BACKGROUND

The rapid expansion of new resources available to fight HIV/AIDS has given rise to a demand for effective monitoring and evaluation (M&E). All stakeholders involved in the implementation of HIV/AIDS programmes at global and national levels need to familiarize themselves with basic M&E concepts for an effective response to the epidemic.

PURPOSE

The purpose of these modules targeting UN Theme Groups and key focal points within the Secretariat (CPAs, CRD staff) is to provide them with the knowledge and tools needed to assist National AIDS Councils (or equivalent) in setting up a coherent M&E system (see Box below). A solid M&E system contributes to more efficient use of data and resources by ensuring that data are comparable over time and by reducing duplication of efforts.

It is, however, clear that these modules will not make this target group M&E experts; rather, it will allow them to critically look at existing M&E strategies, advise governments accordingly and refer them to M&E experts when needed.

PROPOSED MODULES

A total of six modules are currently available. For further information on selected topics, it is strongly recommended the technical guidelines referred to in each module be consulted.

- Basic M&E concepts (Module 1)
- Development of M&E plans (Module 2)
- Optimizing the use of monitoring and evaluation data (Module 3)
- M&E management tools (Module 4)
- Global M&E framework: UNGASS Declaration of Commitment on HIV/AIDS (Module 5)
- M&E resource groups (Module 6).

Features of a solid M&E system

M&E unit: Established M&E unit within the NAC (or equivalent) with formalized links with line ministries, research institutions, donors, and NGOs.

Goals: Well-defined national programme goals and targets.

National M&E plan: Includes a set of priority indicators at different levels of M&E based on the National Strategic Plan; comparable over time; a subset comparable with other countries; and data collection, analysis, dissemination and use plan.

Module 1: Basic M&E concepts

This module covers key M&E concepts from definitions of M&E terms, to logical frameworks or elements of a robust M&E system.

References: UNAIDS/MEASURE (2000) *National AIDS Programmes: A guide to monitoring and evaluation*; UNAIDS/World Bank (2002) *National AIDS Councils Monitoring and Evaluation Operations Manual*.

Module 2: Development of M&E plans

This module focuses on key steps to be taken in the development of M&E plans through a participatory approach.

References: UNAIDS/World Bank (2002) *National AIDS Councils Monitoring and Evaluation Operations Manual*.

Module 3: Optimizing the use of monitoring and evaluation data

Translating data into policy and programming is a long-term process. However, some steps could be taken to optimize the use of data and hopefully reach this objective. These steps are described in Module 5.

References: UNAIDS/MEASURE (2000) *National AIDS Programmes: A guide to monitoring and evaluation*.

Module 4: M&E management tools

This module provides programme managers with management tools, such as terms of reference for M&E consultants, or evaluation plans.

References: UNAIDS/World Bank (2002) *National AIDS Councils Monitoring and Evaluation Operations Manual*.

Module 5: Global M&E framework:

UNGASS Declaration of Commitment (DoC)

Monitoring and reporting on global commitments are key priorities for UNAIDS and its partners. An entire module is, therefore, devoted to UNGASS DoC indicators, and its linkages to other frameworks to ensure that the target audience can assist governments in the data collection, analysis, interpretation and reporting on those indicators. Emphasis is placed on the rationale behind this core set of indicators and the methods of measurement.

References: UNGASS (2002) *Monitoring the Declaration of Commitment on HIV/AIDS Guidelines on construction of core indicators*.

Module 6: M&E Resource Groups

In view of their strategic functions at country level, UN Technical Focal Points need to be familiar with existing M&E coordination mechanisms at global level. An overview on mechanisms such as the Monitoring and Evaluation Reference Group (MERG), the Cosponsor Evaluation Working Group (CEWG), and the newly established M&E unit within the World Bank Global HIV/AIDS unit (GAMET) is provided in this module.

References: Existing TOR of relevant groups

UNAIDS

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MODULE

Contents

This module introduces basic monitoring and evaluation (M&E) concepts to guide programme managers in the implementation of HIV/AIDS programmes/projects. It mainly contains definitions of key M&E terms, a useful M&E framework and suggested responsibilities for stakeholders at country level. Those readers interested in more detailed information on specific M&E concepts should consult the list of references provided on page 8 (Appendix 1, Useful sources for M&E guidelines). Essential M&E manuals or guidelines are included in the library of the newly established UNAIDS M&E web page (http://elink.unaids.org/menew/LIB/Lib.asp).

1.1. Benefits of monitoring and evaluation

Monitoring and evaluation (M&E) helps programme implementers to:

- determine the extent to which the programme/project is on track and to make any needed corrections accordingly;
- make informed decisions regarding operations management and service delivery;
- ensure the most effective and efficient use of resources; and
- evaluate the extent to which the programme/project is having or has had the desired impact.

The value of M&E is realized only through the *use* of the M&E data (see Module 5, which provides tips for better use of data). Collecting numbers—even the best numbers—or constructing the perfect indicators is useless unless data are reviewed and interpreted and then fed back into the decision-making process. M&E should consistently be applied to problem-solving within the ongoing programme and decision-making processes.

1.2. Difference between monitoring and evaluation

Monitoring: What are we doing?

Evaluation: What have we achieved? What impact have we had?

Monitoring means tracking the key elements of programme/project performance on a regular basis (inputs, activities, results). In contrast, evaluation is the episodic assessment of the change in targeted results that can be attributed to the programme/project intervention, or the analysis of inputs and activities to determine their contribution to results.

1.3. Framework suggested for M&E

Effective M&E is based on a clear, logical pathway of results, in which results at one level are expected to flow towards results at the next level, leading to the achievement of the overall goal. If there are gaps in the logic, the pathway will not flow towards the required results. The major levels are:

- inputs
- outputs
- outcomes
- impacts

Table 1: Major levels of the M&E framework

Level	Description
Inputs	People, training, equipment and resources that we put into a project, in order to achieve outputs.
Outputs	Activities or services we deliver, including HIV/AIDS prevention, care and support services, in order to achieve outcomes. The processes associated with service delivery are very important. The key processes include quality, unit costs, access and coverage. *Example from the UNGASS Declaration of Commitment (DoC) core indicators: % HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT*
Outcomes	Through good-quality, economical, accessible and widespread services, key outcomes should occur. Outcomes are changes in behaviour or skills, especially safer HIV prevention practices and increased ability to cope with AIDS. *Example from the UNGASS DoC core indicators: % of young people aged 15–24 reporting use of a condom during sexual intercourse with a non-regular sexual partner*
Impacts	These outcomes are intended to lead to major health impacts. Impacts refer to measurable health impacts, particularly reduced STI/HIV transmission and reduced AIDS impact. *Example from the UNGASS DoC core indicators: % young people aged 15–24 who are HIV-infected*

1.4. M&E components

There are different M&E components, some more developed than others:

- overall system
- surveillance
- research
- National AIDS Council (NAC), public sector and civil society financial management monitoring
- NAC, public sector and civil society programme activity monitoring.

Table 2: M&E components

Component	Description
Overall system	Overall flowchart and database
Surveillance	National biological and behavioural surveillance of STI/HIV/AIDS/TB rates and trends
Research	Essential research to complement national surveillance
NAC, public sector and civil society financial management monitoring	National financial management monitoring of NAC, the public sector and civil society's utilization of resources
NAC, public sector and civil society programme activity monitoring	National programme activity monitoring of NAC's contracting and grant-provision and the relevance, quantity and quality of public sector and civil society services delivered

Overall system

The overall system comprises a governing flowchart, which describes precisely how and when data are collected, how the data flow, and an overall database to integrate the data specified in the flowchart.

Surveillance

Surveillance comprises biological, behavioural and social impact surveillance. WHO/UNAIDS/CDC support ensures sound antenatal biological surveillance in countries with generalized HIV/AIDS epidemics. In concentrated HIV epidemics, efforts to strengthen serosurveillance among high-risk groups are in progress. Also, many countries have initiated behavioural and social impact surveillance with emphasis on second generation surveillance (see Box 1). NACs should provide adequate resources and support to National AIDS Programmes (NAPs) within Ministries of Health to ensure sound surveillance and health-related M&E.

BOX 1: What is second generation surveillance?

Traditional surveillance systems typically tracked HIV or STIs. However, they did not concurrently track the sexual practices that lead to STI/HIV transmission. This made it difficult to corroborate and explain STI/HIV trends. To address these limitations, second generation surveillance evolved. Second generation surveillance seeks to combine biological and behavioural data, to increase explanatory power. The concordance of diverse biological, behavioural and qualitative insights not only enhances confidence in trends, but it permits meaningful explanations of these trends. Examples from a wide range of countries, including Senegal, Thailand and Uganda, show how second generation surveillance can identify HIV trends through biological surveillance, then convincingly explain these trends through behavioural surveillance. Such examples underscore the vital importance of second generation surveillance.

For more information, please refer to WHO/UNAIDS (2000) Second Generation Surveillance for HIV: The Next Decade. UNAIDS, Geneva. (http://www.who.int/emc-documents/aids_hiv/docs/whocdscsredc2005.PDF)

Research

Surveillance should be complemented by essential research, including epidemiological, evaluation and social impact research. NACs have a strategic role in collating, interpreting and disseminating research findings—e.g., effectiveness of thematic interventions.

Financial management monitoring

The NAC, public sector and civil society financial management monitoring component is usually well supported. The World Bank, for example, has substantial in-house financial management capacity and experience. Social protection funds have demonstrated the feasibility of outsourcing financial management to accounting firms/banks.

Programme activity monitoring

NAC, public sector and civil society programme activity monitoring represents the greatest challenge facing NACs. It is addressed partly through draft operations manuals, but significant challenges remain. NACs will assume a major role in grant-provision, supporting hundreds of HIV/AIDS prevention, care and mitigation activities. Programme activity monitoring requires:

- maintaining an overall integrated M&E flowchart and database;
- identifying epidemiological priorities and soliciting compliant applications;
- publicizing the availability of funding for public sector and civil society initiatives and application mechanisms;
- developing and publicizing structured, transparent selection criteria and approval procedures;
- publicizing recipients;
- monitoring programme progress of grant recipients and communicating achievements; and
- reviewing overall national programme progress, with particular reference to geographic focus, coverage and equity, different interventions and service to vulnerable groups.

