



Eighth Meeting of the UNAIDS Monitoring and Evaluation Reference Group (MERG) – Geneva, Switzerland

25-26 October 2004

WHO, Room A

Report

The 8th UNAIDS MERG meeting took place in Geneva on 25 and 26 October 2004. The following report provides a brief summary of the discussions by session:

- 1) Support to country M&E systems
- 2) Evaluation and Operations Research agenda
- 3) Improvement of UNGASS core indicators guidelines
- 4) Status of other recent M&E guidelines
- 5) Agency activities
- 6) Capacity building, technical assistance and networking

Objectives of the meeting

The main objectives of the meeting were to:

- Share results of global, regional, and national level initiatives for improved country information systems
- Review the guidance on the DoC core indicators based on lessons learned from 2003 reporting
- Share information on the latest developments in monitoring and evaluation guidelines
- Initiate discussion on a coordinated global strategy for targeted evaluations

- Refine current strategy on capacity building, technical assistance and networking

1 Country Information Systems

1.1 Country Information Systems – Case Studies

The 3 three UNAIDS case studies (Cambodia, Ethiopia, Philippines) and the M&E readiness assessments in 15 Southern African countries demonstrate a number of challenges in attaining a single, coherent, and effective M&E system that will serve to improve policy development, refine program implementation and provide accountability to donors.

The main findings from these studies were:

- 1) The continued lack of national **M&E capacity**: Regional training and workshops have been useful for selected issues, such as indicator development/field testing; introduction to the CRIS software; training on the basic elements of monitoring and evaluation, and development of 6 to 12 month action plans. However, the primary focus for the next several years should be direct technical and management assistance at country level including mentoring and on-the-job training. There is also the need to have sufficient resources and systems to retain qualified people. Capacity building through country level focal points, such as the UNAIDS M&E officers, is a promising approach.
- 2) The weakness of national commitment for **implementation of M&E systems and information sharing**: Most current M&E plans are too comprehensive and not operational leading to long delays in implementation in view of lack of capacities and resources. The challenge is to be realistic about the scope of M&E planning and to create incentives for the local stakeholders to make use of collected data.
- 3) The continuing problems with **coordination** among national, international, governmental and non-governmental actors;

- 4) The difficulties in accurately tracking financial resource flows for the national response.
- 5) Ensuring that the facility and subnational data needs are addressed with the same priority as the national and global data needs.
- 6) The difficulty in capturing key national level data for decision-making through
 - (1) proper linkages of existing **databases** or establishment of a new one and
 - (2) improved mechanisms of reporting and accountability to the coordinating body. In most countries, reporting and monitoring is donor driven.

1.2 Country Information Systems – Coverage and services

The following two presentations demonstrate selected on-going efforts to collect information on coverage and impact of services.

Coverage of selected services survey – An assessment of availability of selected services in 73 countries gave the following results:

- 1) Services being delivered at a national scale
 - Secondary education, programs for prisoners
- 2) Good coverage in many countries or regions
 - Access to condoms, sex worker out-reach, primary education
- 3) Significant progress but far from goals
 - VCT, PMTCT, ART
- 4) Significant unmet need
 - IDU, MSM, care, orphans and vulnerable children

Service Availability Mapping (SAM) – The SAM is a tool to facilitate visualization of inequities between and within districts in the availability of key health services. It is not a stand-alone tool and, therefore, should be integrated into the overall national monitoring and evaluation framework for health at all levels. SAM looks at services available by district, estimated coverage by district, and services provided by facility. Feedback to all facilities is an essential element of the overall dissemination plan. It makes use of Personal Digital Assistants (PDAs) to collect information and produces maps with Health Mapper. To date, SAM has been implemented in Uganda and Zambia and is on-going in Kenya. Ten other countries are in the pipeline.

1.3 Country Information Systems - CRIS

The update on CRIS presented the current stage of its development. Version 2.0 is now available which includes modules on indicators and for project resource tracking, as well as an inventory of current and proposed research at country level.

