Government of Swaziland

National HIV and AIDS Response Coordination Framework

(NHARCOF)

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List of Acronyms

AIDS - Acquired Immune Deficiency Syndrome
AMICAALL - Alliance of Mayors’ Initiative for Community Action on AIDS at the Local Level
CANGO - Co-ordinating Assembly for Non-Governmental Organizations
CCM - Country Coordination Mechanism
CHIMSHACC - Chiefdom Multi-Sectoral HIV and AIDS Coordination Committee
FBO - Faith Based Organization
FODSWA - Federation of the Disabled in Swaziland
HIV - Human Immune Virus
HMIS - Health Management Information System
IS - Inkhundla Secretary
JUPS - Joint United Nations Programme on HIV and AIDS
M & E - Monitoring and Evaluation
MHARC - Ministry HIV and AIDS Response Co-ordinator
MISA - Media Institute of Southern Africa (Swaziland Chapter)
NERCHA - National Emergency Response on HIV/AIDS
PLHIV - People Living With HIV
PSHACC - Public Service HIV and AIDS Co-ordination Committee
REMSHACC - Regional Multi-Sectoral HIV and AIDS Coordinating Committee
RHMT - Regional Health Management Team (Ministry of Health)
RHARC - Regional HIV and AIDS Response Coordinator
SHACO - Swaziland HIV and AIDS Consortium
SHAPMOS - Swaziland HIV and AIDS Programme
SNAP - Swaziland National AIDS Program
SUSAH - Swaziland Uniformed Services against HIV
SWANNEPHA - Swaziland Network of People Living with HIV and AIDS
THO - Traditional Healers Organization
TIMSHACC - Tinkhundla Multi-Sectoral HIV and AIDS Coordinating Committee
TWG - Technical Working Group
Executive Summary

The National HIV and AIDS Strategic Framework (NSF) 2009 – 2014 indicates the importance of a properly coordinated HIV and AIDS response in order for the nation to effectively deal with HIV and AIDS in Swaziland. The recent Joint Mid-Term Review (JMTR) raised a number of concerns regarding the coordination of the response for effectiveness. Ultimately, the need for clearly articulating the response coordination structure with clear roles and responsibilities for implementers and partners became visibly paramount.

In August 2011, a Task Team was setup to develop the National HIV and AIDS Response Coordination Framework (NHARCF). The Task Team worked with a local consultant to develop the framework. The development process involved the pulling together of existing literature on different aspects of coordination of HIV and AIDS in Swaziland and beyond, as well as stakeholder consultations.

Seven principles underpin the NHARCF. Emphasis is on government to coordinate the response and the stakeholder’s ownership and participation. The framework also emphasizes the use of existing coordination structures as much as possible, ensuring accountability and transparency. A holistic approach to coordination is regarded as critical to the success of implementing the HIV response. The Framework also emphasizes joint planning where all sectors are represented, including people living with HIV (PLHIV).

The NHARCF is based on four pillars namely; Sector Coordination, Programme Coordination, Geographic Coordination and Resource Coordination. The coordination of the response within these four pillars will ensure that the response is efficiently and effectively managed and coordinated at multi-sectoral, multi-dimensional and multi-levels.

Several institutions have been identified as key response coordinators and their responsibilities have been clarified in this framework. Recognizing government’s overall responsibility, the Framework recognizes the Prime Minister’s Office as the lead player for both government and non-government players in the response. Under the Prime Minister’s office the National Emergency Response Council on HIV and AIDS (NERCHA) is responsible for the coordination of the response working with players in all sectors. The government sector as represented by the different ministries is expected to be self-coordinating at ministry level and centrally coordinated through the Prime Minister’s Office. The Non-Government Sector is coordinated through the Swaziland HIV and AIDS Consortium, a wing of CANGO specifically established to coordinate the response by civil society organizations in Swaziland including the private sector, coordinated by the Swaziland Business Coalition on HIV and AIDS (SWABCHA). The Traditional Sector requires further definition and coordination mechanisms.

The Ministry of Tinkhundla Administration and Development (MTAD) leads geographic coordination through the provision of the decentralization infrastructure for all the regions while the Ministry of Housing provides a similar conduit restricted to urban Swaziland.

The Country Coordinating Mechanism’s mandate has been expanded to include the coordination of financial and technical resources where development partners are involved in order to ensure that resources are properly channelled where they are needed the most for improved impact.
Parliament plays an important role in ensuring that enabling legislation and policy is in place for the response to yield expected results.
1. Background

1.1 HIV and AIDS situation in Swaziland

Swaziland finds itself in the unenviable position of having one of the worst HIV and AIDS epidemics in the world. According to the Demographic Health Survey (DHS) 2006/7, 26% of all people aged between 15 and 49 are HIV+ with 49% prevalence among women in the age group 25-29. The National Emergency Response Council on HIV and AIDS (NERCHA) is mandated to coordinate the HIV and AIDS multi-sectoral response in Swaziland. NERCHA in consultation with the stakeholders developed a national strategic framework (NSF) 2009 – 2014 providing a strategic direction for the national HIV responses. This roadmap outlines policies and strategies required to effectively respond to the epidemic, the decentralised coordination mechanisms and the key results to be achieved.

The NSF articulates three broader sectors for HIV response coordination 1) The Government sector that includes all government ministries and departments; 2) The Nongovernmental sector that includes the civil society, the traditional sector (includes Khulisa Umntfwana and regiments) and the private sector (includes SWABCHA, private sector unions, academia); and 3) the development partners (includes UN, bilateral partners and other donors and technical assistance partners) and Parliament. The Sector coordination is also a key tenet of the NSF towards the realization of a harmonized response that is effective, efficient and addresses inequity.

Within the Government, the Ministry of Tinkhundla Administration and Development (MTAD) is charged with the mandate of coordinating service delivery to grass root levels and it is within this mandate that NERCHA partnered with MTAD to strengthen delivery of HIV and AIDS services to people at community levels both urban and rural. The MTAD HIV and AIDS Coordination Framework developed in response to the partnership represent a conscious effort by MTAD to align its response to HIV and AIDS within its broad mandate and provide guidelines for national and regional coordination. The framework further outlines the roles and responsibilities for the structures. The structures have been reported to have aligned their response to the NSF even though poorly coordinated.

