



GOVERNMENT OF LESOTHO

# NATIONAL HIV AND AIDS MONITORING AND EVALUATION PLAN (2006-2011)



NATIONAL AIDS COMMISSION

*Powered to conquer HIV and AIDS*



## ACRONYMS AND ABBREVIATIONS

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ACU	AIDS Control Unit
AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
BCC	Behaviour change and communication
CBO	Community-based organisation
CDC	U.S. Centres for Disease Control and Prevention
CRIS	Country Response Information System
DIO	District Information Officer
DDO	District Data Officer
FBO	Faith-based organisation
FHI	Family Health International
GoL	Government of Lesotho
HBC	Home-based care
HIV	Human immunodeficiency virus
HMIS	Health Management Information System
HTC	HIV testing and counselling
IGA	Income generating activities
LDHS	Lesotho Demographic and Health Survey
LNSP	Lesotho National HIV and AIDS Strategic Plan
M&E	Monitoring and evaluation
MDG	Millennium Development Goal
MoET	Ministry of Education & Training
MoHSW	Ministry of Health and Social Welfare
NAC	National AIDS Commission
NGO	Nongovernmental organisation
OVC	Orphans and vulnerable children
PEP	Post-exposure prophylaxis
PMTCT	Prevention of Mother to Children Transmission
PLWHA	People living with HIV and AIDS
QSCR	Quarterly Service Coverage Report
SRF	Standard Reporting Format
STI	Sexually Transmitted Infection
UNAIDS	The Joint United Nations Programme on HIV and AIDS
UNGASS	The United Nations General Assembly Special Session on HIV and AIDS
VCT	Voluntary counselling and testing

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## 1. Introduction

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To effectively fulfil its mandate to co-ordinate the national response under the national strategic plan on AIDS 2006-2011, the National AIDS Commission (NAC) needs to understand the scope and effect of HIV and AIDS interventions in Lesotho. In order to do this, a functional and robust M & E system needs to be in place.

This document is the implementation plan of the national M & E framework to which all stakeholders have committed to using as part of the 'three ones' principles<sup>1</sup>. It provides:

- An overview of the NAC's M & E system on a conceptual Level
- A summary description of the National Strategic plan
- The Monitoring and evaluation framework
- Detailed descriptions of each of the core data sources identified in the framework
- A description of the data management system
- A description of the M & E information products that the NAC will produce
- A description of coordination and capacity building for the M & E plan; and
- A 5 year implementation road map and budget in line with the national strategic plan (included as annexes)

## 2. National HIV M & E system

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

- Understanding the overall goals of the country's national response under the NSP for 2006-2011.
- Setting the quality standard (i.e. defining how we will know when we have achieved the overall goal/s). This is done by defining specific indicators, which would provide guidance as to whether the interventions have been successful in achieving the goal.
- Further to the definition of a set of indicators, each indicator should also be described in detail, including what the indicator measure, how the denominator and numerator is calculated, how often it will be measured and what the strengths & limitations of the indicator are.
- Definition of the data sources from where information will be obtained for the measurement of the indicators
- A process flowchart that details the activities involved in the data collection, capture, analysis and presentation cycles, the sequencing of these activities as well as the responsibilities of the internal (to NAC) and external (to NAC) stakeholders responsible for the execution of these activities
- Indicators are often not enough to fully explain the status of achievements. Research and other evaluation methods should be included in the M&E system to complement monitoring tools.
- A detailed description of the information products that will be produced by NAC on a periodic basis, using the data sources.
- The goal/s, indicators and data sources need to form the backbone of the M&E system, and should be clearly linked using the M&E framework
- Description of the responsibilities of stakeholders
- 5 year implementation road map for the execution of the M&E system, including the responsibilities of NAC's internal and external stakeholders
- An operational budget to implement the M&E work plan

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<sup>1</sup> i.e. One national authority to steer the multisectoral response, one national strategic plan and one M & E system.

### **3. Summary description of the Lesotho National AIDS Strategic Plan 2006-2011**

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The overall goal of the NSP is to prevent the spread of HIV and mitigate the impact of AIDS in Lesotho. To achieve this goal, 4 priority areas have been identified: (1) Management and coordination (2) Prevention, (3) Treatment Care and Support and (4) Impact Mitigation

#### **3.1 MANAGEMENT AND COORDINATION**

The programmes articulated under this priority include: policy and legislation, enhancement of coordination and evidence based decision making.

#### **3.2 PREVENTION**

The programmes articulated under this priority include: Behaviour Change Communication (BCC), condom promotion and distribution, HIV Testing and Counselling (HTC), STI care and prevention, Prevention of the Mother to Child Transmission (PMTCT), blood safety and post exposure prophylaxis (PEP)

#### **3.3 TREATMENT, CARE AND SUPPORT**

The programmes articulated under this priority include the provision of ART, preventing TB/HIV co-infection, home based care (HBC) and integration of HIV/STI/AIDS and TB services

#### **3.4 IMPACT MITIGATION**

The programmes articulated under this priority include orphans and vulnerable children (OVC), universal access to mitigation services and vulnerable population groups as well as HIV in the workplace and cross cutting issues

### **4. The National M & E framework**

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#### **4.1 NATIONAL INDICATORS**

This National M&E framework shown in table 1 defines a number of indicators for NAC to monitor the national response to HIV in Lesotho. It should be noted that this framework contains 13 core data sources that will be the backbone of NAC's M&E system. Thus, this plan is built around these core data sources. This does not imply that the additional data sources are not relevant or valuable, but rather that the focus of creating a functional, flexible and responsive M&E system is on ensuring that the core data sources are all well-developed and in existence. Thirty four indicators have been selected to monitor the implementation of the national strategic plan and are shown in the table below. Detailed indicator descriptions are provided in annex 1.

**Table I**  
**Monitoring and evaluation framework for the national strategic plan**

	Ref	Indicator	Data source	Baseline (2005)	Targets				
					2006/7	2007/8	2008/9	2009/10	2010/11
OVERALL GOAL:	<b>C1</b>	Number of new HIV infections (15-49)- Incidence	Modelling	22,000					20000
	<b>C2</b>	% of young men and women aged 15-24 that are HIV infected	Demographic and Health Survey + (DHS)	11% 6% (M) 15% (F)					10%
	<b>C3</b>	% of HIV infected infants born to HIV infected mothers	Quarterly Service Coverage Report (QSCR)	25%					15%
	<b>C4</b>	% of people still alive 12 months after initiation of treatment	QSCR and modelling	82%					100%
	<b>C5</b>	Proportion of all deaths attributable to AIDS	<i>Modelling</i>	63% (24000/38290)					50%
MANAGEMENT AND COORDINATION	<b>C6</b>	% of recurrent national budget allocated to HIV by the GOL	NASA	0.8%			2%		5%
	<b>C7</b>	% of recurrent national budget allocated to HIV by the GOL actually spent	NASA	43%			70%		90%
	<b>C8</b>	National Composite Policy Index score	NCPI	N/A					
	<b>C9</b>	% of the general population with accepting attitudes towards people living with HIV	DHS	24% (F) 20% (M)			50%		90%
PREVENTION	<b>C10</b>	% of young men and women aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	DHS	23.7%					80%

	Ref	Indicator	Data source	Baseline (2005)	Targets				
					2006/7	2007/8	2008/9	2009/10	2010/11
	C11	% of young men and women aged 15-24 reporting having had sex with two or more partners in the last 12 months	DHS	35.5% (M) 8.8% (F)					15% (M) 5% (F)
	C12	% of young men and women aged 15-24 reporting the use of a condom during the last sexual intercourse with a non-regular sexual partner	DHS	49%					80%
	C13	% of schools with teachers who have been trained in life-skills-based HIV education and who taught it during the last academic year	MoET survey	0%					100%
	C14	% of young men and women aged 15-24 who have had sex before age 15	DHS	15% (F) 27% (M)					7.5% (W) 13.5% (M)
	C15	% of men and women aged 15-49 reporting to have tested for HIV and received results in the last 12 months	DHS	6.3% (F) 4.8% (M) 5.9% (overall)					80%
	C16	% of health facilities providing Antiretroviral Therapy (ART) services according to national standards	Health Facility Accreditation Survey	N/A					80%
	C17	% of health facilities providing HIV testing and counselling services according to national standards	Health Facility Accreditation Survey	N/A					80%
	C18	% of health facilities providing PMTCT services according to national standards	Health Facility Accreditation Survey	N/A					80%
	C19	% of HIV infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	QSCR and modelling	5% (Sept. 2005)					80%
	C20	% of transfused blood units screened for HIV	QSCR	100%					100%
	C21	Syphilis prevalence rate among pregnant women aged 15-24	National HIV sentinel surveillance survey report	1.2% (15-19) 1.6% (20-24)					
	C22	% of health facilities providing Post Exposure Prophylaxis (PEP)	MOHSW HIV and AIDS/STI Directorate annual report	10%		50%			100%
TREATMENT CARE AND SUPPORT	C23	% of people with advanced HIV infection receiving antiretroviral treatment	QSCR and modelling	19%					80%
	C24	TB treatment success rate	NTP Annual Report	N/A					90%