As with financial monitoring, this component can be contracted out to an independent firm if capacities do not exist internally. It is recommended that financial and programme activity monitoring be combined and contracted to one firm, for economy and finance-programme cross-verification.

1.5. Responsibilities of key M&E actors and suggested time frame

Implementing partners' responsibilities for M&E and suggested time frames for progress are summarized in Table 3 below.

Table 3: Partners' responsibilities for M&E by level and time frame

LEVEL	DATA	PARTNER ROLE	TIME FRAME
INPUTS	Finance and programme monitoring	All implementing partners submit data on a regular basis <monthly/quarterly> Specialized external agency routinely analyses and verifies data	Progress within 6 months
OUTPUTS Quantity	Finance and programme monitoring	All implementing partners submit data on a regular basis <monthly/quarterly> Specialized external agency routinely analyses and verifies data	Progress within 1 year
Quality	Programme monitoring using quality checklists	All implementing partners do internal quality assurance Specialized external agency routinely does external quality verification	Progress within 1 to 2 years
Unit costs	Finance and programme monitoring	Specialized external agency will use verified financial and programme output data to estimate unit costs for selected implementing partners	
Access to services and coverage	Modules of behavioural surveillance and facility surveys	Access to prevention, care and mitigation services and coverage will be included as a subset of behavioural surveillance and social impact surveys and facility surveys, and assessed when behavioural or facility surveys are used	
OUTCOMES	Behavioural surveillance and epidemiological research	Behavioural surveys to assess outcomes are encouraged in 5–10 sites per country every 1–2 years. Behavioural surveys may also be conducted in selected large-scale public sector or civil society programmes. Examples include public sector programmes for transport workers or soldiers and civil society programmes for refugees Behavioural surveys, using UNAIDS/ FHI guidelines, should be contracted to specialized agencies/institutions	Progress within 2 to 3 years
IMPACT	Biological surveillance and epidemiological research	The Ministry of Health, often assisted by WHO, UNAIDS and CDC, is responsible for national STI and HIV surveillance Selected epidemiological STI/HIV prevalence/incidence studies may also be conducted and may illustrate impacts of prevention programmes in specific areas/ populations	Progress within 3 to 5 years in mature epidemics and 7 to 10 years in nascent epidemics
OVERALL SYSTEM	Flowchart and database	NAC maintains overall flowchart and database	Should be designed before NAC grant-provision is operational

1.6. Key points to remember

- M&E should consistently be applied to problem-solving within the ongoing programme and decision-making processes.
- Effective M&E is based on a clear, logical pathway of results. If there are gaps in the logic, the pathway will not flow towards the required results.
- The key M&E components include: overall system, surveillance, research, NAC, public sector and civil society programme activity, and financial management monitoring.
- Programme activity monitoring is least developed and requires greatest emphasis.
- It is recommended that financial and programme activity monitoring be combined and contracted to one firm, for the sake of economy and finance-programme cross-verification.

APPENDIX 1

USEFUL SOURCES FOR M&E GUIDELINES

The major sources for guidelines cited below are UNAIDS, WHO, MEASURE and FHI. The latest versions of these guidelines may be found on the Internet at:
http://www.unaids.org
http://www.who.int
http://www.cpc.unc.edu/measure
http://www.fhi.org
http://www.cdc.gov
http://www.usaid.gov

Centers for Disease Control and Prevention (2002) *Strategic Monitoring and Evaluation: A Draft Planning Guide and Related Tools for CDC GAP Country Programs*. Centers for Disease Control and Prevention, Atlanta.

Family Health International (2002) *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers*. Family Health International, Arlington. (http://www.fhi.org/en/aids/impact/impactpdfs/evaluationhandbook.pdf)

Family Health International (2000) *Behavioural Surveillance Surveys (BSS): Guidelines for Repeated Behavioural Surveys in Populations at Risk for HIV*. Family Health International, Arlington. (http://www.fhi.org/en/aids/wwdo/wwd12a.html#anchor545312)

UNAIDS (1999) *Acting Early to Prevent AIDS: The Case of Senegal.* UNAIDS, Geneva. (http://www.unaids.org/publications/documents/epidemiology/determinants/una99e34.pdf)

UNAIDS (1998) *The Relationship of HIV and STD Declines in Thailand to Behavioural Change*. UNAIDS, Geneva. (http://www.unaids.org/publications/documents/epidemiology/determinants/una98e2.pdf)

UNAIDS (1998) *A Measure of Success in Uganda*. UNAIDS, Geneva. (http://www.unaids.org/publications/documents/epidemiology/determinants/una98e8.pdf)

UNAIDS/Family Health International (1998) *Meeting the Behavioural Data Collection Needs of National HIV/AIDS and STD Programmes*. UNAIDS, Geneva. (http://www.fhi.org/en/aids/impact/imppub/bdcbiback.html#anchor1086792)

UNAIDS/MEASURE (2000) *National AIDS Programmes: A Guide to Monitoring and Evaluation*. UNAIDS, Geneva. (http://www.cpc.unc.edu/measure/guide/guide.html)

UNAIDS/World Bank (2002) *National AIDS Councils (NACs) Monitoring and Evaluation Operations Manual*. UNAIDS/World Bank, Geneva. (http://www.unaids.org/publications/documents/epidemiology/surveillance/JC808-MonEval_en.pdf)

WHO/UNAIDS (2000) *Second Generation Surveillance for HIV: The Next Decade*. UNAIDS, Geneva. (http://www.who.int/emc-documents/aids_hiv/docs/whocdscsredc2005.PDF)

Contents

This module focuses on the steps to be taken to develop a monitoring and evaluation (M&E) plan through a participatory approach. It also draws the reader's attention to the importance and benefits of M&E plans and their major components. Some indication of time frame and budget is included as well.

2.1. Benefits of M&E planning

M&E planning helps to:

- ensure that sufficient resources allocated to M&E activities (in terms of time, money and personnel) are built into the programme/project's budgeting;
- meet the ultimate purpose of M&E — to have data fed back into the decision-making process;
- educate programme managers about the value of M&E, such as increasing the efficiency and effectiveness of resource usage throughout the life of the programme or intervention; and
- generate strong empirical proof about the demonstrable effects on the desired goals.

2.2. Components of an M&E plan

An M&E plan should typically include the following components:

- Underlying assumptions regarding context, activities, and goals. This provides a crucial 'reality check' for assessing and improving performance where core expectations may need adjustments.
- Anticipated relationships between activities, targets and outcomes. This helps determine exactly where there are performance problems.
- Well-defined indicators with information on how they will be measured and calculated. The set of indicators should be discussed in detail, including baseline values, monitoring schedules, data sources, and M&E resource estimates. This provides certainty in performance assessment, enabling M&E information to accurately and fully reflect a programme's actual performance for ongoing management and decision-making.
- Partnerships and collaborations required to achieve results. This serves as a guide for identifying responsibilities both in designing an effective programme and monitoring and evaluating the degree of success in each of its interventions.
- Specific attention to periodic evaluation and use of performance indicators, with resources allocated at least mid-term and at the end of the project. This will allow for the rational allocation of resources throughout the project's life.
- Detailed M&E workplan and budget.

2.3. Participatory approach in developing an M&E plan

National AIDS Programmes' experience highlights the importance of participatory approaches to build ownership and 'buy-in' in the development of national M&E plans. It is suggested that a small National AIDS Council (NAC) M&E structure (with one or two staff members) be created

to coordinate the development and implementation of national M&E plans (see Module 1 for more details on roles and responsibilities of key M&E actors for different M&E components).

The following steps are recommended to ensure adequate consultation with key actors throughout the process:

- undertake preparatory research
- establish an M&E Reference Group and develop measurement tools
- develop a district and national M&E strategy
- develop a draft M&E plan
- review the draft M&E plan
- finalize the M&E plan
- launch the M&E plan

2.3.1. *Undertake preparatory research*

Preparatory research should be undertaken in the first month of the exercise to identify existing M&E approaches, opportunities, constraints and key issues for further analysis. Preparatory research includes a document review, interviews and field visits.

The document review should include the following country specific documents:

- the National Strategic Plan
- NAC strategic plans, workplans and draft operations manuals
- Ministry of Health (MoH) surveillance reports
- other M&E reports

Key stakeholder interviews should be undertaken to solicit stakeholders' advice and concerns regarding M&E. The stakeholders should include:

- the MoH, other key ministries and key implementing partners
- NAC staff and consultants
- UN Theme Group members, including UNAIDS Country Programme Advisers (CPA)
- major bilateral/multilateral donors
- major NGOs
- major academic/research institutions
- major People living with HIV/AIDS (PLWHA) groups

Field visits should be undertaken to a broad cross-section of stakeholders, to interview field staff and grant beneficiaries and review existing M&E systems, procedures, manuals, forms, checklists and reports. These field visits will provide a community perspective and will also yield field information on what has, and has not, worked in M&E. They will generate practical examples of M&E systems and tools.

Based on the literature review, interviews and field visits, a synthesis of existing M&E strengths and gaps and existing and potential M&E resources should be prepared.

2.3.2. *Establish an M&E Reference Group and develop measurement tools*

An M&E Reference Group should be formed by NAC within the first month. This group (composed of representatives from the list of stakeholders mentioned earlier) should meet monthly and on an ad hoc basis, as required, to provide advice and to review draft outputs. The same M&E Reference Group should advise the government on M&E issues throughout the implementation of the national M&E plan (see Module 3 for its critical role in optimizing the use of M&E data).

The NAC, advised by the M&E Reference Group, should prepare a set of indicators and instruments by the second month to enable NAC to monitor and evaluate existing projects while a substantive M&E system is being developed. Without indicators and instruments, there is a risk that projects will not undertake M&E for several months. The M&E Reference Group will undertake to do the following:

- develop a set of indicators;
- develop data collection tools;
- develop data collection procedures;
- institute data collection;
- supervise data collection; and
- incorporate data collection lessons into substantive M&E plans.