The MTAD structures include the Regional Multi-Sectoral HIV and AIDS Coordinating Committee (REMSHACC), Tinkhundla Multi-sectoral HIV and AIDS Coordinating Committee (TMSHACC), and Chieftdom Multi-sectoral HIV and AIDS Coordinating Committee (CHIMSHACC). In its role to support coordinated service delivery, MTAD collaborates with other sector coordinating mechanisms at regional level including the Regional Health Management Teams (RHMT) under the Ministry of Health, and the Municipality HIV and AIDS Teams that coordinate the urban response. The coordination structures are in line with the National Decentralization Policy of 2005.

On the other hand the NSF is based on thematic areas and programs aligned with targets/results at output, outcome and impact levels. According to the NSF the programs are coordinated by thematic and programmatic Technical Working Groups (TWG’s) providing technical guidance to implementers. However this has not been every effectively done.

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1 Monitoring the declaration of commitment (UNGASS) Swaziland country report 2008
1.2 The coordination situation analysis

The Regional HIV and AIDS coordination framework did not comprehensively include all HIV Coordination forums in the framework. It limited its scope to the geographical coordination of the response. Coordination at sectoral, programmatic and the donor fronts was not articulated in the framework. The roles of players in the sector, programme and donor coordination is not defined in the multi-sectoral coordination framework. Their aims and objectives, appropriate membership are not clear and most importantly their unique role in the HIV and AIDS response is not documented therefore the overall coordination and management of the NSF implementation remain weak with no accountability mechanisms for all stakeholders participating in the response including the civil society and development partners among others. Clear guidelines that define the unique contribution of sectors and how the sectors link with the other coordination structures are nonexistent.

With three ones principles in place i.e. one national coordinating authority, one national HIV and AIDS strategic framework, and one monitoring and evaluation framework in place it is important to clearly define the roles and responsibilities for the sectors i.e. (PSHACC, CANGO, DEVELOPMENT PARTNERS, TRADITIONAL AND PARLIAMENT) in coordinating it’s members to ensure that all stakeholders align and harmonise their response to the national frameworks. It is therefore crucial that a framework is developed in which the multi sectoral national response will be coordinated and ensure that all coordination forums link to each other.

The National framework ensures that all coordination structures for the response are documented and functional.

1.3 Framework development Process

1.3.1 Task Team set up

A task team comprising five members, three of which are members of the NERCHA Secretariat, and the two from other stakeholders was set up to steer the coordination framework development process. The major output of the task team was to guide the process through developing terms of reference, engage a consultant, and engage with the consultant contracted to lead the process. The Task Team Leader was mandated to provide direct supervision and provide a communication platform for the Task Team, NERCHA and the Consultant. The Task Team would disband[ed] on conclusion of the assignment.

The Task Team engaged a local consultant to lead the development of the National HIV and AIDS Coordination Framework. The consultant’s major output was to deliver a coordination framework for Swaziland’s response to HIV and AIDS in compliance with the “Three Ones” principle and in alignment to the NSF and the National M&E Framework. This was expected to be performed through consultations with key stakeholders and relevant documentation on the subject while recognizing already existing structures and international practices on HIV and AIDS response.
1.3.2 Literature review

It is important to note that the process of developing the National HIV and AIDS Coordination framework is a culmination of a number of processes and documentation of such over a long period of time by different stakeholders. The Task Team pulled all these together with the consultant. Documentation on HIV and AIDS response in Swaziland and in the region was consulted in order to correctly inform the process and outcome. Amongst the literature consulted are the National Strategic Framework, the Regional HIV and AIDS Coordination Framework (Ministry of Tinkhundla Administration and Development), National HIV and AIDS M&E Framework, National Strategic Plan – Botswana, National Coordination Framework – Lesotho, and a research paper on current coordination mechanisms between major HIV and AIDS response actors in Swaziland (CANGO) others.

1.3.3 Stakeholder consultations

Consultations with sector leaders, NERCHA officials, and other stakeholders were conducted by the consultant with support from the NERCHA Secretariat. Consultations were concluded by validation workshop where a wider section of stakeholders was in attendance.

2. Coordination framework

In the context of the National HIV and AIDS Response Coordination Framework, coordination will mean “the process of bringing together and supporting stakeholders to efficiently and effectively achieve the programmes goals/results as articulated in the National Multi-sectoral HIV and AIDS Policy and Strategic Framework.”

The following principles underpin the design of the national coordination framework.

2.1 Principles on which the Coordination Framework is Based

Government responsibility of the response
Overall, the HIV and AIDS situation is negatively affecting the citizens of Swaziland. With the government's responsibility being the welfare, growth and development of the citizens, HIV and AIDS falls squarely on the shoulders of government and the government plays a leading role in the response against HIV and AIDS. Government’s responsibility extends beyond political will to facilitating the establishment of the necessary policies, structures and resources required to effectively combat HIV and AIDS in Swaziland.

Stakeholder involvement and ownership
All stakeholders in the response should own the response. Stakeholders, by definition, are either affected or infected and as such, play a critical role in the response, through the sound leadership of the government. Stakeholders form a key element of the response without which there could
be no response. It is recognized that stakeholders vary in many respects and as such, make unique contributions to the response. Involvement at all levels is responsible for cultivating the necessary ownership which, in turn, will lead to increased effort and positive attitude necessary for response success. To this end, the participation of communities in the response from planning to implementation and management cannot be overemphasized. The effectiveness of the response is largely dependent on the reaction of communities (including community leadership) to the methodologies of the response.

Three ones principle application
The “three ones” principle signifying that the HIV and AIDS response should be based on one national strategic framework, one coordinating body and one M&E framework underpins the design of the coordination framework. This applies at national and other geographical levels in order to benefit from a confusion-free response mechanism.

Use of existing coordination structures
As much as possible, HIV and AIDS response coordination is based on existing coordination structures and sub-structures and building upon these to develop an all-encompassing and workable coordination framework for the country. Where possible, existing structures will be revitalized and strengthened, with revised roles and responsibilities.

Accountability and transparency
Ultimately, good coordination should improve accountability and transparency, with all role players being aware of and performing their roles independently and inter-dependently. The framework will facilitate clear information dissemination and reporting allowing for stakeholders (particularly programme implementers) to report regularly in a standardized way. The framework defines who is responsible for what aspects of the response and to whom they are responsible. It further defines the response information that should be made available along the response chain.

Joint planning and collaboration
Stakeholders directly and indirectly involved in the response to HIV and AIDS should be involved in planning for the response. At minimum, all sectors should be involved through representation, including people living with HIV. The relevance and importance of joint planning cascades from national to regional and local levels so that at the end of the day, the plan is owned by those who will eventually coordinate and implement. Duplication should be avoided and substituted with collaboration between partners, particularly at programme and geographical spaces.

