperation
G6. Logic modeling/logical framework analysis	M6. Strategic and global thinking
G7. Results Based Management principles	M7. Strategic planning
G8. Policy formulation	M8. Organizing skills
G9. Ethical issues	M9. Foresight and problem solving
	M10. Capability to bring together diverse stakeholders
M&E Technical Areas	M11. Communication skills
T1. Behavioural / basic epidemiology	M12. Writing skills
T2. Demography / population dynamics related to AIDS	M13. Analytical skills
T3. Surveillance systems	M14. Negotiation skills
T4. Quantitative data collection and analysis	M15. Language skills
T5. Qualitative data collection and analysis	M16. Presentation skills
T6. Rapid assessment procedures	M17. Transparency; diplomacy; objectiveness; flexibility
T7. Survey research (including questionnaire development)	M18. Facilitation skills

T8. Indicators selection/target setting	M19. Conflict management
T9. Data triangulation	M20. Confidentiality
T10. Meta-analysis / research synthesis	M21. Organisational commitment
T11. Resource tracking	M22. Judgment and decision-making
T12. Management of evaluation process	M23. Cultural sensitivity
T13. Evaluation methods	M24. Advising and consulting
T14. Research methods (including situation analysis/needs assessment)	M25. Professional networking
T15. Information / data auditing / validation	M26. Mentorship / Coaching
T16. Modeling	M27. Responsibility and ownership
T17. Information systems; HIS	M28. Innovation; self-motivated / directed
T18. Data use (including audience analysis; data use constraints analysis)	M29. Time management
T19. Participatory approaches	M30. Using Information and Communication Technology (ICT)
T20. Statistics	M31. Human resource planning
T21. Geographic Information System (GIS)	M32. Professional development system design and management
T22. M&E curriculum development	M33. Resource mobilisation

Source: Adapted from 'Core Competencies for Evaluators of the UN system; UN Evaluation Group – Evaluation Capacity Development Task Force; 2007; 'UNAIDS M&E Advisor Job Profiles'.

B. Knowledge, skills and competency requirements for M&E-related positions at national, sub-national and service-delivery levels

[Note: not all indicated M&E positions are / should be in place in all countries. The positions and associated knowledge and skills requirements are provided for illustrative purposes only]

A. NATIONAL LEVEL

NAC – M&E Manager / Position Description	**Knowledge and Skills Requirements**
• Supervise the M&E unit staff • Coordinate the development and review of M&E system documentation • Coordinate the national M&E plan development / review & revision; costing and implementation (multi-year and annual work plan) • Chair the M&E Technical Working Group and coordinate M&E stakeholders • Provide technical oversight of the M&E database • Coordinate the planning; implementation; and dissemination of major data collection efforts (surveys and surveillance) in collaboration with the institution responsible • Advocate for and communicate about HIV M&E in all sectors at decision-making level to build strong M&E partnerships • Develop and oversee the national M&E capacity building strategy/ plan; mobilise resources; and oversee implementation of activities • Coordinate and act on supervision and data auditing report results • Develop national information products on the HIV epidemic and response (annual HIV report; etc.) • Oversee all data dissemination and feedback processes • Represent NAC on M&E fora in the country • Liaise with M&E staff of national development plan and other relevant groups	*General:* • History of HIV and AIDS response • Logical framework analysis • Results Based Management principles *M&E Technical:* • Behavioural / basic epidemiology • Surveillance systems • Quantitative data collection and analysis • Indicator selection / target setting • Evaluation methods • Information / data auditing / validation • Information systems; HIS • Data use *Managerial:* • Management of human and financial resources • Planning; setting standards and monitoring work • Team leadership • Team work and cooperation • Strategic and global thinking • Strategic planning • Capability to bring together diverse stakeholders • Communication skills • Negotiation skills • Transparency; diplomacy; objectiveness; flexibility • Facilitation skills • Conflict management • Organisational commitment • Judgment and decision making • Professional networking • Innovation; self-motivated / directed • Time management