2.3.3. *Develop a district and national M&E strategy*

A two-day district-level stakeholder consultative meeting should then be convened (by the third month) to develop a detailed district M&E strategy, including district indicators and collection mechanisms. NAC will ensure balanced representation from all public and civil society stakeholders.

A national stakeholder meeting should also be convened by the third month, to develop a national M&E strategy, including national indicators and collection mechanisms. NAC will again ensure balanced representation from both public and civil society stakeholders. The participants will develop a draft M&E strategy to provide a framework for the development of a draft M&E system.

2.3.4. *Develop a draft M&E plan*

Based on the above consultative steps, a small nucleus of NAC officials and consultants should develop a draft M&E plan by the fourth month.

2.3.5. *Review the draft M&E plan*

A second series of district and national stakeholder consultative meetings should be convened by the fourth month, to carefully review and revise the draft M&E plan. It should be attended by the same broad range of constituents identified above.

2.3.6. *Finalize the M&E plan*

Based on the feedback and revisions from the district and national meetings, as well as on other feedback, a final M&E plan will be prepared by the fifth month.

2.3.7. *Launch the M&E plan*

A half-day national meeting should then be held in a major city or cities, by the sixth month, to launch the M&E plan. The launch may be attended by up to 200 stakeholders from the public and private sectors.

2.4. Time frame and budget

An illustrative time frame and budget for the above participatory process are presented in Appendices 1 and 2, respectively.

2.5. Key points to remember

An M&E plan should typically include the following components:

- underlying assumptions regarding context, activities and goals
- anticipated relationships between activities, targets and outcomes
- well-defined indicators with information on how they will be measured and calculated
- partnerships and collaborations required to achieve results and build ownership and 'buy-in' in the development of national M&E plans
- specific attention to periodic evaluation and use of performance indicators, with resources allocated at least mid-term and at the end of the project
- detailed M&E workplan and budget

The key stages in developing a national M&E plan through a participatory approach include:

- preparatory research undertaken in the first month
- formation of an M&E Reference Group by NAC within the first month
- development of a district and national M&E strategy through stakeholder consultation meetings by the third month
- development of a Draft M&E plan by the fourth month
- review of the Draft M&E plan by the fourth month
- finalization of the M&E plan by the fifth month
- launch of the M&E plan by the sixth month

APPENDIX 1

ILLUSTRATIVE TIME FRAME

Action	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Undertake preparatory research	X					
Create M&E reference group and develop indicators		X	X			
Develop district and national M&E strategy			X			
Develop draft M&E plan/ manual				X		
Review draft M&E plan/ manual					X	
Finalize M&E plan/manual					X	
Launch M&E plan/manual						X

APPENDIX 2

ILLUSTRATIVE BUDGET FOR PARTICIPATORY PLANNING PROCESS

Activity	Budget
Preparatory research	
Create M&E reference group and set of indicators	Monthly meetings: 6 meetings @ US$1000 per meeting = US$6000 **Sub-total=US$6000**
Develop district and national M&E strategy	Facilitation: US$3000 Consumables: US$2000 Transport and 2 days' accommodation: 20 people @ US$400 = US$8000 x 2 (district and national) **Sub-total = US$21 000**
Develop draft M&E plan	
Review draft M&E plan	Facilitation: US$3000 Consumables: US$2000 Transport and 2 days' accommodation: 20 people @ US$400 = US$8000 x 2 (district and national) **Sub-total = US$21 000**
Finalize M&E plan	
Launch M&E plan	M&E guide: US$7000 Transport and refreshments for 200 participants: 200 people @ US$25 = US$5000 **Sub-total = US$12 000**
Consultancy support	100 person days @ US$300 = US$30 000 **Sub-total = US$30 000**
Total	**US$90 000**

Note. This budget was prepared in 2001 and is an average figure. It needs to be adjusted for individual contexts. The budget is only for the participatory component of the overall M&E planning process.

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This module assists programme managers in addressing a key component of a monitoring and evaluation (M&E) system: the translation of data into policy and programming. As mentioned in previous modules, the ultimate goal of data collection is to ensure that data are fed back into the decision-making process. Over the past few years, data have been used more for advocacy, generating resources or attributing changes to specific interventions, than for programming. While a culture of 'evidence-based planning' might take some time to be entirely built into national programmes, this module suggests concrete steps that help optimize the use of data. For more information on this issue, including examples of how data can and have been used in planning, programming and reorientation of programmes, and presentation skills, it is strongly recommended that readers consult the forthcoming surveillance module entitled, Using data from HIV surveillance systems: Guidance on effective use of data from second generation surveillance systems.

The following steps assist programme managers in optimizing the use of data:

- Produce good-quality data
- Identify the different end-users, and present and package the data according to their needs
- Set up mechanisms for an efficient data-use system

3.1. Produce good-quality data

Producing solid, reliable data is a key condition for their use. It is essential to invest time and effort throughout the data collection process (design, fieldwork and analysis) to ensure that good-quality data are disseminated.

At the **design stage** of data collection, it is imperative that the following be achieved:

(1) *Clearly defined objectives* need to be established[1]. However, it is only in cases where (a) active interventions are in place and (b) no appropriate data exist to serve our objectives that embarking upon a data-collection exercise is a useful investment.

(2) *Indicators/questions must be applicable* to the country context and, where necessary, modified accordingly rather than transposed directly from generic tools. For example, the question, "Can a person get HIV from mosquito bites?" may be part of a standardized indicator on knowledge about HIV prevention yet clearly not relevant in certain parts of the world. Wrong questions lead to useless responses.

(3) *Indicators/questions should cover all the elements of interest.* For example, if the objective is to improve the quality of care provided through national health facilities, data in all of the appropriate dimensions (provider training, logistics, and range of family planning options offered) need to be collected.

(4) *Baseline information must be provided* for each measured element in order to determine programme progress.

(5) *Instruments must be tested to ensure validity and reliability of data.* Testing of instruments for accuracy is crucial yet costly. Where full pilot tests may not be possible, instruments should at least be tested on a small scale or with focus groups, to ensure that cultural or other factors of the local context are taken into account in the instrument's design and use.

[1] Defining the objectives of the data-collection exercise is easier if the goals/objectives of the programme/project to be monitored or evaluated are well defined—one of the key features of a sound M&E system.

(6) *Data should be collected as frequently* as needed. The appropriate frequency of data collection depends on the programme's goals and activities. In the development of M&E plans, both managers and M&E experts should consider this issue seriously. If data are collected too frequently, small fluctuations from standard (e.g., sampling) error will more likely produce confusing results than evidence of any programme achievement.

(7) *The sampling size should be adequate* for the precision of the estimates.

(8) *Proper training in the data-collection instruments should be provided* to fieldworkers. This will address, to the extent possible, the problem of 'subjectivity' (impressions and feelings of the interviewer that make it difficult to make comparisons over time or across geographical units or populations) and errors such as inaccurate or incomplete records, or non-response rates.

Example illustrating the importance of fully exploring the data

Global campaigns have focused on the fact that 50% of new HIV infections occur in people under the age of 24—an age at which people are discovering their sexuality and likely to be engaging in risky behaviour. A country with a rapidly-growing epidemic pooled its national surveillance data and analysed them by age. It was found that some 68% of all existing infections were among young people under 25. A front-page article in the leading newspaper reported that behavioural surveillance among secondary-school children had turned up shocking indicators: over half of the students had multiple partners and only 20% used condoms. The Ministry of Health and Education reacted rapidly, successfully lobbying for an allocation of US$4 million to develop a life-skills curriculum, focusing on helping young people to avoid unsafe sex. The programme was implemented quickly.

Two years later, behavioural surveillance was repeated. Multiple partnership indicators fell to 25%, and reported condom use increased twofold. However, the number of infections in young people reported by the HIV surveillance system continued to grow. A parliamentary committee ordered an enquiry. Public health officials went back to the behavioural surveillance data. The indicators reported in the baseline year were not inaccurate, in that half of all students who had had sex in the previous year had multiple partners, and only 2 in 10 used condoms. However, closer inspection showed that only 8% of all students had ever had sex at all, and only 4% in the last year; 10% of all secondary-school students had reported injecting drugs in the previous year and, by the second round of behavioural surveillance, that fraction had risen to 14%.

These very high rates of injecting drug use had been overlooked because health officials were looking for evidence of unprotected sex. The Ministry of Health quickly ordered a rapid assessment of injecting drug use and found that 85% of injectors were under the age of 25. Had behavioural surveillance data been better used at the start, it would have been clear that the risk factor for HIV infection was not sex, let alone youth, but drug injection. Life-skills programmes were subsequently redesigned to focus more on helping young people stay away from drugs; harm-reduction programmes were redesigned for those already injecting drugs; and injecting drug users were added as a group to the national surveillance system.

Extract from the data-use module: *Using data from HIV surveillance systems: Guidance on effective use of data from second generation surveillance systems*. Elizabeth Pisani.

At the analysis and interpretation stage, it is essential that:

(1) *data be fully explored* before any decision is made. Each type of data (programme monitoring, outcome and impact) needs to be explored (see box below for an example of behavioural surveillance data) and linked for the 'big picture' analysis. Without this broad analysis, it will be difficult to attribute any change at the outcome or impact level to programme efforts.

(2) *any uncertainties* about data sources or tools (that could or could not be avoided) be acknowledged and taken into account in the interpretation of all related results.

(3) *findings do not get generalized* for the whole country if studies have been conducted in only part of the country (such as in certain cities, districts or regions).

3.2. Identify the end-users, and present and package the data according to their needs

Identifying the different target audiences and ensuring that the data are presented in such a way that will optimize their usefulness and serve the end goal is another essential condition for data use.

Selling data is no different from selling anything else. One needs to produce the right product for the right audience. To this end, the following steps are suggested:

(1) Establish the objective

(2) Choose the target market that helps meet this objective

(3) Produce the product that meets the needs of the target market.