Holistic coordination
The response to HIV and AIDS should be approached from all angles and in this respect, the framework calls for response coordination to be effective on sector, programme, resource and geographical fronts.

2.2 Goals of the NHARCF
The main goal of the National HIV and AIDS Response Coordination Framework is improving implementation of the HIV and AIDS response by clearly defining the roles and responsibilities of the different players.

The specific objectives of the framework are:

i. Outlining the coordination approach for the multi-sectoral national HIV response;
ii. Creating the ability of the National HIV multi-sectoral response to be efficiently coordinated with defined roles and responsibilities for implementers and stakeholders;
iii. Enhancing data flow for M&E leading to better coordination at sectoral, programmatic, resource and geographical levels leading to a drop in the prevalence of HIV and AIDS as well as reduced impact of the scourge;
iv. Clarifying roles and responsibilities for all sector and national programmatic coordination forums;
v. Defining the coordination structure and sub structures of each coordination forum;
vi. Reconciling the existing regional coordination framework with overall national coordination framework, including reconciling the current sector coordination roles;
vii. Defining and rationalising coordination forums and linkage that are available for the national response;
viii. Reviewing and documenting the comparative contributions for each coordination forum in the response; and
ix. Linking the coordination framework with the mapping report and the National Action Planning process.

2.3 National HIV and AIDS Stakeholders and the Response Partnership

The National Strategic Framework recognizes stakeholders in five sectors namely; The Government Sector, Civil Society, Traditional Sector, Business Community, and Development Partners. These have been broadly categorised under Government and Non-Government Sectors.

The focus for all stakeholders is in changing the HIV and AIDS situation in Swaziland towards an HIV-free nation. Interventions by stakeholders will be guided by the National Strategic Framework, quality of intervention ensured through a sound M&E system so that ultimately, positive impact is realized by all.

The government sector comprises all government ministries. The non-government sector comprises civil society in the form of NGOs, CBOs, FBOs, PLHIV and private sector, as well as the traditional sector. Civil society also include establishments such as the Church Forum, MISA, FODSWA, workers unions and Academia

2.4 Multi-sectoral HIV and AIDS Coordination Model

2.4.1 Overall Coordination
As indicated in Section 2.1 above, Swaziland coordination model is anchored on four pillars (sectoral, programming, resource and geographical). The coordination of the response within these four pillars will ensure that the response is efficiently and effectively managed and coordinated at multi-sectoral, multidimensional and multi-levels. At all these different levels, the coordination is implemented within the internationally acclaimed “Three Ones Principles” of:

- One Coordination Body;
- One Strategic Framework; and
- One Monitoring Framework.

### 2.4.2 Sector coordination

Two broad sectors have been identified in the response to HIV and AIDS namely; Government Sector and Non-Government Sector. The Government Sector is made up of all Government ministries and departments. While all ministries have staff programmes directed at combating HIV and AIDS, other ministries go beyond implementing workplace HIV and AIDS programmes but have coordination responsibilities in the response in their respective service areas. Below are examples of the coordinating ministries and the area of responsibility (detailed roles and responsibilities in Section 4).

The sectors are self-coordinating before being coordinated centrally at national level. Each sector has sub-sectors made up of programme implementers. Such sub-sectors should be able to coordinate the response while being coordinated at Sector level. At the end of the day, all five sectors (as identified by the NSF namely; Government sector, Private Sector, Civil Society Organizations, Development Partners and the Traditional Sector) should be coordinated by one coordinating body, being the National Emergency Response Council on HIV and AIDS (NERCHA).

<table>
<thead>
<tr>
<th>Ministry</th>
<th>Coordination area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health</td>
<td>Health sector interventions</td>
</tr>
<tr>
<td>Ministry of Tinkhundla Administration &amp; Development</td>
<td>Coordination infrastructure and decentralization of interventions</td>
</tr>
<tr>
<td>Deputy Prime Minister’s Office</td>
<td>Interventions directed at children and the elderly</td>
</tr>
<tr>
<td>Ministry of Public Service &amp; Information</td>
<td>Mainstreaming of HIV and AIDS programming internally and externally</td>
</tr>
<tr>
<td>Ministry of Housing and Urban Development</td>
<td>Coordination of HIV and AIDS response in urban areas</td>
</tr>
</tbody>
</table>

The Non-Government Sector comprises the civil society (primarily made up of NGOs, PLHIV, workers’ unions and academia), the private sector and the traditional sector. These should be self-coordinating and be coordinated as a non-government sector in the response.

### 2.4.3 Programme coordination

According to the current NSF, three program themes are being pursued by the response namely; Prevention, Treatment Care & Support, and Impact Mitigation. Accordingly, these will be coordinated across the sectors and in all geographical areas within Swaziland. Ultimately, Sector Coordination should tie up with Programme Coordination for the success
of the response to HIV and AIDS. Programme coordination will manifest in proper planning, implementation, technical support, monitoring and evaluation with the prevalence and impact of HIV and AIDS decreasing and ultimately disappearing over time. Programme coordination remains NERCHA’s responsibility through the Thematic Technical Working Groups (TWGs) which are instrumental in leading programme coordination at National and Regional levels. In this regard, each response thematic area has a TWG working hand in hand with that themes’ coordinator within the NERCHA Secretariat.

2.4.4 Resource coordination

The response to HIV and AIDS requires a number of inputs including human resources, financial resources and technical support. Save for the first one, these inputs are largely provided by the government and development partners/donors such as the United Nations, PEPFAR, and the EU. There is a need to ensure that these resources are well planned for and directed where they are needed the most in supporting the implementation of the NSF. It is the responsibility of all coordinating structures in the response to properly coordinate the sourcing, use and reporting of resources (technical and financial assistance from development partners and donors). However, NERCHA maintains a pivotal role in the overall coordination of resources directed at the national HIV and AIDS response through coordinating development partners and acting on behalf of government on HIV and AIDS matters as per her mandate.

2.4.5 Geographic coordination

An important element that brings together Sectoral and Programme coordination is geographical coordination, recognizing the fact that the response is implemented by implementers organized in sectors through programmes that are implemented in communities in geographical space all over the country (see Section 2.5.4 for more details).

The four pillars bring together the implementers, providers, and donors for the HIV response that allow for planning, implementing and monitoring within these principles. Figure 1 below shows the four coordination pillars of the response.
2.5 Coordination structure

2.5.1 Sector Coordination

*Government Sector Coordination*

Government ministries’ contribution to the response can be divided into two: workplace HIV and AIDS programming, as well as implementation of HIV and AIDS programmes alongside core government mandate. While all government ministries have a coordination responsibility regarding workplace programming, other government ministries go further to coordinate HIV and AIDS programming directed at communities, and not just civil servants. In this regard, government ministries are expected to be self-coordinating at individual level and coordinated at sector level.

