



BELIZE

MONITORING AND EVALUATION SYSTEM STRENGTHENING WORKSHOP

25 and 26 January 2011

Belize City

REPORT

and

ACTION PLAN

Belize, 18 April 2011

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Acronyms

ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
BFLA	Belize Family Life Association
BHIS	Belize Health Information System
CBO	Community-based Organization
CHRC	Caribbean Health Research Council
COPPME	Community of Practice for Planning and M&E
CSO	Central Statistical Office
CSW	Commercial Sex Worker
GF	Global Fund
HIV/HSS	HIV/Health System Strengthening
M&E	Monitoring and Evaluation
MERG	Monitoring and Evaluation Reference Group
MESS	M&E System Strengthening
MoE	Ministry of Education
MoH	Ministry of Health
MSM	Men who have Sex with Men
NAC	National AIDS Commission
NAP	National AIDS Programme
NSP	National HIV/AIDS Strategic Plan
PASCA	Proyecto Accion SIDA en Centroamerica
PASMO	Panamerican Social Marketing Organization
PMTCT	Preventing Mother to Child Transmission of HIV
PR	Principal Recipient (for Global Fund Round 9)
SIB	Statistical Institute of Belize
UNAIDS	Joint United Nations Program on HIV
UniBAM	United Belize Advocacy Movement
VCT	Voluntary Counseling and Testing Centers
WHO	World Health Organization

Part 1 Workshop Report

Assessment of the National HIV M&E System and Plan

1. Background

1.1 Planning of the Assessment Workshop

In 2009 the Belize National AIDS Commission (NAC), in its capacity as the Belize Country Coordinating Mechanism for the fight against HIV and AIDS, successfully applied for a grant under the Round 9 Global Fund grant facility to complement the strengthening of national capacities and on-the-ground efforts to address critical gaps in the national HIV and AIDS response, specifically in relation to halting the spread of HIV among Most-at-Risk Populations. The Belize Global Fund project, which was formally started in December 2010 by UNDP Belize as its Principal Recipient (PR), includes a number of interventions that aim to “aggressively address data collection and management gaps in the national response”. To contribute to the strengthening of the national HIV M&E system and its own M&E Plan and functions, the UNDP Belize GF Unit had scheduled a workshop for M&E Systems Strengthening (MESS) in close collaboration with the NAC, National AIDS Program (NAP) from the Ministry of Health, PASCA/USAID and UNAIDS. The adequate organization and final documentation of this event is also a contractual obligation for the PR.

The NAC has a long-standing partnership with the USAID/PASCA (Proyecto Accion SIDA en Centroamerica). As part of PASCA’s regional programme of technical assistance, the work plan for Belize included the provision of technical assistance and training for the strengthening of the national HIV information, monitoring and evaluation system. As a specific element of the package, PASCA and the NAC agreed to organize and facilitate a technical workshop with national stakeholders to assess the critical elements of the national HIV M&E system with the aim to develop an M&E Action Plan that will guide the national efforts to improve the national HIV Information, Monitoring and Evaluation system.

In an effort to give effect to the principles of the Three Ones, UNDP, USAID/PASCA, UNAIDS, NAP-MOH and the NAC decided to jointly organize the Belize HIV Monitoring and Evaluation System Strengthening Workshop, which took place on 25 and 26 January 2011 in Belize City. The workshop was prepared and facilitated by an external international consultant, who provided the documentation of the proceedings and results of the workshop. The final report, here below, was finalized by a second external national consultant.

1.2 Brief description of the HIV epidemiological profile in Belize (sources: Global Fund Round 9 Belize Project Proposal; draft Situation Analysis Children and Women, 2010, UNICEF Belize)

Belize, with a total population of 333,200 (mid-year 2009 estimate, Statistical Institute of Belize), of whom 56% are under 25 years old, is recently classified as a lower middle-income country with a higher human development level. The country is characterized by a generalized HIV/AIDS epidemic, has the highest HIV prevalence rate in Central America, ranks in the top 5 in the Caribbean sub-region, and reports an estimated adult prevalence rate of 2.1 %, and 5,175 persons living with HIV (BHIS 2009). 70% of infections are attributed to heterosexual contact; only 7% to MSM. The prevalence rate showed the greatest increase in Cayo District, followed closely by Toledo District. Overall seen, the two most affected districts are Belize and Stann Creek, which count for 40% of the national population but carry 90% of the HIV and AIDS burden, as well as broader health system weaknesses.

The male to female ratio was virtually 1:1. However, the reported infection level for females age 20-24 is twice the level for males of the same ages while this relation is inverted in the age group 45-49 where twice as many males are becoming infected. Knowledge levels are less than desirable among adolescents. In 2009, 47% of population 15-24 had comprehensive correct knowledge of HIV/AIDS. There is no previous benchmark for this percentage to enable assessment of progress. Young people constitute an important vector to HIV transmission due to continued risky sexual behavior patterns, caused by a lack of HIV prevention education, negative stigma and detrimental socio-economic living conditions. Furthermore, only less than 50% of the adolescents benefits from any form of secondary education; half of whom do not finish their study, and only 5% of whom go on to tertiary education. CSW and MSM are among the highly affected groups due to stigma and discrimination, unsafe sexual practices, and lack of support networks and systems.

Approximately 2 out of 5 HIV-positive people in Belize know their status. At end of 2009, 61.3 % (855/1,394) infected persons were on ARVs, which is a 35.7% increase in total coverage from 2008, which reported a 49% (630/1285) level. Coverage is slightly higher for males, suggesting males access services at a later stage of the disease. AIDS has remained in the top of the leading causes of death, especially in the 15-49 population.

In 2008, the National AIDS Programme (NAP) updated its national HIV testing and counseling guidelines to conform to WHO/UNAIDS guidelines. Significant progress in the national response to HIV and AIDS includes the reduction in adult HIV incidence, condom distribution, and the success of the PMTCT program. The nascent Belize Health Information System is expanding and improving management and use of critical data. In spite of achievements made, major challenges remain, hindering a successful scale-up of the national response.

2. The workshop

2.1 Agenda and attendance:

The agenda of the two-day workshop was prepared by Technical Working Group in consultation with the international consultant on the basis of the generic guidelines for the facilitators of workshops for the strengthening and implementation of a national HIV-response information, monitoring and evaluation system, developed by USAID/PASCA. The agenda was distributed prior to the workshop and is reflected in **Annex 1**.

Annex 2 contains the detailed overview of attendance, summarized in the Table below:

Type of Institution	Average Attendance (people)	Proportional Attendance (%)
(Semi-) Government	14.5	31.8 %
NGO / CBO	19.0	41.8 %
International / UN	12.0	26.4 %
Total	45.5	100.0 %

The following remarks can be made:

- a) Most of the key data producers and users were present at both days;
- b) Most institutions were represented by professionals who are directly involved in matters linked to data collection, monitoring and or planning;
- c) The Community-Based Organizations were minimally represented; this is a signal that these entities have not yet found a place in the national HIV M&E system
- d) Although over 25% of the persons were professionals employed by international or UN agencies, almost all persons are National Officers with previous professional working experience that is closely linked to the HIV/AIDS sector.

The organizers of the workshop are of the opinion that the composition, the professional calibre of the participants and levels of involvement have contributed to workshop results that provide a realistic picture of the state of the current HIV M&E system in Belize.

2.2 Purpose and objectives of the workshop:

It was acknowledged that this event was the first assessment of the national HIV M&E system in Belize. The purpose therefore was to introduce and apply the MESS assessment methodology to acquire useful and relevant information and strategic directions for the national HIV/AIDS stakeholders, to develop and implement remedial actions in order to bring national HIV information systems to acceptable quality standards.

The workshop carried two specific and sequenced objectives:

- a) To assess and document the status of national HIV/AIDS information systems and the implementation of national monitoring and evaluation plans, through the identification, analysis and prioritization of the perceived current gaps, needs or barriers to the existence and effectiveness of the necessary processes and structures, and the actors who are pertinent to addressing and improving the situation;
- b) To develop an Action Plan for HIV M&E Systems Strengthening by identify and formulating the most relevant actions to remedy identified gaps and weaknesses in the national HIV M&E System. The Action Plan should be implementable over a two-year time span and needs to be formulated in such manner that progress can be monitored.

It is expected that the action plan is of specific importance to two key entities:

- The National AIDS Commission will be able to use the plan as an input to update the National HIV/AIDS Strategic Plan (NSP) 2006 – 2011 and to further articulate the corresponding NSP Monitoring and Evaluation Plan;

- UNDP Belize, in its role as the Global Fund Principal Recipient for Belize, will be able to update and further articulate the existing Monitoring and Evaluation Plan HIV/HSS 2011 – 2012.

2.3 The Methodology:

The methodology of the workshop is based on the application of:

- 1) A situation analysis tool for National Information Systems; this tool is based on the guidelines contained in the document *“Organizing Framework for a Functional National HIV M&E System”*, produced by UNAIDS; and
- 2) An implementation assessment tool for National Monitoring and Evaluation Plans.; this tool is based on the *“Reference Framework for Monitoring Public-Policy Implementation”*, produced by USAID | PASCA.

Technical staff of NAC, UNAIDS, USAID/PASCA and UNDP/GF collaborated with staff from the Caribbean Health Research Council on the design and implementation of the MESS workshop. Following a careful review of the various relevant assessment tools, the team opted for applying the 12 Component M&E System Assessment tool (UNAIDS - Monitoring and Evaluation Reference Group /MERG) to be complemented by the assessment tool for National Monitoring and Evaluation Plans (USAID/ PASCA).

The rationale for this option lies in the fact that:

- a) The use of the 12 Component M&E System Assessment allowed for more broad-based participation by stakeholders;
- b) The 12 Component M&E System Assessment tool logically complements the Global Fund MESS tool. The use of this tool provided a satisfactory technical option to comply with the contractual obligations of UNDP towards the Global Fund grant and was fully in line with the USAID/PASCA package of technical assistance;
- c) The use of the implementation assessment tool (for National Monitoring and Evaluation Plans) constituted a natural and logical complement to the 12 Component M&E System Assessment tool and satisfied the expectations of USAID/PASCA.

The technical portion of the workshop started with an orientation on processes and principles of the Global Fund HIV/HSS grant, followed by a technical introduction to the characteristics of the UNAIDS “12 Component M&E System Assessment Tool”. The group of participants was divided into three smaller groups, each assigned with assessing four M&E system components:

- Group 1 with components 1, 2, 3 and 6;
- Group 2 with components 4, 5, 9 and 12;
- Group 3 with components 7, 8, 10 and 11

Each group was instructed to:

- i. Assess the current status of the M&E system for the assigned components. The documented assessment findings in each of the assessment fields/ variables were to indicate:
 - a. The existence and effectiveness of the related process or structure (0 = non-existing; 0.5 not effective; 1 effective);
 - b. The three most relevant pieces of evidence of the existence and effectiveness of the related process or structure;
- ii. Identify and recommend actions to address gaps:
 - a. In the short term (0-6 months);
 - b. In the longer term (6 + months)
- iii. List the pertinent local actor(s) for reducing the gap(s)

- iv. Indicate the priority ranking of the recommended action (low/ medium/ high); and
- v. Indicate the feasibility of the recommended action (low/ medium/ high)

Each group was expected to complete the assigned tasks and to deliver a subsequent presentation of the findings (current status and M&E system strengthening recommendations for each M&E system component) for review, discuss and validation by the entire group of stakeholders.