Depending on whether the end-users are the affected communities, politicians, policy-makers, the general public, sex workers, young people or media representatives, the message contents, language (see box below), presentation and packaging of the products need to be appropriate for this group. The product can vary from live data-analysis workshops with NGOs, to policy briefs about the effectiveness of sex education for school heads, production of hard-hitting country reports with press conferences and presentations to the cabinet and parliament, fact sheets or press releases for the media, and reports or articles published on the Internet or shared through e-mail lists for the general public.

Same information, different language

- HIV incidence in the 15–19-year-old cohort is high, and prevalence among 19-year-old women is 33%.
- New HIV infections are common among those in their late teens; a third of 19-year-old girls are already infected with the virus.
- Hundreds of teenagers get infected with HIV every week. If there are 60 girls in your daughter's class, then around 20 of them will have HIV by the time they graduate.

Extract from the data use module: *Using data from HIV surveillance systems: Guidance on effective use of data from second generation surveillance systems*. Elizabeth Pisani.

3.3. Set up mechanisms for efficient data-use system

3.3.1. *Ensure government ownership*

Past experience has shown the importance of ensuring ownership of data by governments (policy-makers and programme managers) throughout the data collection process to optimize its use. Government ownership may not lead immediately to better data use. There may still be strong political or other obstacles to turning data into action. However, it helps develop an integrated M&E system that is more likely to succeed than a fragmented system that meets the information needs of selected donors rather than national governments.

Such ownership means that:

- the government agencies with primary responsibility for HIV surveillance, monitoring and evaluation have to provide guidance and leadership to all actors involved in M&E activities throughout the data-collection exercise—from the integrated planning to the analysis, interpretation, and reporting; and
- existing national capacity (government and nongovernmental) must be strengthened to guarantee uniform, good-quality data within a sustainable framework (for example, sound training in M&E of HIV/AIDS for institutions such as the Bureau of Statistics (BOS) or census bureau could be the best way to ensure this sustainability as they already have survey expertise).

Also, depending on the issues covered, strategic partnerships with key stakeholders need to be established at the design stage to better use specific recommendations. For example, input from prevention programme mangers, not just the researchers, should be sought to ensure that recommendations for application to prevention are specific and effective.

3.3.2. *Establish an M&E Working Group*

M&E working groups have proved to be useful coordination mechanisms for developing and implementing comprehensive national M&E strategies, including data-use plans. Working groups are usually led by a senior representative from the government (Ministry of Health or National AIDS Commission). Core members are the people responsible for data collection: government officials from different line ministries; university researchers; private firms involved in market research; technical advisers from international institutions; and key donors. Members of affected communities may be included as core members; if not, they will be among the most frequent ad hoc members.

Concerning the data-use plan, the working group may be responsible for the core work of defining target audiences and key messages to be delivered for each one and designating different institutions to undertake specific tasks, such as data analysis, packaging or preparing reports.

3.3.3. *Allocate sufficient resources for the data-use plan*

While preparing the M&E budget for National Programmes, investment in lobbying should be considered. Usually, HIV/AIDS Programmes' budgets have some money for dissemination, which includes printing a report and holding a meeting to present the data to people already involved in HIV/AIDS. It is recommended that funds be allocated for the hiring of a profes-

sional lobbyist for National AIDS Programmes. This would be a valuable asset for increasing commitment to an appropriate response.

Also, data dissemination is not a one-time exercise. A framework for regular dissemination of information to the different target audiences needs to be included in the data-use plan and funding secured.

3.4. Key points to remember

It is recommended that the following steps be taken to optimize the use of data:

- Produce good-quality data
- Define the different target end-users
- Present and package data in a format relevant to different target end-users
- Ensure ownership from governments at the planning, implementation, analysis and reporting stages
- Set up an M&E working group composed of a wide selection of M&E actors that assists governments in the development and implementation of their M&E strategies
- Allocate sufficient resources for the data-use plan

Contents

This module is meant to assist programme managers in coordinating M&E activities for HIV/AIDS programmes/projects at country level. Decisions on who should implement M&E activities according to the M&E components introduced in Module 1 (Basic M&E concepts) are crucial. Some suggestions are provided in this module with terms of reference for M&E consultants, specialized M&E agencies, and evaluation plans. Key M&E sources are also listed to assist in obtaining standardized indicators by programme area and sample protocols for household, health facility or other special surveys.

4.1. Decisions on who should implement M&E activities

As recommended in Module 1, the National AIDS Council (NAC) (or equivalent) should coordinate and not implement M&E activities. It is, therefore, suggested that NAC outsource M&E components as follows:

Component	Contracted to
Overall system	NAC/M&E Consultant (*see TOR below*)
Surveillance	Biological: National AIDS or epidemiology program, supported by surveillance expert committee (*For TOR/protocols, see M&E sources, Appendix 1*) Behavioural: Universities, research agencies or consulting firms (*For TOR/protocols, see M&E sources, Appendix 1*)
Research	Universities/institutions (*For TOR/protocols, see M&E sources, Appendix 1*)
National NAC, public sector and civil society programme activity monitoring	Major accounting/consulting firms (*see TOR below*)

4.2. Terms of reference for an M&E consultant

NAC is strongly encouraged to recruit an M&E consultant to help build an overall M&E system. Detailed terms of reference, an illustrative job advertisement and scoring criteria are provided in the National AIDS Councils Monitoring and Evaluation Operations Manual that can be downloaded from the UNAIDS website (http://www.unaids.org/publications/documents/epidemiology/surveillance/JC808-MonEval_en.pdf). A summary is provided below.

Establish data/reporting needs. The consultant will build on major activities already undertaken by NAC. She/he will rapidly review NAC's existing logical framework matrix and indicators and propose a set of operational, measurable indicators, with detailed input, output, process, outcome and impact measures. The consultant may assist NAC in streamlining its logical framework.

Design the M&E system. The consultant will then assist NAC in designing an M&E system and preparing an M&E plan. This M&E system should, as far as possible, reflect the National Strategic Plan.

Prepare an implementation plan. The implementation plan will include a detailed workplan, time frame, key milestones and budget for each of the M&E components proposed in NAC's M&E plan.

Train coordinating and implementing partners. The consultant will train key monitoring partners, particularly NAC, line ministries, NGOs and districts to implement the M&E plan.

Ensure the system is tested, refined and fully implemented. The consultant will work with NAC to field-test and refine the entire M&E system. He/she will then ensure that the systems are fully implemented for at least three months before NAC assumes sole responsibility for coordinating M&E.

Specify next steps. The consultant will then present a detailed plan outlining further steps that NAC must take in order to continue to consolidate M&E, including mechanisms that NAC can use to ensure that the plan is updated through regular feedback and consultative processes, as required.

4.3. Terms of reference for specialized programme activity monitoring entity

- Prepare an overall, annual monitoring and evaluation plan
- Prepare technical specifications for each monitoring and evaluation component and contract external agencies to manage each component
- Collect, enter and analyse implementing partner programme monitoring data on a regular basis
- Supervise the quality and timeliness of contracted monitoring and evaluation products
- Review contracted monitoring and evaluation products, distil and communicate their implications for programme implementation, including modifications in geographic priorities, target groups, interventions and implementing partners
- Verify the internal consistency and validity of service delivery data reported by NAC implementing partners, through at least six-monthly visits
- Assess the quality of implementing partners' services, using agreed quality assurance checklists, through at least six-monthly visits
- Cross-validate programme and financial data, to increase confidence in both data sources
- Develop a simple, management Access database, that can be shared widely and used for further analyses
- Assist NAC in identifying implementing partners whose performance is exemplary and may serve as a positive example, and implementing partners who are under-performing, for whom corrective actions will be suggested
- Prepare six-monthly programme monitoring reports, containing summary data, reviewing overall performance against targets and making overall programme recommendations, including recommendations to improve both programme performance and programme monitoring and evaluation.

4.4. Outline evaluation plan

This outline is meant to assist programme managers in preparing terms of reference for different types of evaluations: process evaluations or mid-term reviews, outcome evaluations, and institutional evaluations.

4.4.1. *Background*

The background section should include:

- the purpose of the programme/project
- the target audience: primary and secondary beneficiaries
- the geographical areas covered by the programme/project

4.4.2. *Objectives and scope of the evaluation*

It is recommended that evaluations be guided by the Development Assistance Committee (DAC) criteria of relevance, effectiveness, efficiency and sustainability stated in the DAC principles for evaluation of development assistance[1]. Depending on the type of evaluations, not all the principles need to be applied. However, all evaluations should make recommendations on issues covered for improved performance as well as providing details of key lessons learnt for future similar projects.

- **Relevance**: The extent to which the objectives of a programme/project are consistent with country and direct beneficiaries' needs.
  (1) To what extent were/are the objectives of the programme/project (still) valid? (Relevance of the programme/project to the country's needs and target group.)
  (2) Are the activities of the programme/project consistent with the overall goal and the attainment of its objectives?
  (3) Are the activities of the programme/project consistent with the intended impacts and effects?
- **Effectiveness**: The extent to which a programme/project has achieved its objectives.
  (1) To what extent did the project meet its stated objectives?
  (2) What were the major factors influencing the achievements or non-achievement of the objectives? (Barriers to implementation, and facilitating factors.)
- **Efficiency**: The extent to which the inputs (funds, expertise, time, etc.) were converted to outputs economically. It looks at the least costly resources possible to achieve the desired results. This generally requires comparing alternative approaches to achieving the same outputs to see whether the most efficient process has been adopted.
  (1) Were activities cost-efficient? (Direct support versus outsourcing; relevance of skills required for a given activity.)
  (2) Were objectives achieved on time?
  (3) Was the programme/project implemented in the most efficient way, compared to alternatives?
- **Impact**: The positive and negative changes produced by a programme/project directly or indirectly, intended or unintended. This involves the main impacts and effects resulting from the programme on the local social, economic, environmental and other development indicators.

[1] The DAC Principles for the Evaluation of Development Assistance; OECD (1991)

(1) What has happened as a result of the programme/project?