	Ref	Indicator	Data source	Baseline (2005)	Targets				
					2006/7	2007/8	2008/9	2009/10	2010/11
IMPACT MITIGATION	C25	% of orphans and vulnerable children whose households have received, free basic external support in caring for the child	DHS	25%					80%
	C26	Ratio of current school attendance among orphans to that among non-orphans, aged 10–14	DHS	1:1					1:1
	C27	% of chronically ill people whose households have received, free basic external support in caring for them	DHS	N/A					80%
	C28	% of line ministries surveyed that have HIV workplace policies and programmes	Workplace survey	0%					100%
	C29	% of large enterprises/companies surveyed that have HIV workplace policies and programmes	Workplace survey	0%					100%
	C30	% of district health management teams with functional financial and procurement management systems	DHMT assessment	N/A					100%
	C31	Vacancy rate in the health sector	MOHSW HRIS	N/A					5%
	C32	% of designated facilities surveyed with drugs for STIs in stock and no stock outs of > 1 week in the last 12 months	HIV/TB/ STI drug stock survey	N/A					80%
	C33	% of designated facilities surveyed with drugs for HIV in stock and no stock outs of > 1 week in the last 12 months	HIV/TB/STI drug stock survey	N/A					80%
	C34	% of designated facilities surveyed with drugs for TB in stock and no stock outs of > 1 week in the last 12 months	HIV/TB/STI drug stock survey	N/A					80%

## 5. Relationship between the National and Programme-Level M&E{ XE "Project-level M&E" }

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

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

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

## 6. Data Sources

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Data sources are reports used to obtain indicator values for the indicators in the M & E framework. In order to measure the 33 indicators identified above, 12 core data sources have been indicated in the framework. The table overleaf provides key implementation-oriented information about each of the core data sources listed in the framework.

**Table 2**  
**Summary of All Core Data Sources for the NSP**

DATA SOURCE	INDICATOR REFERENCE	TIME PERIOD COVERED IN DATA SOURCE	FREQUENCY OF COLLECTION	INSTITUTIONAL RESPONSIBILITY FOR DATA SOURCE
1. Lesotho Demographic and Health Survey (LDHS)+	2,9,10,11,12,27,26,25,14,15	Time period in which the survey was under taken	Every five years (2009)	Ministry of Health and Social Welfare (MOHSW)
2. National AIDS Spending Assessment (NASA)	6,7	One financial year (April-March)	Annually	National AIDS Commission
3. Quarterly Service Coverage Report (QSCR)	3,4,19,20,23	3 calendar months (preceding quarter)	Quarterly	National AIDS Commission
4. MOHSW Annual report	22	Time period that survey was undertaken	Annually	Ministry of Health and Social Welfare (MOHSW)
5. National Composite Policy Index (NCPI)	8	Cumulative data on status of policy development	Annually	National AIDS Commission
6. Workplace survey (WP)	28, 29	Survey data collection period	Annually (2007 and 2009)	Ministry of Labour
7. District Health Management Team (DHMT)Assessment	30	Survey data collection period	Every two years (2007 and 2009)	National AIDS Commission
8. HIV/TB/STI drug stock survey	32, 33, 34	Survey data collection period	Annually	National Drug Supply Organisation (NDSO)
9. National TB Programme Annual Report	24	Jan – Dec of previous year	Annually	National TB Programme (NTP)/ Ministry of Health and Social Welfare
10. Ministry of Education and Training (MOET) survey	13	Time period in which the survey was under taken	Annually	MoET
11. Modelling	1,4,5,19,23	12 months (Jan- Dec)	Every two years (2007 and 2009)	MOHSW
12. National HIV and Syphilis sentinel surveillance survey report	21	Time period in which the survey was under taken	Every two years (2007, 2009)	MOHSW
13. Health Facility Accreditation Survey	16,17,18	Time period in which the survey was under taken	Every two years (2007, 2009)	MOHSW
14. MOHSW HRIS	31	Six months	Six monthly	MOHSW

## 6.1 MODELLING

### *Description of data source*

Modelling is used to produce estimates and projections of those figures that are difficult to obtain from one single data source. In Lesotho, estimates are produced through the software EPP and Spectrum using as inputs data from the ANC Sentinel Surveillance, DHS+, Demographic data and programme data. The MOHSW conducts Sentinel Surveillance every two years. Demographic data is obtained from the BOS based on Census or projections.

### *Frequency*

An estimates workshop is carried out in the end of 2007 and 2009 following the release of the Sentinel Surveillance data.