The event was scheduled to conclude in a plenary fashion during which results and findings were to be synthesized and a number of next steps to be identified.

3. The national context of HIV/ AIDS Monitoring and Evaluation

3.1 Description of the national hubs in HIV/AIDS Monitoring and Evaluation:

There are four separate institutional hubs in Belize, where higher level HIV/AIDS monitoring and evaluation functions are being performed:

i. The National AIDS Commission/Country Coordinating Mechanism:

The NAC is the institutional gate-keeper and guardian of the overall National HIV/AIDS Strategic Plan (NSP). The current version covers the period 2006 – 2011. Apart from taking the lead in the formulation and periodic updates of the NSP, the NAC is mandated and tasked to coordinate the implementation of the plan and to monitor and document the progress and effectiveness of the implementation of the NSP. The instrument for this task is the National Monitoring and Evaluation Plan of the National Strategic Plan 2006 - 2011. The effectuation of these tasks implies that monitoring and evaluation functions are part of the operations of the NAC. To that extent, the NAC Secretariat includes a professional staff for M&E. The NAC has introduced the utilization of DevInfo software technology, “HIV-Info 1.0” to construct and maintain a centralized HIV data base.

As a result of the previous Round 3 Global Fund project, and the initiation of the new Round 9 Global Fund grant, the NAC, as Country Coordinating Mechanism, has additional responsibilities in facilitating and enhancing the monitoring and evaluation functions of the Principal Recipient. As an example and illustration, the report of the USAID Capacity Project consultant Andrew Kantner mentioned in 2006 that “country-level monitoring and evaluation for HIV/AIDS activities requires further strengthening..... enhancing communications with national M&E staff and reinforcing knowledge of Global Fund reporting protocols and schedules”.

ii. The Ministry of Health – National AIDS Programme

MOH is a major player in the fight against HIV and AIDS as well as the generation of vital data via the Belize Health Information System (BHIS). The BHIS was initially developed under the Health Sector Reform Plan and includes modules for HIV and supplies management. Through a diagnostic exercise, the Health Metrics Network supported the strengthening of the BHIS and its links with other collectors of essential health information. The central and district-based staff of the Epidemiology Unit was trained in the collection, disaggregation and analysis of health data and users and producers of health data were introduced to gender analysis techniques. The current Round 9 Global Fund grant includes a number of specific activities that are geared towards additional strengthening of an integrated BHIS that fully

incorporates HIV/AIDS, TB and Malaria information. MOH is the vital actor for the generation and dissemination of information on key impact indicators via its administrative data and sentinel studies.

iii. Principal Recipient of the Global Fund grant (B.E.S.T. 2005 – 2010; UNDP BELIZE 2010 – 2012)

Holding the contractual obligation to document and periodically report to the Global Fund on the state of the implementation and progress in the achievement of the expected results (outputs and contributions to the outcomes/ impact), the PR manages the project's comprehensive M&E plan. The M&E functions and responsibilities of the PR are intimately connected to the national M&E system. On the one hand, the PR will generate, compile and disseminate HIV information, either at the project output or process level, or in some case at the outcome/ impact level (via PR-initiated surveys and special studies). On the other hand, the PR is a user of data generated by other entities (MOH; SIB) as it will include this data in the reporting on specific indicators (mostly outcome and impact).

iv. Statistical Institute of Belize (SIB)

The semi-governmental body SIB is predominantly a generator of data, functioning as a service provider. It collects and compiles administrative data from various primary sources, including the health and HIV/AIDS sector. It also carries out, on an auto-initiative- or on a commission basis, specific surveys that deliver data connected to HIV and AIDS.

4. Findings of the workshop: the assessment results

i. People, Partnerships and Planning

4.1 Component 1: Organizational Structures with HIV M&E Functions (group 1)

Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
a. Leadership: effective leadership for M&E in key organizations	0.5	<ul style="list-style-type: none"> - Leadership is not readily evident at the highest levels of line Ministries (due to lack of incentives for M&E/ performance-based systems in the Public sector) - There is recognition of the importance of M&E within the leadership of the NAC and MOH - Only few implementing partners demonstrate M&E leadership & commitment 	<ul style="list-style-type: none"> - Need for increased M&E advocacy with leadership at key organizations by NAC M&E Committee, - Leadership at NGOs/CSOs lacks resources to implement M&E systems
b. Human Resources: TORs for M&E staff/ adequate number of skilled M&E staff/defined M&E career options	0.5	<ul style="list-style-type: none"> - Dedicated M&E post exist at the NAC and MOH; - No job descriptions for these posts - M&E is performed by partner organizations but dedicated staff and job descriptions mostly don't exist - There is no clear M&E career path in HIV / Health sector 	<ul style="list-style-type: none"> - There is a general lack of M&E human resource capacity in the country; - Assessments of the staff resources needs (relative to the needs of the NAC, MOH and other implementing partners) have not been conducted.
c. Organizational Culture: national commitment to ensure M&E system performance	0	<ul style="list-style-type: none"> - There is a general lack of institutionalized M&E culture; M&E continues to be externally driven (i.e., by donor requirements); - Selected individuals have commitments to M&E but there is a general lack of national commitment to develop and maintain an M&E system 	<ul style="list-style-type: none"> - Lack of commitment at the highest levels within organizations for developing M&E systems - Need for resources to develop, implement and maintain a sustainable M&E system.
d. Organizational Roles and Functions: well-defined organizational structure, including a national HIV M&E unit/ M&E units or M&E focal points in other public, private, and civil society organizations / Written mandates for planning, coordinating, and managing the M&E	0.5	<ul style="list-style-type: none"> - NAC M&E sub-committee exists with defined structure/composition and TORs; NAC has a full time M&E post, defined in the organizational structure (vacant at the moment when the workshop was carried out); - MOH Epi Unit operates the Belize Health Information System. MOH has an M&E post, defined within existing structure (currently 	<ul style="list-style-type: none"> - A single M&E post at NAC is inadequate to support the M&E coordination, support and capacity-building functions of the NAC. - The organizational structure and planning for the HIV/AIDS M&E system is not well defined or clearly articulated; - Written guidelines, mandates and responsibilities are not clearly articulated and shared by all

system / Well-defined M&E roles and responsibilities for key individuals and organizations at all levels		vacant) - MOE has a Quality Assurance unit, performing some M&E functions. - Only selected NGOs/CBOs have M&E positions, such as BFLA, WIN Belize, etc.	stakeholders.
e. Organizational Mechanisms: routine mechanisms for M&E planning and management, stakeholder coordination, consensus building, and monitoring the performance of the M&E system/ incentives for M&E system performance.	0.5	- NAC M&E sub-committee responsible for M&E planning and stakeholder coordination, consensus building and monitoring the performance of the M&E system. - M&E officers of NAC and MOH-NAP responsible for operationalizing management, coordination and consensus building functions; - The M&E plan articulates the structure and main, functions and elements for monitoring M&E system performance.	- NAC M&E sub-committee does not function as planned; - Challenges to fill the vacant NAC M&E post - Planning, management, coordination and M&E system performance functions are not being fulfilled; - There are few internal/national incentives for M&E system performance.
f. Organizational Performance: key organizations achieve the M&E objectives included in their annual work plan	0	- National AIDS Programme has an M&E plan but there is no accompanying annual work plan - Key organizations perform selected M&E functions but do not have defined M&E annual work plans and budgets.	- National M&E plan lacks systematic implementations with clear objectives and responsibilities defined and assigned to implementing partners and stakeholders - Lack of M&E work plans and budgets have not been developed at key organizations - Significant human resource, coordination and technical assistance gaps.

4.2 Component 2: Human Capacity for HIV M&E (group 1)

Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
a. Defined skill set for individuals and organizations at the national, sub-national, and service-delivery levels	0.5	- Few professionals employed in HIV M&E functions - This situation applies at all levels within the system	-Lack of training, skills development and mentorship in M&E at all levels; -Lack of national capacity building plan or strategy -Organizations with leadership roles in M&E lack the personnel with skills to mentor and develop capacity at all levels
b. Work force development plan , including career options in M&E	0	- A plan does not exist as there are no defined career paths for M&E staff within the existing structure of key organizations or within the public service	- Need for a workforce development plan, with inclusion of M&E is needed - Lack of institutionalized structures for M&E career path

c. Costed human capacity development plan	0	- Plan nor costing exists	- Need for an M&E system capacity assessment at all levels is needed as step toward costed human capacity development plan
d. Standard curricula for organizational and technical capacity building	0		- Need for national organizations to develop and/or use available M&E training materials to build M&E capacity at all levels. - Staff accessing training from national training organizations can enhance their skills from accessing international training options
e. Local and/or regional training capability to develop human resources, including links to training institutions	0.5	-CHRC has provided basic M&E training to organizations in Belize working through the NAC; -Ad-hoc M&E training only via selected organizations (UNAIDS, UNDP) and persons in Belize	- Local organizations and persons currently do not have the specific mandate, responsibility and capacity to deliver M&E capacity building services. -Need to improve coordination and collaboration with regional organizations for accessing M&E training
f. Supervision, in-service training and mentoring	0		- Lack of an overall guiding national M&E system. - Lack of opportunities for in-service training, mentorship, data verification, etc.

4.3 Component 3: Partnerships to Plan, Coordinate and Manage the HIV M&E System (group 1)

Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
a. National M&E Technical Working Team	0.5	- This is the NAC M&E sub-committee with TOR and comprised of PASMO, MOH, NAC, CSO Rep, UN Rep, SIB, SSB, NCFC, UB, GFATM-PR. - The committee has not been functional recently and the group has not been meeting. - Formal but no operational mechanisms for coordinating M&E stakeholders. - No regular M&E stakeholders meetings have been occurring.	- Lack of oversight by Commission on functioning of M&E Sub-committee - Need for NAC M&E officer to coordinate work of committee. - Lack of info-sharing between sub-committee and wider stakeholders
b. Mechanism to coordinate all key stakeholders	0.5		- Need to develop and implement a formal mechanism and structure for engaging stakeholders around M&E issues
c. Local leadership and capacity for stakeholder coordination	1	- There is evidence of local leadership as it pertains to M&E (i.e, NAC, MOH, NGOs, and UN Partners). - Heads of key organizations understand the role and importance of M&E to the national response.	- Local leadership is committed to supporting M&E functions but lack staff with M&E expertise and capacity to coordinate and implement the M&E system. - Human and financial resources continue to be a constraint.
d. Routine communication channel	0		No mature routine M&E communication channels

to streamline information exchange among stakeholders			exist, other than emailing on general information sharing
4.4 Component 4: National Multi-Sectoral HIV M&E Plan (group 2)			
Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
a. Broad-based multi-sectoral participation in developing the national M&E plan	1	<ul style="list-style-type: none"> - National Monitoring & Evaluation Plan was developed in collaboration with most of the key stakeholders involved in the HIV response. 	<ul style="list-style-type: none"> - The M&E plan was not fully socialized and disseminated (completed version only printed in 2009). - Lack of stakeholders' awareness of their M&E roles and responsibilities. - Need to update both the National Strategic Plan and the Monitoring and Evaluation Plan, which will expire in 2011
b. The national HIV M&E plan is explicitly linked to the National Strategic Plan	1	<ul style="list-style-type: none"> - The national M&E plan (and its indicators) is explicitly linked to the M&E plan and was developed for the expressed purpose of monitoring the implementation of the NSP. 	<ul style="list-style-type: none"> - The indicators in the national M&E plan address the Global reporting requirements and international commitments but do not contain indicators for national and sub-national use.
c. The national HIV M&E plan describes the implementation of all 12 components of a national HIV M&E system	0.5	<ul style="list-style-type: none"> - The national M&E plan addresses many but not all of the 12 components of a national M&E system. - The most essential system components are explicitly addressed. 	<ul style="list-style-type: none"> - Need to expand some M&E system components when the M&E plan is updated. - Need particular attention to coordination, planning, dissemination and data use components.
d. The national HIV M&E plan adheres to international and national technical standards for HIV M&E	1	<ul style="list-style-type: none"> - The national M&E plan is generally consistent with international standards with respect to the content and structure. - The indicators contained in the M&E plan adhere to international technical standards and definitions. 	<ul style="list-style-type: none"> - Need to address all M&E system components in the M&E plan. - Need to develop and incorporate national indicators into the M&E plan, enhancing information use.
e. A national M&E system evaluation has been completed and recommendations to strengthen the system have been implemented by means of a revised national M&E plan	0	<ul style="list-style-type: none"> The national M&E system evaluation is only now being conducted in collaboration with all stakeholders.. 	<ul style="list-style-type: none"> -Need to share findings from the M&E system evaluation with all stakeholders. -Need to incorporate assessment findings into National M&E plan

