



Section Five

Measuring and Monitoring an HIV/AIDS Response

Section Five contains the final component of an organisational HIV/AIDS response, namely monitoring and evaluating, and recording and reporting on the response.

Our opportunity is historic. For when the history of AIDS and the global response is written, our most precious contribution may well be that at a time of plague we did not flee, we did not hide, we did not separate ourselves.

Jonathan Mann

Section Five

Monitoring, Evaluating, and Recording and Reporting an Organisation's HIV/AIDS Response



Briefing Note

What is implied by monitoring, evaluating, and recording and reporting on an organisation's HIV/AIDS response?

Monitoring is the routine, daily assessment of on-going activities and progress.

Evaluation is the episodic assessment of overall achievements (which may be conducted internally or externally).

Monitoring looks at what is being done, whereas **evaluation** examines what has been achieved or what impact has been made.

An effective monitoring and evaluation strategy is nothing more or less than an open and critically reflective communication process that will serve to improve practice and strengthen partnerships.

Recording and reporting is the formal documentation of processes and events, and the release of information, which may be a statutory requirement, a requirement in order to meet certain set specifications, or an internal requirement (for shareholders or management).

Monitoring, evaluation, and recording and reporting are functions that all organisations are familiar with, and, as far as is practical, HIV/AIDS-related M&E, and recording and reporting should be integrated into these functions. This applies equally to large organisations and **contractors**, though the ways in which this will be done may vary.



Why should an organisation monitor, evaluate, and record and report on its HIV/AIDS response?

It is important to **monitor and evaluate** a project or programme in order to:

- See what has been achieved;
- Collect evidence of activities and results;
- Measure progress and programme effectiveness in reaching predefined objectives and targets;
- Improve monitoring and management;
- Identify strengths and weaknesses;
- Judge whether the cost was reasonable for what was achieved;
- Collect information to help run activities better; and
- Avoid repeating mistakes by sharing experiences.

It is important to **record and report** on a project or programme in order to:

- Document successes and failures;
- Develop a body of knowledge and of good practices; and
- Meet internal and external reporting requirements.

What are the components of an M&E strategy?

The following are important components of any M&E strategy:

1. Defining responsibilities

The responsibilities for M&E include:

- Planning and developing systems for M&E;
- Collecting and generating data from different sources;
- Verifying data;
- Analysing and interpreting data; and
- Reporting and dissemination.

2. Identifying indicators

Indicators are the cornerstone of M&E. An indicator is a measure of the progress made towards an objective. It can be quantitative or qualitative. It can be a process, outcome or impact indicator. It can also be a project target.

Indicators should be:

- Simple, clear and understandable as a measure of project effectiveness;
- Reliable – conclusions based on any indicator should be the same, regardless of who, when and under what circumstances the assessment is conducted;
- Replicable, allowing for comparative analysis and potential replication of the project; and
- Available – using data that is available.

In workplace HIV/AIDS policies and programmes, consistent indicators are desirable to enable comparisons to be made and in order that trends can be identified.

So-called “core” indicators are those that are globally defined, such as:

- The percentage of respondents who report at least one non-regular sex partner in the last 12 months; and
- The percentage who say that they used a condom the last time they had sex with a non-regular partner.



If used across countries and across sectors, these allow for comparisons to be made. However, if core indicators are combined with local indicators, it is more possible to get a complete picture. The following table describes different types of indicators, and the different stages in a project's life that they can be used.