Four government ministries are expected to do more than internal coordination, but to perform other sector coordination roles. The Ministry of Health has a responsibility to coordinate all the health sector response programmes to HIV and AIDS which are embodied in the SNAP. The Health Senior Management will have a function dedicated to the coordination of SNAP which will in turn provide oversight to regional coordination units working with the Regional Health Management Teams (RHMTs).

The Ministry of Housing and Urban Development (MHUD) is responsible for the coordination of HIV and AIDS interventions in urban areas through AMICAALL as the
coordinating unit. This is more of a geographical sphere coordination focussing on urban areas only. The Ministry Tinkhundla Administration and Development is responsible for the provision and maintenance of a decentralized coordination structure for the management of the HIV and AIDS response at Regional, Inkhundla and Chiefdom/Community levels.

The Ministry of Public Service and Information will oversee the coordination of the workplace HIV and AIDS programming for all civil servants through the Public Service HIV and AIDS Coordinating Committee. For coordination purposes, each government ministry is expected to have an HIV and AIDS Response Coordinator (MHAC) who is responsible for all HIV and AIDS workplace programmes in that ministry with overall coordination resting with the PSHACC.

Other ministries that are currently involved in programming without necessarily having to create and oversee HIV and AIDS coordination structures are the Ministry of Agriculture and the Ministry of Education which have food security and education programmes targeted at their constituencies respectively.

An important element of the government sector coordination is that NERCHA should convene ministry-specific forums to discuss response issues from time to time, preferably at regular intervals agreed between the parties.

**Non-government Sector Coordination**

The non-government sector, comprising civil society organizations and the private sub-sectors, will be self-coordinating while centrally coordinated by the Swaziland HIV and AIDS Consortium (SHACO). While SHACO is a brainchild of the CANGO, it is solely functioning to coordinate civil society organizations’ response to HIV and AIDS and this framework recognizes SHACO to be thus.

Civil society organizations are largely NGOs, INGs, CBOs, FBOs, PLHIV organizations, academia and workers unions at minimum. The majority of these are affiliated to CANGO and those working specifically on HIV and AIDS affiliating to SHACO. While affiliation to CANGO is optional, coordination by SHACO under this framework is crucial. This framework also recognizes the fact that most INGOs come through specific government line ministries and, therefore, will be, at operational level, be coordinated from that end. However, at strategic level, these will add value to civil society response to HIV and AIDS in Swaziland.

The Private Sector response has been coordinated by the FSE&CC until recently when the function responsible for the coordination of the response in the workplace was detached from the FSE&CC to operate as a parallel not-for-profit organization supporting and coordinating the private sector response namely the Swaziland Business Coalition on HIV and AIDS (SWABCHA). With SWABCHA being an affiliate member of SHACO, it only makes sense to task SHACO with the Non-Government Sector coordination responsibility where the private sector is also coordinated.
The traditional sector is presently an autonomous group working directly with NERCHA. The current arrangement is not without challenges. The sector needs to be self-coordinating and also have a central coordination structure. Options for this sector's coordination include linking it up with the Ministry of Sports, Youth and Culture since their origin and work has much to do with cultural institutions and festivities. The traditional sub-sector comprises regiments of women (Lutsango LwakaNgwane), men (Emajaha), young men (Tingaja) and young women or girls (Imbali) as well as children. The traditional sub-sector also involves the response by traditional leadership and traditional healers. However, the traditional healers' response is largely medical and therefore understandably coordinated through SNAP by the Ministry of Health.

Academia needs to be convened at SHACO level in order to strengthen the scientific and social basis for programming in the response.

The Sectoral Coordination structure presented above transcends from the national level to Regional, Tinkhundla and community (Chiefdom) levels where implementation takes place (See geographical coordination dimension in 2.4 below). Figure 2 below shows the coordination of the HIV and AIDS response through stakeholder organized in sectors at national level.
2.5.2 Programme Coordination

The NSF has four strategic themes namely: Prevention, Treatment, Care & Support, Impact Mitigation and Response Management from which response coordination transcends. While Sectors involved in the HIV and AIDS response are expected to self-coordinate and be well coordinated, programming on HIV and AIDS needs to be well coordinated within the sectors under the three programme thematic areas. Each thematic area has a Programme Coordinator (PG) within the NERCHA Secretariat and a Technical Working Group (TWG). The programme coordinator, working with the technical assistance of the TWG ensures quality implementation of response programmes by implementers within sectors in the entire country.

Programme Coordination will ensure that interventions are spread throughout the country in every community where needed and that they are aligned to the NSF and National and Regional Annual Action Plans. Focus will be on ensuring that the desired
impact is achievable through programming and proper implementation. Figure 3 below shows programme coordination at work. It is important to underscore the fact that programme implementation occurs within sectors.

Figure 3: National Coordination Technical Working Group Structure

Programme coordination through TWGs is not only at national level, but also at regional level to ensure the decentralization of program coordination. In essence, at regional level, there will be regional TWGs working under the guidance of the national TWGs, preferably with reciprocal representation for effectiveness and alignment.

Figure 4: Regional Coordination Technical Working Group Structure

2.5.3 Resource Coordination

Resources required for the response include human, financial and technical expertise. All sectors are expected to provide and coordinate their human resources as part of sector coordination. However, financial resources and technical support are generally offered by the government, development partners (normally parented outside the
country) and the Global Fund. Self-coordination is taking place within each of the funding sources (government and development partners) with the CCM coordinating funding mobilization on the Global Fund front. All the development partners are doing all possible to align funding availability to the NSF. However, due to lack of coordination for all funding sources, chances are funds could be biased towards one and not the other strategic focus of the response.

Resource coordination is important to guide effective implementation of the response. The Government of Swaziland has been contributing significantly to the response at (40:60) compared to development partners. This trend has been sustained over the last five (NASA 2011).

With increasing financial constraints, resource coordination is very critical to ensure that the national response is well resourced. Further, a results-based management approach also requires a stringent focus on resources to achieve the desired results. This entails stronger coordination of financial contribution to the national response including future planning. The government and funding partners will be able to receive reports on how effective requested funding has been used in order to determine where resources should be channelled for more response effectiveness.

Development Partners playing a pivotal role in funding national HIV and AIDS response programmes are primarily UN agencies, the EU and PEPFAR. Based on the “Three Ones” principle, all these should be well coordinated for alignment and effectiveness purposes in the response. NERCHA will create and facilitate forums for development partners and donors in order to ensure information sharing, data triangulation (where programme implantation and resource usage are pitted against each other to test efficiency of programme implementation), reporting and budgeting.