2. Targeted Evaluation (TE), Operational Research (OR)

The three presentations ranged from specific evaluations to broad priorities to support TE under the US PEPFAR initiative.

The evidence for Youth Programmes – The outcome of the Talloires consultation (25-28 May 2004) was shared with the participants. The meeting reviewed the available knowledge base to provide firm foundations on which to build future policy and programme guidance, advocacy efforts and further research needs. The evidence on effectiveness (or lack of) served to categorise youth interventions into the categories of Steady – Ready – GO! The decision as to whether an intervention should be placed in a Go, ready or steady category depends on the strength of the evidence. The acceptable strength of evidence (the evidence threshold) in turn depends on many factors explained in details in the meeting report available on the UNAIDS web page.

It was stressed that, for many interventions, there is no gender breakdown available, making it difficult to show evidence of efficacy, specifically for women and girls. Also, there were studies that showed that some of the more controversial interventions, such as needle exchange, did demonstrate effectiveness, but it was not clear as to whether this information would be used to expand the scope and scale of these programs. Finally, setting a threshold of evidence carries the risk of making global / generalised recommendations and neglecting local contextual issues that may change the level of efficacy and applicability of the intervention.

The use of behavioural surveillance data to evaluate targeted interventions –

The FHI member shared the results of an evaluation of an HIV prevention intervention with Long Distance Truck Drivers (LDD) in border areas of Zambia. The objectives of the intervention were to: (1) reduce levels of STIs; (2) reduce prevalence of behaviours that put truck drivers at risk for STIs and HIV; and (3) increase correct and consistent condom use. The main activities consisted of peer education; condom distribution and promotion of correct and consistent condom use;

and STD treatment through syndromic management. Comparison of two rounds of LDD behavioural data (2000 and 2003) showed positive changes in risk behaviours. However, the following actions are needed to get a better picture of the situation:

- Additional rounds of data collection to be sure that these results are the beginning of a trend; and
- Future data collection activities with biomarkers

Also, it was clarified that the project can not claim the full “impact” on this population as there are other organizations working in Zambia on HIV prevention issues. However, the project can clearly claim a large portion of his “impact”. It was emphasized that the study looks outdated in its methodology by making use of a single source of information, thus lacking triangulation.

PEPFAR evaluation priorities – The role of TE in PEPFAR is to start evaluations early in the programme cycle to ensure that learning takes place throughout implementation and mid-term adjustments are made accordingly. The budget available for TE in the coming year still needs to be finalized. The priorities are:

- Priority 1: Clinical implications of ARV treatment scale-up
- Priority 2: Behaviour change
- Priority 3: Care and support

Subsequent discussions to the three presentations revealed the need to seriously address the evaluation/operations research agenda. There is a need to examine available research, establish priorities for future research, coordinate support to new research and then to ensure that the relevant findings are disseminated to appropriate audiences. UNAIDS M&E officers can be an entry point to engage countries and initiate national dialogue on evaluation. The CRIS research inventory module could serve as a way to catalogue country level evaluation research. The MERG could play an essential coordination role. UNAIDS agreed to pursue this issue.

3 UNGASS Indicators

Based on lessons learned from 2003 reporting, it was decided to review selected core indicators. The MERG was asked to comment on a number of priority areas to improve the reporting. Three working groups were formed with the task of

commenting on suggestions provided in a background paper and to provide additional suggestions where appropriate. Group 1 focused on the national policy index and improving gender measurement; Group 2 on behaviour indicators and OVC; and Group 3 addressed the issue of repackaging the UNGASS guidelines for concentrated epidemics. The revised background paper based on the MERG recommendations is available on the web page. While reviewing, the following guiding principles were set: (1) no dramatic increase in the number of core indicators; (2) no changes to the MDG indicators; (3) use of existing indicators and tools to avoid confusion.

The MERG participants were also briefed about the timelines for 2005 and 2006 reporting.

