Expanded Response to the Global AIDS Pandemic
Monitoring & Evaluation Reporting System

As part of USAID’s “expanded response to HIV/AIDS,” the Agency is establishing an improved, comprehensive system to routinely monitor and evaluate our HIV/AIDS program world-wide and periodically report on the Agency’s progress toward achieving our stated results. Missions will be required to work closely with USAID/W to establish a comprehensive program monitoring and reporting system to issue semi-annual reports on progress at the country level. While USAID/W will provide some funding and technical assistance to support this improved data collection, analysis and reporting system, participating Missions will also be required to invest some of their budget in this reporting system.

This monitoring and reporting system must report the following:

- HIV seroprevalence rates (sentinel surveillance/annually)
- Changes in sexual behavior (national survey/every 3-5 years)
- Progress on program implementation/coverage (annually)

In the many countries, USAID will collaborate closely with CDC and other USG agencies to ensure that this monitoring and reporting system is comprehensive and meets the reporting requirements of all agencies. This approach will also allow each agency to fund a portion of the system and provide technical assistance. USAID, however is the “lead” USG agency and is responsible to coordinate this effort and report progress for all LIFE and Expanded Response activities.

USAID/W will provide technical assistance to develop and manage this monitoring and reporting system. The reporting requirements and recommended implementing mechanisms are described below:

The Monitoring & Reporting System Components

This expanded, comprehensive system will collect and report information on three levels:

- **National Level Impact:** USAID’s most important objective is to reduce the rate of HIV transmission. USAID, in collaboration with CDC, UNAIDS, WHO and others, will improve and expand National Sentinel Surveillance Systems. By 2007, the Sentinel Surveillance Systems in all USAID countries must report annually on HIV incidence rates to measure the overall effect on the pandemic of National (including USAID) HIV/AIDS prevention and mitigation programs. USAID is working with UNAIDS to refine a model which will allow estimation of incidence utilizing serial prevalence data.

  **Standard Indicator:** HIV seroprevalence rates for 15-24 year olds
Implementation Mechanisms: USAID, with CDC, currently supports an operations research project to improve national surveillance systems. While this project will be expanded, USAID’s collaborators (CDC, WHO, UNAIDS, EU) will need to provide much of the funding and technical assistance to achieve the 2007 target of functioning surveillance systems in all selected countries. Thus, the monitoring and reporting system for each country should include a plan to establish a sentinel surveillance system and/or improve/expand the existing system to report annually by the 2007 target date.

- **National Level Changes in Sexual Behavior:** Monitoring changes in sexual behavior is important to both measure the success of and to improve the efficiency and coverage of National (and USAID) HIV/AIDS programs. The implementation of frequent (every 3-5 years), standardized national sexual behavior surveys will begin in 2001.

  Standard Indicators: Number of sexual partners
  Condom use with last non-regular partner

Implementation Mechanisms: The DHS implements, on a routine basis, national health surveys and future DHSS in USAID countries should, when feasible and appropriate, include a HIV/AIDS module. In addition, a standard sexual behavior survey is available. This survey is much less expensive than a DHS and can be implemented by DHS (or CDC). Occasional Behavioral Surveillance Surveys (BSS), implemented by FHI/IMPACT, may also be required to monitor changes in sexual behavior in high-risk groups.

- **USAID Program Progress & Coverage:** Missions will be required to report annually on their progress toward implementing their HIV/AIDS programs and increasing the proportion of the target population(s) covered by these programs. Most of this information is routinely collected by program managers. In each country, the Mission, in collaboration with USAID/W, must establish a system to aggregate this information and report on USAID activities at the country level.

**Proposed Standard Indicators (by Program Area):**

(Indicators will be finalized in July, 2001)

- Total condoms sold (Condom Social Marketing Programs)
- % of target population request HIV test and receiving counseling (VCT Programs)
- % of target orphans/vulnerable children (OVC) with access to community services (OVC Programs)
- % of target population with access to drug treatment to reduce mother-to-child HIV transmission (MCTC Programs)
- % of STI cases treated according to national standards (STI Treatment Services)
- % of HIV infected person with access to basic care and psychosocial support (Care and Support Programs)
Implementation Mechanisms: Most of this information is currently collected at the individual project level. USAID Missions can request additional financial and technical assistance from USAID/W to establish an on-going system to aggregate this information and then report on overall USAID program progress at the country level. USAID will allocate additional resources to the Synergy Project and Measure/Evaluation to support this effort.

Expenditure Reporting to Missions and Regional Bureaus

USAID/W will also establish a financial reporting system to provide quarterly reports to PHN officers in Missions and Regional Bureaus on HIV/AIDS field support funds which have been allocated to Global Bureau Projects. In order to make program and funding decisions, the PHN officers in these Missions and Regional Bureaus need to know how much of their field support funds have been expended at various points during the fiscal year, and how much remains in their "account."

To meet these needs, each Cooperating Agency (CA) that accepts FY2001 HIV/AIDS funds will be required to provide quarterly expenditure information directly to Missions and Regional Bureaus from which it has received field support allocations. This simple report will include the total amount of HIV funds obligated to the project, the amount expended in the reporting quarter, the amount expended cumulatively over the life of the project.
Timetable to Implement the Expanded M&E System for HIV/AIDS Programs

- **USAID Handbook of Indicators for HIV/AIDS/STI Programs** was published in March, 2000. Since publication, several hundred copies have been distributed to Regional Bureaus and field Missions. This Handbook contains many of the common indicators found in the UNAIDS Handbook (see below) as well as indicators specific to USAID programs.

- The UNAIDS Handbook, funded by both UNAIDS and USAID: **National AIDS Programmes: A Guide to Monitoring and Evaluation** was launched at the International HIV/AIDS Conference in Durban, South Africa in July, 2000. This has become the world standard. All common indicators, found in both the USAID and UNAIDS Handbooks, are identical since USAID is supporting this one world standard.

- The SYNERGY Project is developing a Program Data Base (PDB) to monitor the progress and results of all Global Bureau HIV/AIDS programs. The PDB will be operational in March, 2001 and will be updated on a semi-annual basis.

- **The M&E strategy for the Expanded Response was completed in January, 2001.** It will be implemented in the following way:

  - The new **M&E Guidance** for reporting under the Expanded Response will be presented to the Agency on March 1st. An overview of the new Guidance will be presented during the morning and a selected group of technical experts will be trained in its use during the afternoon.

  - M&E assessment teams are scheduled to visit all four Rapid Scale-Up countries between March and June. USAID/Washington will then send teams to as many Intense Focus countries as possible during the remainder of 2001.

To encourage the development of national M&E plans in African countries and to train the local technical experts to implement these plans, USAID and CDC have organized a four day workshop for seven Rapid Scale-Up and Intensive Focus countries for April 23-26, 2001 in Uganda. A second workshop for West African countries is schedule for fall 2001.