4.5 Component 5: Annual Costed National HIV M&E Work Plan (group 2)

Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
a. The M&E work plan contains activities, those in charge of implementation, a timeframe, activity costs and identified funding	0	<ul style="list-style-type: none"> - There is no M&E work plan. - M&E activities are not prioritized. - An implementation plan or schedule has not been developed - Activity costs or funding sources have not been identified. 	<ul style="list-style-type: none"> - Need to develop the M&E work plan in collaboration with key implementing partners, providing clear coordination responsibilities, division of labor, prioritized activities and accompanying costing and funding sources.
b. The M&E work plan explicitly links to the work plans and government budgets for medium-term NAC expenditures	0	As above	<ul style="list-style-type: none"> - Costed M&E work plans need to be multi-sectoral and linked to government budgets.
c. Resources (human, physical, financial) to implement the M&E work plan have been committed	0	As above	n.a
d. All relevant stakeholders endorse the national M&E work plan	0	As above	n.a
e. The M&E work plan is updated annually based on performance monitoring	0	As above	n.a

4.6 Component 6: HIV M&E Advocacy, Communication and Culture (group 1)

Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
a. The national HIV communication strategy includes a specific HIV M&E communication and advocacy plan	0	<ul style="list-style-type: none"> - There is no national HIV communication strategy or M&E advocacy or communication plan. 	<ul style="list-style-type: none"> - A national HIV communication strategy needs to be developed. - A communication and dissemination strategy should be developed and included as part of the updated M&E plan.
b. M&E is explicitly referenced in national HIV policies and the National Strategic Plan	1	M&E is included and addressed in the NSP and the National HIV/AIDS Policy from the NAP-MOH	<ul style="list-style-type: none"> - Revisions and updates to National HIV Policy and M&E plan should continue to reference and afford sufficient importance to M&E.
c. "M&E champions" among high-	0	No clearly recognized high level persons who	<ul style="list-style-type: none"> - A clear need for high-level strategically placed

level officials are identified and are actively endorsing M&E actions		actively champion and advocate for M&E.	persons to advocate for M&E system development and accompanying resources to facilitate system development.
d. M&E advocacy activities are implemented according to the HIV M&E advocacy plan	0	No HIV M&E advocacy plan	- Need for a plan or strategy to advocate for M&E system development and resources.
e. M&E materials aimed at various audiences are available and support data sharing and use	0	- M&E materials are not available for audiences at various levels and are not currently used to support data sharing and use. - The M&E plan is available but has not been disseminated. - Previous Global Fund Grant reports were not shared with all stakeholders.	- There is no plan for the systematic analysis of data and the production of information for various audiences. - Limited data dissemination and use for strategic planning and programme improvement.

ii. Collecting, Verifying and Analyzing Data

4.7 Component 7: Routine HIV Programme Monitoring (group 3)

Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
a. The data collection strategy is explicitly linked to data use	1	- Data collection is done for specific purposes, either client management or for reporting to donors. - Each organization collects data for its own purposes and to support the provision of services as well as to support the data needs and reporting requirements of the NAC.	- Limited levels of data analysis, sharing and use.
b. Clearly defined data collection, transfer, and reporting mechanisms , including cooperation and coordination among the different stakeholders	0	- Data collection forms and tools are not standardized across organizations and are based on each organization's needs and individual systems - MOH institutions standardized & based on national standards	- Data collection forms, tools and collection/transfer mechanisms need to be standardized across organizations, to the extent possible.
c. Essential tools and equipment for data management (e.g., collection, transfer, storage, and analysis)	1	- Most organizations have the requisite hardware and software to perform the M&E functions; smaller NGOs face some challenges due to resource constraints.	- Need to anticipate and address a future expansion of hardware, software and human resource needs as the national M&E system gets better articulated and implemented through the M&E plan.

<p>d. Routine procedures for data transfer from sub-national to national levels</p>	<p>0.5</p>	<p>- BFLA and MOH have well established data reconciliation mechanisms in place - BFLA also has a data dissemination guideline. - MOH-CMS and HandinHand report on ARV stock-outs</p>	<p>- Lack of impetus/incentive to report; needs data management policy - Data not being processed and used properly resulting in stock outs - Gap between programme planning & supplies/distribution (e.g PITC and failure to plan for increased demand for HIV rapid tests resulting in stock outs) - Lack of distribution system/plan & tracking mechanism for condoms or use of parallel systems (NAP utilizing Channel); - M&E challenges including human resource constraints as relates to supply-chain & analysis of data - no mechanism in place for regular reporting of stock outs</p>
<p>e. Well-defined and managed national HIV database to gather, verify, analyze, and present program monitoring data from all levels and sectors, including data on prevention, treatment, care and support, and finances</p>	<p>0</p>	<p>- At the national level there are no functional HIV databases that house aggregate data. - At the national and sub-national level fragmented or intra-institutional databases exist (in Ministries and CSOs) - Existing database are not fully utilized.</p>	<p>- Lack of clearly identified data needs at the national and sub-national levels. - Lack of a functional HIV database to house aggregated data at a national level. - No linkages between databases in various sectors.</p>

4.8 Component 8: Surveys and Surveillance (group 3)

<p>Element</p>	<p>Existence and Effectiveness 0 // 0.5 // 1</p>	<p>Evidence of Existence and Effectiveness</p>	<p>Gaps, Needs, Barriers for process / structure</p>
<p>a. Protocols for all surveys and surveillance based on international standards</p>	<p>1</p>	<p>- Past surveys are based on international standards, protocols and indicator definitions. - Adjustments to the local context are made where necessary and appropriate. - No specific agenda or schedule for the conduct of surveys.</p>	<p>- Need for a coordination and oversight body for surveys and surveillance including an IRB. - Need to ensure the collaboration and input of all partners with survey design and implementation. - NAC M&E sub-committee (with responsibility for survey coordination) currently non-functional. - There is significant fragmentation with surveys being conducted based on individual organization's schedules, programmes and information requirements. - Absence of resource identification strategies for surveys</p>
<p>b. Specified agenda for data collection linked to program needs, including identification of resources for implementation</p>	<p>0</p>	<p>- No specific agenda or schedule for the conduct of surveys.</p>	<p>- Need for a coordination and oversight body for surveys and surveillance including an IRB. - Need to ensure the collaboration and input of all partners with survey design and implementation. - NAC M&E sub-committee (with responsibility for survey coordination) currently non-functional. - There is significant fragmentation with surveys being conducted based on individual organization's schedules, programmes and information requirements. - Absence of resource identification strategies for surveys</p>

<p>c. HIV inventory linked to surveys conducted</p>	<p>0</p>	<ul style="list-style-type: none"> - There is no national repository. - Surveys tend to be project-based vs. programme-based and are conducted according to international guidelines. - There is movement towards surveys based on indicators in the national M&E plan. 	<ul style="list-style-type: none"> - Institutional gaps and capacity issues exist. - Lack of human resources to provide technical guidance. - Lack of adequate survey planning including content & scheduling of surveys. - Financial constraints for the conduct of surveys.
<p>d. Well-functioning biological surveillance system</p>	<p>0</p>	<p>No biological surveillance system in place.</p>	<ul style="list-style-type: none"> - There is no national IRB - Lack of information regarding appropriate sentinel populations including size estimates. - Significant financial & human resource constraints exist.
<p>e. Well-functioning behavior surveillance system, including cultural practices</p>	<p>1</p>	<ul style="list-style-type: none"> - Recent good progress toward the conduct of behavioral surveys (e.g. MICS, FHS, SBS, TRAC studies); - Several workplace KAP surveys have been conducted via the MOL and are based on standard methodologies. - HIV/AIDS KAP survey ongoing with previous one on sexual diversity (targeted at staff). 	<ul style="list-style-type: none"> - Significant challenges exist with hard to reach populations. - Lack of adequate planning and coordination and there are human resource and financial constraints for the conduct of surveys.

4.9 Component 9: National and Sub-national HIV Databases (group 2)

<p>Element</p>	<p>Existence and Effectiveness 0 // 0.5 // 1</p>	<p>Evidence of Existence and Effectiveness</p>	<p>Gaps, Needs, Barriers for process / structure</p>
<p>a. Database(s) designed to respond to the decision-making and reporting needs of various stakeholders</p>	<p>0</p>	<ul style="list-style-type: none"> - There is no national HIV database designed to manage data related to the national response or that is linked to the NSP and M&E plan. -Sub-national databases exist in some ministries & within some organizations; these databases are not adequately used to inform decision-making. 	<ul style="list-style-type: none"> - Lack of a national integrated database with linkages to sub-national databases. - Data contained in sub-national databases are usually not analyzed and used to inform programme or policies.
<p>b. Linkages between different relevant databases to ensure data consistency and to avoid duplication of efforts</p>	<p>0</p>	<ul style="list-style-type: none"> - There are no linkages between databases and no system is in place to ensure consistency or to avoid duplication or efforts or records. - The health information system uses a unique identifier. 	<ul style="list-style-type: none"> - There is currently no inventory of databases used by all partners and their content. - The databases are unlinked and it may not be possible to link them.
<p>c. National HIV database well defined and well managed to gather,</p>	<p>0</p>	<ul style="list-style-type: none"> - National database doesn't exist 	<ul style="list-style-type: none"> - Lack of a national integrated database with linkages to sub-national databases.

verify, analyze, and present program monitoring data from all levels and sectors			- Data contained in sub-national databases are usually not analyzed and used to inform programme or policies.
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4.10 Component 10: Supportive Supervision and Data Auditing (group 3)

Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
a. Guidelines to supervise routine data collection at HIV-service facilities at the institutional and community levels	0	<ul style="list-style-type: none"> - There are no written guidelines for the collection of HIV service level data. - Data and reporting tools/forms are not standardized and are based on each organization's reporting needs - MOH institutions standardized & based on national standards 	<ul style="list-style-type: none"> - Need to create guidelines and standards for data collection at the facility levels for all data that are to be submitted to the national level, ensuring data quality and comparability.
b. Routine supervision visits, including data assessments and feedback to local personnel	1	<ul style="list-style-type: none"> - In general, some level of routine supervision and feedback to staff during visits and/or written reports. 	<ul style="list-style-type: none"> - Inconsistencies in feedback and supportive supervision of staff (MOH) - There is neither specific schedule nor are there written guidelines for supervision. - There is no system in place to provide supportive supervision to other implementing partners (exception BFLA). - There are inadequate staffing levels to perform this function. -See b.
c. Periodic data-quality audits	1	-See b.	-See b.
d. Supervision and audit reports	1	<ul style="list-style-type: none"> - Supervision and audit reports are prepared by the MOH and BFLA. - Other organizations do not have systems in place for routine supportive supervision or data audits. 	-See b.