NAC – M&E Database Manager / Position Description	Knowledge and Skills Requirements
• Establish and manage a national HIV database in line with national M&E data needs • Install database at sub-national levels and oversee its operation • Train relevant staff at sub-national levels including key stakeholders from other sectors collecting information (e.g. MoH) on database use • Trouble-shoot database problems (see Component 10)	*General:* • Results Based Management principles *M&E Technical:* • Quantitative data collection and analysis • Indicator selection / target setting • Information / data auditing / validation • Information systems; HIS • Data use • Geographic Information Systems (GIS) *Managerial:* • Management of human and financial resources • Planning; setting standards and monitoring work • Team work and cooperation • Organizing skills • Foresight and problem solving • Analytical skills • Communication skills • Judgment and decision making • Innovation; self-motivated / directed • Time management • Using new Information and Communication Technology (ICT)

NAC – Data Officer (monitoring data) / Position Description	**Knowledge and Skills Requirements**
• Collate data from government ministries and sub-national HIV Coordinating Units; and conduct analysis as required by the M&E Unit • Import / enter data from government ministries and sub-national HIV Coordinating Units into national HIV database and conduct analysis as required by the M&E Unit • Provide data for all NAC information products	*General:* • Results Based Management principles *M&E Technical:* • Quantitative data collection and analysis • Indicator selection / target setting • Information / data auditing / validation • Information systems; HIS • Data use • Geographic Information Systems (GIS) *Managerial:* • Team work and cooperation • Organizing skills • Analytical skills • Writing skills • Communication skills • Presentation skills • Time management

NAC – HIV Research / Evaluation Officer / Position Description	Knowledge and Skills Requirements
• Coordinate the development of an HIV research / evaluation strategy and national HIV research / evaluation agenda • Coordinate implementation of the strategy and agenda • Liaise with relevant body to ensure adherence to ethical approval requirements • Coordinate NAC-funded research / evaluation studies • Represent NAC at all sub-national research fora • Disseminate HIV research / evaluation results [national website; research/evaluation inventory; academic journals; conferences; policy/ decision-making fora etc]	*General:* • History of HIV and AIDS response • Behavioural change • Ethical issues *M&E Technical:* • Behavioural / basic epidemiology • Quantitative data collection and analysis • Survey research • Meta-analysis / research synthesis • Evaluation methods • Research methods • Statistics • Data use *Managerial:* • Team work and cooperation • Capability to bring together diverse stakeholders • Communication skills • Negotiation skills • Facilitation skills • Time management

- **MOH/Other Ministries** – HIV Focal Point with M&E responsibilities / Position Description - **Umbrella Organisations [civil society; private sector]** – HIV Focal Point with M&E responsibilities or HIV M&E Officers / Position Description - **International partners** [resident Advisors with HIV M&E responsibilities and/ or resident Advisors with responsibilities including but not restricted to HIV M&E] / Position Description	**Knowledge and Skills Requirements**
• Support the NAC M&E unit (as well as if/ when needed the key stakeholders in other sectors with similar functions) in the implementation of the national M&E plan through alignment of M&E data collection with national data needs; providing financial and human resources; and/or providing technical assistance as requested • Ensure timely submission of good quality data to the NAC	*General:* • Results Based Management principles *M&E Technical:* • Quantitative data collection and analysis • Indicator selection / target setting • Information / data auditing / validation • Information systems; HIS • Data use *Managerial:* • Team work and cooperation • Organizing skills • Analytical skills • Writing skills • Communication skills • Presentation skills • Time management

B. SUB-NATIONAL LEVEL

Region/Province/District HIV coordinating committee – HIV Focal Point with M&E responsibilities or M&E officer (not exclusive to HIV) / Position Description	**Knowledge and Skills Requirements**
• Manage the registration of HIV service delivery organisations • Undertake M&E advocacy at sub-national and service-delivery levels • Coordinate M&E capacity building (e.g.; training; mentoring) • Coordinate implementation of a programme / project monitoring system including data from sub-national and service-delivery levels • Manage data submission; collation and export to national HIV database • Train relevant staff at sub-national levels; including key stakeholders from other sectors collecting information (e.g. MoH); on the above areas • Conduct quality assurance [supportive supervision; audit] of programme monitoring data • Analyze and present HIV M&E data as requested • Disseminate information products to all relevant stakeholders • Promote HIV data use for HIV programme / project management and for planning of HIV programmes / projects • Support; in collaboration with the HIV Research / Evaluation Officer; the coordination of research / evaluation studies at sub-national level • Advise on and problem-solve HIV M&E issues • Liaise with NAC on all HIV M&E issues at the sub-national level	*General:* • Results Based Management principles *M&E Technical:* • Quantitative data collection and analysis • Indicator selection / target setting • Information / data auditing / validation • Information systems; HIS • Data use *Managerial:* • Team work and cooperation • Organizing skills • Analytical skills • Writing skills • Communication skills • Presentation skills • Transparency; diplomacy; objectiveness; flexibility • Time management