(2) What real difference has the activity made to the beneficiaries?

(3) How many people have been affected?

- **Sustainability**: The probability of continued long-term benefits of a programme/project.

  (1) To what extent did the benefits of a programme/project continue after donor funding ceased?

  (2) What are the major factors that influenced the achievement or non-achievement of sustainability of the programme/project?

In this section, clarification on what the evaluation will not be able to examine should also be provided.

4.4.3. *Methodology*

Depending on the type of evaluations, a combination of qualitative (desk reviews, key informants interviews, focus group discussions, observations) and quantitative (household surveys, health facility surveys or other special surveys) methods need to be used and spelled out in this section.

The sampling frame also needs to be provided in this section. Again, the type of evaluation will determine the size, with impact studies requiring much more rigour than the other ones.

4.4.4. *Summary of study steps*

It is suggested that evaluation plans contain a section covering the key steps to be taken from the planning to the reporting phases.

Step 1: Developing a common agenda

- Determine the study design
- Develop study instruments, including checklists, focus group discussion guide, key informants interview guides, questionnaires
- Recruitment of interviewers

Step 2: Briefing/training the study team

- Training should cover the objectives of the evaluation, contents and concepts, as well as interviewing techniques and discussions on quality control.

Step 3: Data collection process

Step 4: Data processing

Step 5: Compilation and submission of draft report

Step 6: Submission and discussion of final report; follow-up plan

4.4.5. *Risks and assumptions*

All evaluations involve some risks and assumptions that need to be addressed at the beginning of the process so that they can be minimized as much as possible.

4.4.6. *Evaluation team*

This section should specify the composition of the evaluation team. The credibility of the evaluation depends on the expertise and independence of the evaluators and the degree of transparency of the evaluation process. The Evaluation Team in general should have relevant evaluation and HIV/AIDS-related expertise, in addition to strong management and coordination skills, and expertise of international aid and multi-donor environments. The evaluation should be independent and impartial while providing opportunities for the involvement of key stakeholders at specific stages of the process. This will foster a learning environment in which the evaluation findings will be linked to future policy and programme development.

4.4.7. *Proposed work schedule*

It is suggested that a table showing the work schedule be produced for monitoring purposes. Timing for each stage will depend on the type of evaluations. A sample is provided below.

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8
Step 1								
Step 2								
Step 3								
Step 4								
Step 5								
Step 6								

4.4.8. *Deliverables*

Expected deliverables are:

- Final report of the Evaluation
- Copy of the data collection instruments

4.5. Key points to remember

- NAC should coordinate and not implement M&E activities
- NAC is strongly encouraged to recruit an M&E consultant to help build an overall M&E system

APPENDIX 1:

KEY M&E SOURCES

The newly established UNAIDS M&E web page contains in its M&E library all the key M&E manuals or guidelines. For further information, see references in the box below.

The major sources for guidelines cited below are UNAIDS, WHO, MEASURE and FHI. The latest versions of these guidelines may be found on the Internet at:

http://www.unaids.org
http://www.who.int
http://www.cpc.unc.edu/measure
http://www.fhi.org
http://www.cdc.gov
http://www.usaid.gov

Centers for Disease Control and Prevention (2002) *Strategic Monitoring and Evaluation: A Draft Planning Guide and Related Tools for CDC GAP Country Programs*. Centers for Disease Control and Prevention, Atlanta.

Family Health International (2002) *Evaluating Programs for HIV/AIDS Prevention and Care in Developing Countries: A Handbook for Program Managers and Decision Makers*. Family Health International, Arlington. (http://www.fhi.org/en/aids/impact/impactpdfs/evaluationhandbook.pdf)

Family Health International (2000) *Behavioural Surveillance Surveys (BSS): Guidelines for Repeated Behavioural Surveys in Populations at Risk for HIV*. Family Health International, Arlington. (http://www.fhi.org/en/aids/wwdo/wwd12a.html#anchor545312)

UNAIDS (1999) *Acting Early to Prevent AIDS: The Case of Senegal*. UNAIDS, Geneva. (http://www.unaids.org/publications/documents/epidemiology/determinants/una99e34.pdf)

UNAIDS (1998) *The Relationship of HIV and STD Declines in Thailand to Behavioural Change*. UNAIDS, Geneva. (http://www.unaids.org/publications/documents/epidemiology/determinants/una98e2.pdf)

UNAIDS (1998) *A Measure of Success in Uganda*. UNAIDS, Geneva. (http://www.unaids.org/publications/documents/epidemiology/determinants/una98e8.pdf)

UNAIDS/Family Health International (1998) *Meeting the Behavioural Data Collection Needs of National HIV/AIDS and STD Programmes*. UNAIDS, Geneva. (http://www.fhi.org/en/aids/impact/imppub/bdcbiback.html#anchor1086792)

UNAIDS/MEASURE (2000) *National AIDS Programmes: A Guide to Monitoring and Evaluation*. UNAIDS, Geneva. (http://www.cpc.unc.edu/measure/guide/guide.html)

UNAIDS/World Bank (2002) *National AIDS Councils (NACs) Monitoring and Evaluation Operations Manual*. UNAIDS/World Bank, Geneva. (http://www.unaids.org/publications/documents/epidemiology/surveillance/JC808-MonEval_en.pdf)

WHO/UNAIDS (2000) Second Generation Surveillance for HIV: The Next Decade. UNAIDS, Geneva. (http://www.who.int/emc-documents/aids_hiv/docs/whocdscsredc2005.PDF)

Contents

This module informs the readers about the steps taken to develop the set of core indicators to monitor progress towards the UNGASS Declaration of Commitment (DoC) on HIV/AIDS and a brief description of the indicators. It also contains background information on UNGASS and suggested actions to implement the monitoring and evaluation (M&E) framework. For more information on the UNGASS DoC indicators, it is strongly recommended that readers consult the guidelines on construction of core indicators that exist in four languages: English, French, Spanish and Russian. http://www.unaids.org/UNGASS/docs/JC894-CoreIndicators_en.pdf

http://www.unaids.org/UNGASS/docs/JC581-CoreIndicators_fr.pdf

http://www.unaids.org/UNGASS/docs/JC581-CoreIndicators_sp.pdf

http://www.unaids.org/UNGASS/docs/JC581-CoreIndicators_ru.pdf

5.1. Background information on UNGASS on HIV/AIDS

In June 2001, the United Nations General Assembly convened a landmark 'Special Session' (UNGASS) on HIV/AIDS. The purpose of UNGASS was to review and address the problem of HIV/AIDS in all its aspects, as well as to intensify international action to fight the epidemic and to mobilize the necessary resources. Member States emphasized that the continuing spread of HIV/AIDS would constitute a serious obstacle to the realization of the global development goals adopted at the Millennium Summit of the United Nations.

During the Special Session, 189 UN Member States, including numerous Heads of State, signed a 'Declaration of Commitment' (DoC) towards achieving a set of goals and targets. The Declaration calls for global and national action in 10 key areas: leadership; prevention; care, support and treatment; HIV/AIDS and human rights; reducing vulnerability; children orphaned and made vulnerable by HIV/AIDS; alleviating social and economic impact; research and development; HIV/AIDS in conflict and disaster-affected regions; and resources. Governments are expected to formulate and implement effective national policies in the above-noted areas. Global and regional initiatives are expected to reinforce and complement action at national level.

The DoC also included a pledge, on the part of the United Nations General Assembly, that it would itself devote at least one full day per annum to reviewing the progress achieved in realizing the goals established.

5.2. Steps taken to promote full implementation of the Declaration of Commitment

The approach adopted to ensure the fullest possible implementation of the DoC is based on three principles:

- Implementing the DoC is a collective responsibility
- Existing capacities, mechanisms and processes need to be strengthened.
- The DoC is a unifying and motivational tool

- **Implementing the DoC is a collective responsibility**

The DoC is global in scope, requiring follow-up in all countries, and its implementation depends on the full cooperation of governments, civil society and the United Nations system.

Governments are primarily responsible for implementing the Declaration's goals and targets, including the measurement of agreed indicators and a regular review of progress towards their achievement. Donor governments have an additional responsibility to provide financial and technical support to the efforts of developing countries, encouraging action within the UN system and promoting the goals of the Declaration in international forums.

Civil society engagement is critical to UNGASS follow-up. Civil society groups act as powerful stimulants of national action as well as influential actors in their own right. Networks of people living with HIV/AIDS or of those at high risk (injecting drug users, men who have sex with men, sex workers) are particularly important. The social mobilization necessary to achieve the Declaration's most important goals can come only through sustained and meaningful civil society engagement.

The **UN system** has embraced the Declaration as the framework for action at country level. UNAIDS is leading the way, with the Cosponsors and the Secretariat having accepted special responsibility in their respective areas of expertise (see Box below). The idea is not that these agencies are solely responsible for these areas, but that each one has a facilitating (or 'convening') role in promoting, supporting and monitoring the achievement of specific goals.

- **Strengthening existing capacities, mechanisms and processes**

In the same spirit that UNGASS preparations were made, follow-up should reinforce existing capacities, mechanisms and processes. The objective is not to create new national programmes or UN theme groups or global initiatives; it is to 'mainstream' the goals of the Declaration into the 'core business' of governments, UN agencies and civil society groups, including the private sector. The Declaration should be clearly recognizable in national development plans, poverty reduction strategy papers (PRSPs), UN Development Assistance Framework (UNDAF) papers, and nongovernmental plans of action. It should provide the framework for moving forward in a wide range of areas, including all those covered in its 10 substantive sections.

UNGASS DoC implementation: UNAIDS responsibility

UNICEF:	Orphans and vulnerable children
UNDCP:	Injecting drug use
ILO:	World of work
UNESCO:	Education sector
WHO:	Care and support; prevention of HIV transmission to pregnant women, mothers and children
World Bank:	Evaluation of HIV/AIDS programmes at country level and economic impact
UNDP:	Governance and development planning
UNFPA:	Condom programming for prevention of HIV; young people
Secretariat:	Men who have sex with men, commercial sex workers, evaluation of HIV/AIDS and overall coordination of, and support to, other partners.

