

National HIV and AIDS Multisectoral Response Coordination Framework

2018-2023

Foreword

The Kingdom of Eswatini made a commitment to End AIDS as a public health threat by 2022, eight years ahead of the global HIV and AIDS targets set for 2030. This commitment is outlined in the Kingdom of Eswatini's National Multisectoral HIV and AIDS Strategic Framework (NSF) 2018-2023. To realize the ambitious strategies and targets of the NSF, a decentralised and multisectoral approach that involves all key stakeholders – government, civil society, people living with HIV, private sector, donors, development partners, regional, inkhundla and community level structures, will be adopted to coordinate and deliver targeted HIV services to all people to achieve the goals of the NSF.

Some of these coordination sectors and structures have been working in partnership to combat the HIV epidemic for more than two decades. Thus, this coordination framework has had to consider that the global and local HIV response have evolved, to embrace new strategic orientation, technologies, service delivery models and approaches which have changed the direction of the response. The HIV response is also being implemented within a resource constraint environment. These changes have necessitated a reconfiguration and redesign of the coordination agenda to maximise HIV outcomes.

The coordination framework attempts to harmonise the working arrangements of the structures to achieve an efficient and effective response, and it also provides a platform to utilise the comparative advantage of each stakeholder to advance the fight against the HIV epidemic. The roles of all stakeholders have been outlined to ensure they all work towards a common goal.

This framework reaffirms our resolve as a nation to work together to make our dream of Ending AIDS by 2022 possible. NERCHA appreciates the support of HC4 and PEPFAR in the development of this coordination framework.



Mr. Khanyakwezwe Mabuza
National Executive Director

Abbreviations and Acronyms

| | |
|-----------------|---|
| AIDS | Acquired Immuno Deficiency Syndrome |
| AMICAALL | Alliance of Mayors Initiative for Community Actions on AIDS |
| CANGO | Coordinating Assembly of Non- Government Organisations |
| CBOs | Community Based Organisations |
| CDC | Chiefdom Development Committee |
| CEO | Chief Executive Officer |
| CSO | Civil Society Organisations |
| ETGPS | Educational Testing Guidance and Psychological Services |
| ENAP | Eswatini National AIDS Programme |
| ESAPARO | Eswatini AIDS Partnership Forum |
| FBOs | Faith Based Organisations |
| FODSWA | Federation of Organisations of Disabled in Swaziland (Eswatini) |
| HIV | Human Immuno Virus |
| INGOs | International Non-Government Organisations |
| M&E | Monitoring and Evaluation |
| MHT | Municipality Health Teams |
| MoET | Ministry of Education and Training |
| MoHUD | Ministry of Housing and Urban Development |
| MTAD | Ministry of Tinkhundla Administration and Development |
| NERCHA | National Emergency Response Council on HIV and AIDS |
| NSF | National Strategic Framework on HIV and AIDS (2018-2023) |
| PLHIV | People Living with HIV |
| PSHACC | Public Sector HIV and AIDS Coordinating Committee |

Executive Summary

The Coordination framework is a document that has been developed to guide the relationships of coordination structures in efficiently implementing the National Multisectoral HIV and AIDS Strategic Framework (NSF) 2018-2023. The goal of the NSF is to end HIV and AIDS as a public health threat by 2022. This goal requires commitment, accountability and vigorous implementation by the various stakeholders in the HIV response. To ensure that this occurs, the roles and responsibilities of the various stakeholders need to be clearly outlined and harmonised.

To ensure that the coordination agenda efficiently achieves the common goals of the NSF, the coordination framework has been premised and guided by the principles that will ensure that these are achieved. These involve:

- (i) **Government leadership:** Government will play a leading role in coordinating all stakeholders to achieving the goal of the NSF. This will be done by providing policy guidance, strategic direction, sustain the commitment to finance the HIV response.
- (ii) **Stakeholder involvement:** Coordination platforms through which stakeholders can share information and lessons learnt and jointly plan and review implementation of the NSF.
- (iii) **Use of existing structures:** Utilisation and capacity strengthening of existing coordination structures to ensure sustainability. Community level structures will be strengthened to integrate HIV.
- (iv) **Holistic coordination:** The coordination framework focuses on all aspects of the response – policy, strategy, financing, planning, coverage, research, monitoring and reporting.

Consequently, for the principles to be fulfilled the coordination framework embraced the following objectives to:

- (i) Ensure the roles and responsibilities among institutions and stakeholders and sectors at national and decentralised levels are clearly defined

- (ii) Reconfigure the coordination framework to put communities at the centre of the response and improve the focus on local HIV needs
- (iii) Maximise efficiency and effectiveness, strategic partnerships, stakeholder participation and accountability at all levels of the HIV response delivery chain
- (iv) Ensure accountability for performance and results by all implementers to superfast track the end of AIDS by 2023.

The coordination agenda is premised on four coordination pillars, which are distinct but interrelated areas of coordination that must be linked for effective response coordination.

- Pillar one is sector coordination - the document describes 3 sectors which will implement the programmes of the NSF to the communities. The sectors are public, private and civil society sector.
- Pillar two is Programme coordination - this level of coordination guides implementation and monitors the programmes of the NSF. This type of coordination happens at two levels which are multi-sectoral and sector level. The multi-sectoral level provides oversight and monitors all the sectors implementing the programmes of the NSF, whilst sector coordination is where sectors take responsibility develop, implement and monitor their programmes together with their implementing partners.
- Pillar three is Resources coordination - the purpose of this level of coordination is provide sustainable resources for the implementation of the NSF. This function will bring together the donors and development partners, provide capacity to sectors to develop resource mobilisation plan and carry out resource mobilisation for the national response.
- Pillar four is Decentralised coordination - this level of coordination concerns itself with the geographic implementation of the NSF programmes. It outlines two approaches to be adopted which are rural and urban approach. The rural approach is concerned with delivery to community level through regions, Tinkhundla and chiefdom structures led by MTAD. The urban approach is concerned with delivery in municipalities led by MoHUD.

The Multisectoral HIV and AIDS Coordination Arrangements

The coordination framework outlines the multi-sectoral structures and operational mechanisms that will facilitate the pillars of coordination which are sectoral, programmes, resources and decentralised coor-

dination. These structures are bodies that shall ensure that the sectors of the HIV and AIDS response are coordinated. Further, the framework provides guidance on the transformation of some coordination entities to their new roles in the new coordination framework.

1. At the peak level of the response is the Prime Minister's office, that gives political leadership and created NERCHA to coordinate and operationalise the national multi-sectoral HIV and AIDS response. NERCHA is responsible for the day-to-day coordination and oversight of the HIV response. This it does by ensuring that all other sectors participate in the response with robust programmes for delivery, monitor progress and ensuring sustainable financing for the response. To coordinate the response at the national level, a high-level oversight committee of Principal Secretaries shall provide oversight and accountability for the response. Preceding the high-level committee, a Programme Management Committee will be set up to ensure implementation and track progress of the NSF by sectors, as well as approve sector performance. In addition, an HIV Financing Committee will be established to guide the implementation of HIV financing strategies in the NSF.
2. The public sector comprises of all government ministries. These ministries will facilitate the HIV responses given their technical mandate. All the programmes of the response will be led by the government ministries for ownership and sustainability. The government departments shall be responsible for the programme development, implementation, coordination, financing and monitoring. The sector programme coordination will be the operating mechanisms of the ministries and interventions will be facilitated by TWGs for implementation.
3. Civil society partners have been identified as key actors in advocating for an effective HIV response. In implementing the HIV and AIDS response they will be coordinated by CANGO. This structure will coordinate Church forum who will implement programmes in the Christian faith; SWAN-NEPHA who will ensure involvement of PLHIV and implementation of programmes to this constituency; Khulisa Umtfwana will ensure implementation of HIV programmes to the traditional sector; AMI-CAALL will support implementation of programmes in municipalities; FODSWA will implement HIV programmes to reach people living with disabilities. SHACO will be convened by CANGO as the operational mechanism for civil society to review implementation of progress by the sector.
4. Private Sector will be coordinated by SWABCHA. This structure will support the implementation of a comprehensive programmes within the private firms. This structure will provide technical support, implement interventions and monitor progress of the programmes in the private sector.
5. UNAIDS will coordinate the sustainable financing function of the response. This structure will convene ESAPARO as the operating mechanism. This forum will bring together all the donor partners to map out and harmonise the support of finances in the country.