Local government authority – HIV Focal Point with M&E responsibilities or M&E officer (not exclusive to HIV) / Position Description	**Knowledge and Skills Requirements**
• Conduct M&E capacity building (e.g.; training; mentoring) • Submit programme / project monitoring data to region/province/ district level • Conduct quality assurance [supportive supervision; audit] of programme / project monitoring data • Analyze and present HIV M&E data as requested • Disseminate information products to all relevant stakeholders • Promote HIV data use for HIV programme / project management and for planning of HIV programmes / projects • Advise on and problem-solve HIV M&E issues	*General:* • Results Based Management principles *M&E Technical:* • Quantitative data collection and analysis • Indicator selection / target setting • Information / data auditing / validation • Information systems; HIS • Data use *Managerial:* • Team work and cooperation • Organizing skills • Analytical skills • Writing skills • Communication skills • Presentation skills • Transparency; diplomacy; objectiveness; flexibility • Time management

Local Health Management Team: Person responsible for data collection and quality control / Position Description	**Knowledge and Skills Requirements**
• Identify data needs at local level and oversee implementation of data collection methods • Conduct quality assurance [supportive supervision; audit] of programme / project monitoring data • Analyze HIV data and use data for HIV programme / project management and for planning of HIV programmes / projects • Submit programme / project monitoring data to local government authority	*General:* • Results Based Management principles *M&E Technical:* • Quantitative data collection and analysis • Indicator selection / target setting • Information / data auditing / validation • Data use *Managerial:* • Team work and cooperation • Organizing skills • Analytical skills • Writing skills • Communication skills • Presentation skills • Time management

Local Health Management Team: Person responsible for HMIS / Position Description	**Knowledge and Skills Requirements**
• Maintain database • Enter programme / project monitoring data and provide data as requested • Train relevant staff on database use including key stakeholders from other sectors collecting information (e.g. MoH) • Trouble-shoot database problems (see Component 10) • Export programme / project monitoring data to local government authority	*General:* • Results Based Management principles *M&E Technical:* • Quantitative data collection and analysis • Indicator selection / target setting • Information / data auditing / validation • Information systems; HIS • Data use *Managerial:* • Team work and cooperation • Organizing skills • Communication skills • Time management • Using new Information and Communication Technology (ICT)

C. PROVIDER LEVEL	
- Health Facilities & Community-based HIV Projects (public; private; civil society) – HIV Focal Point with M&E responsibilities / Position Description **- International partners** [resident Advisors with HIV M&E responsibilities and/ or resident Advisors with responsibilities including but not restricted to HIV M&E] / Position Description	**Knowledge and Skills Requirements**
• Identify data needs for project management and reporting • Train relevant staff at sub-national levels including key stakeholders from other sectors collecting information (e.g. MoH) on database use • Create or revise standardised daily record keeping tools to ensure compliance with the national HIV programme monitoring needs • Collect data according to guidelines • Analyze HIV data and use data for HIV programme / project management and for planning of HIV programmes / projects • Collate data and submit to local government authority • Attend district/local data feed-back meetings	*General:* • Results Based Management principles *M&E Technical:* • Quantitative data collection and analysis • Qualitative data collection and analysis • Rapid assessment procedures • Indicator selection / target setting • Management of evaluation process • Evaluation methods • Information / data auditing / validation • Data use • Participatory approaches *Managerial:* • Team work and cooperation • Organizing skills • Analytical skills • Writing skills • Communication skills • Presentation skills • Time management