4.1.1 Component 11: HIV Evaluation and Research (group 3)

Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
<p>a. Inventory of evaluation and research studies that have been completed or that are ongoing in the country</p>	1	<ul style="list-style-type: none"> - There is a partial listing of HIV-related evaluation and research in Belize. - NAC is in the process of compiling a list of completed studies; UNIBAM is doing the same for evaluation and research on MSMS 	<ul style="list-style-type: none"> - There is no single agency, listing or person who is aware of all HIV-related research conducted in Belize. - Reports are not compiled and available in a central location.
<p>b. Inventory of local HIV evaluation and research capability, including specialized research institutions and their main focus</p>	0	<ul style="list-style-type: none"> - There is currently no inventory of local HIV evaluation and research capability. - There are a number of organizations and individuals with the capacity to conduct or contribute to research efforts. 	<ul style="list-style-type: none"> - There is no organization explicitly charged with the responsibility for preparing and updating the inventory.
<p>c. National HIV evaluation and research agenda</p>	0	<ul style="list-style-type: none"> - There is no HIV research and evaluation agenda 	<ul style="list-style-type: none"> - A research and evaluation agenda needs to be developed with clear priorities identified.
<p>d. Ethical approval procedures and parameters</p>	0	<ul style="list-style-type: none"> - There are no written ethics approval procedures or guidelines available. - At present, ultimate responsibility for all human subjects research approval resides with the Chief Medical Officer. 	<ul style="list-style-type: none"> - Standardized written guidelines and procedures are needed for human subjects research and evaluation in Belize. - There currently no organization charged with responsibility for developing these procedures or advancing this issue.
<p>e. Guidance on evaluation and research standards and appropriate methods</p>	0	<ul style="list-style-type: none"> - There are no national organizations with the responsibility or mandate to provide guidance on evaluation, research parameters and appropriate methods. 	<ul style="list-style-type: none"> - Lack of a strong technical committee to provide guidance on research and evaluation issues - NAC M&E sub-committee and MOH should perform this function but processes are not in place and the M&E sub-committee is not currently functional. - MOH also has a significant role to play. - Regional and international organizations have the capacity to support in this area (e.g., CHRC, CDC, USAID, UN partners).
<p>f. National conferences or forums to disseminate and discuss HIV research and evaluation findings</p>	0	<ul style="list-style-type: none"> - There are no national conferences or forums to disseminate of discuss HIV research and evaluation findings. 	<ul style="list-style-type: none"> - Lack of mechanisms for sharing research and evaluation findings on HIV and health issues among stakeholders in Belize.
<p>g. Evidence of use of evaluation and research findings (e.g., referenced in planning documents)</p>	0	<ul style="list-style-type: none"> - There are few research studies and evaluations of HIV programmes in Belize. - There is only anecdotal evidence that completed research has been used to inform planning. 	<ul style="list-style-type: none"> - There is a need to ensure that completed research and evaluation studies clearly identify the policy and programming implications stemming from the findings. - There is also a need to ensure that findings are properly disseminated to all stakeholders in language and formats that are readily accessible to all audiences.

iii. **Using Data for Decision-making**

4.12 Component 12: Data Dissemination and Use (group 2)

Element	Existence and Effectiveness 0 // 0.5 // 1	Evidence of Existence and Effectiveness	Gaps, Needs, Barriers for process / structure
a. The National Strategic Plan and the national M&E plan include a data use plan	0	- There is no data use plan in the NSP or M&E plan.	- The revised NSP and M&E plans need to include specific plans for data use.
b. Analysis of data needs and data users	0	- No assessment of the data need and data use has been conducted	- There is a need to systematically assess the information and data needs at all levels and by all stakeholders.
c. Data use calendar to guide the timetable for major data collection efforts and reporting requirements	0	- There is no data use calendar	- Need for data analysis and use schedules to be developed and inform data collection schedules and reporting requirements.
d. Timetable for national reporting	0	- There are no schedules or timetables for reporting to the NAC. - Under the Round 3 Global Fund grant clear reporting schedules were available for all sub-recipients. - Reporting requirements and schedules are specified for the Round 9 Global Fund grant.	- Schedules, timelines and responsibilities for reporting on all indicators in the national M&E plan are needed.
e. Standard format for the report and for data tabulation	0	- There are no formats or templates for reports of tabulations. - Reports are not always developed following standardized protocols.	- The quality and completeness of information products are an issue and there are too many gaps in data used to produce the reports.
f. Information products adapted to the various audiences and a dissemination calendar	0	- There is no data/ information dissemination plan or schedule for HIV. - Reports are not adapted for various audiences or disseminated according to a calendar.	- Need to create information products that are tailored to different audiences depending on their needs.
g. Evidence of information use (e.g., data referenced in funded proposals and planning documents)	0	- There is a gradually starting appreciation for the role of evidence based planning.	- There is a lack of capacity for evidence based planning

5. Findings of the workshop: the recommendations, short and longer term

5.1 Component 1: Organizational Structures with HIV M&E Functions (group 1)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
<p>a. Leadership: effective leadership for M&E in key organizations</p>	Develop and provide M&E and RBM sensitization training for leadership of all organizations involved in M&E (NAC, MOH, NGOs, CBOs, etc.)	<ul style="list-style-type: none"> - Disseminate M&E information to heads of organizations (NAC, MOH, Line Ministries, NGOs, CBOs) in a format that is readily accessible to this audience; - Explicitly incorporate and address institutional leadership into dissemination strategy of revised M&E plan; - Provide political leaders and heads of organizations with copies of all M & E reports; 	CAPACITY, PASCA, NAWG, NAC, WIN Belize, Policy & Legislative Committee, NCFC
<p>b. Human Resources: TORs for M&E staff/ adequate number of skilled M&E staff/ defined M&E career options</p>	Add support for Community of Practice for Planning and M&E (COPPME) to implement action plan	<ul style="list-style-type: none"> - Develop and institutionalize system for systematic M&E capacity building at all levels; - Institutionalize COPPME 	NAC; CEOs, UN partners for hiring. PASCA/CAPACITY UN Partners.
<p>c. Organizational Culture: national commitment to ensure M&E-system performance</p>	Identify M&E "champions" to advocate for M&E system development and resources	<ul style="list-style-type: none"> - Broad-based sensitization on M&E is needed with a focus on demonstrating the use of M&E information and the integration of M&E into the project cycle and organization's routine functioning. 	PASCA in collaboration with NAC, CEOs, NAWG,
<p>d. Organizational Roles and Functions: well-defined organizational structure, including a national HIV M&E unit/ M&E units or M&E focal points in other public, private, and civil society organizations / Written mandates for planning, coordinating, and managing the M&E system / Well-defined M&E roles and responsibilities for key individuals and organizations at all levels</p>	The vacant M&E post at the NAC should be filled as soon as possible; Conduct an assessment of the M&E system needs and capacity assessment of all key organizations with an aim toward informing the development of a clearly defined M&E structure (and functions) for the NAC and partners;	<ul style="list-style-type: none"> - Key line Ministries should assess the feasibility of restructuring posts to create one M&E unit. - Implement recommendations from capacity assessment and mobilize resources to address gaps; 	NAC; CEOs, UN partners for hiring. PASCA/CAPACITY UN Partners.
<p>e. Organizational Mechanisms: routine mechanisms for M&E planning and management, stakeholder coordination,</p>	Strengthen functioning of M&E sub-Committee through the establishment of routine meetings of the sub-committee; Convene routine M&E	<ul style="list-style-type: none"> - Review and revise structure for M&E system oversight and coordination including review of structure and functions of the M&E sub-Committee and 	NAC; CEOs, UN partners for hiring. PASCA/CAPACITY UN Partners.

consensus building, and monitoring the performance of the M&E system/ incentives for M&E system performance.	meetings involving all stakeholders; Identify key persons/organizations to serve as the lead for the M&E sub-committee and provide requisite institutional support.	NAC M&E officer and stakeholders. - Explicitly include M&E coordination and management functions in M&E plans and work plan along with performance indicators.	
f. Organizational Performance: key organizations achieve the M&E objectives included in their annual work plan	Essential M&E functions for each organization should be clearly identified and measures implemented to address critical functions implemented;	Following completion of updated M&E plan with stakeholders, M&E sub-Committee and NAC M&E Officer to assist key organizations with developing annual costed work plans.	

5.2 Component 2: Human Capacity for HIV M&E (group 1)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
a. Defined skill set for individuals and organizations at the national, sub-national, and service-delivery levels	Create concept note to describe assessment & capacity development funding needs to present to possible funding agencies (include in NOP) (3) Initiate process for the conduct of a formal M&E capacity assessment (i.e., engage key partners) at all levels that will result in a capacity development plan	- Implementing partners to collaborate to identify and hire qualified M&E Officer with the KSAs needed to build capacity at all levels; - Conduct capacity assessment; - Secure funds and implement recommendations stemming from capacity assessment;	CAPACITY, NAC M & E Committee, Universities, PASCA
b. Work force development plan , including career options in M&E	Same as above	Same as above	Same as above
c. Costed human capacity development plan	N/A	Develop costing of capacity development plan following completion from above recommendation	CAPACITY, NAC M & E Committee, Universities, PASCA
d. Standard curricula for organizational and technical capacity building	M&E committee to include national capacity development on the agenda for upcoming meetings with an aim to identifying lead organization and persons to conduct trainings in Belize	Collaborate with CHRC, UWI, CDC, PHCO and UNAIDS to implement national capacity building plan using standardized curricula with local organizations and persons central to the process	CAPACITY, NAC M & E Committee, Universities, PASCA
e. Local and/or regional training capability to develop human resources, including links to training institutions	Same as above	Same as above	CAPACITY, NAC M & E Committee, Universities, PASCA
f. Supervision , in-service	UNDP can initiate the process of	Staffing at key organizations and other	UNDP, UNAIDS, NAC, PASCA