- **The DoC is a unifying and motivational tool**

The DoC provides a unique opportunity for advocacy and action. It deals forthrightly with a number of difficult issues, even if it falls short of where we would have liked it to be in one or two important areas (e.g., vulnerable groups). As such, the Declaration can be used to find common ground among groups who do not normally work together. It can serve as a unifying force in a world too often divided when confronting challenges the size and scope of HIV/AIDS.

At its meeting in April 2002, the Committee of Cosponsoring Organizations endorsed these principles and also agreed to a series of actions related to the four key areas: advocacy (e.g., the integration of the Declaration into the agendas of major international conferences); normative guidance and operations support (e.g., the development of an operational guide for UN Country Teams and other partners on strategies and actions to move forward key elements within the Declaration); communications and public information (e.g. the dissemination of a 'user-friendly' version of the Declaration that sets out in plain language the commitments contained therein); and civil society engagement (e.g. collaboration with key networks). The Committee of Cosponsoring Organizations will monitor progress in each of these areas on a regular basis.

5.3. Process of indicator development

UNAIDS and partners have developed a set of core indicators that allow for the monitoring of measurable aspects of the various international and national actions, national programme outcomes, and national impact objectives envisaged in the DoC (see Appendix 1, page 45). The development of the M&E framework with the proposed indicators, their refinement, and finalization has been an on-going and evolving process. The UNGASS framework was first developed in October 2001 by the UNAIDS Secretariat in collaboration with Measure *Evaluation*1 and shared with the Cosponsors Evaluation Working Group (CEWG)[2]. In November 2001, there were further discussions on the draft framework at the Monitoring and Evaluation Reference Group (MERG)[3] meeting in Lausanne, Switzerland, with a broad range of participants from multilateral, bilateral agencies and academic institutions. Based on the discussions, the framework has been further refined and shared with UNAIDS Cosponsors and other agencies. The framework has also been shared with partner agencies, country M&E officers and Programme Managers at the 'Strengthening Monitoring and Evaluation of National HIV/AIDS Programmes in the Context of the Expanded Response' workshop in Dakar, Senegal, in February 2002. The framework was then reviewed at the recently convened MERG meeting in April 2002 in Washington, DC. In tandem, a methods package to guide national governments in data collection has been developed in close collaboration with MERG members. The UNGASS framework and the accompanying methods package were presented to the Programme Coordinating Board (PCB) of UNAIDS for endorsement in May 2002, then widely disseminated to national governments, UN agencies, bilateral agencies, key NGOs and large foundations.

The UNGASS DoC M&E framework was used in the development of similar M&E frameworks for the following global initiatives to avoid duplication of efforts and to ensure, to the extent possible, harmonization of M&E systems:

- the Millennium Development Goals (see Appendix 1)
- the Global Fund to Fight AIDS, Tuberculosis and Malaria; and
- the World Bank Multi-Country HIV/AIDS Programs.

5.4. Selected set of core indicators to monitor progress against UNGASS DoC goals and targets and related measurement tools

The indicators in the UNGASS M&E framework will help in monitoring progress towards achieving the goals of the UNGASS DoC. While the aim is not to measure progress at every step, the proposed indicators constitute parameters for the monitoring of progress at all levels. In addition, since it is not realistic to develop indicators for all possible areas of action and programming, indicators have been developed for those areas where particular emphasis is called for, and where progress needs to be measured. It is recognized that not all indicators may be equally relevant to all countries and that some countries may report on additional indicators relevant to their specific situations.

At the **global action** level, five key indicators have been identified for measuring progress in resource mobilization, policy and advocacy for HIV/AIDS. UNAIDS, in collaboration with other partners, will carry out annual surveys of resource flows, annual desk reviews and qualitative assessments to monitor progress in these areas.

At the **national action** level, two indicators have been identified. National governments' progress in policy development, strengthening and implementation will be captured in a national composite index, which will rely on annual country assessments and will be complemented by a more in-depth qualitative survey every three years. A standard questionnaire developed by the UNAIDS Secretariat has already been dispatched to countries, and a global summary based on more than 100 national reports on policies was completed by June 2002 for presentation to the United Nations General Assembly in October 2002. The information from this report will be used to establish baseline data and to reflect initial progress towards the attainment of the targets set for 2003 and 2005. Progress in the area of resource mobilization will be measured through biannual surveys on resource flows, conducted by UNAIDS in collaboration with national governments and partners.

At the **national programme** level, nine indicators have been identified for the monitoring of progress in the areas of knowledge, and condom use among young people, workplace HIV policies and programmes, life-skills-based HIV/AIDS education, adoption of safer behaviours among injecting drug users, management of patients with sexually transmitted infections, prevention of mother-to-child transmission (MTCT), treatment, and impact mitigation. Population-based surveys, either in the general population or in specific population groups, workplace surveys, health facility surveys, and school-based surveys will be carried out to monitor progress. These surveys will either be part of an on-going multi-purpose survey, such as the Demographic and Health Surveys and UNICEF's Multiple Cluster Surveys, or special surveys. In addition, an UNGASS survey model aimed at measuring the UNGASS national programme indicators is being developed. It is envisioned that the UN theme groups, bilateral agencies and other partners will effectively support these efforts. Other data requirements should be met from existing routine programme monitoring sources. It is envisaged that these will typically include education and health service records as well as specific HIV/AIDS or sexually transmitted infection control programme and surveillance records.

[1] Measure *Evaluation* is one of the five separate projects funded by the US Agency for International Development (USAID) to examine a wide range of activities with a focus on family planning, maternal and child health and nutrition, and the prevention of HIV and sexually transmitted infections.

[2] UNAIDS working group composed of focal points from the Cosponsors' Evaluation Units.

[3] UNAIDS advisory body on monitoring and evaluation composed of monitoring and evaluation experts from national governments, UN agencies, bilateral agencies, civil society organizations and the private sector.

Two indicators on the prevalence of HIV among young people and newborns have been identified to monitor progress at the **impact** level. Data from national HIV sentinel surveillance and estimates based on programme coverage will be used to determine the prevalence of HIV among young people and newborns.

The national indicators focus on progress within individual countries. Four of them are also Millennium Development Goal Indicators, established to monitor progress in achieving the goals and targets set in the Millennium Declaration, adopted by all 189 Member States of the United Nations General Assembly in 2000. As far as possible, national indicators have been built on those that have previously been recommended for use in M&E of HIV/AIDS programmes.

Each of the national indicators is **applicable** to all countries, with the exception of the indicator covering injecting drug users. This indicator is applicable to countries where injecting drug use is an established mode of HIV transmission. Similarly, countries with low HIV prevalence or concentrated epidemics should report on an alternative indicator of HIV prevalence among high-risk behaviour groups, as opposed to prevalence among young people obtained from antenatal clinic sentinel surveillance. It is recommended that countries with generalized epidemics also report on this indicator to track the epidemic among all key at-risk behaviour groups.

Some of the **targets** set in the DoC apply only to those countries that are most affected by the HIV/AIDS pandemic. These and other indicators may be less relevant in countries that currently have low overall levels of HIV prevalence, in which case they may be reported on less frequently. Even so, it is important to recognize that relatively small changes in behaviour have the potential to trigger rapid epidemics in these countries. To ensure that this potential is not realized, careful epidemiological surveillance and appropriate and effective HIV prevention must be maintained.

For all indicators, it is suggested that data be obtained (whenever appropriate) for the whole 15–49-year-old age group, with separate indicator scores being reported by gender for the 15–19-, 20–24- and 25–49-year-old age groups. This will allow countries to better identify gender equality issues.

It is hoped that most of the data required to calculate the indicators will be available from pre-existing sources. In many countries, population-based surveys that collect much of this information (e.g., demographic and health surveys) are carried out on a regular basis. In other countries, similar surveys can be extended to incorporate the necessary questions. Most countries also capture information from schools, health facilities, and employers on a regular basis so that the HIV/AIDS information required for the indicators covering these areas should be relatively straightforward to collect. The one indicator for which a significant additional data collection effort may be required is that covering injecting drug users.

As mentioned above (5.3. Process of Indicator Development, page 39), the DoC core indicators have been incorporated in a methods package called Monitoring the Declaration of Commitment on HIV/AIDS Guidelines on construction of core indicators that can be downloaded from the UNAIDS website. Notes are provided at the end of each guideline on any significant assumptions that are made in the calculation of the indicator and on any factors that may tend to introduce bias into the estimates. Particular attention is paid to highlighting factors that may cause distortion in temporal trends or cross-country comparisons of the indicator, as these may lead to incorrect conclusions being drawn on the absolute and relative effectiveness of alternative programmes. Also, a number of additional national indicators have

been suggested in the guidelines that could complement or serve to elucidate the information obtained using the relevant core indicator in some settings.

5.5. Reporting and accountability

The UNAIDS Secretariat at headquarters will be responsible for collecting, compiling, analysing and preparing summary reports for **global indicators** in liaison and collaboration with Cosponsors. A first review of global indicators was carried out and a summary report prepared for inclusion in the report to the United Nations General Assembly presented in October 2002. National governments (especially NACs) will be responsible for reporting on the progress made in the areas of national indicators, with collaboration of, and assistance from, UN theme groups, multi- and bilateral agencies, NGOs and research institutions.

5.6. Suggested actions to implement the DoC M&E framework

Broad consultations at the planning and reporting phases of the process are recommended to ensure proper implementation of the DoC M&E framework. The Country Program Advisers and the UN Theme Groups should play a key role in facilitating the entire process, from the planning to the reporting phases.

Consultation — planning phase

UNAIDS strongly recommends that national governments organize a planning workshop or consultation attended by major M&E actors from national governments, bilateral and UN agencies, academic institutions, civil society and private sector representatives to discuss key actions to be taken to ensure timely reporting: (1) the data collection strategy for 2003 and 2005 reporting; (2) the budget required and sources of funding; and (3) technical assistance needed.