It is also recognized that development partners and donors have a forum where they meet and deliberate on funding general development issues, including HIV and AIDS and such forums will not necessarily disappear but will be coordinated through NERCHA.

2.5.4 Geographical Coordination

The National HIV and AIDS Response Coordination Framework recognizes that the response is implemented in a geographical space cascading from national to regional and community levels. Implementation should be coordinated from national to local levels. Most of the national structures are expected to, at a minimum, exist at regional level while geographical coordination becomes even more important at local levels. In this respect, central coordination structures are required to embrace sectoral and programmatic coordination in the implementation.
At regional level, the coordination of the HIV and AIDS response is an agenda of the Regional Development Committee (RDC) coordinated through the Regional Multi-Sectoral HIV and AIDS Coordinating Committees (REMSHACCs). The Regional Secretary who heads the RDC is leader of the REMSHACC assisted by the Regional HIV and AIDS Coordinator (RHAC) who works at the point of activity. REMSHACCs take a “NERCHA” role at regional level.

The composition of the REMSHACCs is critical to the functionality of this structure. The REMSHACCs are composed as follows:

- The Regional Secretary (chairing);
- The chairperson of the Regional Coordination TWG;
- Indvuna Yenkhundla;
- Government representative;
- SHACO representative;
- Traditional Sector reps

At this point, it is prudent to indicate the linkages in the geographic coordination structure regarding the composition of the substructures. At community level, the CHIMSHACC/MHAT has the ultimate response coordination responsibility, working through the Chiefdom Clerk or Town Clerk (in the case of urban areas) playing more of a secretariat role. This structure interacts directly with all implementers in all sectors on the ground and ensures that all issues relating to response implementation are well coordinated, including planning, programme implementation, information management & sharing, and reporting. Strengthening community response coordination is a critical success factor for HIV and AIDS response in Swaziland. To this end, each community is expected to be able to develop its own response action plans that are informed and/or inform national and regional response plans.

The second level structure is the TIMSHACC which is comprised of Bucopho, Inkhundla Secretary, Member of Parliament, Indvuna YeLutsango, Community Development Officers, Inkhundla Youth Leader, PLHIV and other stakeholders. The committee is
chairied by Indvuna Yenkhundla who reports to the Regional Secretary on HIV and AIDS interventions of the Inkundla and this is how REMSHACC and TIMSHACC link up. At regional level, the REMSHACC is the central response coordination structure that has linkages with the sector coordination and programme coordination structures. The composition of the REMSHACC, as indicated above, integrates all coordination pillars at regional level.

An important structure in geographic coordination is the Regional Coordination Technical Working Group (RCTWG) which is a structure that flows from the National Coordination Technical Working Group (NCTWG). While this structure is there to facilitate programme coordination at regional level, it also forms an important component of regional HIV and AIDS response as the chairpersons of the regional structures form part of the REMSHACCs. Figure 6 below shows the RCTWG. The RCTWG structure is comprised of the chairpersons of Regional Thematic TWGs and National Thematic Coordinators (Three).

![Figure 6: Regional Coordination TWG Structure](image)

### 2.5.5 Expectations from coordination structures

While specific terms of reference of the different coordinating structures have been developed (ANNEX A), there are general coordination expectations for each of the structures as indicated below:

**Planning**

Coordinating structures are expected to guide the development of HIV and AIDS strategic plans and annual response plans at national and regional levels in conformity with the National Strategic Framework. Each coordinating structure is expected to facilitate involvement and participation of its constituency in the development of the NSF and national and regional Annual Action Plans, including the promotion of greater involvement of people living with HIV through active participation in decision and policy making fora, as well as in programmatic response to HIV and AIDS.

**Program implementation - coordination**
Coordinating structures will ensure alignment of programming on HIV and AIDS to the NSF. They will also consistently replace geographical programming duplication with programmatic collaboration while facilitating capacity building for their constituencies in responding to HIV and AIDS to ensure quality delivery and cost-effective response. Coordination responsibilities will include the dissemination of information on HIV and AIDS, creation of forums for deliberating on response matters and facilitate meetings.  

**Reporting and M&E**

Each of the coordination structures will facilitate quarterly and annual reporting by implementing partners on the response to HIV and AIDS in accordance with the NSF and National HIV and AIDS M&E System. They will also facilitate the standardization of reporting by implementers on the response to HIV and AIDS.

**Resource Mobilization & Budgeting**

Each coordinating structure will facilitate participation in the response resource mobilization and proposal development processes and create forums on the funding of HIV and AIDS programmes implemented in their constituencies. The coordinating structures will also facilitate fund sourcing for coordinating and implementing the response.

**Generation of evidence and new information**

One of the crucial responsibilities of coordinating structures is to manage HIV and AIDS related knowledge through documentation and exchange of experiences, approaches, practices and promotion of best practices. Essentially, it is important to ensure that stakeholders and implementers’ contribution towards the development of a research agenda on HIV and AIDS in Swaziland are coordinated through NERCHA.

**Strategic partnerships**

Coordinating structures are expected to build partnerships among relevant sectors in the country’s response to HIV and AIDS. This should take root at local and international levels.

**2.5.6 Data flow**

For M&E purposes, data flow should follow the coordination model as much as possible. However, variations could be experienced particularly in the early stages of implementation of the framework. The geographic coordination structure informs the data flow according to this framework.

The primary source of data is the community in which response implementation takes place, captured through community clerks in the form of Chiefdom Clerks (rural) and Town Clerks (urban). The MTAD structure is then followed regarding the transmission of data from and to the community and NERCHA respectively.
It is important to note that parallel data transmission structures are in existence and there is no intention to destroy these but to align them as much as possible so that ultimately, one HIV and AIDS response data flow structure is in use to avoid duplication and confusion. Almost all coordinating institutions have data flow structures that are not purely HIV and AIDS response related and these need to be HIV and AIDS response compliant with time. For instance, the HMIS in the Ministry of Health is an existing structure that exist with or without an HIV and AIDS response is Swaziland, but is used to transmit HIV and AIDS response data along other health data. Figure 5 below shows the HIV and AIDS response data flow. The data flow diagram is informed by the desire for reporting through a single channel for all sectors characterised by the geographic coordination framework. In this regard, all implementers at community level will be reporting through CHIMSHACC/MHAT with the Chiefdom Clerk/Town Clerk helping technically. Data will be moving through Inkundla Secretary to the Regional HIV and AIDS Response Coordinator until it reaches NERCHA. Development Partners will also be making available funding data regarding the response. This framework puts weight on the importance of a single M&E system, recognizing that other coordinating structures may already have their own M&E systems which may need to align to the National HIV and AIDS M&E System for proper coordination.