training and mentoring	providing training and mentorship within the context of data collection and verification from sub-recipients under the Global Fund Grant.	critical processes need to be implemented before it will be possible to provide in-service training and mentoring.
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5.3 Component 3: Partnerships to Plan, Coordinate and Manage the HIV M&E System (group 1)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
a. National M&E Technical Working Team	Conduct periodic reviews the composition of the M&E sub-committee to maintain desired levels of functioning and output. The representation of the committee should be reviewed to ensure representation of all partners in the response including CSO organizations. Develop mechanisms for stronger oversight of the structure and functioning of the M&E sub-committee; Review the TOR for the committees to ensure effectiveness of its function using MBO standards.	None	The executive of the commission, the secretariat staff & UNTG
b. Mechanism to coordinate all key stakeholders	UNAIDS & UNDP can assume stakeholder meetings in the short-term. Meetings around M&E issues for the Global Fund grant would provide the opportunity to engage stakeholders around M&E to agree upon wider M&E system development issues. The M&E coordination should be transferred to the NAC following identification of an M&E officer and strengthened functioning of the M&E sub-committee. Expand the existing electronic contact list at the secretariat to make it comprehensive	- M&E stakeholder coordination should be explicitly addressed when the M&E plan is updated. - Specific M&E coordination mechanisms should be agreed upon and articulated. This would include schedules for meetings, information sharing and dissemination. These mechanisms should be developed collaboratively with buy-in and agreement from all stakeholders.	Secretariat Staff; M & E sub-committee, UNTG
c. Local leadership and capacity for stakeholder coordination	None	- Develop M&E capacity-building and sensitization materials for use with senior staff at key organizations to develop and entrench culture of M&E.	
d. Routine communication	Increase information sharing and	To be addressed as part of the	

channel to streamline information exchange among stakeholders	communication on M&E within the context of developing and implementing the M&E system for the Global Fund Grant.	communication and dissemination section of the updated M&E plan.
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5.4 Component 4: National Multi-Sectoral HIV M&E Plan (group 2)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
a. Broad-based multi-sectoral participation in developing the national M&E plan	The National Strategic Plan, Operational Plan and M & E plan for the strategic plan need to be updated in tandem to ensure harmonization of these strategic documents.	The plans should be properly disseminated and communicated to all stakeholders to ensure understanding of information needs and uses, roles and responsibilities and function of all stakeholders.	The National AIDS Commission along with all HIV stakeholders led by the NAC Secretariat.
b. The national HIV M&E plan is explicitly linked to the National Strategic Plan	None	Revise and update the M&E plan upon completion of the revised NSP and operational plan.	ALL HIV stakeholders
c. The national HIV M&E plan describes the implementation of all 12 components of a national HIV M&E system	None	Revise and update the M&E plan with an aim to address deficiencies upon completion of the revised NSP and operational plan.	ALL HIV stakeholders
d. The national HIV M&E plan adheres to international and national technical standards for HIV M&E	None	Revise and update the M&E plan with an aim to address deficiencies upon completion of the revised NSP and operational plan.	ALL HIV stakeholders
e. A national M&E system evaluation has been completed and recommendations to strengthen the system have been implemented by means of a revised national M&E plan	Complete M&E system assessment report and disseminate widely to all stakeholders so they understand the needed actions and their responsibilities.	Ensure that the updated M&E plan addresses the recommendations and findings from the assessment.	NAC Secretariat, M&E sub-committee and HIV stakeholders

5.5 Component 5: Annual Costed National HIV M&E Work Plan (group 2)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
a. The M&E work plan contains activities, those in charge of implementation, a timeframe,	The NAC and UN partners to convene an M&E sub-committee meeting to identify immediate M&E	Following completion of the revised NSP, operational plan and M&E plan, develop annually M&E work plans and budgets to	NAC Secretariat, UN Partners, M&E sub-committee and HIV stakeholders

activity costs and identified funding	priorities and develop a short-term work plan and budget. This work plan should focus on the Global Fund grant and other immediate priorities.	operationalize /implement the M&E plan.	
b. The M&E work plan explicitly links to the work plans and government budgets for medium-term NAC expenditures	None	Annual work plans to accompany the M&E plan should be costed with links to government agencies and budgets.	NAC Secretariat, UN Partners, M&E sub-committee
c. Resources (human, physical, financial) to implement the M&E work plan have been committed	N/A at this time	When annual M&E work plans are developed, sufficient resources to implement the annual M&E work plans should be committed and made available	NAC Secretariat, UN Partners, M&E sub-committee
d. All relevant stakeholders endorse the national M&E work plan	N/A at this time	All M&E stakeholders should be involved in the development and costing and resource allocation decisions around the annual M&E work plans.	NAC Secretariat, UN Partners, M&E sub-committee
e. The M&E work plan is updated annually based on performance monitoring	N/A at this time	Annual work plans should be updated annually based on performance of the prior year's work plan	NAC Secretariat, UN Partners, M&E sub-committee

5.6 Component 6: HIV M&E Advocacy, Communication and Culture (group 1)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
a. The national HIV communication strategy includes a specific HIV M&E communication and advocacy plan	Convene periodic meetings of the M&E sub-committee; NAC and UN Partners to include M&E as a topic in all national consultations involving major M&E stakeholders.	Include a communication and dissemination strategy in the updated M&E plan.	NAC Secretariat, M&E sub-committee and HIV stakeholders
b. M&E is explicitly referenced in national HIV policies and the National Strategic Plan	Ensure to explicitly address M&E, strategic information and data use in revised NSP and operational plans.	Revisions of policy documents should address and assign importance to M&E and strategic information.	All HIV stakeholders
c. "M&E champions" among high-level officials are identified and are actively endorsing M&E actions	NAC, M&E sub-committee and UN partners to identify selected persons to actively champion for M&E system development and resources. These persons should be strategically located within the Government or be a nationally well-recognized and influential person.	M&E sub-committee to support the advocacy work of identified M&E champions and to develop a system and strategy to support advocacy efforts.	NAC, M&E sub-committee, UN Partners
d. M&E advocacy activities are	NAC, M&E sub-committee and UN	Following identification of M&E	M&E sub-committee

implemented according to the HIV M&E advocacy plan	Partners to discuss and strategize at M&E sub-committee meetings.	champions, develop plan/strategy for M&E advocacy.	
e. M&E materials aimed at various audiences are available and support data sharing and use	NAC, M&E sub-committee. UNDP and partners to routinely share M&E information (e.g., GF performance framework, UNGASS reports, etc.) at partner meetings	A data analysis, dissemination and use plan should be developed when the M&E plan is being updated.	NAC, M&E sub-committee, UN Partners

ii. Collecting, Verifying and Analyzing Data

5.7 Component 7: Routine HIV Programme Monitoring (group 3)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
a. The data collection strategy is explicitly linked to data use	Each organization should review the data that are being collected to ensure that they are linked to specific purposes and uses.	Ensure that data collected by each organization are directly linked to either the organization's own M&E plan or data use needs or those of the National M&E plan and system.	M&E sub-committee and all HIV implementing partners
b. Clearly defined data collection, transfer, and reporting mechanisms , including cooperation and coordination among the different stakeholders	None	Use of standardized national platform based on international norms	All key organizations but effort led by MOH Epi Unit in consultation with BHIS Units with support from UN System
c. Essential tools and equipment for data management (e.g., collection, transfer, storage, and analysis)	Ensure that all organizations that are required to provide data and information under the GF grant have the needed tools and equipment.	Review each implementing partner's hardware, software and training needs against the M&E system requirements following completion of the M&E plan.	UNDP, M&E sub-committee, HIV implementing partners
d. Routine procedures for data transfer from sub-national to national levels	1. BFLA is currently in discussions with BHIS to improve supply chain management (SCM) utilizing this SCM of the BHIS 2. Quarterly audits of supply-chain data are recommended 3. Meetings are urgently needed between CMS-Pharmacy and NAP regarding forecasting and procurement of HIV meds and commodities (e.g. condoms) with an aim to integrate HIV forecasting and	- Incorporation and integration of HIV forecasting via forecasting committee mechanism into the national mechanism. - Establishment of data management policies for NGOs & CBOs	1. MOH - CMS, Pharmacy & NAP, Office of the DHS as relates to integration issue. 2. BHIS team/MOH and relevant organization focal persons - capacity building for organizations including BFLA & HIH who are utilizing BHIS modules 3. AAA & relevant organizations who need data policy ideally with technical guidance from Epi Unit/MOH With support from UN System

<p>e. Well-defined and managed national HIV database to gather, verify, analyze, and present program monitoring data from all levels and sectors, including data on prevention, treatment, care and support, and finances</p>	<p>procurement into the national mechanism 4. Capacity building for data management (HIH) with assistance from BHIS team</p> <p>Data needs at all levels need to be assessed.</p>	<ul style="list-style-type: none"> - Implement a functional, national database aggregated by indicators at the national level. - Develop a system for utilizing unique identifiers for persons reached with HIV services. - Develop mechanisms and protocols for data flows. - Develop and implement accountability systems. - Develop a Human resources strategy for HIV. 	<p>At the NAC level as the coordinating agency. Individual ministries or agencies at the implementing level</p>
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5.8 Component 8: Surveys and Surveillance (group 3)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
<p>a. Protocols for all surveys and surveillance based on international standards</p>	<p>Specifically assign oversight and coordination responsibility to the M&E committee. Ensure to include this function in the Group's TOR.</p>	<ul style="list-style-type: none"> - M&E sub-committee to develop standard procedures for survey protocol review and approval, including IRB approval. - M&E sub-committee to also coordinate with health and other public sector organizations to coordinate the conduct of surveys nationally. 	<p>NAC, M&E sub-committee , UN partners, CDC, PASCA</p>
<p>b. Specified agenda for data collection linked to program needs, including identification of resources for implementation</p>	<p>NAC and M&E sub-committee to create an inventory of past surveys and identify all relevant organizations with interests and work plans related to surveys.</p>	<ul style="list-style-type: none"> - Develop process for coordinating the conduct of surveys and ensure the participation and involvement of all stakeholders including a process for sharing survey findings. 	<p>NAC, M&E sub-committee and UN partners</p>
<p>c. HIV inventory linked to surveys conducted</p>	<p>Engage academic institutions such as UWI, UB, Galen. Identify national institution to take responsibility and lead on surveys.</p>	<ul style="list-style-type: none"> - Create a human resource strategy that includes developing a research unit within the MOH, to include hiring of additional staff including research coordinator for EPI Unit, 	<p>Academia, MOH, NAC, UN System, other stakeholders</p>
<p>d. Well-functioning biological surveillance system</p>	<p>The NAC and M&E sub-committee should foster collaboration among</p>	<ul style="list-style-type: none"> - Establish national IRB. - Create SOPs for Laboratories. NAC and 	<p>MOH -EPI & Office of DHS, UN agencies, NAC, other stakeholders</p>

	<p>key actors (i.e., CDC & MOH, academia, SIB). The NAC should also lead on resource mobilization for biological surveillance and include in the national operational plan</p> <p>The NAC should link the agendas of various organizations in Belize. NAC and the M&E sub-committee to utilize and capitalizing on groups such as PASMO that has comparative advantages in conducting surveys. Increase the involvement and collaboration with relevant NGOs in the conduct of surveys.</p>	<p>M&E sub-committee to develop & facilitate collaboration among key actors and organizations.</p>	
<p>e. Well-functioning behavior surveillance system, including cultural practices</p>		<p>Establish the NAC as a coordinating structure for research & repository for reports.</p>	<p>MOH, UN agencies, NAC, other stakeholders</p>

5.9 Component 9: National and Sub-national HIV Databases (group 2)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
<p>a. Database(s) designed to respond to the decision-making and reporting needs of various stakeholders</p>	<p>NAC and M&E sub-committee to create an inventory of databases at all organizations including the contents of each database.</p>	<p>NAC and M&E sub-committee to create a national database for the integration and analysis of data from all stakeholders. The database should be linked to the M&E plan, the HIV database and to other national social and economic databases to the extent possible.</p>	<p>NAC, M&E sub-committee</p>
<p>b. Linkages between different relevant databases to ensure data consistency and to avoid duplication of efforts</p>	<p>Same as above</p>	<p>Same as above</p>	<p>Same as above</p>
<p>c. National HIV database well defined and well managed to gather, verify, analyze, and present program monitoring data from all levels and sectors</p>	<p>Same as above</p>	<p>Same as above</p>	<p>Same as above</p>

5.1.10 Component 10: Supportive Supervision and Data Auditing (group 3)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
a. Guidelines to supervise routine data collection at HIV- service facilities at the institutional and community levels	None	National Coordinating authorities and partners should use international guidelines and standards to develop national guidelines and standards for the collection of service level data.	All key organizations but effort led by MOH Epi in consultation with BHIS Units with support from UN System
b. Routine supervision visits, including data assessments and feedback to local personnel	UNDP and the NAC should identify key organizations contributing data for the GF Grant and ensure that routine assessments of data quality and a system for supportive supervision is implemented to ensure the collection and submission of high-quality data in a timely manner.	A system for assessing and ensuring data quality and providing supportive supervision should be developed. This system should encompass all HIV implementing partners. Internal systems should be developed by each organization.	UNDP, NAC, MOH and M&E sub-committee
c. Periodic data-quality audits	See b.	See b.	See b.
d. Supervision and audit reports	See b.	See b.	See b.