## 6.2 DEMOGRAPHIC AND HEALTH SURVEY (DHS+)

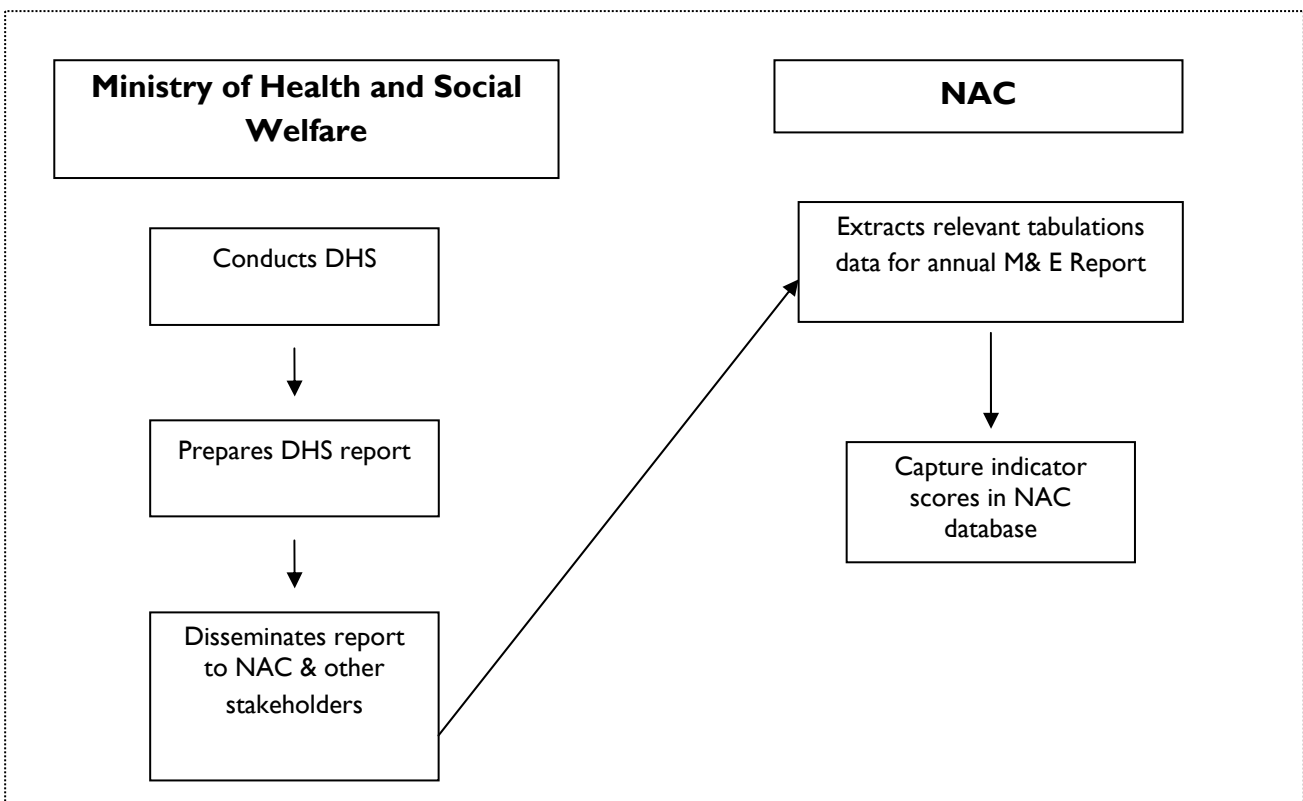
### *Description of data source*

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

### *Frequency*

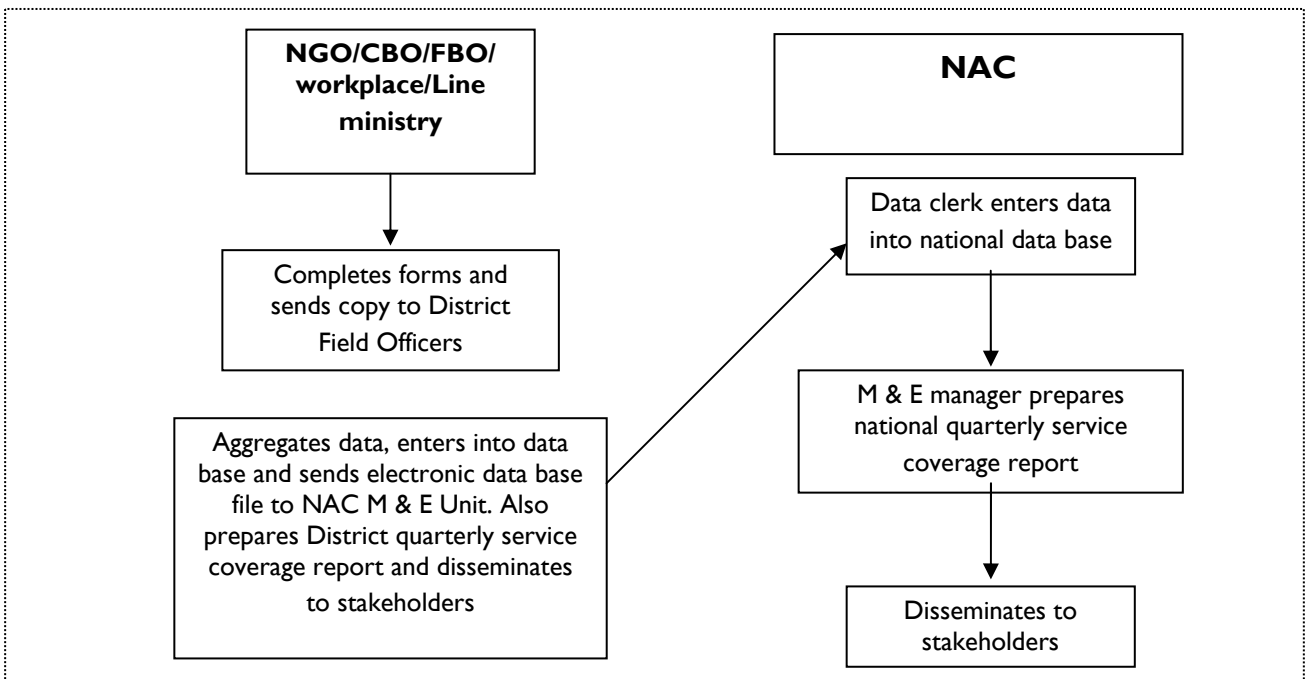
The Bureau of Statistics and MOHSW have joint institutional responsibility in conducting the DHS+ in 2009. The final report will be sent to the NAC by 30<sup>th</sup> of June 2010.

### *Data source flow*





*Data source flow (Non-health sector)*



## 6.4 WORKPLACE SURVEY

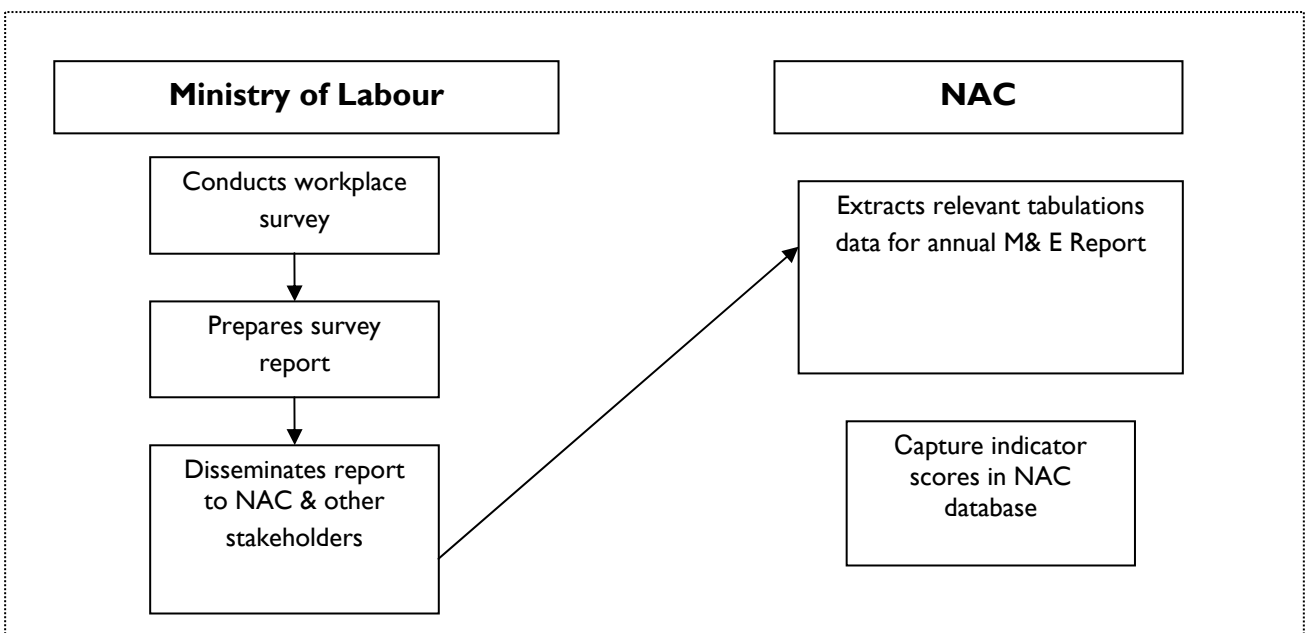
*Description of data source*

Due to the need to understand the extent to which HIV has been mainstreamed internally by employers a workplace survey is required among private sector and public sector employees. Private sector employers will be selected on the basis of the size of the labour force. Public sector employers recommended are all of the ministries in Lesotho.

*Frequency*

The workplace survey will take place biennially.

*Data source flow*



## 6.5 THE NATIONAL TB PROGRAMME ANNUAL REPORT

### *Description of the data sources*

The National Tuberculosis Programme is responsible for monitoring the national response to TB in Lesotho. It currently collects TB data through a paper based system and compiles this into an annual TB Report

### *Frequency*

The NTP will provide treatment success data on annual basis

### *Data source flow*

Data flow is simple for this report. NTP aggregates TB data from Health facilities in Lesotho on annual basis. This data includes treatment success rates. The NTLTP programme manager will submit the National TB Programme Annual report to NAC when it is ready who will extract the relevant information and enter it into the data base

## 6.6 NATIONAL AIDS SPENDING ASSESSMENT

### *Description of data source*

This assessment will collect financial data to inform the national indicators about national government allocation and expenditures on HIV programmes. However, Lesotho will conduct it on an annual basis.

### *Frequency*

This assessment will be undertaken on an annual basis, and the first survey results should be ready by January 2007.

### *Data source flow*

A simple data flow process exists for this data source – the NAC M & E Unit will liaise with the relevant government structures to compile this assessment.

## 6.7 NATIONAL COMPOSITE POLICY INDEX

### *Description of data source*

The NCPI is a questionnaire based tool used in the UNGASS report to assess progress in a number of areas such as Policy, Strategic Planning, Structures, Resources, M&E (including research), Legal environment, Human Rights, Civil Society Participation, Prevention, Treatment, Care and Support, Impact Mitigation. The version used in 2005 did not foresee the calculation of an index. However, the M&E working group will be tasked to advice NAC on a Lesotho specific way to calculate an index score.

### *Frequency*

Annually to be validated during the joint annual review.

### *Data source flow*

The questionnaire is administered to key informants in the specific areas. The answers will then be reviewed and validated by a large meeting of stakeholders, participating in the Joint Annual Review.

## 6.8 DISTRICT HEALTH MANAGEMENT TEAM (DHMT) ASSESSMENT

### *Description of data source*

Due to the need to understand the extent to which DHMT have developed robust and effective procurement and management systems as a result of the decentralisation, an assessment of the functionality of these systems will be conducted.

### *Frequency*

The assessment will take place every two years.

### *Data source flow*

A simple data flow process exists for this data source – the NAC will commission a consultant to conduct an assessment using a modified version of the Management Sciences for Health financial and management capacity assessment tools.

## 6.9 MINISTRY OF EDUCATION SURVEY

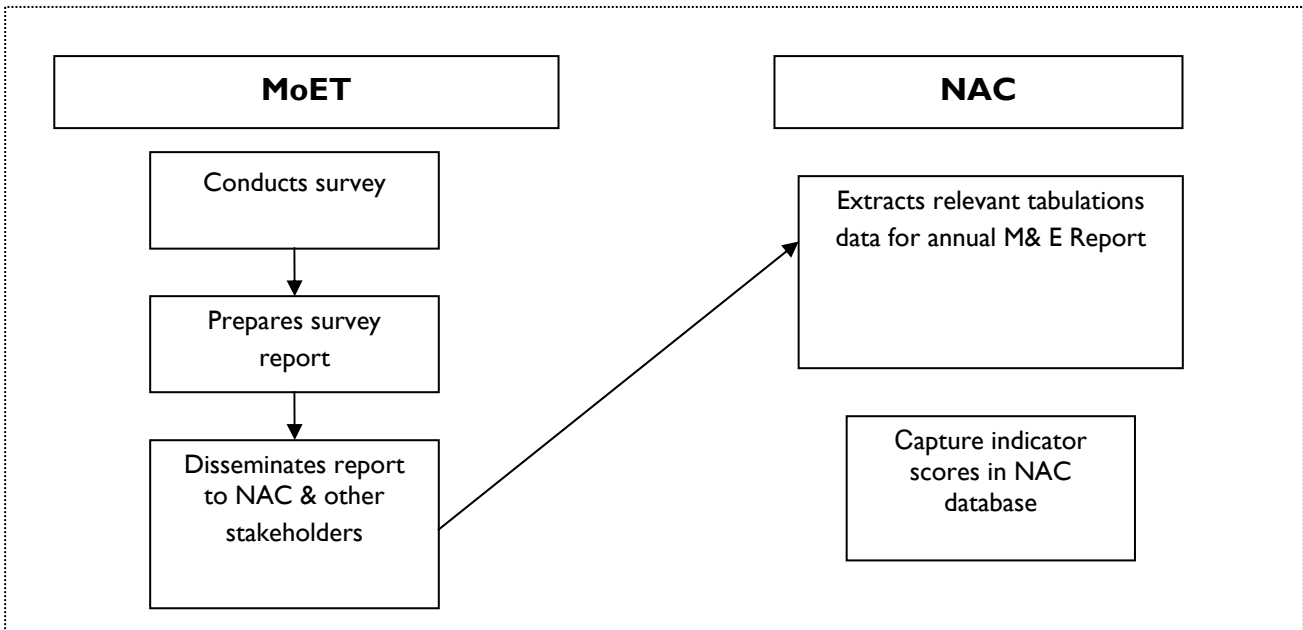
### *Description of data source*

Due to the need to understand the extent to which life skills education is being provided in schools in Lesotho, a survey is required

### *Frequency*

The survey will take place biennially.