Types of indicators

Project stage	Indicator type	Sexual and reproductive health examples
Pre-intervention Participatory exploratory research Existing data review	Base-line	<ul style="list-style-type: none"> Existing attitudes and self-reported behaviours Existing service utilisation data STI/HIV prevalence
Training, participation Information distribution Service provision	Process	<ul style="list-style-type: none"> # of people trained # of materials distributed # of condoms distributed
Short-term, post activity	Intermediate	<ul style="list-style-type: none"> Changes in knowledge and attitudes Changes in social/peer norms
Medium-term, post activity	Outcome	<ul style="list-style-type: none"> Self-reported adoption of positive behaviours Increased service utilisation
Long-term, sustained	Long-term outcomes and impacts	<ul style="list-style-type: none"> Maintenance of positive self-reported behaviours Reduced HIV/STI incidence Changes to social/peer norms

The **NOSA HIV/AIDS management system**¹ lists multiple indicators related to:

- Commitment and HIV/AIDS management policy;
- Planning of HIV/AIDS management system;
- Implementation, operational controls and management of HIV/AIDS management system;
- HIV/AIDS management system evaluation, corrective and preventive action; and
- HIV/AIDS management review.

3. Developing an M&E framework

A commonly used M&E framework consists of a pathway of results, beginning with inputs, and progressing to outputs, outcomes and impacts.



M&E framework

Inputs	Outputs (quality, access, coverage, costs)	Outcomes (short and intermediate effects)	Impacts (long-term, major, measurable effects)
<ul style="list-style-type: none"> • Resources • Staff • Funds • Facilities • Equipment • Supplies • Training 	<ul style="list-style-type: none"> • Condom availability • Trained staff • Quality of services • Knowledge of HIV transmission 	<ul style="list-style-type: none"> • Behaviour change • Attitude change • Change in STI trends • Increase in social support 	<ul style="list-style-type: none"> • HIV trends • AIDS-related mortality • Social norms • Coping capacity in communities • Economic impact

Many companies use tailor-made roadmaps as a means to monitor and report on their HIV/AIDS responses.

4. Using and disseminating data

Once data has been collected, analysed and interpreted, it should be properly disseminated and used. The results of M&E activities should be communicated to all relevant stakeholders. Results should also be shared with those who collect the data, so that they may provide feedback on the results.

Dissemination can be done in many ways, such as through annual reports, at annual planning and evaluation meetings and in scientific publications.

What are the important features of recording and reporting?

In South Africa, the 2002 **King Report** on corporate governance for South Africa sought to ensure that the standards of governance in South Africa were current and competitive with international norms and best practice. In relation to HIV/AIDS, King 2, as it is known, the recommendation on HIV/AIDS is that the board of directors of an organisation should:

- Ensure that it understands the social and economic impact of HIV/AIDS on business activities;
- Adopt an appropriate strategy, plans and policies to address and manage the potential impact of the pandemic on business activities;
- Regularly monitor and measure performance using established indicators; and
- Report on all of these aspects to stakeholders on a regular basis.

The **Johannesburg Securities Exchange** (JSE) of South Africa is also promoting a more formalised approach towards reporting on HIV/AIDS. The JSE announced in 2002 that it was investigating the introduction of a listing requirement for all companies on the exchange to report on HIV/AIDS.

The **Global Reporting Initiative** (GRI) is a multi-stakeholder process and independent institution whose mission is to develop and disseminate globally applicable sustainability reporting guidelines. The guidelines are for voluntary use by organisations for reporting on the economic, environmental, and social dimensions of their activities, products, and services.

The GRI has recently developed guidelines for voluntary disclosure of HIV prevalence within, and impact on, companies². The GRI proposes using a comprehensive set of indicators for reporting on an organisational HIV/AIDS response, in the following categories:

- Good governance: policy formulation, strategic planning, effective risk management, stakeholder involvement;
- Measurement, monitoring and evaluation: prevalence and incidence of HIV/AIDS, actual and estimated costs and losses;
- Workplace conditions and HIV/AIDS management; and
- Depth/quality/sustainability of HIV/AIDS programmes.

There are indicators that can be used by companies with well-established HIV/AIDS programmes and for those companies (small or low-capacity organisations) reporting for the first time.