4 Development of M&E Guidelines

Since the beginning of the epidemic there has been an ongoing focus on developing useful, measurable, feasible indicators to help in program implementation. Over the past 20 years, over 400 indicators have been considered in all facets of prevention, care, treatment and mitigation. Some have been field tested. Some have been discarded. A large number of these indicators actually overlap, e.g. condom use with a casual partner over the past month, three months or year are essentially variations on a single theme that attempts to address the validity of a respondent's ability to recall this information. Many of the more tried and tested indicators have been placed in a "library" of potentially useful indicators that programs could consider based on their own reporting needs. However, the consistent guidance to country programs is to only measure what is essential for program implementation and accountability. In the past three MERG meetings, there was consensus that the major priority for the MERG over the next several years was to focus on helping countries on operationalizing the collection of critical data and ensuring that the data is used.

4.1 Guides recently published or soon to be published

This category of guides has already gone through a lengthy review process. They were presented mainly for information sharing. Minor comments received from MERG participants will be taken into account by the presenters. The category includes:

1. The Guide to Monitoring and Evaluation of HIV/AIDS Programmes for Young People
2. The Guide to Monitoring and Evaluating Antiretroviral Programmes
3. The Interim Patient Monitoring Guidelines for HIV Care and ART

4.2 Guidelines under development

The following set of guidelines will be reviewed by sub-groups of the MERG following the discussion held at the meeting. The final version will be presented at the next meeting.

National Indicators for Monitoring and Evaluating HIV Testing and Counselling Programmes

This guideline requires some additional work and revision. Also, the chapter on quality of testing and counselling still needs to be developed (the terms of reference are available from WHO). It was suggested to send the guidelines to a group of experts that goes beyond M&E. It was also agreed that UNAIDS will facilitate / coordinate the further development process of the guidelines in close collaboration with other agencies.

Guide to Monitoring and Evaluation on Children Orphaned or made Vulnerable

The UNGASS declaration contains 37 activities for improving the welfare of children. 13 domains were identified and 10 indicators developed within those domains including the OVC effort index. The presenters briefed participants about the indicator development process including the pilot testing and the results of the OVC effort index survey. A persisting issue is the definition of OVC for monitoring purposes in the field of HIV/AIDS. The representative from UNICEF will provide MERG members with the latest draft guidelines on these definitions.

Fundamentals of Comprehensive M&E Systems Using Strategic Information to Guide National AIDS Programmes

This guide is still under development. A draft of the guide will be circulated to a sub-group of the MERG before the end of the year for review. The guide will complement the “National AIDS Councils M&E Operations manual” and contain information on the following topics:

- Fundamentals of M&E and SI

- Designing an M&E system, including selecting the most appropriate common indicators
- Managing an M&E system
- Evaluating and Using M&E findings

Gender measurement

This presentation aimed at providing some preliminary thinking about the development of HIV/AIDS “gender indicators”, using the existing UNGASS DoC M&E framework. Some of the proposed indicators were extrapolated from the gender indicators used in broader health and development interventions. As indicated earlier, the proposal will be further reviewed by a sub-group of the MERG taking into account comments made during the meeting.

5 UN System, Bilateral Agencies and GFATM M&E Activities

UNESCO

UNESCO has undertaken a review of its HIV/AIDS interventions at a global level. The evaluation has found that UNESCO’s approach was flexible and opportunity driven. The programme in Brazil showed promising results where substantial resources were channelled through UNESCO. In other countries, findings were less conclusive and it was found, among others, that there is a lack of links with other UN agencies.

PEPFAR and GFATM M&E activities

PEPFAR and the Global Fund immediately need of information to fulfil their reporting requirements as well as to inform programme implementation (i.e. performance based funding for the Global Fund). There were four areas of concern listed:

- 1) The need for country M&E systems to meet the following conditions:
 - a. Systems should not repeat / duplicate existing ones, but should be ready to deliver some information immediately
 - b. Transfer of data should take into account issues of confidentiality
- 2) The increasing requests from the country level to provide guidance in the establishment of M&E systems and data collection systems should be addressed urgently.

- 3) Harmonised reports for estimates of sites delivering services and of people served are required.
- 4) In the short term, simplified M&E frameworks are required.