6. MTAD will be responsible for the decentralised rural multi-sectoral coordination response. Working through their decentralised coordination structures of Regional Administration offices, Tinkhundla centres and chiefdoms operational mechanisms will be established to facilitate the response at these levels. At the regional level, REMSHACC will be revived as a sub-committee of the RDT; Tinkhundla level, the Inkhundla Council shall coordinate the response of the local chiefdoms; and at Chiefdom level, the Chiefdom Development Committee will coordinate the response of the Umphakatsi. The HIV and AIDS activities will be mainstreamed into the Umphakatsi development plans.

7. MoHUD, will be responsible for the decentralised urban coordination response. With the support of AMICAALL this structure will reach all the municipalities in the country. Operational mechanisms in each municipality shall be convened to ensure implementation of the urban response. The Municipality Health teams will be organised at the municipal level and Community AIDS Action Committees will be convened at the ward level.

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Introduction

1.1 Background

Swaziland has developed a National Multisectoral HIV and AIDS Strategic Framework (NSF) 2018-2023 to guide the HIV response in the next five years. The NSF will be implemented through a multisectoral approach that involves all key sectors – government, civil society, private sector, traditional sector and development partners; and a decentralised approach involving regional and community level structures. These sectors have been working in partnership to combat the HIV epidemic for more than two decades.

The country has established coordination structures at national and decentralised levels to harmonise the efforts of the all stakeholders to ensure they all work towards a common goal. The coordination framework provides a platform to harness the comparative advantage of each stakeholder to advance the fight against the HIV epidemic.

The Coordination framework for the HIV response is premised on:

- (a) The three-ones principles - one coordinating authority which is the National Emergency Response Council for HIV and AIDS (NERCHA), one national strategic framework which is the NSF 2018-2023, and one monitoring and evaluation framework which is the Swaziland HIV/AIDS Programme Monitoring System (SHAPMOS). The coordination framework is designed to coordinate the implementation of the “three ones”.
- (b) The HIV Policy: The Swaziland HIV policy defines the functions of coordination to include policy development, oversight, planning and programme development and monitoring and evaluation of the response. The coordination framework established structures and processes for implementing the HIV policy.

The coordination framework for the HIV response was last reviewed in 2011. Since then, the HIV response, globally and in the country, has evolved to embrace new strategic orientation, technologies, service delivery models and approaches which have changed the direction of the response. The response is also being implemented within a resource constraints environment. These changes necessitate a reconfiguration in the coordination structures to maximise HIV outcomes.

1.2 Rationale for the HIV Coordination Framework (2018-2023)

The rationale for the development of the HIV coordination framework for the period 2018-2023 is as follows:

- (i) The NSF 2018-2023 has set out the vision of Ending AIDS as a public health threat by 2023 and has defined new strategic directions to super-fast track implementation to realise this vision.
The coordination framework is being reconfigured to effectively coordinate all stakeholders towards this vision, integrate HIV into existing structures at community level focusing on use of granular data for programming.
- (ii) A mechanism to mobilise and realign resources to priorities that best serve the HIV response during this period need to be put in place.
- (iii) The Government has demonstrated political and policy level commitment to the HIV response through setting a clear vision, providing leadership and committing funding. The coordination framework seeks to sustain this level of commitment as the country gets into the “last mile” in the HIV response.

1.3 Objectives

The objectives of the HIV response coordination framework for 2018-2023 are to:

- (i) Ensure the roles and responsibilities among institutions and stakeholders and sectors at national and decentralised levels are clearly defined
- (ii) Reconfigure the coordination framework to put communities at the centre of the response and improve the focus on local HIV needs
- (iii) Maximise efficiency and effectiveness, strategic partnerships, stakeholder participation and accountability at all levels of the HIV response delivery chain
- (iv) Ensure accountability for performance and results by all implementers to superfast track the end of AIDS by 2023

1.4 Principles

The principles guiding the coordination of the HIV response are as follows:

- a. **Government leadership:** The government will continue providing policy guidance, strategic direction, sustain the commitment to finance the HIV response and strengthening the enabling environment for the HIV response in line with the NERCHA Act 8 of 2003. Government play a leading role in coordinating all stakeholders to harmonise their efforts towards achieving the vision of Ending AIDS as a public health threat by 2023.

- b. Stakeholder involvement: The coordination framework puts in place platforms through which stakeholders at all levels can share information and lessons learnt and jointly plan and review implementation of the NSF.
- c. Use of existing structures: As much as possible, the HIV response coordination utilises existing structures to ensure sustainability. The capacity of existing structures, particularly at community level, will be strengthened to integrate HIV.
- d. Holistic coordination: The coordination framework focuses on all aspects of the response – program, policy, strategy, financing, planning, coverage, research, monitoring and reporting.

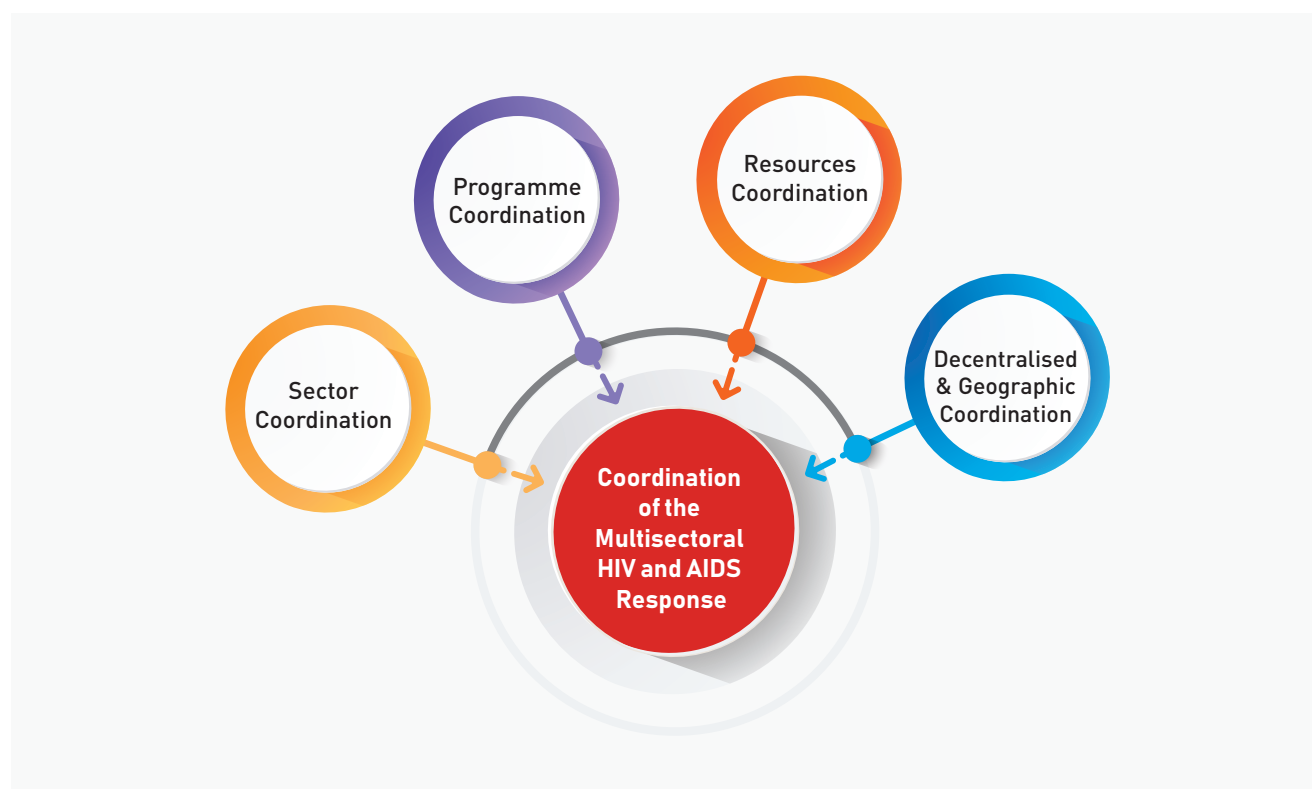
1.5 The structure of the coordination framework

The coordination framework shall define and outline the types or pillars of coordination, structures, operational mechanisms and provide guidance on the transformation of some coordination entities to their new roles in the new coordination framework. It shall outline the national HIV and AIDS multi-sectoral coordination mechanism that facilitates sectoral, programmes, resources and decentralised coordination.