Basic-level GRI indicators for small or low capacity organisations

Indicator	Response
1. Does the organisation have an HIV/AIDS policy? (please attach copy)	Yes/No
2. Is there a strategic plan to manage the current and future impact of HIV/AIDS on the organisation?	Yes/No
3. Has the organisation involved stakeholders in the planning and implementation of the response to HIV/AIDS?	Yes/No
4. Has the organisation arrived at an HIV/AIDS prevalence rate for the workforce?	Yes/No
5. What is the organisation's estimated HIV/AIDS costs/losses for the current year in terms of:	
5.1 The cost of programmes in questions 6-9 below?	R.....
5.2 Other costs/losses arising from HIV/AIDS?	R.....
6. Does the organisation have HIV/AIDS awareness/education/training programmes for its workforce?	Yes/No
7. Does the organisation have a VCT programme for its workforce?	Yes/No
8. Does the organisation have HIV/AIDS prevention interventions such as behaviour change interventions, STI treatment assistance, and a distribution programme for:	
8.1 Behaviour change programme	Yes/No
8.2 STI treatment assistance	Yes/No
8.3 Condoms	Yes/No
8.4 Femidoms	Yes/No
9. Does the organisation have programmes to assist workforce members who are AIDS sick?	Yes/No
10. Does the organisation provide antiretrovirals to HIV positive employees, or those who are AIDS sick?	Yes/No



GRI's reporting principles (contained in Part B of their Guidelines) are an essential platform for all GRI reporting, including that on HIV/AIDS.

The principles, in brief, are as follows:

- **Completeness.** All information that is relevant to users for assessing the organisation's performance should be as complete as possible.
- **Inclusivity.** The reporting organisation should systematically engage its stakeholders to help focus and continually enhance the quality of reports.
- **Consistency.** The organisation should maintain consistency in the boundary, scope and content of reporting.
- **Accuracy.** A high degree of exactness and a low margin of error in reported information will enable users to make decisions with a high degree of confidence.
- **Clarity.** The reporting organisation should make information available in a way that is responsive to the maximum number of users while still maintaining a suitable level of detail.
- **Neutrality.** Reports should avoid bias in the selection and presentation of information, and should strive to provide a balanced account of the organisation's performance.
- **Timeliness.** Reports should provide information on a regular basis which meets user needs.
- **Auditability.** The reported data should be provided in a way that will enable internal auditors or external assurance providers to attest to its reliability.
- **Transparency.** Full disclosure of the processes, procedures and assumptions in the report preparation are essential for its credibility.
- **Sustainability context.** The reporting organisation should strive to place its performance in a broader context, where such context will add significant meaning to the reported information.



Red Flags and Special Challenges

Most programmes/projects collect far more data than they can use. M&E systems must be as simple as possible. The more complex an M&E system, the more likely it is to fail.

M&E must be built into the design of a programme.

The process of establishing and implementing M&E systems can itself improve programme performance and enhance sustainability. Combining financial and programme monitoring provides a basis for sound finance/programme cross-verification.

No matter how sound an M&E system may be, it will fail without widespread stakeholder "buy-in".

Effective training and support for those collecting M&E data is vital for the success of M&E systems.



Tool: Template for an M&E plan

Instructions

Use the following template as a basis for your M&E plan³.

Template for an M&E plan

Indicator	Agreed target	Progress towards target	Rating of progress
Impact level			
•			
•			
Outcome level			
•			
•			
Output level			
•			
•			
Input level			
•			
•			



Tool: Template for recording and reporting

Instructions

The **NOSA HIV/AIDS Management System (AMS)** provides a template for reporting on an organisational HIV/AIDS response. This can be adapted and used to reflect your organisation's HIV/AIDS priorities.

Template for reporting on HIV/AIDS

Number of ribbons	Effectiveness criteria				
	Behavioural change	Community outreach programme	Employee and family assistance programme	Post-exposure prophylaxis treatment	Screening and testing programme
5 Ribbons (Excellent)	100% in place	100% in place	100% in place	100% in place	100% in place
4 Ribbons	75% in place	75% in place	75% in place	75% in place	75% in place
3 Ribbons	50% in place	50% in place	50% in place	50% in place	50% in place
2 Ribbons	25% in place	25% in place	25% in place	25% in place	25% in place
1 Ribbon	Informal	Informal	Informal	Informal	Informal



NOSA certification is based on a scoring system in which points are allocated for:




- Risk assessment (10%);
- Systems (20%);
- Compliance (30%); and
- Effectiveness (40%).