5.1.11 Component 11: HIV Evaluation and Research (group 3)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
a. Inventory of evaluation and research studies that have been completed or that are ongoing in the country	NAC should complete the process of compiling a listing of all HIV-related research and evaluation conducted in Belize. Upon completion, the inventory should be shared with all stakeholders and update the inventory on an ongoing basis. The existing Policy & legislation subcommittee of NAC should be used as a structure/platform to advocate for research agenda including establishment of an IRB	Establish an IRB	MOH & relevant local actors
b. Inventory of local HIV evaluation and research capability, including specialized research institutions and their	The NAC and M&E subcommittee should prepare an inventory of all persons and organizations with the capacity to conduct and/or contribute	The inventory should be maintained and updated and also expanded to include research and evaluation in the entire health sector.	NAC, M&E sub-committee, MOH & relevant local actors

main focus	to research and evaluation efforts.		
c. National HIV evaluation and research agenda	Advocacy with DHS to delegate responsibility for this function to the University (UB). Completion of the inventory of existing and planned HIV-related research and evaluation in Belize. Creation of a committee to review existing research and identification of critical gaps.	Use inventory to develop HIV research & evaluation agenda. The agenda should include mechanisms for systematically reviewing and revising the National response	NAC & national actors
d. Ethical approval procedures and parameters	See above. Advocacy for UB to assume responsibility for the creation of an IRB and the development of guidelines.	UB or designated organization to create IRB and accompanying guidelines & procedures.	NAC & national actors
e. Guidance on evaluation and research standards and appropriate methods	NAC and MOH to collaborate to create a technical committee to review research and evaluation protocols and provide guidance on research and evaluation. This committee could overlap with the M&E sub-committee depending on the skill set of the sub-committee members.	Creation of the Evaluation and Research Technical Review Committee, development of TOR for the committee and creation of structures to support the functioning of the committee.	MOH, NAC and UN Theme group
f. National conferences or forums to disseminate and discuss HIV research and evaluation findings	The MOH should consider developing a mechanism for disseminating and discussing research and evaluation findings in Belize with an aim toward facilitating use of findings to refine programmes and policies.	The M&E sub-committee should ensure that the data dissemination and use section of the revised M&E plan addresses the issue of a mechanism to periodically share and discuss HIV and health related research and evaluation.	MOH, NAC, M&E sub-committee and UN Theme group
g. Evidence of use of evaluation and research findings (e.g., referenced in planning documents)	Inventory of all research and evaluation to be compiled.	NAC programme officer (and M&E sub-committee) to provide support implementing partners to refine programmes as indicated based on findings from completed evaluation and research studies.	NAC and M&E sub-committee

iii. *Using Data for Decision-making*

5.1.2 Component 12: Data Dissemination and Use (group 2)

Element	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
a. The National Strategic Plan and the national M&E plan include a data use plan	None	The revised NSP and M&E plans should include specific plans for the dissemination and use of data generated from the M&E system	NAC, M&E sub-committee and stakeholders
b. Analysis of data needs and data users	Conduct an assessment of data needs and data use needs to be done as a matter of URGENCY.	- Data needs analysis needs should inform the schedule of data collection activities as well as to be included in the resource mobilization plan. - Data use and dissemination plan needs to be included in the revision of the national M&E plan.	ALL HIV stakeholders
c. Data use calendar to guide the timetable for major data collection efforts and reporting requirements	None	The updated M&E plan should have data collection schedules and reporting requirements that are aligned to stakeholder's information and data demands.	ALL HIV stakeholders
d. Timetable for national reporting	UNDP to provide all stakeholders with indicators, operational definitions for indicators and tools for reporting on the Round 9 Global Fund Grant.	Schedules, timelines and responsibilities for reporting on all indicators in the national M&E plan should be specified when the plan is developed.	UNDP, NAC, M&E sub-committee
e. Standard format for the report and for data tabulation	None	Develop standard formats for reporting and data tabulation based on the national plans. This should occur following the completion of the updated M&E plan.	ALL HIV stakeholders
f. Information products adapted to the various audiences and a dissemination calendar	None	Develop a data dissemination and data use plan to be included in the revised M&E plan	ALL HIV stakeholders
g. Evidence of information use (e.g., data referenced in funded proposals and planning documents)	None	National capacity building plans should include training/capacity building in data dissemination and data use for strategic communication	ALL HIV stakeholders

Part 2

Action Plan for the strengthening of the HIV M&E System in Belize

Introduction

To arrive at the contours of the desired action plan, the recommendations as shown in section 5 were reviewed and synthesized in the following manner:

- a) A first separation in the categories “short term, 0- 6 months” and “longer term, 6+ months”. This will cause the action plan to consist of a short and a longer term phase.
- b) As some, if not many, of the recommendations expressed similar initiatives, the 12 components were regrouped into the three new categories, “Institutional Environment”, “Technical Capacity Development” and “Knowledge Management”. The first category has been divided into 2 sub-categories: “Advocacy”, and “National M&E Technical Working Group”.

The categorization and sequencing thereof aims to reflect the selected strategy and sequence of action, especially for the short-term phase: getting or strengthening the M&E buy-in from leaders of key institutions → shaping the institutional environments (TORs, human power, directional documents and operational plans) → strengthening the technical capacities of institutions and people → arranging for improvements to the management of knowledge.

It needs to be noted that many of the recommendations point to assigning extremely great importance to (re-)establishing and improving the absorption capacity and operational effectiveness of the National M&E Technical Working Group, which in the Belize case is the NAC M&E Sub-committee.

See annex 3 for the plan in table format.

Phase 1: 0 – 6 months

A. The Institutional Environment

i. *Advocacy for M&E*

- Participants believe that a first element of advocacy is the wide dissemination of this report to all stakeholders, “so they understand the needed actions and their responsibilities”. This will need to be followed by M&E and Results-Based Management sensitization trainings for professionals in leadership positions in all organizations involved in M&E.
- On a complementary track, the NAC and its UN partners are urged to identify strategically selected persons who will actively champion for M&E system development and resources.

ii. *The National M&E Technical Working Team/ NAC M&E Sub-committee and its plans*

This area constitutes the gravity point of the action plan. Participants appear to be indicating that no action plan will have lasting effect if it is not being owned and pushed by an effective NAC M&E Sub-committee. To provide that initial boost, NAC is urged to fill the vacancy for the M&E Officer immediately. The work plan of this position will need to include a range of activities that provide direction and strength to the sub-committee: the formulation of its own strategic plan and the related operational work plan and budget. Main elements of these plans may address elements of this action plan, including the National M&E Plan (with annual plans and budgets), capacity

assessments and capacity development plans, HIV Surveys, Databases and Research Agendas. Therefore:

- The vacant NAC M&E Officer post needs to be filled as soon as possible;
- UNAIDS & UNDP-GF to assume co-responsibility for convening M&E-related stakeholder meetings in the short-term; meetings around Global Fund M&E issues provide opportunities to engage HIV M&E stakeholders to agree upon wider M&E pending agendas and immediate M&E priorities (e.g. short-term work plan and budget). This convening function will be transferred to the NAC following the arrival of the M&E officer;
- Identify now -and subsequently on a periodic basis- key persons/organizations to serve as the lead for the NAC M&E sub-committee and develop and manage a process calendar for the operations of the sub-committee.
- Develop mechanisms for stronger oversight of the structure and functioning of the M&E sub-committee, including a review of the sub-committee's TOR using MBO standards
- Include in the strategic direction the topic of national (HIV) M&E capacity development with an aim to identifying lead organization and persons to conduct trainings in Belize.
- The National Strategic Plan, its Operational Plan and its M & E Plan need to be updated in tandem to ensure harmonization of these strategic documents
- Initiate and lead the resource mobilization for biological surveillance

B. Technical Capacity Development

- Conduct as a matter of urgency, an assessment of data needs and data use needs
- Create concept note and initiate process for the conduct of a formal M&E capacity assessment at all levels, resulting in a comprehensive HIV M&E capacity development plan; concept note to be worked into NOP
- UNDP-GF and NAC to identify key organizations, contributing data for the GF Grant, and ensuring that routine assessments of data quality and a system for supportive supervision is implemented to ensure the collection and submission of high-quality data in a timely manner;
- UNDP-GF to initiate the process of providing training and mentorship within the context of data collection and verification from SRs under the GF grant
- Ensure that all organizations, required to provide data and information under the GF grant, have the needed tools and equipment.

C. Knowledge Management (Information, Surveys, Evaluation & Research, Databases)

Forecasting

- Convene technical meetings between CMS Pharmacy & NAP regarding forecasting & procurement of HIV meds and commodities (e.g. condoms) with the aim to integrate HIV forecasting & procurement into the national mechanism
- *Surveys*
- Create an inventory of past surveys and identify all relevant organizations with interests and work plans related to surveys.
- Foster collaboration and networking among key actors, including NGOs and academic institutions, to design a national schedule for design and conduct of (HIV) surveys.
- *Evaluation and Research*
- Design and effectuate a mechanism for the periodic update of a compendium of HIV-related research and evaluation conducted in Belize, including dissemination

- Compile an inventory of persons and organizations with the capacity to conduct and/or contribute to research and evaluation efforts.
- Advocate for the development of a national research agenda, including the establishment of an IRB
- Review research and evaluation protocols and provide guidance on research and evaluation.

Databases

- Create an inventory of HIV databases at all organizations including the contents of each database.