Pillars of coordination

The national HIV and Response has 4 coordination pillars: resources, sector, programmes and decentralisation/geographic coordination. These are distinct but interrelated areas of coordination that must be linked for effective response coordination. Sectors implement the programme in decentralised geographic locations. This is facilitated by resources: financial and technical. The response coordination in these areas shall be facilitated by NERCHA to ensure effective delivery of the programme by sectors at decentralised and geographic levels. The coordination mechanism in figure 1 outlines how this coordination is implemented.

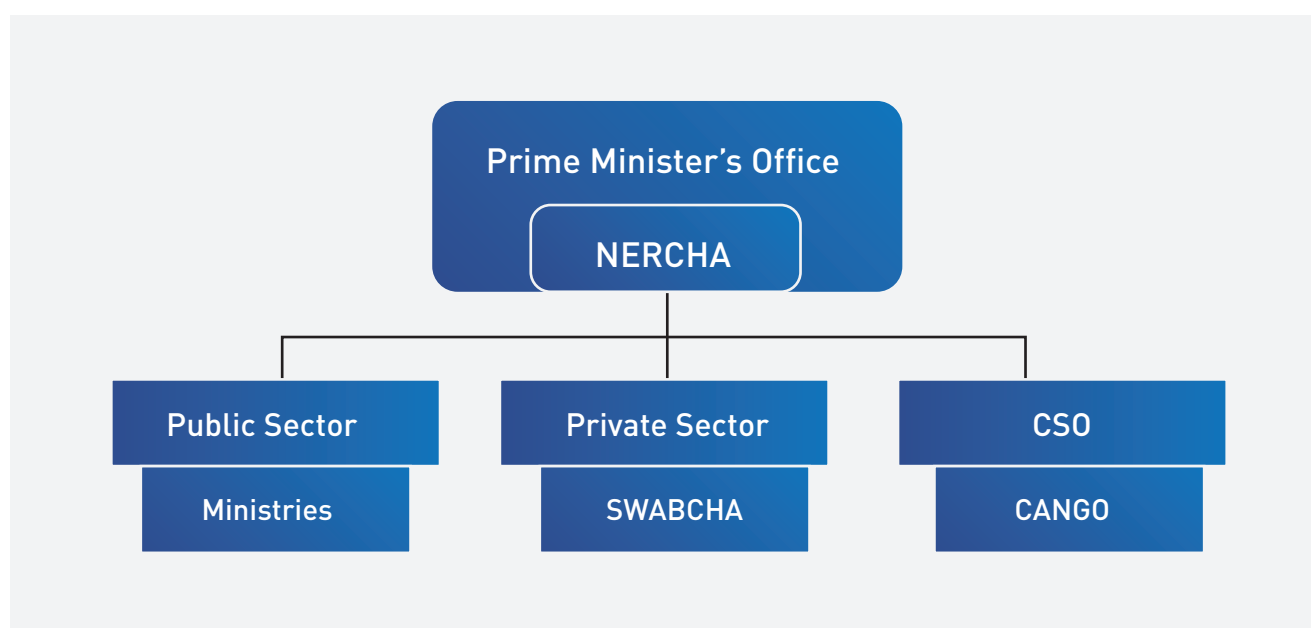
Figure 1: Pillars of Coordination



2.1 Pillar One: Sector Coordination

A sector is the grouping of implementers according to their industry, aims and goals. Sector coordination is to facilitate sectors to develop, implement and monitor their responses aligned to the National HIV and AIDS Multisectoral HIV and AIDS Strategic Plan. There are 3 sectors: private, public and civil society sectors. The agencies within these sectors are charged with the responsibility to implement HIV and AIDS programmes and interventions within their mandates.

Figure 2: Sectors and Coordination



2.1.1 Public Sector

The public sector comprises of all government ministries. Government ministries are involved in the HIV response through their specific technical mandate and in internal and external mainstreaming of the response.

a) External HIV mainstreaming

Government ministries are to take the lead role in operationalising the HIV & AIDS response and mainstreaming it in their sectors based on their comparative mandate. These ministries will be responsible for the development of programmes, lead the implementation of these programmes and interventions given their technical mandate. The Public Sector shall carry out the following roles and responsibilities to ensure effective mainstreaming, coordination and implementation of the sector response:

- Develop and implement the sector specific HIV response aligned to the NSF 2018-2023. Each ministry will identify its role in implementation of the NSF across all programmes and interventions, translate these roles into specific activities and identify implementing partners to implement each intervention.

- Coordinate the sector response by ensuring the mapping of all implementing partners under their sector; have information mainly on organisations mandate and geographic coverage and ensure that implementers implement the national approved programme to standardise programmes
- Provide technical assistance on the implementation of the sector response and relevant information to implementing partners and ensure programmes are implemented to scale.
- Monitor and evaluate the sector response to track progress of the implementation of the sector plan and monitor quality of delivery of programs and interventions.
- Mobilise resources and allocate funding for the implementation of the HIV and AIDS response

NERCHA will work with the Central ministries to mainstream the HIV response.

b) Internal Mainstreaming

Internal mainstreaming of HIV in the public sector involves the provision of HIV services to government employees and their families through the work place HIV programme. The internal mainstreaming is coordinated by the Public-Sector HIV and AIDS Coordinating Committee (PSHACC) located in the Ministry of Public Service. Focal persons have also been appointed in each ministry to coordinate internal HIV activities. PSHACC will continue to coordinate internal mainstreaming.

To effectively coordinate internal mainstreaming of HIV, PSHACC is tasked with the following roles and responsibilities:

- Develop a comprehensive public-sector HIV programme aligned to the NSF 2018-2022. Interventions laid out in the NSF targeting public sector employees will be integrated into the public-sector HIV programme.
- Facilitate individual ministries to integrate the public-sector HIV programme activities in their internal work plans
- Support ministries to devolve implementation of internal mainstreaming to reach employees at all levels (national, regional and those at community level).
- Build the capacity of focal persons to effectively implement and report on HIV activities
- Provide technical support to ensure the HIV interventions in the public sector keep pace with emerging approaches and technologies
- Coordinate reporting on public sector internal mainstreaming activities and report on the specific NSF indicators
- Disseminate HIV data and evidence relevant to the public sector to sustain policy level commitment to the HIV programme
- Mobilise resources for the internal mainstreaming of the HIV in the public sector

2.1.2 Civil Society Sector

The civil society sector plays a key role in implementation of community HIV response as well as key actors in advocating for an effective HIV response. This sector comprises entities with different interests and needs. These include Non-Governmental Organisations (NGOs), Community Based Organisations (CBOs), Faith Based Organisations (FBOs), People Living with HIV and Networks, People Living with Disabilities. In implementation of the NSF 2018-2023, the vital role for the CSO will be advocacy for the effective delivery of the response. CSO will carry out the following roles and responsibilities to ensure effective coordination of the civil society sector:

- Develop and implement the civil society HIV agenda aligned to the NSF 2018-2023. The civil society will identify its role in implementation of the NSF across all programmes, translate these roles into specific interventions and activities and identify civil society members (organisations) to implement each intervention.
- Collaborate with other sectors, particularly the public sector to improve service delivery of the HIV and AIDS response
- Advocate for community systems strengthening. This will include strengthening the capacity of civil society organisations, engagement with community leaders and establishing and strengthening community led monitoring and advocacy among others.
- Develop evidenced based policy advocacy to advance the HIV response. Key advocacy issues will include increased funding for the community response prioritising prevention interventions, and removal of policy/legal barriers related to human rights and gender equity.
- Convene meetings to review progress in implementation of the civil society HIV agenda, share information and lessons learnt and facilitate joint planning and implementation
- Ensure effective civil society participation at national, regional, Tinkhundla and chiefdom level coordination structures
- Develop a civil society national M&E system to facilitate measurement of their contribution to the HIV and AIDS response

2.1.3 Private Sector

To ensure total coverage of the population with HIV services, the private sector shall implement HIV interventions in work places in formal private businesses. To strengthen the role of private sector in implementing the NSF 2018-2023, the following tasks will be carried out:

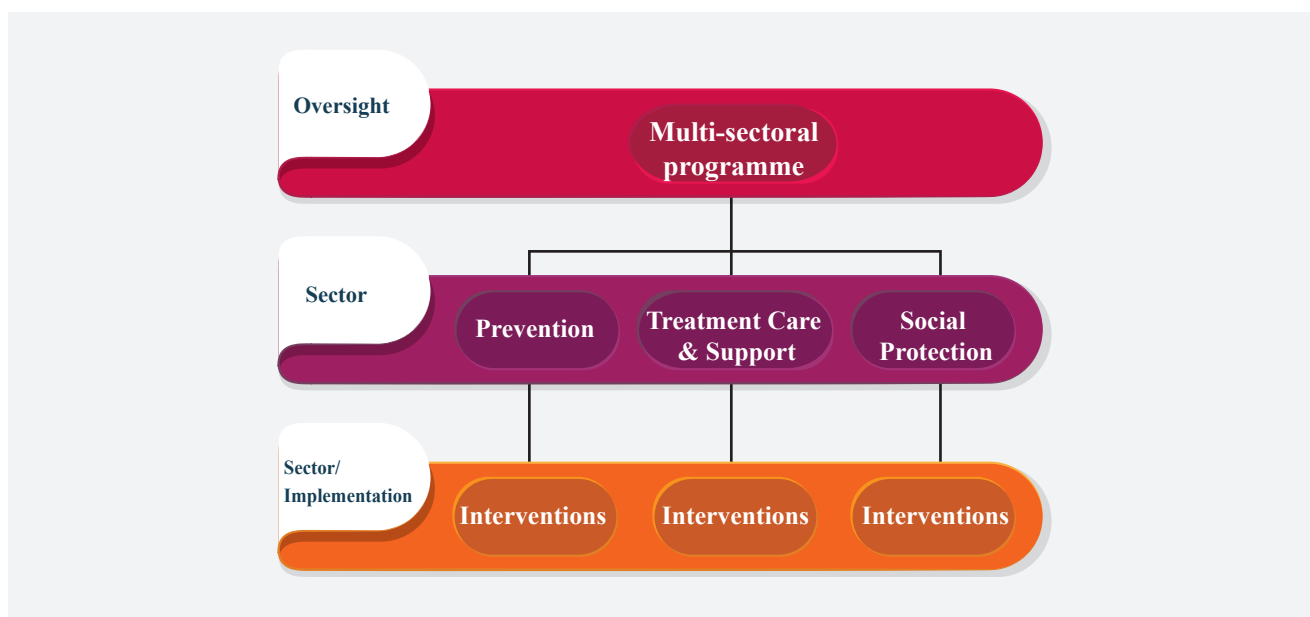
- Develop a comprehensive private sector HIV programme aligned to NSF 2018-2023. This programme will form the basis for setting targets and indicators for the private sector HIV response
- Builds synergies and linkages with other sectors, particularly the health sector and the ministry of Enterprise and Development.
- Private sector firms shall strengthen their capacity in implementation of the HIV interventions
- Mobilise and allocate resources to HIV and AIDS response

- Develop a private sector national M&E system to facilitate measurement of their contribution to the HIV and AIDS response

2.2 Pillar Two: Programme Coordination

Programme coordination is facilitating the implementation of the HIV and AIDS programmes or interventions by the sectors. Programme coordination is at 2 levels:

Figure 3: Programmes Coordination



- Multisectoral level programme coordination: This level leads the development of the multi-sectoral HIV and AIDS response and guides sectors to implement, periodically reviewing progress to ensure that targets and the goals are met. Further, this is where the situational thinking and social impact of HIV and AIDS will be unpacked. This is the responsibility of NERCHA.
- Sector level programme coordination: This level of coordination is performed by sectors. This is where sectors develop, implement and monitor sector responses working with implementing partners. It is a level that is responsible for implementing the Prevention, Treatment, Care and Support, and the Social Protection programmes of the NSF. Each programme consists of interventions.

Sector programme coordination is led by the technical ministry. For example;

- The Ministry of Health shall be responsible for the health sector programme coordination and will lead the TWG on medical interventions
- The Ministry of Education shall lead and facilitate the Education Sector HIV and AIDS Response.
- Ministry of Public Service shall facilitate the internal/wellness for all public servants.
- The Ministry of Economic Planning will support response in the development agenda.
- Technical sectors and international program partners will support the aligning to the NOP.

2.3 Pillar Three: Resources Coordination

This is the facilitation of the HIV and AIDS Response financing. Sustainable financing of the HIV response is a key strategic focus for the NSF 2018-2023. Donors and development partners play a key function in providing resources for the implementation of the national operation plan. Capacity development on resource mobilisation is key to partners and sector response. Sectors will be assisted to develop their resources mobilisation plan that address the resource needs for the response.

2.4 Pillar Four: Decentralised Coordination

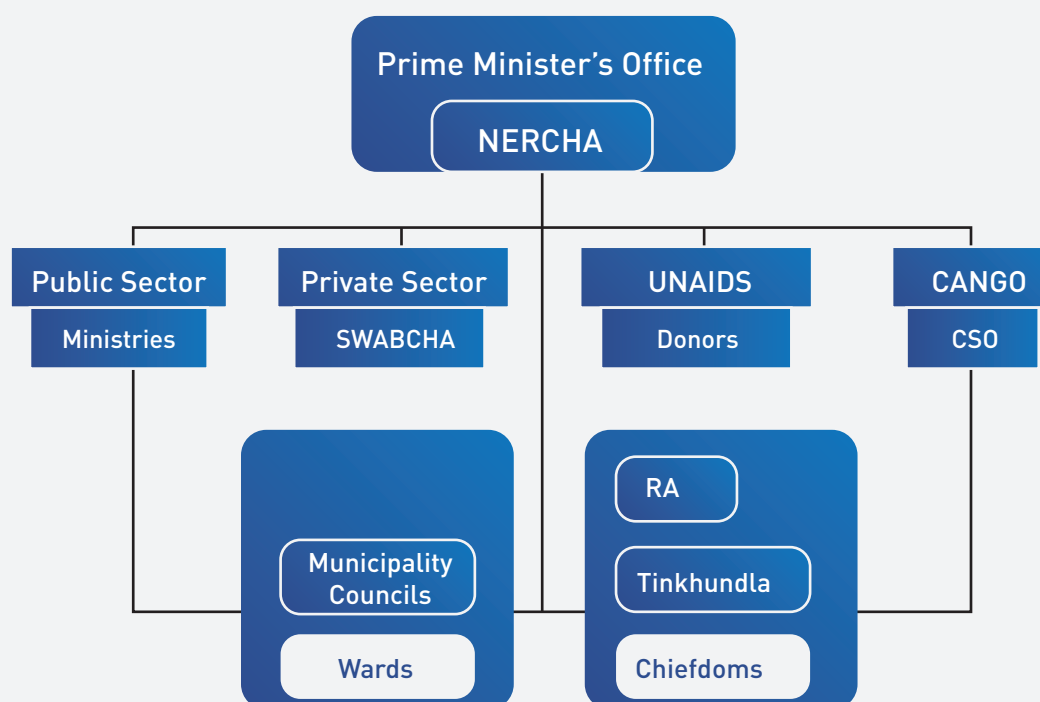
It is the facilitation of implementation, monitoring and reporting of the HIV and AIDS response at regional, Inkhundla and chiefdom levels using existing multisectoral coordination structures. The coordination framework sets out two approaches of decentralised coordination: rural and urban coordination.