### *Data source flow*



## 6.10 THE MOHSW - HIV AND AIDS/STI DIRECTORATE ANNUAL REPORT

### *Description of the data sources*

The MOHSW HIV and AIDS/STI Directorate is responsible for monitoring the health sector response to HIV and AIDS in Lesotho. It currently collects HIV data through a number of sub-systems and provides information in its annual report.

### *Frequency*

The MOHSW will provide data on annual basis

### *Data flow*

Data flow is simple for this report. The head of the Directorate will submit the Annual report to NAC when it is ready who will extract the relevant information and enter it into the data base

### 6.11 HIV/TB/STI DRUG STOCK SURVEY

**Description of data source**

In order to effectively treat TB, HIV and STIs, it is critical that there are no drug stocks. It is therefore critical to assess the extent to which health facilities that offer ART, STI and TB treatment have experienced drug stocks of more than 1 week in the last 12 months. This will be done through a drug stock survey

**Frequency**

The NDSO will provide data on annual basis

**Data flow**

Data flow is simple for this report. The head of the NDSO will conduct the survey annually and will submit to NAC, a survey report providing the data on drug stock outs.

### 6.12 NATIONAL HIV AND SYPHILIS SENTINEL SURVEILLANCE SURVEY

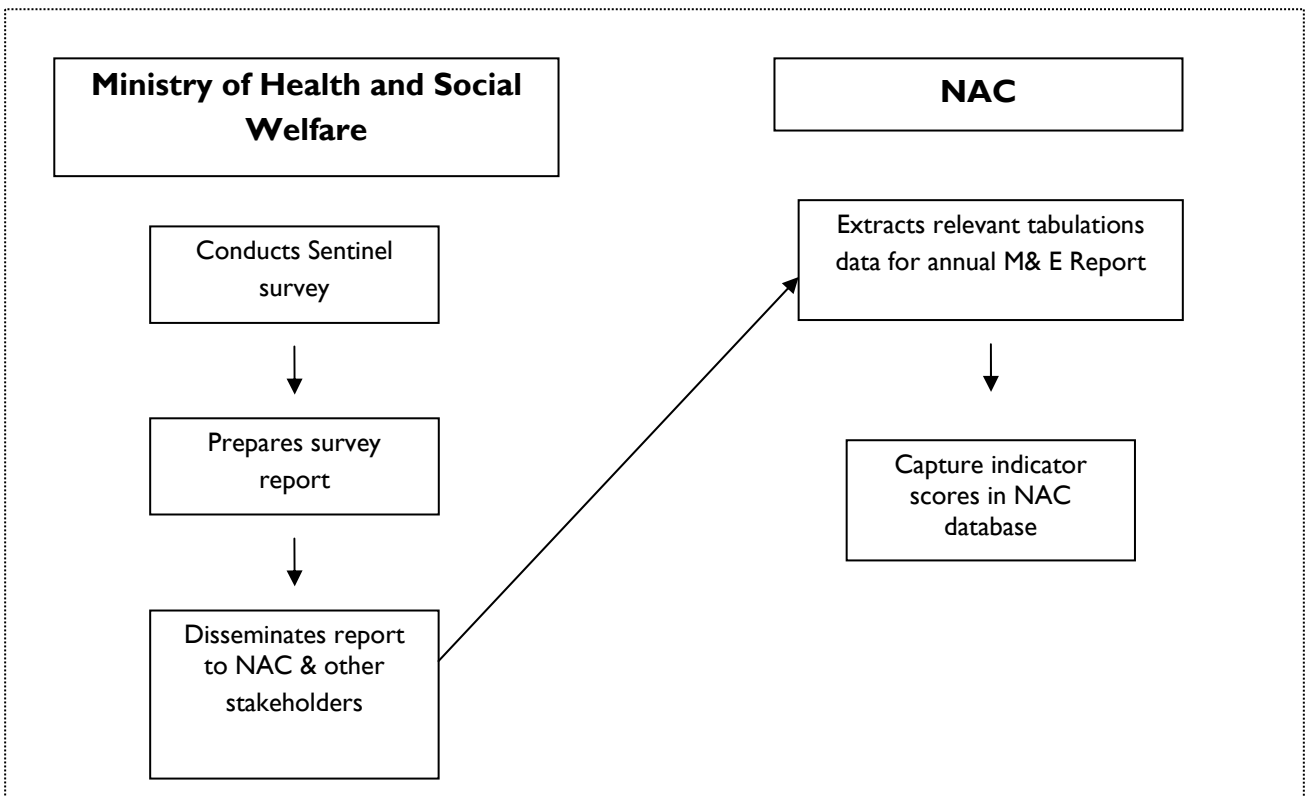
**Description of data source**

Biological surveillance of STI has been primarily tracked through surveillance of sentinel populations. Lesotho began sentinel surveillance for STIs at an early date in the epidemic.

**Frequency**

Responsibilities for data compilation and analysis lie with the Health Planning and Statistical Unit within the Ministry of Health and Social Welfare. Sentinel surveillance is conducted on a Biennial basis. The next sentinel surveillance surveys are scheduled to take place in 2007, 2009 and 2011.

**Data source flow**



### 6.13 HEALTH FACILITY ACCREDITATION SURVEY

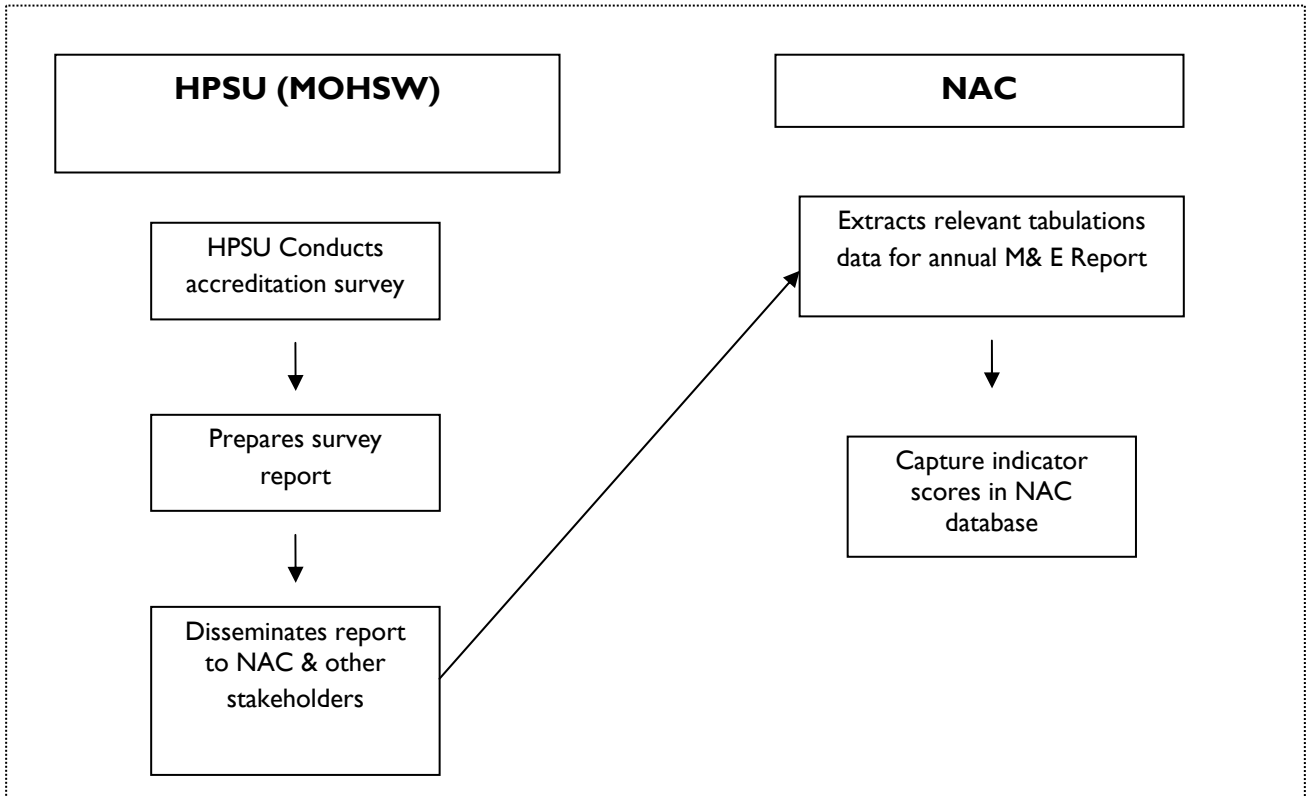
*Description of data source*

The MOHSW health facility accreditation survey assesses the extent to which health facilities in Lesotho are meeting minimum standards for the provision of health services including ART, HTC and PMTCT.