Phase 2: 6 - plus months

A. The Institutional Environment

i. *Advocacy for M&E*

- Develop M&E capacity-building and sensitization materials and initiate a broad-based M&E sensitization initiative with a focus on leadership of key organizations, demonstrating the use of M&E information and the integration of M&E into the project cycle and organization's routine functioning
- M&E sub-committee to support the advocacy work of identified M&E champions and develop a system and strategy to support advocacy efforts.

ii. *The National M&E Technical Working Team/ NAC M&E Sub-committee and its plans*

- Review and revise structure for M&E system oversight and coordination including review of structure and functions of the M&E sub-Committee and NAC M&E officer and stakeholders. Explicitly include M&E coordination and management functions in M&E plans and work plan along with performance indicators.
- Following completion of the revised NSP, operational plan and M&E plan, M&E work plans and budgets to operationalize /implement the M&E plan will be developed annually, taking into account the **performance** of prior year's work plan and budget;
- The collectively updated National M&E Plan will explicitly address the following issues:
 - Articulated M&E stakeholder coordination mechanisms
 - Be accompanied by costed work plans with links to Government agencies and budgets
 - Updated plans for the communication, dissemination and use of data generated from the M&E system, evaluations and research
 - Depict data collection schedules and reporting requirements that are aligned to stakeholder's information and data demands
- The plans should be properly disseminated and communicated to all stakeholders to ensure understanding of information needs and uses, roles and responsibilities and function of all stakeholders

iii. *Organizational Structure*

- Support the institutionalization of the Community of Practice for Planning and M&E (COPPME)
- Key line Ministries to assess the feasibility of restructuring posts to create one social sector M&E unit

B. Technical Capacity Development

- Develop costed capacity development plan on the basis of the results from the M&E capacity assessment.
- National capacity building plans will include training / capacity building in data dissemination and data use for strategic communication
- Develop and institutionalize system for systematic M&E capacity building at all levels; this task is to be vested in a qualified M&E Officer with the required KSAs
- Collaborate with CHRC, UWI, CDC, PHCO and UNAIDS to implement national capacity building plan using standardized curricula with local organizations and persons central to the process
- Review each implementing partner's hardware, software and training needs against the M&E system requirements following completion of the M&E plan
- Mobilize resources for the Implementation of recommendations from capacity assessment / capacity development plan;

C. Knowledge Management (Information, Surveys, Evaluation & Research, Databases)

Forecasting

- Incorporation & integration of HIV forecasting via forecasting committee mechanism into the national mechanism

Surveys

- M&E sub-committee to develop standard procedures for survey protocol review and approval, including IRB approval.
- Develop process for coordinating the conduct of surveys and ensure the participation and involvement of all stakeholders including a process for sharing survey findings

Evaluation and Research

- Include in human resource strategy a research unit within the MOH, by hiring of research coordinator in EPI Unit
- Establish a national IRB.
- Creation of structures to support the functioning of the Evaluation and Research Technical Review Committee.
- The research and evaluation inventory should be maintained and updated and also expanded to include research and evaluation in the entire health sector
- Use evaluation and research inventory to develop HIV research & evaluation agenda. The agenda should include mechanisms for systematically reviewing and revising the National response
- Technical support for implementing partners to adjust programmes on the basis of findings from evaluation and research studies.

Data and Databases

- Upon completion of update National HIV M&E Plan, develop standard formats for reporting and data tabulation based on the national plans.
- Develop mechanisms and protocols for data flows
- Ensure that data collected by each organization are directly linked to either the organization's own M&E plan / data use needs or those of the National M&E Plan

- Develop national guidelines and standards for the collection of service level data on the basis of international guidelines and standards
- Develop a system for utilizing unique identifiers for persons reached with HIV services.
- Create and operate a functional, national database aggregated by indicators at the national level.
- Establish a system for assessing and ensuring data quality and for the provision of supportive supervision. Internal systems should be developed by each organization

ANNEX 1



Belize

Belize HIV Monitoring and Evaluation System Strengthening Workshop

Agenda

Venue: Radisson Hotel, Belize city, Belize

Tuesday and Wednesday January 25 and 26, 2011

Day 1: Tuesday January 25, 2011

- | | |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8:00 – 8:30 AM | Workshop Registration |
| 8:30 – 8:45 AM | Introductions |
| | Workshop Objectives (Dr. Martin Cuellar, NAC) |
| 8:45 – 9:00 AM | Introduction to Global Fund Grant and Related Processes <ul style="list-style-type: none">▪ Performance Framework (Dr. M. Mansur) |
| 9:00 – 9:30 AM | Overview of UNAIDS (12 Components) and Global Fund Frameworks for Assessing M&E Systems (Dr. Ansari Ameen) |
| 9:30 – 10:00 AM | Instructions for Using the UNAIDS 12 Components and Global Fund M&E System Assessment Tools (Dr. A. Ameen)

- Group Assignment to Components of M&E Assessment Tool according to 12 components of M&E system |
| 10:00 – 10:15 AM | COFFEE BREAK |
| 10:15 - 12:00 PM | Facilitated Group Work (3 Working Groups, with assigned Facilitator) |
| 12:00 – 1:00 PM | LUNCH |
| 1:00 – 3:45 PM | Facilitated Group Work Continued (3 Working Groups, with assigned Facilitator) |
| 3:45 – 4:00 PM | Wrap up |

Day 2: Wednesday January 26, 2011

- | | |
|-----------------|-----------------------------------------------------------------|
| 8:30 – 10:00 AM | Group Presentations of M&E System Assessment Findings (Group 1) |
|-----------------|-----------------------------------------------------------------|

- Verification of Ratings, Group Discussions on strengths and weaknesses
 - Development of M&E System Strengthening Action Plan
- 10:00 – 10:15 AM COFFEE BREAK
- 10:15 – 12:00 PM Group Presentations of M&E System Assessment Findings (Group 2)
- Verification of Ratings, Group Discussions on strengths and weaknesses
 - Development of M&E System Strengthening Action Plan
- 12:00 – 1:00 PM LUNCH
- 1:00 – 2:30 PM Group Presentations of M&E System Assessment Findings (Group 3)
- Verification of Ratings, Group Discussions on strengths and weaknesses
 - Development of M&E System Strengthening Action Plan
- 2:30 – 4:00 PM Summary and Discussion of Next Steps

ANNEX 2

**Attendance Overview
Workshop HIV M&E Systems Strengthening, 25 - 26 January 2011, Belize City**

Institution	Department/ Unit	# of Person(s) 25 January 2011	# of Person(s) 26 January 2011
Government/ Semi-Government Agencies			
Ministry of Health	Nat'l AIDS Programme	1	1
	EPI Unit	1	1
	COS – CCH	1	1
	IT	1	
	Central Medical Lab	1	2
	Central Medical Stores	1	1
Ministry of Education and Youth	Health & Family Life Education	1	1
	Youth for the Future	2	2
	Quality Assurance & Development Services	1	
Ministry of Human Development and Social Transformation	Planning Unit	1	1
	Community Rehabilitation Dep't	1	
	Counseling Center		1
National AIDS Commission		3	3
		15	14
Non-Government Agencies/ Community-Based Organizations			
Alliance Against AIDS		3	3
Belize Family Life Association	Data analysis	1	1
Belize Red Cross	HIV programme	2	2
Corozal HIV Committee		1	1
Pan-American Social Marketing Organization		2	2
Hand in Hand Ministries		2	2
Haven House		3	1
NRH		2	2
Person With HIV		1	1
UNIBAM		1	1
WIN-Belize		2	2
		20	18
International Agencies / UN Agencies			
Global Fund	Local Fund Agent	1	1
PAHO/ WHO	Advisor HIV Surveillance	1	1
UNAIDS		1	1
UNICEF	HIV and M&E	2	
UNFPA	HIV	1	2
UNDP	Global Fund	3	4
USAID/ PASCA		3	3
		12	12
TOTAL		47	44

Annex 2A: Detailed List of Participants

No	Name	Position	Institution	E-mail address	Contact Tel Number
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ANNEX 3

Action Plan for HIV M&E Systems Strengthening

A. Phase 1: 0 – 6 months

Activity	Responsible Agency	Indicative Budget	
		Description	Total (Bz\$)
1. Wide dissemination of Action Plan HIV MESS	UNDP-GF	Printing and Distribution 100 copies	300
2. Identification of and support to selected champions for M&E system development	NAC	5 persons @ \$ 200 pp	1,000
3. Fill vacant NAC M&E Officer post as soon as possible	NAC	-	-
4. Assume co-responsibility for convening M&E-related stakeholder meetings in the short-term	UNAIDS, UNDP-GF	Communications, supplies, transportation	500
5. Identify key actors /leads for NAC M&E sub-committee and develop / manage operational calendar	NAC, UNDP-GF, UNAIDS, PASCA	-	-
6. Develop mechanisms for stronger oversight of the structure and functioning of the M&E sub-committee	NAC, UNDP-GF, UNAIDS, PASCA	Technical services (3 days) for proposal development	1,500
7. Inclusion of national (HIV) M&E capacity development in strategic direction	NAC	--	-
8. Update of National Strategic Plan, its Operational Plan and its M & E Plan.	NAC M&E	Consultant (10 days @ \$ 500), venue (3,000), catering (1,500), Supplies/Transport/ Comms (3,500)	12,000
9. Initiate and lead the resource mobilization for biological surveillance	NAC M&E	Mobilization costs	500
10. Conduct an assessment of data needs and data use needs	NAC M&E	Consultants 2 pers, 10 days @ \$ 500 pp/pday	10,000
11. Create concept note and initiate process for the conduct of a formal M&E capacity assessment at all levels	NAC, UNDP-GF	Consultant 1 pers, 10 days @ \$ 500/day	5,000
12. Ensure, within GF project, that routine assessments of data quality and a system for supportive supervision is implemented (to ensure the collection and submission of high-quality data in a timely manner)	NAC, UNDP-GF	--	-

13. Initiate the process of providing training and mentorship within the context of data collection and verification from SRs under the GF grant	UNDP-GF	GF Rd 9 budget	-
14. Ensure that all organizations, required to provide data and information under the GF grant, have the needed tools and equipment.	UNDP-GF	GF Rd 9 budget	-
15. Convene technical meetings between CMS-Pharmacy and NAP regarding forecasting and procurement of HIV meds and commodities	NAC M&E, UNDP-GF	3 meetings @ \$ 150/mtg	450
16. Create an inventory of past surveys and identify all relevant organizations with interests and work plans related to surveys	NAC M&E	Consultant 3 days @ \$ 400/day	1,200
17. Foster collaboration and networking among key actors, including NGOs and academic institutions, to design a national schedule for design and conduct of (HIV) surveys	NAC M&E	3 technical meetings @ @ 200/mtg	600
18. Design and effectuate a mechanism for the periodic update of a compendium of HIV-related research and evaluation conducted in Belize, including dissemination	NAC M&E, PASCA	First update: consultant 3 days @ \$ 400/day. Dissemination: \$ 300	1,500
19. Compile an inventory of persons and organizations with the capacity to conduct and/or contribute to research and evaluation efforts	NAC M&E	Consultant 2 days @ \$ 400/day	800
20. Advocate for the development of a national research agenda, including the establishment of an IRB	NAC M&E	Advocacy costs	300
21. Review research and evaluation protocols and provide guidance on research and evaluation	NAC M&E, NAC P&L	Consultant, 3 days @ \$ 500 /day	1,500
22. Create an inventory of HIV databases at all organizations including the contents of each database	NAC M&E	Consultant 2 days @ \$ 400/day	800
Total			37,950