Score card for M&E, and recording and reporting

Instructions

Review the actions in the score card, where the sections are indicative of a **minimal** (1 red ribbon), **good** (3 red ribbons) and **“blue-chip”** (5 red ribbons) response. Assess your organisation’s level of competence in each. Then decide on future actions to improve your organisation’s rating.

Score Card	Description	Rating	Future Actions
 Minimal Response	<ul style="list-style-type: none"> • Company monitors the workplace HIV/AIDS programme • Company reports on its HIV/AIDS in the health section of its annual report 		
 Good Response	<ul style="list-style-type: none"> • Company monitors all aspects of its HIV/AIDS response • Company integrates HIV/AIDS reporting into all internal and external reporting requirements 		
 Blue-chip Response	<ul style="list-style-type: none"> • External evaluation of company’s HIV/AIDS response commissioned • Results shared at a broad stakeholder consultation • Company policy supports full disclosure of all HIV/AIDS-related data and impact 		

Costs

The cost of **M&E** relate to designing and then operating the M&E system. Different sources quote allocations for M&E from 2-3% to 5-6% of a total programme or project budget.

Economic evaluations of HIV/AIDS interventions can provide important information. Horizons provides the following framework for understanding different forms of economic evaluation.

Different forms of economic evaluation

Type of analysis	Considers ...	Useful for ...
Cost analysis	Inputs only	Budgeting or planning for continuation or scaling up of a programme or services
Cost estimation – per service, or person served	Inputs and outputs	Assessing costs of providing outputs such as services, or for comparing revenues to costs
Cost effectiveness	Inputs, outputs and outcomes	Setting budget or resource allocation priorities, when options are available

The AIDS Impact Model for Business, developed by the Futures Group⁴, can be used to conduct cost-benefit analyses.

Recording and reporting costs will include:

- The costs of documenting the HIV/AIDS response;
- Layout, printing and dissemination costs; and
- The costs of feedback processes (whatever form these may take).





The **Construction Industry Development Board** has developed a specification for reporting on HIV/AIDS-related activities⁵.

- The contractor shall prepare and attach to his claims for payment a brief report which outlines how the actions taken by the contractor in the period for which payment is claimed satisfy the requirements and a schedule which lists the names, identity numbers, trade/occupation and name of employer of all construction workers exposed to the programme (see annex C).
- The employer’s representative shall certify the report and schedule described in 5.3.1 whenever a claim for payment is issued to the employer.

Note: In the event that the contractor fails to satisfy the requirements of this specification, the employer may apply any of the sanctions provided for in the contract. Sanctions may include the rejection of claims for payment as being incomplete or the withholding of completion certificates (interim or final).

Annex: C

Compliance report

Contract number:

Payment claim number:

Period covered by payment claim:

- Distribution of condoms (briefly describe where and how condoms are distributed)
- Posters / pamphlets (briefly describe where posters were placed/how pamphlets were distributed)
- Voluntary HIV/STI testing (briefly describe the actions taken/information provided to promote testing)
- Counselling, support and care (summarise information provided)
- HIV awareness programme (briefly describe action)
- Schedule of construction workers exposed to the HIV awareness programme

Name:

Identity number:

Trade/occupation:

Name of employer:

I hereby declare the above to be a true reflection of actions taken to ensure compliance with the specification

For the contractor:

Employer’s representative:

Name:

Name:

Signature:

Signature:

Date:

Date:



Case Study: Recording and reporting on an organisational HIV/AIDS response

Assmang Ltd. has a number of mining operations (iron ore and manganese) in the Northern Cape Province in South Africa. They have 450 employees and more than 450 contractors at their Beeshoek mine and 1 200 employees and around 400 contractors at their Black Rock mine.