*Frequency*

This assessment will be conducted on a biennial basis by the Health Planning and Statistics Unit within the MOHSW in 2007, 2009 and 2011

*Data source flow*



## 7. Data Management

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### 7.1 DATABASE SYSTEM

Data collected through the data sources will be stored in the Country Response Information System (CRIS) data base. This data base will store all data related to the indicators outlined in the monitoring and evaluation framework. Customized access databases will be used for more detailed level of information.

### 7.2 ELECTRONIC REPOSITORY FOR M & E RELATED DATA AND INFORMATION

In order to ensure that all relevant M&E documents are in order and readily available, NAC will maintain an electronic Repository. It will consist of an access/excel based tool that includes the list of information products (including, author, publisher, year, etc.) available at NAC in either electronic or paper format for consultation. This list may include books, printed documents, CD-ROMs, electronic files in word, excel or power points, etc. A consultation and distribution policy will regulate ways to access these information products.

## 8. Information Products

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The information products described here will be based on the data collected and then stored into the databases within the M&E framework as well as additional information that maybe available. In addition to these periodic information products, NAC would also respond to specific and ad hoc information needs of its stakeholders. Each of the periodic information products, and the process for accessing ad hoc information, has been described below:

### 8.1 QUARTERLY DISTRICT SERVICE COVERAGE REPORT

**Responsible for distribution:** District Administrator

**Prepared by:**

District Data Officers jointly with DAO, DHIO and DAC and with clearance from M&E unit.

**Deadline:**

Within 30 days from end of quarter (date of distribution, end of April, July, September, and January)

**Content:**

- \* Programme Indicator values (National M&E framework only), disaggregated as appropriate, with monthly variations
- \* Highlights of indicators much below (red flags) and much above targets (green flags)
- \* Other available relevant information

**Format:**

Power Point (SF x), Excel file (CRIS output – SF x) + small narrative

**Distributed to:**

District and local authorities, Organisations/institutions implementing HIV activities, implementers and other relevant actors.

**Comments:**

This document is mainly meant for monitoring purposes and for actors involved in the implementation. Emphasis is placed on rapid distribution. Validity of the data cannot be always ensured. A disclaimer will warn the reader that the values are subject to changes once the verification process is completed.

## 8.2 QUARTERLY NATIONAL SERVICE COVERAGE REPORT

**Responsible for distribution:** NAC CEO

**Prepared by:** NAC M&E and BCC Unit in cooperation with MOHSW, UNAIDS, M&E Working Group

**Deadline:** To be presented to M&E WG at first meeting after the end of the quarter. To be distributed within 45 days from end of each quarter (By: 15<sup>th</sup> of February, May, August, November).

**Content:**

\* All national M&E framework indicator values, disaggregated as appropriate, with monthly variations

\* Focus a specific M&E subjects with graphics, articles and other relevant indicators values

**Format:**

Power Point (SF x), Excel file (CRIS output – SF x) + small narrative (including 200 printed copies)

**Distributed to:**

NAC board, HIV forum, UN Expanded Theme Group, CCM, Interested Stakeholders (through an electronic mailing list), District AIDS Coordinators, implementers

**Comments:**

This document is meant to inform stakeholders and general public on the progress of the epidemic on a quarterly basis. Before distribution the M&E unit should verify the data and then discuss the draft document with the M&E WG participants. NAS has the responsibility of the content which does not necessarily represent the official position of the GOL.

## 8.3 ANNUAL AIDS REPORT

**Responsible for distribution:** GOL Prime Minister or designated authority

**Prepared by:** NAC in cooperation with partners

**Deadline:** To be presented to M&E WG at first meeting after the end of the year, then approved by NAC board through the GOL official channels. To be distributed within 3 months from end of the calendar year.

**Content:**

\* Status, overview, national response, challenges, and actions needed, support required, M&E environment

**Format:** Printed document and Acrobat electronic document (UNGASS format)

**Distributed to:** All relevant national and international actors

**Comments:** This is the main official document on the status of epidemic and represents the official position of the GOL. This report will be procedurally linked to NAC's annual work planning and budgeting process to ensure that one does not pay lip service to the term using information for decision-making. When requested, this will also represent the report required by regional and global institutions such as SADC, AU, UN General Assembly (UNGASS).

## 8.4 COUNTRY AIDS PROFILE

**Responsible for distribution:** NAC CEO

**Prepared by:** NAC

**Deadline:**

To be presented to M&E WG before end of March. To be distributed before end of April every year

**Content:**

\* Statistics from AIDS Annual Report and other important official sources

**Format:** Printed document and Acrobat electronic document (SF x), and business card format

**Distributed to:** All relevant national and international actors

**Comments:** This is a summary of the figures published in other reports.

## 8.5 REGULAR INFORMATION UPDATES

All M&E reports produced by NAC will be available on NAC's website for electronic download (in PDF or MS Word format). This will ensure that NAC stakeholders will be able to access up-to-date information. All HIV indicator data will be updated as and when new data becomes available in the NAC database.

## 8.6 AD HOC INFORMATION NEEDS

In addition to the specific information products listed above, some stakeholders might have specific information needs at some stage. Although NAC encourages the use of existing information products, it will assist if there are any specific and ad hoc information needs that are not covered in one of the above information products. Such a request should be made in writing to the NAC, and will then be considered. If possible, the request will be accommodated within the budget limitations of the M&E Unit at NAC. If it is not possible, the person/institution will be informed of the cost implications.

## 9. Capacity Building

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Several personnel will be involved in the implementation of this monitoring and evaluation plan. These include NAC M & E Unit personnel (national and districts), Ministry of Health and Social Welfare personnel (District AIDS officers, District Health Information Officers, national officers, etc) as well private and public sector implementers. It is widely recognised that there is a need to capacitate these personnel in order to strengthen national capacity to monitor and evaluate HIV response.

Within the first year of implementation of this plan, the essential M&E staff will be provided with the following set of competencies:

1. Knowledge of the national M&E Plan (including "3 ones" concept)
2. Skills in using data collection tools
3. Knowledge of Basic M&E concepts
4. Positive attitude of M&E oriented towards the production and dissemination of strategic information
5. Advanced skills in excel (esp. formulas and graphics, including pivot tables)
6. Skills in using electronic databases
7. Basic skills and knowledge in data analysis
8. Knowledge on data quality concepts and skills in conducting data quality assessment

In the remaining 4 years of implementation of the plan, it is expected to replicate the activities oriented at ensuring that basic competencies are built in new M&E recruits.

At the same time, M&E officers will have the opportunity to develop an advanced set of competencies with the possibility of specializing in specific areas.

## 10. Data Audits and supervision

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In order to make informed decisions on how to implement the national response to HIV, it is imperative that data used is of adequate integrity, is reliable and is valid. In order to ensure that data is of sufficient quality, a data audit and supervision system will be developed for both health and non-health sector related HIV data.

Data auditing is the process of verifying the completeness and accuracy of a selection of HIV output/programme monitoring forms through: (a) field visits to the organisations that submitted the forms; (b) checking the quality of raw data kept by the reporting organisation by examining the daily records used to complete the output monitoring form for a specific reporting period; and (c) comparing the output monitoring form data against the raw data.

## 11. Evaluation & Research

Apart from the information provided from the core data sources identified in this plan, it will be important to conduct evaluation studies to add value to the findings from the data sources. The National M&E Working Group will be responsible for developing the relevant research agenda and advising the NAC on research that will need to be commissioned.

## 12. Coordination

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

STAKEHOLDER	OUTLINES OF RESPONSIBILITIES
National AIDS Commission Board and HIV Forum{ XE "NAC Board of Commissioners" \b }	Making use of the data to monitor and evaluate the overall national response to HIV
Chief Executive of the National AIDS Commission	The CEO should be responsible for: <ul style="list-style-type: none"> <li>Promoting the M&amp;E system within the public and private sectors, and civil society, where possible</li> <li>Use information from the M&amp;E system to inform the national response</li> </ul> Ensure that sufficient resources (financial and human) are available to implement the M&E system
Section Monitoring evaluation Head- and	As the nation's key M & E technical advisor , this person will be responsible for: <ul style="list-style-type: none"> <li>Strengthening NAC's monitoring systems, to ensure sound output and process monitoring</li> <li>Supervise the implementation of this national M &amp; E plan</li> <li>Arrange the dissemination of all information products as defined in this document</li> <li>Ensure that all data is received for the Annual AIDS report- sending reminders and requests for information to all persons/agencies responsible for data sources as defined in this document.</li> </ul>
Institutions responsible for data sources commissioned by NAC	These agencies' responsibilities will be clearly defined in the agreement between NAC and the agency. However, in general terms these agencies will be responsible for providing good quality data sources that are based on international best practice, and that is relevant to the M&E system, as defined in this document.
Technical Working Group on monitoring and evaluation	Supervising the implementation of this plan
Implementers of HIV interventions in Lesotho { XE "Implementers of HIV Interventions" \b }	The Implementers of HIV interventions will be responsible for: <ul style="list-style-type: none"> <li>Completing the programme activity report Form on a monthly basis and submit it to NACC or its designated sub-contractor on a quarterly basis</li> <li>Utilising the information products from NAC for decision making</li> </ul>
Funding agencies	These agencies provide the fuel that is needed for the HIV engine to run. In terms of M&E, they will be responsible for: <ul style="list-style-type: none"> <li><b>For all new contracts:</b> Ensuring that the contracts that they sign with implementers include reference to NAC's M&amp;E system and that reporting to this system is clearly defined – in particular ensuring that the NAC Activity Report Form is one of the reporting formats that is required</li> <li><b>For all existing contracts:</b> Ensure that these implementers are requested to submit the NAC Activity Report Form to NAC on a quarterly basis.</li> </ul>

### **13. Review of national HIV M & E plan**

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

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

- The overall M&E Implementation Plan, including the actual indicators, should be reviewed within 60 days of the development of a NEW or REVISED National HIV and AIDS Strategic Framework;
- The data sources for the indicators, as defined in the logical framework, may be revised if they can be updated with improved (more accurate or more timely) data sources;
- Should new information products be required, these may be added to the current list of information products. However, the basic format and content of all information products should remain the same for as long as this M&E plan exists in its current format;
- The M&E work plan and operational budget may be adjusted annually when the NAC work plan and budget for the next fiscal year is prepared.