The planning workshop should not be considered as a separate exercise from the discussion on the data collection strategy for monitoring the implementation of the National Strategic Plans. Collection of most core indicators is already planned in all countries as part of their national M&E plan (where such a plan exists). Monitoring the DoC should, therefore, be used as a catalyst to ensure more effective coordination in data collection, as well as in M&E technical assistance and capacity-building at national level. The Country Response Information System (CRIS) (to be operational in all countries in 2004) will house all data obtained on core and additional indicators for use in monitoring implementation of the DoC.

Consultation — reporting phase

National governments should also organize a broad consultation forum involving civil society and the private sector to discuss major findings of the national reports prior to submission to UNAIDS. Once finalized, national reports will be posted on the UNAIDS website.

In parallel, global M&E actors will meet on a regular basis through existing collaboration mechanisms (see Module 6, M&E Resource Groups) to discuss country M&E support towards achieving the UNGASS DoC goals. More specifically, they will attempt to coordinate their efforts in M&E technical assistance and capacity-building to avoid duplication and ensure proper coverage of countries.

Conclusion

Meeting the goals and targets set in the DoC on HIV/AIDS calls for immediate action from all stakeholders. However, national governments need to show serious commitment and leadership and drive the entire implementation process—from the planning to the reporting stages. A comprehensive yet simple M&E framework has been developed to assist them in tracking progress on all the key elements of the DoC. It is hoped that this framework will be used both for learning from successful and less successful programmes, and for accountability purposes. All States agreed to report back to the UN General Assembly on an annual basis. This tool will help them live up to their commitments.

The indicators for monitoring implementation of the DoC will need to be revised from time to time to reflect experience in their use and changes in the course of HIV/AIDS epidemics and in approaches to HIV control. Thus, the identity, specification and method of construction of the core, alternative and additional indicators will be reviewed on a regular basis by UNAIDS and its partners, and revisions will be made as and when necessary. Where such revisions to the indicators are agreed upon, UNAIDS will arrange for the guidelines on the construction of core indicators to be updated. Although technical support to governments will be available through the Expanded Theme Groups at country level, additional assistance can be sought from the evaluation unit at the UNAIDS Secretariat at

UNGASSindicators@unaids.org

5.7. Key points to remember

- The approach adopted to ensure the fullest possible implementation of the DoC is based on three principles:
  - Implementing the DoC is a collective responsibility
  - Existing capacities, mechanisms and processes need to be strengthened
  - The DoC is a unifying and motivational tool
- The core indicators help in monitoring progress towards achieving the goals of the UNGASS DoC. These indicators have been incorporated into a methods package called Monitoring the Declaration of Commitment on HIV/AIDS Guidelines on construction of core indicators, which can be downloaded from the UNAIDS website.
- Not all indicators may be equally relevant to all countries and some countries may report on additional indicators relevant to their specific situations.
- The UNAIDS Secretariat at headquarters will be responsible for collecting, compiling, analysing and preparing summary reports for global indicators, while national governments (especially NACs) will be responsible for reporting on the progress made in the areas of national indicators.
- Broad consultations at the planning and reporting phases of the process are recommended to ensure proper implementation of the DoC M&E framework.
- The identity, specification and method of construction of the core, alternative and additional indicators will be reviewed on a regular basis by UNAIDS and its partners, and revisions will be made as and when necessary.

APPENDIX 1

Core indicators for DoC implementation

Indicators	Reporting schedule	Method of data collection
Global level		
Global commitment and action		
1. Amount of funds spent by international donors on HIV/AIDS in developing countries and countries in transition	Annual	Survey on financial resource flows
2. Amount of public funds available for research and development of vaccines and microbicides	Annual	Survey on financial resource flows
3. Percentage of trans-national companies that are present in developing countries and that have HIV/AIDS workplace policies and programmes	Annual	Desk review
4. Percentage of international organizations that have workplace policies and programmes	Annual	Desk review
5. Assessment of HIV/AIDS advocacy efforts	Annual	Qualitative desk assessment(s)
National level		
1. National commitment and action		
1. Amount of national funds spent by governments on HIV/AIDS	Biennial	Survey on financial resource flows
2. National Composite Policy Index (see page 12)	Biennial	Country assessment questionnaire
2. National programme and behaviour		
1. Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year	Biennial	School-based survey and education programme review
2. Percentage of large enterprises/companies that have HIV/AIDS workplace policies and programmes	Biennial	Workplace survey
3. Percentage of patients with STIs at health-care facilities who are appropriately diagnosed, treated and counselled	Biennial	Health facility survey
4. Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	Biennial	Programme monitoring and estimates
5. Percentage of people with advanced HIV infection receiving antiretroviral combination therapy	Biennial	Programme monitoring and estimates
6. Percentage of IDUs who have adopted behaviours that reduce transmission of HIV*	Biennial	Special survey

7. Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission** **(Target: 90% by 2005; 95% by 2010)**	Every 4–5 years	Population-based survey
8. Percentage of young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner**	Every 4–5 years	Population-based survey
9. Ratio of current school attendance among orphans to that among non-orphans, aged 10–14**	Every 4–5 years	Population-based survey

3. Impact

1. Percentage of young people aged 15–24 who are HIV-infected** **(Target: 25% in most affected countries by 2005 25% reduction globally by 2010)**	Biennial	HIV sentinel surveillance
2. Percentage of HIV-infected infants born to HIV-infected mothers **(Target: 20% reduction by 2005; 50% reduction by 2010)**	Biennial	Estimate based on programme coverage

* Applicable to countries where injecting drug use is an established mode of HIV transmission
** Millennium Development Goals

National Composite Policy Index

(National Action Indicator: Number 2)

A. Strategic plan	1. Country has developed multisectoral strategies to combat HIV/AIDS 2. Country has integrated HIV/AIDS into its general development plans 3. Country has a functional national multisectoral HIV/AIDS management/ coordination body 4. Country has a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society 5. Country has a functional HIV/AIDS body that assists in the coordination of civil society organizations 6. Country has evaluated the impact of HIV/AIDS on its socioeconomic status for planning purposes 7. Country has a strategy that addresses HIV/AIDS issues among its national uniformed services (including armed forces and civil defence forces)
B. Prevention	1. Country has a general policy or strategy to promote IEC on HIV/AIDS 2. Country has a policy or strategy promoting reproductive and sexual health education for young people 3. Country has a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection 4. Country has a policy or strategy that promotes IEC and other health interventions for cross-border migrants 5. Country has a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities 6. Country has a policy or strategy to reduce mother-to-child HIV transmission
C. Human rights	1. Country has laws and regulations that protect people living with HIV/AIDS against discrimination 2. Country has laws and regulations that protect from discrimination groups of people identified as being especially vulnerable to HIV/AIDS 3. Country has a policy to ensure equal access for men and women to prevention and care, with emphasis on vulnerable populations 4. Country has a policy to ensure that HIV/AIDS research protocols involving human subjects are reviewed and approved by an ethics committee
D. Care and support	1. Country has a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups 2. Country has a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups 3. Country has a policy or strategy to address the additional needs of orphans and other vulnerable children

Contents

The purpose of this module is to familiarize the readers with the UNAIDS monitoring and evaluation (M&E) Resource Groups at both global and national levels. Key M&E focal points in Cosponsors' agencies (Headquarters) are also included to encourage interaction between country and headquarter offices.

6.1. Cosponsor Evaluation Working Group (CEWG)

The CEWG has been established to provide support to UNAIDS' overall M&E efforts. It has strong links to the UNAIDS Monitoring and Evaluation Reference Group and the UN Interagency Working Group on Evaluation. The Working Group members assist their respective HIV/AIDS programme focal points in internalizing the UNAIDS M&E framework (**http://www.unaids.org/about/governance/files/984ME-E.doc**) in their work, including the sharpening of their respective Unified Budget and Workplan outputs and the development of appropriate performance monitoring indicators. The Working Group also assists in developing effective M&E systems at global, regional and national levels and internal review systems for improved organizational learning and information sharing on HIV/AIDS. In addition, the CEWG oversees the in-depth assessment of UN system performance at country level through selected country case studies. During the next biennium, the CEWG will play a key role in the implementation of the UNGASS Declaration of Commitment (DoC) M&E framework among Cosponsors' agencies (see Module 5 for further information on the UNGASS DoC M&E framework).

UNAIDS M&E Focal Points at headquarters

WHO: Ties Boerma (boermat@who.int)
UNICEF: Roeland Monasch (rmonasch@unicef.org)
UNFPA: Bongs Lainjo (lainjo@unfpa.org)
ILO: Iqbal Ahmed (ahmed-iqbal@ilo.org)
UNDP: Joseph Annan (joseph.annan@undp.org)
World Bank: Susan Stout (sstout@worldbank.org)
UNDCP: (to be designated)
UNESCO: (to be designated)
Secretariat: Paul De Lay (delayp@unaids.org)

6.2. UNAIDS Monitoring and Evaluation Reference Group (MERG)

The MERG assists UNAIDS in developing and strengthening an independent M&E function for improved accountability and organizational learning, and in advancing a *common* thematic evaluation and research agenda (see Appendix 1, Draft Terms of Reference). With its broader membership of national, bilateral agency and independent evaluation expertise, the MERG is best placed to assist in the harmonization of M&E approaches among collaborating organizations, and in the development of effective M&E methods of the response to the epidemic. Although the MERG meets twice a year, members continue discussions initiated at the meetings throughout the year.

The MERG has contributed substantively to the development and implementation of the UNAIDS M&E plan, to the finalization of the UNGASS DoC core indicators as well as to the harmonization with other frameworks Millenium Development Goals (MDG), World Bank Multi-Country AIDS Programs (MAP), Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (GFATM). During the

next biennium, more emphasis will be placed on the implementation phase of the UNGASS DoC M&E framework and the implementation of the Country Response Information System (http://elink.unaids.org/menew/CRIS/Cris.asp)

6.3. UNAIDS Secretariat Evaluation Unit (EVA)

The UNAIDS Secretariat Evaluation Unit focuses its resources on developing M&E systems for strategic information sharing. The Unit also supports the newly established M&E Technical Resource Network (see section 4.5), and mobilizes the M&E resources required to guide the expanding HIV/AIDS response.