Figure 7: National HIV and AIDS Response Data Flow Chart

Symbols:
- Data Flow
- Processed Data
- Copy of Data Form
3. Stakeholder comparative advantages – Coordination

This section gives a brief description of the uniqueness and comparative advantages of the coordinating institutions within the National HIV and AIDS Coordination Framework

3.1 NERCHA

NERCHA’s roles are identified in the NERCHA Act (No.8 of 2003) and such roles are generally reflective of the three ones principle. NERCHA is primarily tasked with coordinating the national response through planning, advocacy, resource mobilization and ensuring proper implementation of response programmes. Being made up of a Council and the Secretariat, reporting to the Prime Minister’s Office, NERCHA interacts with all stakeholders involved in curbing HIV and AIDS in Swaziland. In this regard, NERCHA is expected to develop and strengthen sector and programme coordination of the response.

Through the legal mandate, NERCHA is expected to establish and strengthen partnerships and forums in the country across all sectors.

NERCHA is also expected to facilitate joint planning through the development of the National Strategic Framework and costed National Action Plans, including a periodic review of these instruments. As an integral part of the institution’s output is the development and operationalization of an M&E Framework as well as research on HIV and AIDS.

The implementation of the NSF will require financial resources and NERCHA will ensure that such resources are found and made available for the response in collaboration with all sectors. Sectors identified include the broader government sector and the non-government sector comprising civil society, the private sector and the traditional sector as identified by the NSF. Civil society organizations include those of people living with HIV (PLHIV) as well as FBOs, CBOs and groups of disabled and disadvantaged people. NERCHA is also expected to strengthen the capacity of all sectors to implement and coordinate such coordination in a way that brings results.

The need for information sharing cannot be overemphasized for the success of the response and NERCHA will, therefore, document best practice and share through national regional and international forums

3.2 SHACO

Originally formed by civil society organizations affiliated to CANGO, the role of the Swaziland HIV and AIDS Consortium (SHACO) will be coordinating the response by civil society organization in Swaziland which include NGOs, FBOs, CBOs, PLHIV, workers’ unions, and similar organizations. SHACO is also expected to coordinate the private sector in the response. SHACO will remain a CANGO-based establishment focussing on HIV and AIDS, but membership will be open to civil society organizations not necessarily affiliated to CANGO but working on HIV and AIDS in Swaziland.
For the purposes of the NHACF, SHACO will facilitate the involvement and participation of the non-government sector in the planning, coordination and implementation of the response. The non-government sector, through SHACO’s coordination will make input in the development of NSF, National Annual Action Plans, Regional Action Plans and the development of funding proposals to the Global Fund and other funding sources for the implementation of the NSF.

SHACO will work on developing and strengthening the capacity of the Non-Government Sector in implementing response programmes and the coordination of the same. SHACO will also facilitate the creation and functioning of forums for the Non-Government to deliberate on HIV and AIDS and related issues and ensure information sharing in these forums for better implementations.

The scope of SHACO’s coordination role extends to international NGOs (INGOs) and to this extent, INGOs plays an important role in technology and skills transfer to local players in the response. SHACO should see to it that this opportunity is exploited to the full.

A unique contribution of SHACO is further enhanced by the presence of Academia within the sector which is critical in informing the research agenda on HIV and AIDS in Swaziland.

The Non-Government Sector is also expected to report on the implementation of the response by sector players and SHACO is expected to facilitate such reporting such that information reaches NERCHA and the government through the office of the Prime Minister (which has the ultimate responsibility of the response to HIV and AIDS).

3.3 SWABCHA

The Swaziland Business Coalition on HIV and AIDS (SWABCHA) is an independent, non-profit organisation that brings together private sector companies, unions, government, civil society organisations and development partners to ensure effective responses to HIV and AIDS in the workplace.

According to the National Multi-sectoral Strategic Framework for HIV and AIDS 2009 – 2014, SWABCHA is designated as the coordinating body for the private sector on HIV and AIDS. The organization targets reducing HIV infections and improving the quality of life for those infected and affected by HIV in the workplace. In this regard, SWABCHA’s contribution to the HIV and AIDS National response is through effective coordination of and collaboration within the Private sector to ensure universal access to prevention, treatment, care and support for employers and employees in the private sector.

Major coordination outputs for SWABCHA would include ensuring the alignment of private sector programming on HIV and AIDS to the NSF and to facilitate capacity building for civil society organization in responding to HIV and AIDS including, but not limited to quality programme delivery and cost-effective response. This will be fulfilled through guiding the development of HIV and AIDS strategic plans and annual sector response plans for the private sector at national and regional levels in conformity with the National Strategic Framework. SWABCHA will promote greater involvement of workers living with HIV through active participation in decision and policy making fora, as well as in programmatic response to HIV and AIDS. SWABCHA will also monitoring the private sector response to HIV and AIDS.
To ensure effective implementation by the private sector, SWABCHA will develop a private sector coordination mechanism and help create forums through which the private sector can meet and deliberate HIV and AIDS response matters. The institution will also disseminate information on HIV and AIDS to private sector organizations. At minimum, SWABCHA should facilitate private sector meetings every six months in this regard.

As a sub-sector coordinator, SWABCHA will receive and consider emerging HIV and AIDS issues where the private sector is concerned and facilitate the search and implementation of solutions. SWABCHA will represent the private sector on HIV and AIDS related matters in forums where necessary and mobilize private sector companies to play their role in the response to HIV and AIDS.

3.4 PSHACC

Initially established to coordinate the workplace HIV and AIDS response within the public sector, PSHACC is housed in the Ministry of Public Service and Information as a coordinating establishment. It is important to note that till now, entities within the public sector (sub-sectors /individual ministries) are self-coordinating without a specific public sector coordinating unit apart from NERCHA at a much higher level. For this reason, PSHACC is entrusted with the coordination of the public sector response regarding external (as pertains service delivery spheres) and internal (as pertains workplace programmes for civil servants) interventions. It is important to note that PSHACC is not meant to coordinate the public sector per se, but the public sector response to HIV and AIDS since the public sector is dully coordinate by cabinet through the leadership of the Prime Minister.