### **14. ANNEXES**

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- 1. Annex 1: Implementation road map**
- 2. Annex 2: M&E Implementation Budget**
- 3. Annex 3: Detailed indicator descriptions**
- 4. Annex 4: Core-Output Indicators to be collected through the Quarterly Service Coverage Report**
- 5. Annex 5: Monitoring and evaluation model**

## ANNEX I: IMPLEMENTATION ROAD MAP

Nr	ROAD MAP ACTIVITY	2006		2007				2008				2009				2010				I	Responsible
		3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	I	
<b>I</b>	<b>DATA COLLECTION</b>																				
1.1	<b>Workplace Survey</b>																				
1.1.1	Develop TOR and budget for the Workplace Survey		x								x								x		NAC
1.1.2	Undertake the Workplace Survey			x							x									x	
1.1.3	Publish the results of the Workplace Survey				x							x									MOL
1.2	<b>Program monitoring system</b>																				
1.2.1	Develop guidelines for the forms	x																			NAC
1.2.2	Pilot the Standard Reporting Form	x																			NAC
1.2.3	Update the standard reporting Forms	x																			NAC
1.2.4	Conduct training sessions with HIV implementers on SRF and its system	x			x				x				x				x				NAC
1.2.5	Launch the program activity monitoring system			x																	NAC
1.2.6	Initiate data collection		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	NAC
1.2.7	Capture data from Standard Report Forms (NAC and MOHSW) that have been received		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	NAC
1.2.8	Conduct data audits and verification for implementers			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	NAC
1.2.9	Conduct mapping exercise to identify all Implementers of HIV interventions in Lesotho			x																	NAC
1.4	<b>National AIDS Spending Assessment</b>																				
1.4.1	Develop TOR and budget for NASA		x				x				x				x				x		NAC
1.4.2	Commission consultant to undertake NASA			x				x				x				x				x	NAC

Nr	ROAD MAP ACTIVITY	2006		2007				2008				2009				2010				I I	Responsible	
		3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4			
1.4.3	Undertake the NASA			X				X				X				X					NAC	
1.4.4	Publish the results of the NASA				X			X				X									NAC	
1.5	<b>Ministry of Education and Training (MoET) Survey</b>																					
1.5.1	Develop TOR and budget for the survey		X				X				X				X				X		NAC	
1.5.2	Undertake the survey			X				X			X			X					X		MOET	
1.5.3	Publish the results of the survey			X				X			X			X					X		MOET	
1.6	<b>Health Facility Accreditation Survey (HFAS)</b>																					
1.6.1	Undertake the HFAS			X	X						X	X								X	MOHSW	
1.6.2	Publish the results of the HFAS					X							X								MOHSW	
1.7	<b>District Health Management Team Assessment (DHMTA)</b>																					
1.7.1	Develop TOR and budget for the DHMTA		X								X								X		NAC	
1.7.2	Commission Consultant to undertake DHMTA			X							X									X	NAC	
1.7.3	Publish the results of the assessment				X							X									NAC	
1.8	<b>National Composite Policy Index (NCPI)</b>																					
1.8.1	Adapt NCPI to Lesotho NSP			X				X			X			X					X		NAC	
1.8.2	Conduct national stakeholder workshop to score NCPI			X				X			X			X					X		NAC	
1.9	<b>Data quality assurance and Verification systems</b>																					
1.9.1	Establish Data audit and verification systems for MOHSW			X																	MOHSW	
1.9.2	Establish Data audit and verification systems for NAC			X																	NAC	
1.9.3	Conduct data audit and verification				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC / MOHSW
1.10	<b>Demographic Health Survey</b>																					

Nr	ROAD MAP ACTIVITY	2006		2007				2008				2009				2010				I	Responsible		
		3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	I			
1.10.1	Undertake DHS												X	X	X							BOS/MOH SW	
1.10.2	Publish the results of the DHS															X						BOS/MOH SW	
1.11	<b>ANC HIV Sentinel Surveillance &amp; Estimates Workshops</b>																						
1.11.1	Undertake Sentinel Surveillance					X	X								X	X						MOHSW	
1.11.2	Publish the results of the sentinel surveillance survey						X								X							MOHSW	
1.12	<b>HIV/STI/TB Drug Stock Survey</b>																						
1.12.1	Undertake survey			X				X				X				X					X	NDSO	
1.12.2	Publish the results of the survey			X				X				X				X					X	NDSO	
2	<b>EVALUATION &amp; RESEARCH</b>																						
2.1	Conduct Mid-Term Evaluation											X										NAC	
2.2	Conduct End-term Evaluation																				X	NAC	
2.3	Conduct Assessment of research conducted on HIV in Lesotho to identify gaps			X																		NAC	
2.4	National workshop to develop research agenda			X																		NAC	
2.5	Develop TOR and establish ethics committee for HIV research in Lesotho			X																		NAC	
2.6	Commission research				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC
2.7	Disseminate results of Research					X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC

<b>3</b>	<b>DATA MANAGEMENT</b>																			
3.1	<b>CRIS database</b>																			
3.1.1	Enter indicator definitions of M&E framework into CRIS database	X																		NAC
3.1.2	Enter available 2005-2006 data (M&E framework) into CRIS	X	X																	NAC
3.1.3	Regular data entry into CRIS	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC
3.2	<b>Electronic repository at national level</b>																			
3.2.1	Design database	X	X																	NAC
3.2.2	Populate database		X																	NAC
3.2.3	Develop distribution system and policy		X																	NAC
3.2.4	Publicize system		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC
3.3	<b>Electronic repository at district level</b>																			
3.3.1	Establish location for repository			X																NAC
3.3.2	Training on the use of database				X															NAC
3.3.3	Populate database				X															NAC
3.3.4	Adapt distribution system and policy				X															NAC
3.3.5	Publicize system					X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC
<b>4</b>	<b>STRATEGIC INFORMATION</b>																			
4.1	<b>District Quarterly Service Coverage Report</b>																			
4.1.1	Develop format		X																	NAC
4.1.2	Produce and disseminate DSQSCR			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC/ MOHSW
4.2	<b>National Quarterly Service coverage Report</b>																			
4.2.1	Develop format		X																	
4.2.2	Produce and disseminate NQSCR		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	NAC/MOH SW





## ANNEX 2: M &amp; E IMPLEMENTATION BUDGET

	Activity	Cost (Maloti)					Total	Committed	Funding Gap	
		2006	2007	2008	2009	2010				2011
<b>1</b>	<b>Coordination</b>									
	Printing and Dissemination of M & E implementation plan	15,000	2,500	2,500	2,500	2,500	0	25,000	25,000	0
	Technical working group meetings and retreats	35,000	35,000	35,000	35,000	35,000	35,000	210,000	0	210,000
	Joint Annual Review	0	200,000	200,000	200,000	200,000	200,000	1,000,000	0	1,000,000
<b>2</b>	<b>Data collection</b>									
	Sentinel surveillance survey	0	250,000	0	250,000	0	0	500,000	0	500,000
	Demographic and health survey (DHS+)	0	0	12,000,000	0	0	0	12,000,000	0	12,000,000
	Workplace survey	0	200,000	0	200,000	0	200,000	600,000	0	600,000
	Programme activity monitoring	550,000	350,000	350,000	350,000	350,000	350,000	2,300,000	900,000	1,400,000
	NASA	0	77,000	83,000	92,000	102,000	112,000	536,000	0	536,000
	MoET survey	0	77,000	83,000	92,000	102,000	112,000	536,000	0	536,000
	HFAS	91,800	91,800	91,800	91,800	91,800	91,800	550,800	91,800	459,000
	DHMT assessment	70,000	77,000	83,000	92,000	102,000	112,000	536,000	0	536,000
	NCPI		77,000	83,000	92,000	102,000	112,000	536,000	0	536,000
<b>3</b>	<b>Data management</b>							0		0
	CRIS	10,000	20,000	20,000	20,000	20,000	20,000	110,000	10,000	100,000
	ACCESS	105,000	20,000	20,000	20,000	20,000	20,000	205,000	105,000	100,000
<b>4</b>	<b>Information products</b>									
	District quarterly service coverage reports	0	100,000	100,000	120,000	120,000	25,000	465,000	0	465,000
	National quarterly service coverage reports	50,000	100,000	100,000	120,000	120,000	25,000	515,000	0	515,000
	Annual AIDS reports	0	100,000	100,000	120,000	120,000	120,000	560,000	0	560,000
	Country profiles	0	100,000	100,000	120,000	120,000	0	440,000	0	440,000