- a. Rural coordination is the decentralised coordination of the rural response through MTAD regional, tinkhundla and chiefdom structures and mechanisms.
- b. Urban coordination is the decentralised coordination of the urban response through the MoHUD municipalities and ward structures and mechanisms.

Multisectoral HIV and AIDS Response Coordination Structures

Multisectoral HIV and AIDS Coordination structures are bodies that shall ensure that the HIV and AIDS response is coordinated. There are national, regional, Tinkhundla, chiefdom, municipality and ward level structures that coordinate the multisectoral HIV response. Figure 4 below, outlines all the structures from the top level of government to the communities at the bottom of the structure.

Figure 4: Multisectoral HIV and AIDS Response Coordination Structures



3.1 National Level Multisectoral Coordination Structures

3.1.1 The Prime Minister's Office

The Prime Minister's Office provides the highest political leadership for the HIV response through supporting and reinforcing NERCHA's role as a multi-sectoral coordinating agency for the HIV response in the country.

3.1.2 NERCHA

NERCHA is responsible for the day-to-day coordination of the HIV response reporting to the office of the Prime Minister. It ensures that all sectors are implementing an integrated HIV response within their mandate. Further it provides oversight coordination and is responsible for facilitating the delivery of the NSF 2018-2023. NERCHA:

- Oversee the coordination of the multisectoral response to HIV
- Ensures that all sectors are implementing an integrated HIV response within their mandate. This is done by establishing systems and processes for translating the NSF 2018-2023 into implementation plans:
- Lead in the development of the guidance for the national multisectoral HIV and AIDS response
- Monitors implementation of the NSF by all sectors by establishing a robust system for monitoring and evaluating the NSF
- Strengthens coordination of the multi-sector response by putting in place mechanisms and processes for accountability for all implementers
- Facilitates sustainable financing and aligns existing resources to the NSF. This shall include resource mobilisation for a sustainable HIV response.
- Builds the capacity of all coordinating institutions and mechanisms at all levels to deliver on the NSF areas and strengthen the capacity of the government ministries to implement HIV interventions

3.1.3 Ministries

The public sector is made of government ministries. These are structures to facilitate the implementation of government programmes. All programmes and interventions shall continue to be led by government ministries to ensure ownership and facilitate continuity. The national programmes implemented by the public sector shall be the HIV and AIDS response coordination operational mechanisms in the government ministries responsible to implement and coordinate the implementation of the HIV and AIDS response. The public sectors are responsible for the programmatic coordination of interventions in their sector. The interventions at public sector level shall be guided through technical working groups. For example, in the health sector, the Eswatini National AIDS Programme (ENAP) is the health sector operational structure implementing the treatment programs guided by the care and treatment

technical working group. In the education sector, the ETGPS department is the operational mechanism implementing education sector response. In the Public Service Ministry, PSHACC shall remain the wellness programme for civil servants and an operational mechanism for that ministry. To ensure that the response reaches the traditional constituency, the Ministry of Home Affairs shall develop a HIV and AIDS sector programme. The functions of the public-sector coordination mechanism have been outlined in the structures sections above. They include the development of sector response plans, capacity strengthening, monitoring and evaluation of the HIV and AIDS sector response.

3.1.4 CANGO

The Co-ordinating Assembly of Non-Governmental Organisations (CANGO) is mandated to coordinate civil society sector in Eswatini. Building on to their mandate, CANGO shall coordinate civil society implementing the HIV and AIDS response in the country. The Church Forum, SWANNEPHA, AMICAALL, Khulisa Umnftwana were coordinating entities in the previous NSFs. However, in the new NSF, these institutions shall be transformed to support implementation in their constituencies.

i. Church Forum, working with the coordinating church bodies shall perform the following implementation functions:

- Package the HIV and AIDS response for churches
- Develop a data base of churches, monitor and report implementation in churches
- Advocate for critical issues of concern to the faith-based community

ii. SWANNEPHA shall continue to ensure the greater and meaningful involvement of people living with HIV. They shall continue to mobilise and advocate for PLHIV. In the new strategy, the institution has important programmatic functions as follow:

- Provide psychosocial support;
- Treatment literacy which will include nutrition counselling, education on non-communicable diseases, viral suppression and treatment adherence monitoring.
- Promote and protection of human rights among PLHIV and stigma reduction
- Advocate for the equitable availability of antiretroviral therapy at the community level.

iii. Khulisa Umnftwana shall be strengthened to maximize implementation of the HIV and AIDS response in the traditional constituency. Prevention, treatment care and support as well as stigma reduction information shall be packaged and delivered to this constituency by Khulisa Umnftwana.

iv. AMICAALL has played a crucial role in the urban response thus far. They shall continue to support municipalities to ensure that programmes and interventions are implemented in urban areas.

v. **FODSWA-** will play a key role in the implementation of the HIV and AIDS response amongst people living with disabilities. Prevention, treatment care and support as well as stigma reduction information shall be packaged and delivered to this constituency by FODSWA.

3.1.5 SWABCHA

The private sector response is driven by a partnership between employers' associations and labour unions which has set up the Swaziland Business Coalition on HIV (SWABCHA). It is the HIV and AIDS response coordination structure to facilitate for the implementation of the NSF by the private sectors and ensure progress and that their contributions is captured. The roles SWABCHA shall be as follows:

- Establish a database of the private sector response based on the comprehensive private sector programme
- Provides technical support to private firms to integrate the private sector HIV programmes in their work place HIV or wellness programmes
- Advocate for private sector firms to allocate resources for their HIV resources
- Facilitate the development of a private sector monitoring and evaluation system to track the contribution of the sector into the HIV and AIDS response.
- Strengthen monitoring and reporting on HIV activities by individual firms up to national level

3.1.6 UNAIDS

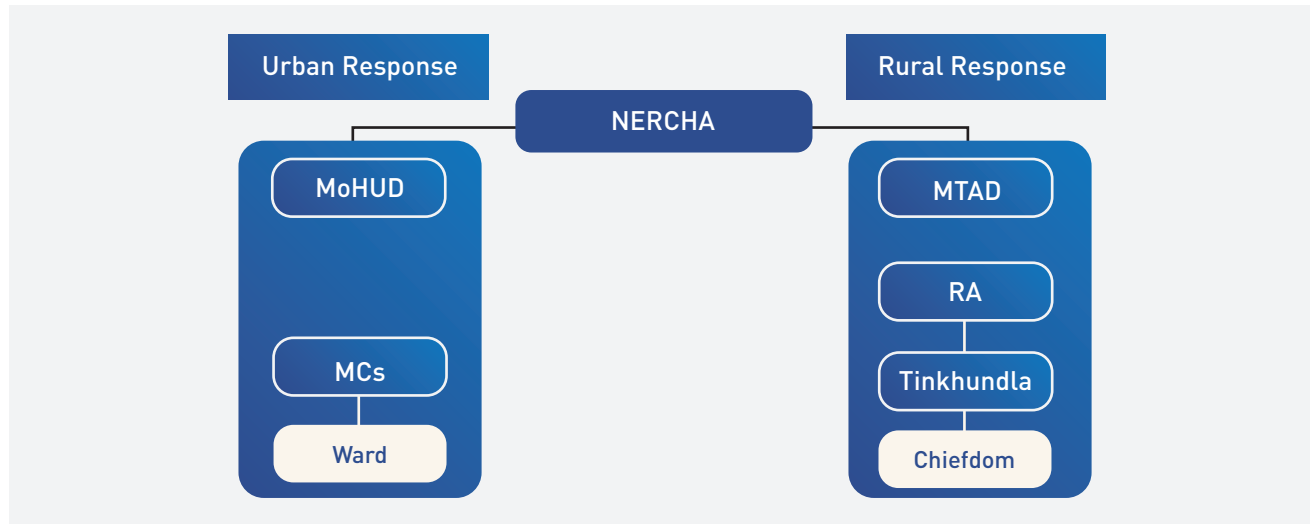
Working with all donor partners, UNAIDS will lead the Eswatini AIDS partnership forum (ESAPAFO) whose membership will from include all donor partners resident and non-resident.