In this regard, PSHACC will coordinate the establishment and facilitation of forums for government ministries to plan and implement HIV and AIDS response in Swaziland, including facilitating public sector participation in the development of NSF, Costed National and Regional Action Plans. PSHACC will monitor the public sector response and disseminate HIV and AIDS information throughout the sector, ensuring the documentation and sharing of such information and lessons learnt in the implementation of the response. PSHACC will lead the Public Sector resource mobilization to fund the response implementation.

3.5 MTAD

The Ministry of Tinkhundla Administration and Development is government’s vehicle for decentralization according to the decentralization policy (2005) and as such, the geographical coordination of the response is the responsibility of this ministry. The Ministry has already established HIV and AIDS regional, Inkhundla and Chiefdom coordination structures (REMSHACC, TIMSHACC, and CHIMSHACC respectively). While rightfully a part of the public sector, MTAD’s role in the coordination of the response is the provision of a coordination conduit through which interventions are implemented and coordinated in all parts of the country working with all stakeholders in all sectors (Government and Non-Government).
The Ministry has a significant responsibility in the mobilisation of communities to develop and implement responses to HIV and AIDS. As a consequence of its mandate, the Ministry is largely responsible for sustaining the management and co-ordination of Region level responses to the HIV and AIDS epidemic. This responsibility is exercised through the integration of HIV and AIDS into the Region development planning process and its role in Region level performance management and the oversight of accountability for HIV and AIDS implementation.

3.5.1 REMSHACC

Through REMSHACC, MTAD will ensure that at regional level, costed regional annual plans are developed through forums where stakeholders in all sectors are represented and taking part. At the end of the day, REMSHACC will coordinate and monitor the implementation of such plans and provide a forum for engagement for all concerned. This does not preclude sector coordinators from pursuing their sector coordination mandates, but will only ensure that at regional level, there is one coordinating body in compliance to the “three ones” principle. This being the case, REMSHACC will have to be representative of all sectors.

By design, REMSHACC is a sub-committee of an existing Regional Development Committee and as such, it is expected that the Regional Development Committee (RDC) will have an HIV and AIDS response item in its agenda where REMSHACC will be making the necessary presentations under the leadership of the Regional Secretary with the HIV and AIDS Regional Coordinator playing a secretariat role to REMSHACC.

3.5.2 TIMSHACC

The Tinkhundla Multi-Sectoral HIV and AIDS Coordinating Committee (TIMSHACC) is a geographical coordination establishment at Inkhundla ( Constituency) level supposedly performing functions similar to those of the REMSHACC. However, at Inkhundla level, there does not exist much sectoral structure and therefore coordination at this level is a matter of aggregation of chiefdom/community level implementation of the response. However, administratively, there is a sense in which the response needs to be understood and properly coordinated for effectiveness, taking into account the unique challenges presented by each inkhundla as a geo-demographic sphere. Each Inkhundla shall have a TIMSHACC whose secretariat will be the Inkhundla Secretary. Again, TIMSHACC is a sub-committee of the Inkhundla Development Committee (IDC) which takes care of all Inkhundla development issues, including HIV and AIDS. The Inkhundla Secretary will collate all response activities in each of the chiefdoms under that Inkhundla.

3.5.3 CHIMSHACC

The country is spatially arranged through chiefdoms which are a collection of communities (some being communities depending on the size) where citizens reside and work. At chiefdom/community level, there is multi-sectoral HIV and AIDS Committee known as CHIMSHACC responsible for all HIV and AIDS response, reporting to the Chiefdom Development Committee (CDC), an existing establishment responsible for all developmental issues in the chiefdom, including HIV and AIDS. Regarding coordination, the CHIMSHACC works through the Chiefdom Clerk who is not necessarily dedicated to the HIV and AIDS response according to the Decentralization Policy. However, it is important to note that presently, there exists KaGogo Genre Managers (GCMs) in the
chiefdoms who plays the Chiefdom Clerk role. The Chiefdom Clerk/GCM’s role is the coordination of multi-sectoral activity in the Chiefdom in all programmatic areas. This is where sector/programme/geographical coordination intersect; where response implementation is effected.

3.6 MOH

The Ministry is one of the primary implementation partners in the National Response to HIV and AIDS through SNAP. It is responsible for the implementation of health sector based interventions regarding the prevention of sexual, blood-borne, and vertical transmission of HIV and STDs. The Ministry is responsible for implementing and managing the ART and PMTCT Programmes. It is also responsible for HIV surveillance and epidemiological research, AIDS case reporting and STI surveillance in collaboration with other stakeholders. Additionally, the Ministry will provide the necessary health-specific technical support to NERCHA, partner Ministries, and other organisations in the development and implementation of their HIV and AIDS programmes.

The Ministry of Health will develop and strengthen linkages between Traditional Healers and health facilities and establish a referral system, recognizing that traditional healers form part of the health system in Swaziland. The Ministry is also expected to build capacity and communication mechanisms within the health system to promote and strengthen the linkages between programmes and partners, e.g. ART and PMTCT.

3.7 SUSAH

Recognizing the unique nature of the work performed by personnel in the uniformed services, a specific coordination body has been established cutting across four government ministries where these are found. Uniformed services, for purposes of the response, include the RSP, USDF, HMCS Customs, and the SFES. These fall under the Prime Minister’s Office, Ministry of Defence, Ministry of Justice, Ministry of Finance, and the Ministry of Home Affairs respectively. The establishment of the Swaziland Uniformed Services Association on HIV (SUSAH) was in recognition of the fact that the ministries under which these fall have other departments with public servants whose responsibility differs from the uniformed services personnel. Therefore, SUSAH’s responsibility is coordinating a workplace programme across the four departments ensuring that such programmes are effective, aligned to the NSF and well resourced.

3.8 MHUD

Apart from the workplace programme coordination role that all government ministries are expected to play, the Ministry of Housing and Urban Development (MHUD) has geographical coordination role as it is responsible for service delivery in urban areas in Swaziland. The Urban Government Act (1969) establishes urban governments with the responsibility of governing towns and cities in Swaziland through Boards and Councils which are responsible to the Ministry of Housing and Urban Development. In this respect, the NHARC recognizes the Ministry as the coordinator for the response in all urban areas through AMICAALL Swaziland.
3.8.1 AMICAALL

AMICAALL Swaziland is a chapter of the Alliance of Mayors and Municipal Leaders on HIV and AIDS in Africa. The Alliance is founded on the premise that mayors and local government bodies are well positioned to provide leadership and promote scaling up multi-sectoral HIV and AIDS programs that are community-led and respond to the epidemic at the local level.