The main output of the Evaluation Unit over the past biennium was the development of the UNGASS DoC M&E framework. During the next biennium, the focus will be on assisting country partners in the use of the UNGASS methods package and advancing the newly established M&E Technical Resource Network.

6.4. Global Monitoring and Evaluation Support Team (GAMET)

The Global Monitoring and Evaluation Support Team (GAMET) was established in 2002 to improve country access to M&E resources. Although housed at the World Bank, GAMET represents UNAIDS Cosponsors as well as technical agencies. Therefore, its scope of support is supposed to go beyond the MAP and other World Bank HIV/AIDS programmes.

GAMET objectives include:

- to strengthen M&E capacity at the country level;
- to support further harmonization of approaches; and
- to promote use of monitoring and evaluation tools in HIV/AIDS policy and programme decision-making.

GAMET functions include:

- coordinating work on capacity-building by assisting in the development of national M&E plans;
- assisting in identification and establishment of M&E support in-country (for instance, specification of M&E consultancies);
- tracking and facilitating information flow on M&E capacity, constraints and opportunities;
- encouraging the use of monitoring and evaluation in decision-making by promoting comparisons of experience; and
- building momentum behind 'effectiveness research'.

The actions of the GAMET over the next biennium include:

- establishment of an International Mobile Support Team (IMET) to support the development of national M&E frameworks;
- development of 'results fairs' to encourage the gathering and use of M&E data;
- review and dissemination of information on the country-level M&E capacity through the completion of an inventory of such capacity;

- mobilizing resources for M&E, especially in MAP countries, where a portion of the grant can be designated for these activities; and
- facilitating coordination of technical assistance and training activities by serving as a clearinghouse that maintains the M&E capacity inventory.

6.5. Monitoring and Evaluation Technical Resource Networks (M&E TRN)

The M&E TRN covering sub-Saharan Africa was established in 2001 in collaboration with the World Bank. The network includes M&E experts, M&E units of national governments, major bilateral agencies and foundations, and the UN system agencies. The M&E experts are expected to (1) provide technical assistance to country partners from governments and NGOs, and (2) build their M&E capacities. The experts will also receive training based on a needs assessment and identify job opportunities through the network secretariat. For more information on the M&E TRN, please visit: http://elink.unaids.org/menew/TRN/main.asp

6.6. National M&E Reference Groups

In most countries, the National AIDS Councils (or equivalent) form an M&E Reference Group composed of representatives from:

- the Ministry of Health (MoH), other key ministries and key implementing partners
- National AIDS Councils (NAC) staff and consultants
- UN Theme Group members, including UNAIDS Country Programme Advisers (CPA)
- major bilateral/multilateral donors
- major NGOs
- major academic/research institutions
- major People living with HIV/AIDS (PLWHA) groups

The main role of the national M&E Reference Group is to advise the government on the development and implementation of national M&E plans and to advocate more M&E resources.

6.7. Key points to remember

- **CEWG** (composed of Cosponsors and Secretariat M&E Focal Points) assists HIV/AIDS focal points within the organizations in M&E issues.
- **MERG** (composed of Cosponsors/Secretariat M&E Focal Points, bilateral agencies, research institutes, and individual experts) assists in harmonizing M&E approaches and improving methods.
- **EVA** (composed of UNAIDS Secretariat staff) assists in the development of generic M&E systems for strategic information sharing.
- **GAMET** (composed of WB personnel and staff seconded from technical agencies) focuses on M&E country support.
- **M&E TRN members** (M&E consultants groups) provide technical support and build capacities of national M&E counterparts.
- **National M&E Reference Groups** (composed of Cosponsors, M&E Focal Points at national level, bilateral agencies, research institutes, and individual experts) advise governments on both the development and implementation of national M&E plans.

APPENDIX 1

UNAIDS MONITORING AND EVALUATION REFERENCE GROUP

Terms of reference, membership and procedures

Revised version April 2002

I. Background

1. As recommended by the UNAIDS Programme Coordinating Board (PCB) in 1997, the UNAIDS Monitoring and Evaluation Reference Group (MERG) was established in 1998 to advise UNAIDS on monitoring and evaluation at all levels of the Programme. The MERG, which replaced the PCB Working Group on Indicators and Evaluation, meets annually, bringing together the UNAIDS Cosponsors and Secretariat, donors, NGOs and technical experts in the field of monitoring and evaluation. The MERG has contributed substantively to the strengthening of monitoring and evaluation within UNAIDS. In particular, the Framework and Plan for Monitoring and Evaluation of UNAIDS was elaborated through a consultative process that involved the Cosponsors, Secretariat and partners (UNAIDS/PCB(7)/98.4, 19 October 1998). The approach and priorities of the Plan were endorsed by the PCB at its thematic meeting in December 1998.

II. Terms of reference

2. The MERG shall provide independent assessment and advice to UNAIDS through its Executive Director on the technical and managerial aspects of monitoring and evaluation at all levels of the Programme. Specifically, the MERG shall provide input and conduct regular reviews of progress towards the implementation and refinement of the UNAIDS Monitoring and Evaluation Plan (UNAIDS/PCB(7)/98.4), as well as providing a forum for broader discussion of monitoring and evaluation of HIV/AIDS in general. This includes reviewing monitoring and evaluation activities in relation to:
   - outputs of the UNAIDS Secretariat and Cosponsors;
   - performance of the United Nations system;
   - assessment of the international and national responses; and
   - assessment of impact.

3. The aspects to which the MERG is expected to make particular contributions include:
   - providing technical review and advice on the processes followed by, and the products of, the monitoring and evaluation activities of UNAIDS;
   - identifying gaps in the UNAIDS Monitoring and Evaluation Plan and outlining an agenda to address them;
   - harmonization of monitoring and evaluation approaches of UNAIDS and its partners, and dissemination of best practices;
   - critically assessing the quality and usefulness of selected reports of evaluation, assessments, qualitative and quantitative research of relevance to UNAIDS monitoring and evaluation efforts; and
   - assisting in mobilizing technical resources (consultants/institutions) for undertaking different activities as envisaged in the UNAIDS Monitoring and Evaluation Plan.

4. In addition, the MERG may provide additional support to UNAIDS, as needed, including:
   - providing input to the further development and implementation of UNAIDS functional evaluation frameworks;
   - providing guidance to technical resource networking in relation to monitoring and evaluation of UNAIDS;
   - advising on the dissemination of findings and lessons learned from evaluation activities; and
   - strengthening inter-organizational networking.

III. Membership

5. The MERG shall have approximately 20 members (in addition to the Cosponsors), representing the broad range of disciplines required for monitoring and evaluation of UNAIDS activities. Membership of the MERG shall be drawn from a range of stake-holders, including practitioners, research institutions, academics, donor and recipient countries, PCB members and nongovernmental organizations. Members of the Cosponsor Evaluation Working Group[1] will also be members of the MERG. In addition to the regular MERG membership, additional experts may be invited to participate as the need arises.

6. Members of the MERG, including the Chair, shall be selected by the UNAIDS Executive Director on the basis of their scientific, technical and programmatic competence in evaluation.

7. The identification of MERG members shall be guided by the following criteria:
   - expertise and experience in monitoring and/or evaluation;
   - knowledge of HIV/AIDS issues;¨
   - knowledge of UNAIDS activities;
   - commitment to participate in meetings;
   - absence of conflict of interest;
   - geographical representation; and
   - gender balance.

8. The disciplines considered essential for the MERG include evaluation, monitoring, public health (including epidemiology/biostatistics), HIV/AIDS, reproductive health, social sciences (including behavioural sciences, demography, operations research etc.) and programme management.

9. Members of the MERG shall normally serve for a period of three years, and shall be eligible to serve not more than two consecutive terms.

10. The rotation of members shall be such that approximately one-third of the membership is changed every year.

[1] The Cosponsor Evaluation Working Group (CEWG) was established in 2001 to strengthen coordination among Cosponsors' evaluation units

11. In the event that a MERG member is unable to attend a meeting, he/she will exceptionally be able to designate a replacement, subject to prior approval of the MERG Chair.

IV. Chair

12. The MERG Chair and Vice-Chair shall be identified by the UNAIDS Executive Director from among the members through consensus on the basis of discussions with members. Both Chair and Vice-Chair shall be subjected to the same duration of appointment as other MERG members. In their identification, due consideration shall be given to geographic representation, discipline, skills, expertise and gender.

V. Procedures to be used in the selection of MERG members

13. Over the years, UNAIDS has, through its global networks of scientists, practitioners and activists, gained reliable information on stakeholders who might be potential candidates for MERG membership. Selection of MERG members will be done through a consultative process, ensuring, to the extent possible, an adequate institutional, geographical and thematic balance. In addition, potential members may be suggested by PCB members and by Member States for consideration by the UNAIDS Executive Director.

VI. Meetings

14. The MERG will have one formal meeting each year. Additional meetings may be scheduled if the need arises. Subgroups of the full MERG may be convened on an ad hoc basis on specific issues. In addition, electronic discussion groups will be used to facilitate exchange of views before and after formal meetings.

15. MERG members will normally be notified two months in advance of meetings and will be sent relevant documentation one month prior to the meeting.

VII. Reporting

16. A meeting report shall be issued within one month of the close of each MERG meeting, distributed to all participants and made available to PCB members at their request.

17. Recommendations from the MERG are advisory to UNAIDS through its Executive Director who retains responsibility for any subsequent decisions or actions by UNAIDS regarding any proposals, policy matters or other matters considered by the MERG.

18. Summary reports of MERG activities and main recommendations shall be included in the UNAIDS Secretariat's Annual Report on Monitoring and Evaluation, and will also be made available to PCB members.

VIII. Secretariat

19. The UNAIDS Secretariat will serve as the secretariat to the MERG, in particular with regard to the arrangements for MERG meetings, sending of invitations and provision of logistic support. It will also make additional arrangements as required to support specific functions, such as the creation and servicing of electronic discussions groups.