In addition to government, civil society and the private sectors, development partners and international Non-Governmental Organisations (INGOs) that provide financial and technical support for the HIV response. The ESPAFO shall be established to coordinate the resourcing of the HIV and AIDS response.

- Map the support provided by development partners and INGOs in the country and align the support to the NSF 2018-2023
- Develop and annual technical support plan to facilitate planning and timely provision of technical assistance by development partners.
- Mobilise resources to support and sustain the HIV and AIDS response by implementing the financing strategies in the NSF.

3.2 Rural Decentralisation Coordination Structures

Figure 5: Decentralized Coordination Structures



3.2.1 MTAD National Office

The decentralised rural multisectoral coordination of the HIV and AIDS response rests with MTAD through the office of the Director Decentralisation. MTAD shall continue to ensure HIV and AIDS issues are integrated in the regional, tinkhundla and chieftom structures to facilitate adequate coverage of the response in the regions, Tinkhundla and chieftoms. The rural approach sets out to reach the population in the Chieftom, Tinkhundla and Regional levels. The function of the national levels shall be to do the following:

- Report on coordination targets for the rural response
- Review performance working with the decentralisation structures
- Develop a geo spatial analysis system for the rural response to track program gaps and implementation.
- Collate regional data and submit to the national HIV response system

3.2.1.1 Regional Administration Office

At regional level, the Regional Administration Office is the coordination structure for the multisectoral HIV and AIDS coordination. This office has the responsibility to facilitate coordination of the multisectoral response like all other development issues.

3.2.1.2 Tinkhundla

At tinkhundla level, Tinkhundla is the coordination structure responsible to facilitate the coordinating the HIV and AIDS response through the leadership of Indvuna Yenkhundla. Indvuna Tinkhundla shall commission operational mechanisms that assist in the coordination.

3.2.1.3 Chiefdoms

At chiefdom level, Umphakatsi is the coordination structure. The Chief through his/her operational mechanisms has the responsibility to coordinate the HIV and AIDS response in the chiefdom development work. The HIV activities will be mainstreamed into the Umphakatsi Strategic plans, which will be used for chiefdom development.

3.3 Urban Decentralisation Coordination Structures

3.3.1 MoHUD National Office

The decentralised urban coordination response rests with Ministry of Housing and Urban Development (MoHUD) through the 13 towns/municipalities. The coordination of the urban response brings together all HIV implementers from all the sectors operating in the municipality. This response will be coordinated by the, supported by AMICAALL in the implementation for the urban response. The MoHUD will implement the following to coordinate the urban HIV response:

- Strengthen the capacity of the ministry to manage the HIV response coordination.
- Report on coordination targets for the urban HIV and AIDS response to facilitate tracking progress
- Develop a geo spatial analysis system for the urban response
- Collate municipal data to produce national reports and submit to NERCHA
- Facilitate reporting by municipalities on activities of the response
- Convene implementing partners in the urban response
- Maintain and strengthen the urban HIV coordination committee

3.3.2 Municipality Councils

The municipality councils shall continue to be the coordination structures for the HIV and AIDS response in urban areas. Each municipality shall establish an HIV coordination sub-committee to bring together all implementers, review progress, identify local gaps and challenges. All municipalities shall collect information on the HIV response and submit to national structures. Each municipality shall maintain an office on HIV and AIDS. The primary function of this office shall be to ensure response implementation.

3.3.3 Wards

Wards shall continue to be the multisectoral coordination structures for development in these subsections of urban areas. Councillors of the ward have the responsibility to facilitate coordination of the HIV and AIDS response in the ward.

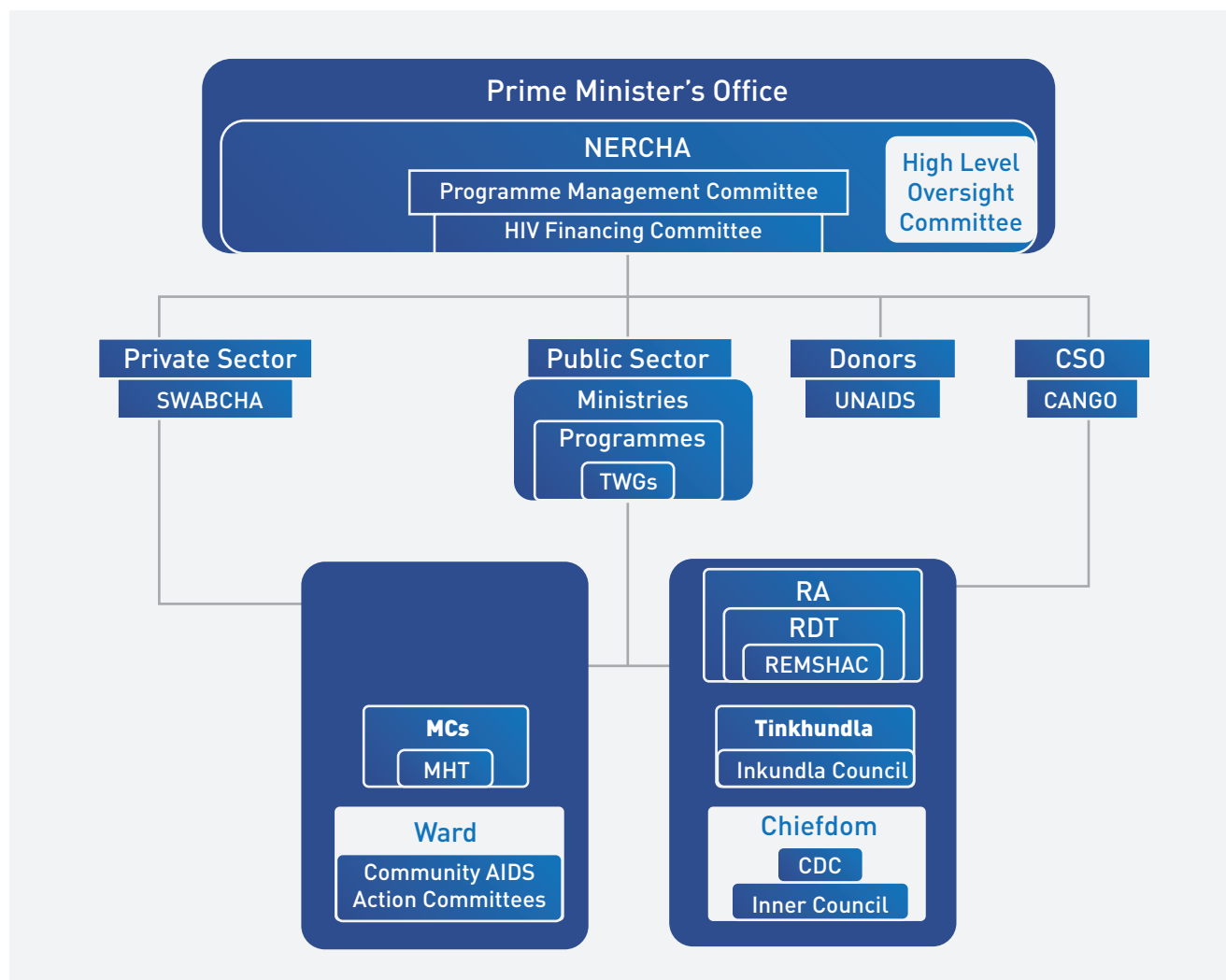
Coordination Mechanism

The coordination mechanism below is a framework on how the implementation of the last mile NSF is going to be coordinated. The coordination structures shall operationalise coordination through the mechanisms outlined in the section below. And will be responsible for setting up the mechanisms. The framework reflects how these structures are going to facilitate coordination of the response. They are ways in which structures collate information and convene stakeholders in the HIV response to communicate the decentralised response agenda and review progress identifying successes, gaps and challenges to ensure total coverage of the region, inkhundla and chiefdom.