AMICAALL plays an integral role in the coordination and delivery of Swaziland’s HIV and AIDS response, evident through its close partnership with NERCHA (National Emergency Response Council on HIV and AIDS), membership in the Global Fund Country Coordinating Mechanism, and valued participation in national campaigns and Technical Working Groups.

AMICAALL Swaziland’s is to coordinate all urban HIV and AIDS response interventions. AMICAALL will build the capacity of urban communities and local government to respond to the HIV and AIDS epidemic at the local level. As such, AMICAALL will ensure that urban governments participate in the development of HIV and AIDS response plans, including the NSF (and successors), costed National and Regional Action Plans, as well as resource mobilization initiatives such as proposal development for the Global Fund and other funding sources. AMICAALL will lead resource mobilization for the urban response and create forums for stakeholders on HIV and AIDS response within the urban area.

3.9 MINISTRIES

Public sector is one of the two major sectors in the response which is led by Government through the Prime Minister’s Office. However, Government Ministries have different roles to play in the response. On one hand, all government ministries should have workplace HIV and AIDS interventions directed at civil servants coordinated by a focal HIV and AIDS person in each ministry. Presently, a few ministries have focal persons while others do not. With the objective of mainstreaming HIV and AIDS throughout government operations, there is a need for Ministry HIV and AIDS Response Coordinators (MHARC) in each of the ministries, particularly those ministries not only responding through workplace interventions but service delivery aligned interventions and response coordination responsibilities such as MOH, MHUD, MPSI, MTAD, MOA and MOET.

Presently, PSHACC, housed in the Ministry of Public Service and Information, is expected to play the coordination role for the workplace programmes, leaving out the other aspects of the response to the individual ministries. In principle, if there is a need for the government-wide workplace interventions to be coordinated, then there is need for the other HIV and AIDS response aspects to be also coordinated, pointing to the need for a similar coordination structure for government ministries. In this respect, PSHACC’s mandate needs to be expanded and should be properly positioned to serve all ministries. With all ministries represented in PSHACC through senior officials in the Under Secretaries, this provides legitimacy to this proposition.

3.10 Technical Working Groups
Programme coordination is the responsibility of NERCHA and NERCHA has Programme Coordinators for each of the response thematic areas. The Programme Coordinator will work through the guidance of the Technical Working Groups (TWGs) which are simply forums setup to ensure quality programming and implementation of the NSF. Five (5) TWGs have been identified namely; Prevention TWG, Treatment, Care and Support TWG, Impact Mitigation TWG, Response Management TWG and the M&E TWG. The specific coordination deliverables of the TWGs are in ANNEX A – Terms of Reference for Response Coordinators.

3.10.1 Prevention

Made up of experts from various fields related to the subject matter, the Prevention thematic TWG will advise NERCHA on issues related to policies, strategies and programmes for promoting safe behaviour change including Information, Education, Communication (IEC) and advocacy, condom promotion and availability, blood safety, PMTCT, VCT, prevention and management of STIs, post exposure prophylaxis and infection control (e.g. health facilities, traditional/cultural practices etc). This team will work directly with the Programme Coordinator within the NERCHA Secretariat.

3.10.2 Treatment, Care and Support TWG

The Treatment, Care & Support TWG will advise NERCHA on policies, advocacy, strategies and activities related to clinical case management including diagnostic facilities, human and institutional capacity, accessibility and availability of drugs for opportunistic infections and ARVs, home based care, palliative care, counselling, rehabilitation and other related issues such as nutrition. The TWG will be working closely with the thematic Programme Coordinator within the NERCHA Secretariat.

3.10.3 Impact Mitigation TWG

The Impact Mitigation thematic TGW will play an advisory role to NERCHA on policies, strategies and activities on mitigation of the HIV & AIDS impact with special emphasis on orphans and vulnerable children, people living with HIV, women and girls, impact on the various public and private sectors and advocacy for mitigation interventions. In addition this team will advise on issues related to the prevailing economic context especially in regard to the level of poverty, unemployment and food insecurity and how they impact on impact mitigation interventions.

3.10.4 Response Management TWG

This team would advise NERCHA on issues related to the management, coordination and institutional arrangements necessary to have an effective, well coordinated and managed multi-sectoral response at all levels, resource mobilisation, funding flows and mechanisms, adequacy, access by stakeholders at all levels and utilisation of funds in the national response. The TWG will also forecast resources for scaling up the national response and develop and
operationalize financial resource tracking procedures. It will also advise on issues of financial planning and budgeting, programme monitoring and evaluation, and capacity building for coordinating structures.
4. Future coordination issues

4.1 Strengthening the capacity of coordinating structures

The National Multi-sectoral HIV and AIDS Coordination framework is not necessarily a magic panacea for all challenges facing the response and one of the coordination issues that require attention post the adoption of this framework is capacity development for coordination structures. Particular reference is made to the capacity of coordination at community level (Chiefdom/Municipality). The CHIMSHACC/MHAT structures, together with the Chiefdom/Town Clerk positions require capacity in order to ensure proper coordination at community level. This does not presuppose that the higher level coordination structure do not require capacity building.

4.2 Evolving nature of the traditional sector

The current set-up of the traditional sector appears to be more event-based (Incwala, Reed Dance, Buganu, etc) and there are indications that the traditional sector landscape may evolve over time as new developments take place in this arena. In recent times, more and more players enter the traditional platform and it is yet to be seen how this impact the effectiveness of the response and such developments need to be well monitored for the proper integration and alignment of programming where the traditional sector is concerned.

4.3 Changes in the national government’s structure

The regional, Inkhundla and Chiefdom Coordination structures are largely informed by processes linked to the Ministry of Tinkhundla Administration and Development as they pertain to the decentralization process. This process is on-going and over time, it is expected that numerous changes will have taken place and this framework will need to be reconfigured to take into account such changes for it to remain relevant and effective. However, the principles behind the framework may not necessarily change.

4.4 Coordination of development partners and strengthening financial stewardship of HIV and AIDS response resources

While development partners and donors are at liberty to provide technical and financial assistance in pursuit of an effective national HIV and AIDS response, effort should be directed at the establishment and strengthening of information and plans sharing so that such resources are directed towards the more critical response issues.
APPENDIX A – ALTERNATIVE ARRANGEMENT TO FIGURE 2: NATIONAL SECTOR COORDINATION STRUCTURE

Note: Traditional sector not reflected as a stand-alone sector, but split between Ministry of Health (Traditional Healers – only the HIV and AIDS response aspect) and the Ministry of Youth, Sports and Culture (since the remainder refers to the likes of Khulisa Umntfwana, Lutsango LwakaNgwane, Imbali, Emabutfo and Tinga.)