	Activity	Cost (Maloti)					Total	Committed	Funding Gap	
		2006	2007	2008	2009	2010				2011
<b>5</b>	<b>Capacity building</b>									
	Training of District data officers	60,000	60,000	60,000	60,000	60,000	60,000	360,000	120,000	240,000
	Training of implementers	210,000	220,000	245,000	270,000	300,000	310,000	1,555,000	430,000	1,125,000
	Post-graduate certificate/diploma	0	7,000,000	7,000,000	7,000,000	7,000,000	7,000,000	35,000,000	0	35,000,000
<b>6</b>	<b>Evaluation &amp; Research</b>									
	Research Fund	0	300,000	300,000	300,000	300,000	300,000	1,500,000	525,000	975,000
<b>7</b>	<b>Data quality assurance</b>									
	Data audit and verification	0	130,000	130,000	130,000	130,000	130,000	650,000	245,000	405,000
<b>8</b>	<b>NAC Monitoring and evaluation Human Resources</b>									
	M & E Unit salaries	2,100,000	2,300,000	2,600,000	2,900,000	3,200,000	3,500,000	16,600,000	16,600,000	0
<b>9</b>	<b>Technical Assistance</b>									
	Technical Advisory support	600,000	660,000	720,000	800,000	880,000	960,000	4,620,000	1,200,000	3,420,000
	<b>GRAND TOTAL</b>	<b>4,516,800</b>	<b>12,025,500</b>	<b>24,496,700</b>	<b>12,902,900</b>	<b>13,419,100</b>	<b>13,814,800</b>	<b>81,175,800</b>	<b>20,241,800</b>	<b>60,934,000</b>

## ANNEX 3: DETAILED DESCRIPTION OF CORE INDICATORS

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE/VALUE		REFERENCE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
Modelling	C1	Number of new HIV infections (15-49)	By Gender, by age group (15-19, 20-24, 15-49)	Number of new HIV infections			12 months (Jan-Dec)
DHS+	C2	% of young men and women aged 15-24 that are HIV infected	By gender	# of respondents aged 15-24 tested for their HIV infection status	# of respondents aged 15-24 who tested positive for HIV	UNGASS – Guidelines	Time period in which survey was undertaken
QSCR & Modelling	C3	% of HIV infected infants born to HIV infected mothers	No disaggregation	The formula is as follows: <i>Indicator score</i> = $\{T*(1-e) + (1-T)\} \times v$ , with <b>T</b> = % of HIV infected pregnant women with ARV treatment, <b>v</b> = MTCT rate in absence of treatment and <b>e</b> = efficacy of treatment provided		UNGASS – Guidelines	12 months (Jan-December)
QSCR	C4	% of people still alive 12 months after initiation of treatment	By gender (male, female) and by age group (0-14, 15+)	Number of individuals initiating treatment at the same time	Number of individuals still alive and on therapy after initiating treatment after 12 months	UNGASS – Guidelines	12 months (Jan-December)
Modelling	C5	Proportion of all deaths attributable to AIDS	By gender and age group (0-14, 15-19, 20-24, 25-29, 30-49, 50+)	All deaths in the resident population	Incident death attributable to HIV and AIDS in the resident population		12 months (Jan-Dec)
NASA	C6	% of recurrent national budget allocated to HIV by the GOL	No disaggregation	Total amount of recurrent national budget	Amount of recurrent national budget allocated to HIV		12 months (Jan-December)
NASA	C7	% of recurrent national budget allocated to HIV by the GOL actually spent	No disaggregation	Total amount of recurrent allocated to AIDS	Amount of recurrent national budget allocated to HIV actually spent		12 months (Jan-December)
NCPI	C8	National Composite Policy Index score	By component	# of questions in NCPI Questionnaire (20)	# of questions to which the country responded "YES"		12 months (Jan-December)
DHS+	C9	% of the general population with accepting attitudes towards people living with HIV	By gender and age group (15-24, 25-29, 30-39, 40-49, 50+)	# of respondents who gave answers to the question relating to attitudes towards PLWHAs	# of respondents who expressed accepting attitudes relating towards PLWHAs		time period that survey was undertaken
DHS+	C10	% of young men and women aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission	By gender	# of respondents (15 - 24) who gave answers to the 5 questions relating to HIV knowledge (as per UNGASS guidelines)	# of respondents (15 - 24) who gave correct answers to all 5 questions relating to HIV (as per UNGASS guidelines)	UNGASS - Guidelines	time period that survey was undertaken
DHS+	C11	% of young men and women aged 15-24 reporting having had sex with more than one partner in the last 12 months	By gender and residence (rural and urban)	# of respondents (15 - 24) who gave answers to the question relating to the number of sexual partners	# of respondents (15 - 24) who responded YES to the question on whether they have had more than one sexual partner in the last 12 months	n/a	time period that survey was undertaken

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE/VALUE		REFERENCE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
DHS+	C12	% of young men and women aged 15-24 reporting the use of a condom during last sexual intercourse with a non-regular sexual partner	By gender	# of respondents who responded to the question on condom use during sexual intercourse with a non-regular sexual partner	# of respondents who responded YES to the question on condom use during sexual intercourse with a non-regular sexual partner	UNGASS – Guidelines	time period that survey was undertaken
MoET survey	C13	% of schools with teachers who have been trained in life-skills-based HIV education and who taught it during the last academic year	By type of school (primary/ secondary), school proprietor (public/private) and location (rural / urban)	# of schools surveyed	# of schools where teachers were trained by either the Ministry of Education or another NGO in life skills education, and where life skills education has been taught regularly in all classes in the last school year.	UNGASS - Guidelines	Time period that survey was undertaken
DHS+	C14	% of young men and women aged 15-24 who have had sex before age 15	By gender	Number of young women and men aged 15-24 surveyed	Number of young women and men who report having had sex before age 15	UNGASS – Guidelines	Time period that survey was undertaken
DHS+	C15	% of men and women aged 15-49 reporting to have tested for HIV and received results in the last 12 months	By gender	Number of women and men aged 15-49 surveyed	Number of women and men aged 15-49 who report receiving HIV test results in the last 12 months	n/a	Time period that survey was undertaken
Health Facility Accreditation Survey	C16	% of health facilities providing ART services according to national standards	No disaggregation	Total number of health facilities	Number of accredited health facilities providing ART	n/a	time period that assessment was undertaken
Health Facility Accreditation Survey	C17	% of health facilities providing HTC services according to national standards	No desegregation	Total number of health facilities	# of accredited facilities that provide HTC	n/a	time period that assessment was undertaken
Health Facility Accreditation Survey	C18	% of health facilities providing PMTCT services according to national standards	No disaggregation	Total number of health facilities	# of accredited facilities that provide PMTCT	n/a	Time period that assessment was undertaken
Modelling + QSCR	C19	% of HIV positive pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	By type of health facility (public/private)	Estimated number of HIV-infected pregnant women (modelled)	Number of HIV-infected pregnant women provided with a full course of antiretroviral prophylaxis to reduce MTCT according to the nationally approved treatment protocol in the last 12 months	UNGASS - Guidelines	12 months
QSCR	C20	% of transfused blood units screened for HIV	No disaggregation	# of transfused blood units	# of transfused blood units screened for HIV	UNGASS – Guidelines	12 months
National HIV Sentinel Surveillance Report	C21	Syphilis prevalence rate among pregnant women aged 15-24	No disaggregation	# of pregnant women (15-24)	# of pregnant women with Syphilis	n/a	Time period during which survey was undertaken

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE/VALUE		REFERENCE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
MOHSW	C22	% of health facilities providing PEP	No disaggregation	Total number of health facilities	Number of facilities providing PEP	n/a	time period that assessment was undertaken
Modelling + QSCR	C23	% of people with advanced HIV infection receiving antiretroviral treatment	By gender, age group (0 -14, 15+) and by type of health facility where ARVs were provided (public/private)	# of persons with advanced HIV infection (estimated by # of persons who are HIV infected x 20%)	# of persons with advanced HIV infection who receive ARV combination therapy according to nationally approved guidelines	UNGASS – Guidelines	12 months (Jan - Dec)
NTP	C24	TB treatment success rate	No disaggregation	Number of patients registered in annual cohort	Number of patients cured + number completed treatment	n/a	12 months (Jan-Dec)
DHS+	C25	% of orphans and vulnerable children whose households have received, free basic external support in caring for the child	By gender	ORPHANS: All children under 18 who have at least one dead parent (mother or father) AND VULNERABLE CHILDREN: All children under 18 who have a chronically ill parent (mother or father) defined as a parent who has been very sick for 3 or more months during the last 12 months, regardless of whether or not the ill parent lives in the household.	Number of orphans and vulnerable children residing in households that received: a. health care support within the past 12 months; AND/OR b. emotional support within the past 3 months; AND/OR c. school-related assistance within the past 12 months; AND/OR d. other social support, including material support, within the past 3 months;	UNGASS - Guidelines	Time period during which survey was undertaken
DHS+	C26	Ratio of current school attendance among orphans to that among non-orphans, aged 10–14	By gender	# of children who have lost both parents  # of children whose parents are still alive and who live with at least one parent	# of children who have lost both parents and are still in school  # of children both of whose parents are still alive, who live with at least one parent and are still in school	UNGASS - Guidelines	Time period during which survey was undertaken
DHS	C27	% of chronically ill people whose households have received, free basic external support in caring for them	By gender	# of chronically ill people	# of households with chronically ill who received free basic external support		12 months