Since 1999, they have kept records of all HIV/AIDS-related activities. The following is an extract from the AIDS Sequence Report for Beeshoek, which is presented regularly to management.

May 2003	E pap to all night shift workers, and installation of sleeping facility to night shift workers, as part of the wellness programme
12 June 2003	Installation of anonymous AIDS help line – 053 311 6446 at Assmang, for Assmang and communities
July 2003	Beeshoek domestic workers and gardeners workshops
From mid-July 2003	Weekly AIDS awareness workshops for: <ul style="list-style-type: none"> • Cerecast company • Booysen Bore • Leave returnees, as part of induction
9 July 2003	Postmasburg feeding project to community AIDS patients Meeting with the Steering Committee
23 & 24 July 2003	EAP/Wellness course by Careways (Johannesburg)
8 August 2003	AIDS audit feedback from Head Office, at Black Rock Mine Northern Section of Assmang places second in AVMIN Group Consultation with auditors and HO presidents
9 August 2003	AIDS audit feedback from Head Office, at Beeshoek Mine Beeshoek placed first in a group of 12 mines on AIDS interventions at the mine and in the community Company and community stakeholders attended the feedback Meeting also held with AIDS Committee, peer educators and unions Presentation done to stakeholders and directors, from the AVMIN Mine Group



12 August 2003	Rape and AIDS counselling meeting held at trauma centre (SAPD, Postmasburg) SAPD commitment emphasised
12 August 2003	AIDS feedback session held at AVMIN HO (Johannesburg) Gap analysis done on all HIV/AIDS interventions
Morning session	Brainstorming done with different mines
Afternoon session	Presentation to delegates on healthy living Workshop on compiling new score card for AIDS audit for AVMIN Mines
14 August 2003	Planning strategy to address gaps in the 2003 AIDS audit
25 August 2003	Finalised the HIV/AIDS campaign programme in Kuruman, for 1-5 September 2003
26 August 2003	Visit to person who has revealed his HIV status at home, but not publicly
10 September 2003	Training needs analysis questionnaire to all HIV/AIDS peer educators (mine and contractors)

Section One

Section Two

Section Three

Section Four

Section Five

Appendices

Acknowledgements



Additional Information

HIV/AIDS-related M&E information and guidelines are available from a number of sources:

- UNAIDS, at www.unaids.org;
- WHO, at www.who.int;
- MEASURE, at www.cpc.unc.edu/measure;
- FHI, at www.fhi.org;
- CDC, at www.cdc.gov; and
- USAID, at www.usaid.gov.

Family Health International (FHI); *Evaluating programs for HIV/AIDS prevention and care in developing countries: a handbook for program managers and decision makers* (2002), available on www.fhi.org/en/aids/impact/impactpdfs/evaluationhandbook.pdf

UNAIDS/MEASURE; *National AIDS Programmes: a guide to monitoring and evaluation* (2000), available on www.cpc.unc.edu/measure/guide/guide.html

The GRI HIV/AIDS Resource Document offers a practical reporting framework for:

- Organisations that want to report on their performance – including policies and practices – with respect to HIV/AIDS; and
- Stakeholders that require a reputable reporting benchmark to measure or compare organisations' HIV/AIDS performance.

The HIV/AIDS Resource Document can be found on www.globalreporting.org/guidelines/HIV/hiv aids.asp. Although this document was developed in South Africa, GRI believes its content will be useful in any country affected by HIV/AIDS. Phase II of the project will see pilot testing of this resource in India, China and Brazil.

Footnotes



¹ Available on www.nosa.co.za

² As an expansion of the Core Social Performance Indicator (Labour practices and decent work), number LA8 (Description of policies or programmes for the workplace and beyond on HIV/AIDS)

³ Adapted from UNAIDS and World Bank; *Monitoring and evaluation operations manual for National AIDS Councils* (2002), available on www.unaids.org

⁴ See www.futuresgroup.com/aim

⁵ See www.cidb.org.za