The coordination mechanism in figure 6 reflects how the HIV and AIDS response is coordinated from the Prime Ministers' Office to NERCHA, to the sectors to the coordination decentralisation structures. It shows the multisectoral coordination structures and their operational mechanisms outlining the inter-relatedness of all actors in the response.

The mechanisms are outlined in the coordination mechanism below.

Figure 6: HIV and AIDS Multisectoral Coordination Mechanisms



4.1 National Coordinating Mechanisms

The national coordinating mechanisms are the instruments used by the coordinating organs of the HIV response.

4.1.1 High Level Oversight Committee

The High-level over-sight Committee shall be an operational mechanism of the Prime Minister's Office. It shall serve as an overarching oversight body for the public-sector HIV response. This function shall be built into the existing Principal Secretaries Forum. The Principal Secretaries from all the government ministries shall provide progress on the sector HIV response in this forum. This is to ensure accountability of public sector on the progress of NSF implementation. The roles of this committee will be to:

- Review overall Sector performance of the NSF including its efficiency and effectiveness
- Review Sector NSF implementation against the Sector Operational Plan
- Review implementation of the NSF by all sectors and in all regions
- Making adjustments to the HIV response strategic orientation
- Advise on resource mobilisation, allocation and efficiency
- Advise on emerging policy issues

4.1.2 HIV Financing Committee

The HIV Financing Committee will be established to operational arm of ESPAFO to coordinate to guide the implementation of the HIV and AIDS financing and implement the HIV financing strategies laid out in the NSF, coordinating development partners and working with relevant sectors to facilitate sustainably resourcing the HIV response. This committee will comprise of technical experts in the area of HIV resource mobilisation, allocative efficiency and cost efficiency and effectiveness analysis. The functions of this committee will be divided into 2; these will be Finance Coordination and Resource Mobilisation. The functions of the team and its committee shall be to:

- Finance coordination of the national response
- Approve funding mechanisms
- Approve the financial gap analysis of the response
- Resource mobilise for the national response
- Monitor the national spending for the response

4.1.3 Programme Management Committee

A Programme Management Committee will be set up that will comprise of all Directors of key ministries including civil and private sector. This committee shall work to ensure implementation and track progress of the NSF. The meeting of this committee will precede the high-level oversight committee. The meeting shall table and approve the Sector performance. The role of this committee will be:

- Approve sectors plans.
- Assessing progress towards achievement of NSF targets
- Reviewing and recommending target adjustments as necessary to the inter-sectoral committee
- Facilitating the cascading of NSF targets to programmes and regional level
- Providing reports to the high-level oversight Committee

4.1.4 Sector Programme Coordination

The programmes shall be the response coordination operational mechanisms in the government ministries. This is where public sectors will develop, implement and monitor sector responses working with implementing partners. Each sector will be responsible for implementing the Prevention, Treatment, Care and Support, and the Social Protection programmes of the NSF. Each programme consists of interventions.

4.1.5 Technical Working Groups (TWG)

Interventions shall be implemented by programs in sectors. The interventions shall be guided through by technical working groups which will be responsible for the implementing of the intervention. These TWGs will themselves comprise technical persons from the implementing institutions responsible for implementation of the intervention. They shall provide technical advice to implementers to ensure standardised quality service delivery by producing the implementation manuals and overseeing the development and implementation of a supportive supervision and quality assurance process. The TWG will conduct detailed data analysis for their respective strategic areas and identify technical issues that need to be addressed.

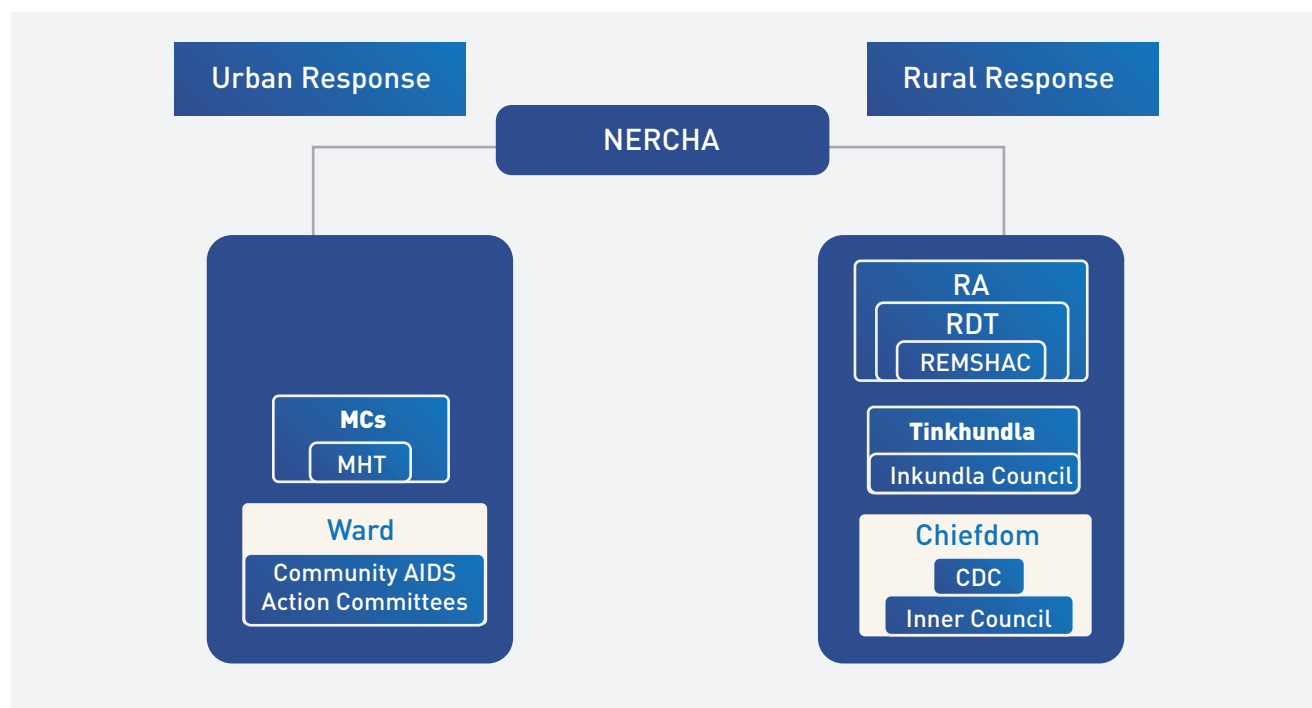
4.1.6 SHACO

SHACO is the civil society response coordination operational mechanism convened by CANGO as the civil society coordination structure. Through SHACO, CANGO shall facilitate for the implementation of the NSF and review progress of the sector towards the goals to end AIDS by 2022.

4.2 Decentralised Coordination Mechanisms

As mentioned above, the coordination framework sets out two decentralisation approaches for reaching the local levels: the rural and urban response decentralisation (outlined in figure 7). The framework sets out and defines the mechanisms that will be used by the rural and urban response coordination.

Figure 7: Decentralised Response Coordination Mechanisms



4.2.1 Coordination Mechanisms of The Rural Response

The rural decentralisation response coordination sets out to reach the population in the Chiefdom, Tinkhundla and Regional levels. The section outlines the rural decentralisation mechanisms.