List of ALL MERG Documents 2007-2009

1. **A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations (2007):** Provides an overview of M&E methods and approaches for most at-risk populations; it covers the use of strategic information for programme planning, M&E. Its focus is on the M&E of targeted HIV prevention programmeM&E. Its focus is on the M&E of targeted HIV prevention programme
2. **Additional Recommended Indicators. Addendum to UNGASS Monitoring the Declaration of Commitment on HIV/AIDS, Guidelines on Construction of Core Indicators (2008):** Presents the 40 core national indicators that provide minimum necessary information for national-level monitoring of the HIV epidemic and response, and to provide detailed specifications and guidance on the 15 indicators recommended in addition to the 25 UNGASS indicators
3. **Organizing Framework for a Functional National HIV M&E System (2008):** This framework describes 12 main M&E system components and defines a performance goal and results for each component. The framework helps countries to define an agreed set of national performance objectives and measures for the HIV M&E system and to guide strategies for building capacity, where needed, to reach these objectives.
4. **Glossary of M&E Terminology (2008):** contains an alphabetical listing of M&E terms and their definitions often with more in-depth explanations than would customarily be provided by dictionary definitions. The Glossary will facilitate and improve dialogue and understanding among all those who are involved in M&E of development activities. It should also serve as a valuable reference guide in M&E training. The selection of terms and their definitions in the attached glossary have been carefully discussed and endorsed by the Global UNAIDS Monitoring and Evaluation Reference Group (MERG)
5. **Indicator Standards and Assessment Tool (2009):** consists of a set of agreed indicator standards that are relevant at the national level for program managers and service providers, who need to select, revise and use indicators to monitor, manage and implement their country's response to the epidemic effectively monitor. This will ensure that indicators provide decision-makers and key stakeholders with useful, feasible and relevant information. An additional aim is to reduce the burden of global reporting on countries by harmonising global level indicators across multilateral and bilateral organisations
6. **Planning Tool for Developing a Digital Library of M&E Resources (2009):** A Planning Tool to help assure that users of a digital library can successfully locate resources and can make informed decisions regarding the quality of the materials. The Planning Tool has two purposes: 1) To provide guidance to current owners and future developers of a digital library on the range of issues to be addressed in usability and user-friendliness of the library and 2) To provide a list of questions to help organizations brainstorm if they can and should invest their resources in developing a digital library
7. **Guidance HIV Monitoring and Evaluation Capacity-building (2009):** provides practical advice for national AIDS programmes that are planning and implementing capacity building activities as part of their effort to develop a unified and effective national HIV monitoring and evaluation (M&E) system. The Guidance is relevant to the wide range of individuals and organisations involved in the national HIV M&E system; it is particularly relevant for the health sector, given its central role in M&E of HIV.
8. **12 Components Monitoring and Evaluation System Assessment – Guidelines to support preparation, implementation and follow-up activities (2009):** These Guidelines provide information on the preparation for and implementation of an assessment of the national HIV monitoring and evaluation (M&E) system. It also includes key steps to take after an assessment to facilitate implementation of M&E system strengthening activities. The Guidelines are built around the 12 main components of the HIV M&E system, which define the Organizing Framework for a Functional National HIV Monitoring and Evaluation System (UNAIDS, 2008). Consequently, the Guidelines also focus on using the 12 Components Monitoring and Evaluation System Strengthening Tool (Geneva: UNAIDS, 2009a) to ensure a comprehensive and successful assessment.
9. **12 Components Monitoring and Evaluation System Strengthening Tool (2009):** Is a tool is for assessing how well each of the 12 components of a national HIV M&E system is functioning. The tool facilitates the identification of strengths and weaknesses in the national HIV M&E system and the prioritization of system strengthening activities.
10. **Guidelines for Developing Terms of Reference for Prevention Evaluation (2009):** The Guidelines aim to foster a systematic approach to the evaluation of prevention programs by focusing on an often overlooked yet critical step in evaluation planning: the preparation of terms of reference (TOR). It can be used to facilitate the planning of evaluations for HIV prevention, discussions on the design of these evaluations, and the drafting of TOR to guide such assessments. It is intended for use by anyone who prepares or reviews TOR for evaluations of HIV and AIDS prevention programs and projects.

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