GFATM Principal Recipient M&E Cambodia

The presentation highlighted a number of challenges that the PR faces in implementing performance based grants and its reporting system. The presentation showed that the PR has developed M&E and reporting formats. Despite this, challenges remain with regard to a number of issues:

- The role of the LFA in M&E remains often unclear
- Non-compliance of some Sub Recipients (due to lack of capacity or other) is detrimental to all
- Reporting on “additionality” of GF grants is difficult to implement
- Procedures are unclear in case the original proposal requires adjustments
- Delays in approvals of procurement plans can carry adverse effect on beneficiaries (ARVs and malaria)

In spite of those challenges, the Global Fund must eventually take decisions on continuation (or not) of programmes based on measurable performance. Of major concern is the impact of reducing resources that are used to provide treatment and care. One strategy was discussed was to establish country strategies for these services that do not rely on one partner by forming alliances. Thus, another provider could theoretically step in if a non performing provider fails to deliver.

To respond to some of the challenges, there is agreement that LFAs should be trained in M&E. Health managers and Fund portfolio managers should also receive training in M&E to increase understanding of the issues around M&E and to ensure that M&E becomes part of the management system.

6 M&E Capacity Building, Technical Assistance and Networking

Strategies for capacity building and technical assistance

The support to M&E in-country capacity has been substantially strengthened. At present, there are 45 USG and 27 UNAIDS M&E officers in post. A recent orientation meeting that took place in Atlanta included most of these M&E officers. The

orientation meeting provided the opportunity to share good practice and standards of Strategic Information/M&E.

Plan for on-going networks and support

The M&E Global Partner Coordination/Network Initiatives include these activities:

- Multi Agency Conference Calls (MACC) to discuss M&E issues;
- Multi-Agency Workshops/Trainings;
- Updated global and regional Training Calendars;
- Databases which support the provision of technical assistance to those countries/programs that request it;
- Listserv;
- Websites

Building M&E Capacity

As discussed earlier, capacity building can take many forms. MERG does not have all the expertise required to develop recommendations for capacity building strategies. However, the potential interventions that can be envisaged are:

- Training that can take place at global, regional or local level. Training can be long term or short term and it is essential to maintain close scrutiny as to whether the training curriculum actually meets the needs of those being trained.
- Institution strengthening
- Direct support to an operational M&E unit, including assistance with logistics, staffing plans, recruitment, retention of staff, supervision, methods to improve data validation/verification, improving the synthesis of the collected data, and, finally, helping countries to make the best possible use of the data.
- Direct technical assistance, either intermittently or through coaching/mentoring by in-country M&E program staff.
- Development of M&E tools, such as guidelines, manuals, training curriculum, databases
- Networking technologies such as websites, e-discussion fora, technical assistance and training databases.

7 The way forward

The 8th MERG meeting was able to achieve most of the objectives stated on the first day:

- Current information on assessing M&E capacity and new tools for data collection were shared.
- Guidance and input on the revision of the UNGASS indicators in the fields of concentrated epidemics, gender, policies, sexual and high risk behaviour, impact of ART, and OVCs were given.
- Information on the latest developments in monitoring and evaluation guidelines was shared and the need for a consolidating and simplifying existing guides, including the concept of developing a “Mother of all Indicator Guides” and a more user friendly operational guidance document.
- Updates on global and country specific issues and needs were given by a number of agencies including cosponsors, PEPFAR and the GFATM. The feedback from the Principal Recipient served as a reminder that the scale up of HIV/AIDS interventions still has considerable challenges to meet.

Further work is required in the following areas:

- Planning, priority setting, guidance, coordination, supporting, and data dissemination of evaluation research.
- Review and finalisation of the (1) Guidelines on National Indicators for Monitoring and Evaluating Testing and Counselling Programmes. UNAIDS will coordinate such review with multiple partners including WHO and UNICEF; (2) Guidelines on Monitoring and Evaluation on Children Orphaned or Made Vulnerable; (3) “Fundamentals M&E systems” guideline and; (4) gender measurement through MERG sub-groups.
- Refinement of the current strategy on capacity building, technical assistance and networking based on current thinking and knowledge.