4.2.2 Regional Development Team

The Regional Development Team (RDT) shall be the coordination operational mechanism of the HIV response of the Regional Administrators Office at the regional level. It shall be supported by the HIV sub-committee known as REMSHACC as another sub operational mechanism of the RDT. This sub-committee will include membership from all sectors (government, civil society, private sector) and representatives of Inkhundla Councils. The role of the RDT in the HIV response coordination shall include:

- Coordinate stakeholders to set regional targets for the HIV response
- Reviewing progress towards achievement of the regional level targets
- Identify gaps in HIV service coverage and in access to HIV services by priority and key populations
- Receiving and reviewing reports from all Tinkhundla in the region
- Developing a consolidated regional HIV report which can be submitted to the national level
- Addressing bottlenecks in implementation of the HIV response
- Ensure representation of the region in the National HIV Inter-sectoral Committee

4.2.3 Tinkhundla Councils

The Inkhundla Council shall be the response operational mechanism at Tinkhundla level. Reports from Umphakatsi will be shared with the Council and emerging issues addressed. The Inkhundla Council will advocate for the HIV issues emerging from the community level to be addressed. They will also convene implementing partners working in the Inkhundla from time to time to receive progress. The coordination functions of the Tinkhundla shall be:

- Integrate the HIV agenda in their overall responsibilities
- Develop Tinkhundla HIV response targets to measure progress
- Collate data from the chiefdoms and produce Inkhundla report
- Review achievements and challenges in delivering HIV services and provide solutions
- Identify gaps in the provision of HIV services based on evidence
- Support in mobilisation of chiefdoms that are lagging on the HIV response
- Provide Tinkhundla reports at regional level

4.2.4 Chiefdom Development Committee

At chiefdom level, the coordination of the HIV response will be integrated into Umphakatsi. Umphakatsi will integrate the HIV agenda into its overall activities. The Chief, as the convener of Umphakatsi, will lead the HIV coordination using the Inner Council and the Chiefdom Development Committee as

its operational mechanism. Key functions at Umphakatsi shall be coordinating approved HIV implementers to map their activities and ensure they provide reports to the Umphakatsi. HIV will be mainstreamed into Umphakatsi development plans. Umphakatsi will play the following roles in coordinating the HIV response:

- Integrate the HIV agenda in their overall responsibilities
- Convene the HIV implementers at chiefdom level to report on their activities
- Review achievements and challenges in delivering HIV services and provide solutions
- Identify gaps in the provision of HIV services based on evidence
- Support in mobilisation of populations that have challenges accessing HIV services
- Provide reports of the chiefdom HIV activities to the Tinkhundla and regional level

4.3 Coordination Mechanisms of the Urban Response

The urban decentralisation coordination sets out to reach the population in the municipalities and ward levels. The section outlines the rural decentralisation mechanisms.

4.3.1 The Municipality Health Teams

This shall mechanism shall continue to be the municipalities response coordination mechanism. These shall be convened by the CEOs in the municipalities through the assistance of the HV and AIDS coordinators. They shall ensure the implementation of the NSF interventions in the town and review progress periodically ensuring total coverage of the urban constituency.

4.3.2 Community AIDS Action Committees

These shall be operational mechanism of wards. They shall be convened by wards leadership facilitated by the HIV and AIDS coordinators in the municipalities. Their functions are to coordinate implementers in the ward ensuring that the HIV response is implemented and reviewed to ensure total coverage of the ward.

Coordination Responsibilities and Implementation Arrangements

Chapter 5

Figure 8: Coordination Responsibilities Flow

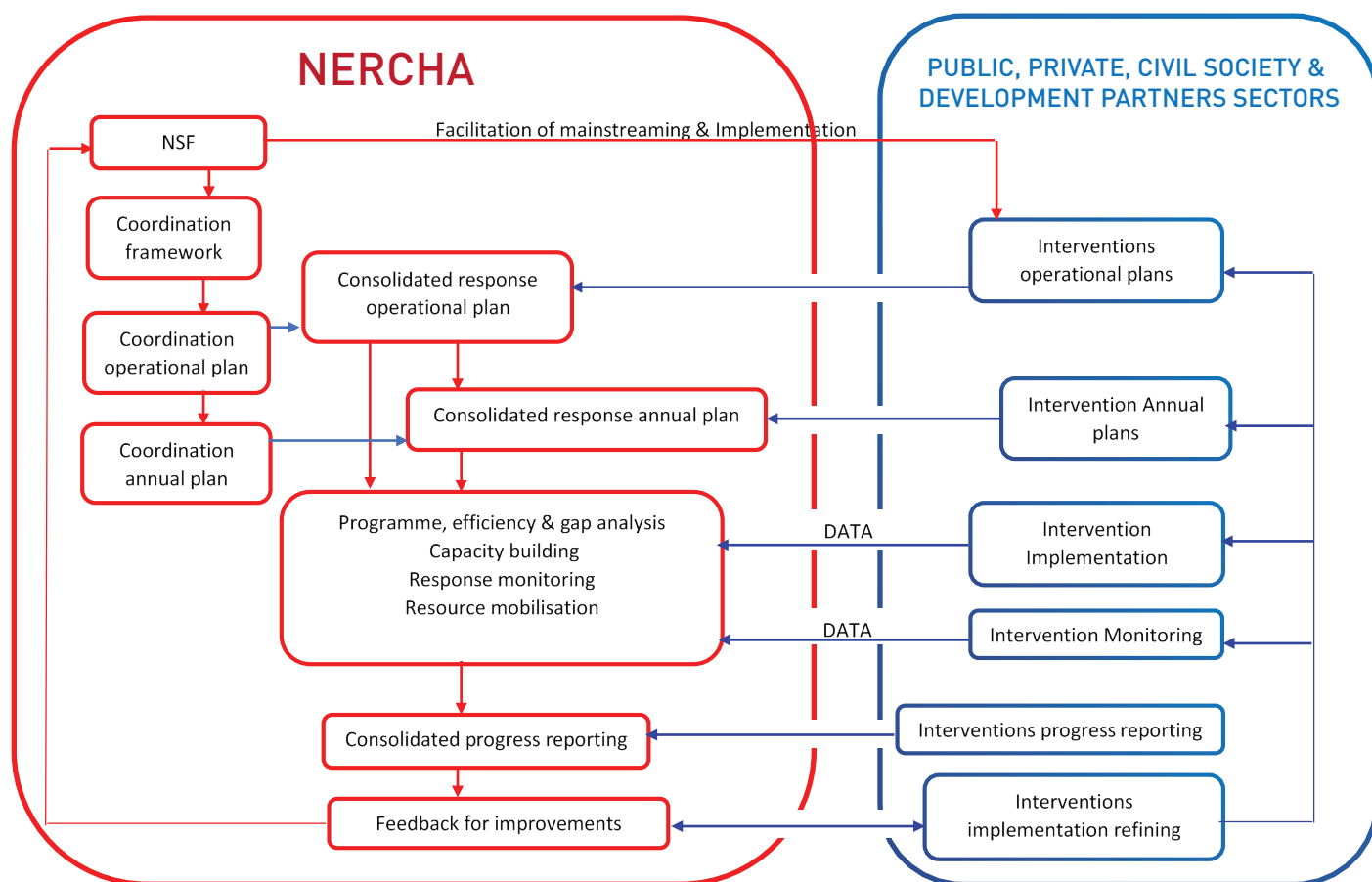


Figure 9: Implementation Arrangements

| Activity | | 17 | 18 | | | | 19 | | | | 20 | | | | 21 | | | | 22 | | | | 23 | | | |
|----------------|---|----|----|---|---|---|----|---|---|---|----|---|---|---|----|---|---|---|----|---|---|---|----|--|--|--|
| | | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | | | | |
| Planning | NSF development | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Operational plans | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Annual plans | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Establish new coordination mechanisms | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Conduct high level coordination | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Conduct programme coordination meetings | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coordination | Conduct TW/G meetings | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Resource mobilisation | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Capacity building | | | | | | | | | | | | | | | | | | | | | | | | | |
| Implementation | Programme implementation | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Annual Reviews | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mid term review | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evaluation | Summative evaluation | | | | | | | | | | | | | | | | | | | | | | | | | |



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