ANNEX 4

**National Monitoring and Evaluation Plan
Implementation Monitoring Report**

	Existence and Effectiveness of This Process or Structure	Evidence of Existence and Effectiveness of This Process or Structure	Gaps, Needs or Barriers for This Process or Structure	Recommendations to address gaps - Short-term (0-6 months)	Recommendations to address gaps - Longer-term (6+ months)	Pertinent Local Actors to Reduce Gaps
	0 = NO 1 = YES	Describe the 3 most relevant ones	Describe the 3 most relevant ones			
1. Adopting and Institutionalizing M&E Instruments						
a. Relevance of M&E information in the public agenda	0	The HIV/AIDS M&E system is not fully developed or functional. Elements of the system are in place, particularly as they relate to meeting donor reporting requirements (e.g., The Global Fund, UNGASS). M&E data and instruments are not yet adjusted to broader system and stakeholder information needs and agendas.	M&E data and systems need to be updated to reflect and incorporate national information and system needed. Current data collection and information systems are largely designed to attend to external reporting requirements.	Update M&E plan with an aim toward explicitly incorporating indicators that attend to national and local stakeholder information needs (i.e., monitoring implementation of updated NSP and operational plan and data to facilitate improved service delivery).	Secure funds for M&E system development and implementation in accordance with M&E plan.	NAC, M&E sub-committee and all HIV stakeholders
b. Responsibility, leadership, political will, and M&E structures	0	See National Information Systems Tables	See National Information Systems Tables	See National Information Systems Tables	See National Information Systems Tables	See National Information Systems Tables
c. Multi-sectoral engagement and participation of M&E stakeholder groups	0	The M&E plan was developed in collaboration with a broad cross-section of stakeholders. There has been multi-sectoral engagement of stakeholders with respect to the implementation of the M&E plan and	Instruments and processes need to be developed in collaboration with stakeholders.	Data collection instruments, data flow and related processes should be developed for the Global Fund Grant with involvement of all relevant stakeholders.	Data collection instruments and systems for implementing the revised M&E plan should be done in collaboration with all stakeholders and multi-sectoral partners.	UNDP, M&E sub-committee and all HIV stakeholders.

		instrument and systems development.				
d. National and sectoral M&E operative and program planning	0	HIV M&E national and sectoral operations and planning are primarily related to responding to attending to donor reporting requirements (e.g., Global Fund). There is considerable programme coordination and planning but M&E specific planning and coordination are lacking.	Strong leadership and management are needed to effectively coordinate, plan and implement the national and multi-sectoral M&E system. The NAC and M&E sub-committee and NAC Secretariat need the human, financial and technical resources to effectively coordinate and manage the M&E system.	Improve functioning of M&E sub-committee.	Provide human, financial and technical resources to M&E sub-committee and NAC secretariat to strengthen, develop and coordinate the national multi-sectoral M&E system.	NAC, M&E sub-committee and UN partners, PASCA
2. Creating the Conditions to Implement HIV M&E Plans						
a. Disseminating and promoting ownership for the M&E plan	0	The national M&E plan was developed in collaboration with a wide cross-section of stakeholder. Following its completion, it was not widely disseminated. Few stakeholders are aware of the content of the plan or their roles and responsibilities as they pertain to the M&E system.	There is a need to ensure that all stakeholders are aware of the content of the M&E plan, their roles and responsibilities, and the structure of the M&E system. The updated M&E plan should be systematically disseminated and implemented.	The existing M&E plan should be distributed to all partners with the understanding that the revised M&E plan will be forthcoming.	Develop/update M&E plan following completion of the revised NSP and operational plan. Develop a dissemination strategy that will engage all stakeholders. Distribute to all stakeholders, convene meetings, etc to ensure that stakeholders are aware of the content, their roles, contributions and structure of the M&E system.	
b. Strengthening M&E technical capabilities	1	There has been some M&E technical capacity building, largely conducted by external agencies. CHRC	A capacity assessment and development plan are needed. Implementation of the capacity development	UNDP to incorporate M&E capacity building within the context of developing the M&E system for the GF grant. Sub-recipients	Conduct an M&E capacity assessment of all HIV stakeholders. Develop an M&E capacity development plan to address	

		conducted two basic M&E workshops; staff from Belize have accessed trainings offered by Regional and international organizations (e.g., UNAIDS., CDC)	should be largely nationally driven with support from Regional and International partners.	should be trained with the roll-out of the reporting tools.	needs of HIV stakeholders. Develop local capacity to conduct M&E trainings.	
c. Adapting human resources and institutional operations to M&E	1	There is evidence that some organizations are making structural adjustments to formally incorporate M&E. The MOH is seeking to institutionalize M&E through the hiring of a dedicated M&E officer. UNDP, UNFPA and the NAC have M&E officer posts. NGOs are making staffing adjustments to incorporate M&E functions.	There is a need strengthening the institutionalizing of M&E.. Human resource and institutional arrangements are being made because of external demands rather than internal processes and recognition of the integral role of M&E in the project cycle. Institutions would be well-served to re-examine their human resources and institutional arrangements to better accommodate M&E functions.	HIV stakeholder institutions to examine their staffing patterns and structures to identify areas for possible adjustment to strengthen M&E functions.	UN partners to provide advice and support to organizations with institutional adjustments to strengthen M&E.	
d. Establishing inter-institutional coordination to link information and M&E structures and sub-systems	0	The BHIS links data from facilities. Outside of the MOH, there are few linkages between HIV implementing partners. Institutions and sub-systems. Partners have databases that are unique to their organizations and are unlinked to one another or the	There is a need for increased coordination of M&E systems, databases and linkages between systems.	Create inventory of data and databases used by all partners.	NAC and M&E sub-committee to use strive for standardization and integration of databases with linkages as they coordinate the implementation of the updated M&E plan.	

		national system.				
3. Allocating and Using Financial Resources for HIV M&E						
a. Disseminating and promoting ownership for the M&E plan	0	The national M&E plan was developed in collaboration with a wide cross-section of stakeholder. Following its completion, it was not widely disseminated. Few stakeholders are aware of the content of the plan or their roles and responsibilities as they pertain to the M&E system.	There is a need to ensure that all stakeholders are aware of the content of the M&E plan, their roles and responsibilities, and the structure of the M&E system. The updated M&E plan should be systematically disseminated and implemented.	The existing M&E plan should be distributed to all partners with the understanding that the revised M&E plan will be forthcoming.	Develop/update M&E plan following completion of the revised NSP and operational plan. Develop a dissemination strategy that will engage all stakeholders. Distribute to all stakeholders. Convene meetings, etc. to ensure that stakeholders are aware of the content, their roles, contributions and structure of the M&E system.	
b. Strengthening M&E technical capabilities	1	There has been some M&E technical capacity building, largely conducted by external agencies. CHRC conducted two basic M&E workshops; staff from Belize have accessed trainings offered by Regional and international organizations (e.g., UNAIDS., CDC)	A capacity assessment and development plan are needed. Implementation of the capacity development should be largely nationally driven with support from Regional and International partners.	UNDP to incorporate M&E capacity building within the context of developing the M&E system for the GF grant. Sub-recipients should be trained with the roll-out of the reporting tools.	Conduct an M&E capacity assessment of all HIV stakeholders. Develop an M&E capacity development plan to address needs of HIV stakeholders. Develop local capacity to conduct M&E trainings.	
c. Mobilizing and allocating resources for M&E	1	There are some resources allocated for M&E. The GR grant has an M&E budget. The MOH and NAC have budgets for M&E Officers. Resources are	The M&E plan should be operationalized and costed. The costed M&E plan should serve as the basis for resource allocation.	Each organization to examine its own budget to identify human and financial resources that could be allocated to M&E.	Revise/update the M&E plan. Develop and annual M&E work plan. Use M&E plan and annual M&E operational plan as basis for resource mobilization efforts.	

		available from UNAIDS, USAID and CDC for programme activities and M&E.				
4. Functioning Structures, Operations and Systems						
a. Plans for analysis and information requirements	0	There was discussion and agreement on information needs and requirements within the context of developing the M&E plan. There are currently no formal plans for analysis of data that are collected.	There is a need to revisit the national and stakeholder information needs and requirements. These will need to be reflected in the updated M&E plan. A specific plan for the analysis of data to produce the information needed is required.	Clearly identify current information requirements (e.g., Global Fund) and install mechanisms for the collection and analysis of data.	Assess information requirements within context of updating the M&E plan. Include general analysis plan/schedule in M&E plan. Develop separate analysis plan as part of annual M&E work plan.	
b. Permanent information flows	1	The BHIS represents a current and sustainable flow of information. Some individual organizations have stable/permanent information flow systems (e.g., BFLA, UN partners).	Development and implementation of the HIV M&E system will require integration into the broader national Health information system for sustainability. The MOH, NAC, M&E sub-committee and other partners should develop a long-term strategy sustainability of the HIV/AIDS information system.	None	MOH, NAC and development partners (UN Theme Group, USAID, CDC etc.) to conceptualize system for institutionalizing HIV/AIDS M&E systems and incorporating into broader HIS.	
c. Availability of information	1	Information is generally available from organizations that collect the data. Data are not routinely submitted to a single organization for compilation and analysis.	There is a need to develop a system for submitting data to a centralized entity for analysis and report preparation and dissemination.	NAC and M&E sub-committee to prepare inventory of data and reports collected by each organization.	Include system in M&E plan for collection and submission of data to single organization for the analysis of data and information dissemination.	
5. Monitoring Compliance with the Actions Contained in the M&E Operative Plan						

a. M&E structures with regular work plan	0	There are no regular M&E work plans	NAC and individual M&E partner organizations need to develop annual operational M&E plans	UNDP and GF sub-recipient organizations to develop organizational M&E work plans aimed at meeting GF reporting requirements	Each organization to develop costed annual M&E work plans	
b. Periodic progress reports	0	Organizations do not prepare periodic M&E progress reports	System for periodic reviews of M&E performance and accompanying reports needs to be developed.	none	Include periodic M&E system review and production of periodic reports in revised/updated M&E plan.	
6. Using Information to Monitor the Epidemic and Response						
a. Specific national, regular, and periodic reports	0	UNGASS, Universal access, Global Fund and other donor or externally required reports are produced. Reports for national audiences are not routinely prepared.	Updated M&E plan should include list of all reports (for external and internal consumption) that should be generated by the M&E system.	M&E sub-committee to prepare inventory of all reports produced.	Include list and plan for preparing all reports (internal and external) that should be produced in updated M&E plan.	
b. Disseminating information to the public	0	There is currently no established mechanism or plan for disseminating HIV information to the public and stakeholders.	The M&E plan and system should identify the types of information needed by the public and the dissemination channels and timeframes for dissemination.	Disseminate any existing reports or information deemed that are readily available.	Conduct analysis of stakeholder information needs within context of developing M&E plan. Include data dissemination and use plan in updated M&E plan.	
c. Observatory, situation room, stakeholder groups	0	The NAC is the official body charged with monitoring the implementation of the NSP and assessing progress or lack thereof and recommending adjustments as needed. It is not clear how	The functioning of the NAC and its use of evidence to inform recommendations should be strengthened.	Disseminate any existing reports and HIV information to all stakeholders,	Explicitly address NAC information needs in M&E updated plan	

		effective this structure is.				
d. Redirecting actions, new guidelines, changes in policy	0	The revised NSP and operational plan are being guided by consultations with stakeholders. It is not clear that this process is being explicitly guided by data generated from the M&E system since the system needs to be more fully developed.	Need for clear mechanism for using data generated by the M&E system to inform programme and policy decisions.	NAC and stakeholders to use existing M&E data to inform strategies of revised NSP and operational plan.	Ensure that policies and programme adjustments are informed by both evidence/data from the M&E system and consultations from relevant stakeholders.	