DATA SOURCE	INDICATOR REFERENCE	INDICATOR DESCRIPTION	DISAGGREGATION	PERCENTAGE/VALUE		REFERENCE	TIME PERIOD FOR WHICH THE DATA SHOULD BE COLLECTED AND REPORTED
				DENOMINATOR	NUMERATOR		
Workplace survey	<b>C28</b>	% of line ministries surveyed that have HIV workplace policies and programmes	No disaggregation	# of line ministries that were surveyed	# of employers with HIV policies and regulations that meet all of the requirements defined in the UNGASS guidelines	UNGASS Guidelines. The data sheet for this indicator also requires the formal employment ratio, which is calculated by obtaining an estimate of the # of persons in the formal sector as a percentage of the total population aged 15-64	Time period during which survey was undertaken
Workplace survey	<b>C29</b>	% of large enterprises/companies surveyed that have HIV workplace policies and programmes	No disaggregation	# of employers that were surveyed (recommended 5 largest public enterprises and 25 largest companies)	# of employers with HIV policies and regulations that meet all of the requirements defined in the UNGASS guidelines	UNGASS Guidelines. The data sheet for this indicator also requires the formal employment ratio, which is calculated by obtaining an estimate of the # of persons in the formal sector as a percentage of the total population aged 15-64	Time period during which survey was undertaken
DHMT assessment	<b>C30</b>	% of district health management teams with <i>functional</i> financial and procurement management systems	No disaggregation	Number of DHMT surveyed	Number of DHMT surveyed with functional financial and procurement management systems	n/a	Time period that assessment was undertaken
MOHSW HRIS	<b>C31</b>	Vacancy rate in the health sector	No disaggregation	# of official health positions	# of unfilled positions	n/a	6 months
Stock survey	<b>C32</b>	% of designated facilities surveyed with drugs for STIs in stock and no stock outs of > 1 week in the last 12 months	No disaggregation	# of health facilities that have been surveyed	# of health facilities that were surveyed where there were no STI drug stock outs or more than a week for the last 12 months	n/a	12 months (October year 1 - September year 2)
Stock survey	<b>C33</b>	% of designated facilities surveyed with drugs for HIV in stock and no stock outs of > 1 week in the last 12 months	No disaggregation	# of health facilities that have been surveyed	# of health facilities that were surveyed where there were no HIV drug stock outs or more than a week for the last 12 months	n/a	12 months (October year 1 - September year 2)
Stock survey	<b>C34</b>	% of designated facilities surveyed with drugs for TB in stock and no stock outs of > 1 week in the last 12 months	No disaggregation	# of health facilities that have been surveyed	# of health facilities that were surveyed where there were no TB drug stock outs or more than a week for the last 12 months	n/a	12 months (October year 1 - September year 2)

## ANNEX 4: CORE-OUTPUT INDICATORS

### 1. Health (collected through the MOHSW)

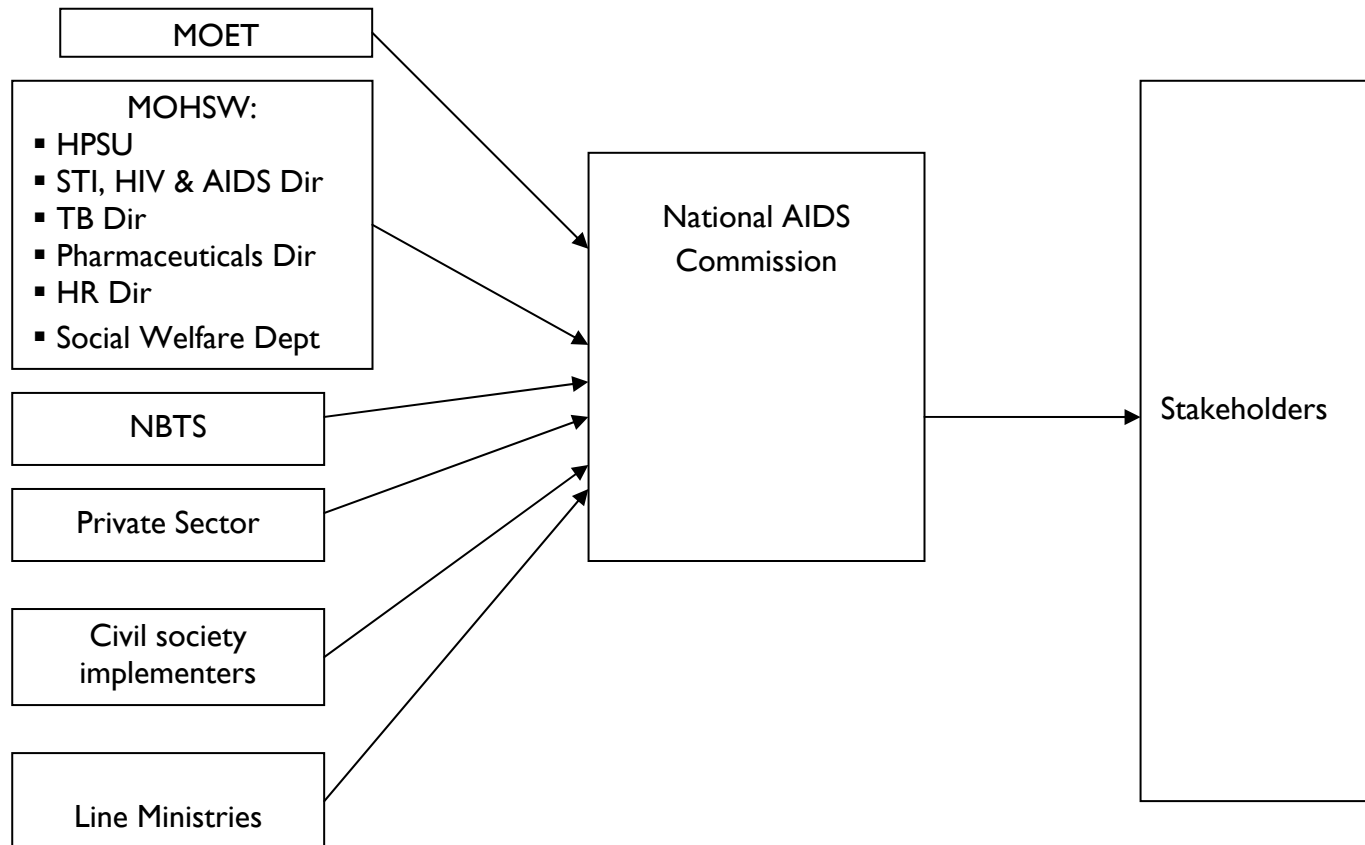
	Indicator	Disaggregation
O1	Number of people receiving HIV testing and counselling	Gender
O2	Number of health facilities offering HIV testing and counselling	
O3	Number of people with advanced HIV infection receiving Antiretroviral treatment (ART)	Gender
O4	Number of health facilities offering Antiretroviral treatment	
O5	Number of pregnant women that have been provided with a complete course of Antiretroviral prophylaxis	
O6	Number of ANC facilities offering PMTCT	
O7	Number of people provided with Post-exposure Prophylaxis (PEP)	Gender
O8	Number of health facilities offering Post-exposure prophylaxis	
O9	Number of blood units screened for HIV	

### 2. Non-Health (collected through the Standard Report Forms)

	Indicator	Disaggregation
O10	Number of new persons who enrolled for home Base Care	Gender
O11	Number of chronically ill people receiving home based care	By gender and type (psychological, nutrition, financial, medical, domestic support)
O12	Number of care givers that have been trained to provide HBC	Gender
O13	Number of care givers that are providing HBC	Gender
O14	Number of OVC whose household received care and support	By gender and type (psychological, nutrition, financial and other)
O15	Number of care givers that have been trained to provide care and support to OVC	Gender
O16	Number of households with people chronically-ill that have benefited from IGA	
O17	Number of households with OVC that have benefited from IGA	
O18	Number of individuals trained to develop IGA	
O19	Number of IEC materials (posters, pamphlets, brochures, t-shirts) distributed	
O20	Number of radio spots aired	
O21	Number of TV spots aired	
O22	Number of individuals reached with community HIV prevention programmes	
O23	Number of individuals trained to provide community outreach HIV prevention	By type (public gathering, drama, puppetry/string, other)
O24	Number of male and female condoms distributed	By type of condom (male, female)
O25	Number of youth out of school provided with life skills education	Gender
O26	Number of teachers trained to provide life skills education <sup>2</sup>	

<sup>2</sup> This indicators is not included in the Standard Report Form but collected separately from the MOET

## ANNEX 5: MONITORING AND EVALUATION MODEL









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