

08  
April

# Organizing Framework for a Functional National HIV Monitoring and Evaluation System



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR  
UNICEF  
WFP  
UNDP  
UNFPA

UNODC  
ILO  
UNESCO  
WHO  
WORLD BANK

**MERG**  
MONITORING & EVALUATION  
REFERENCE GROUP

# Acknowledgements

This document is based on the World Bank publication *Eleven Components of a Fully Functional HIV M&E System*<sup>1</sup>. Key concepts from other documents were also included, particularly from the United States Government publication *Building National HIV/AIDS Monitoring and Evaluation Capacity*<sup>2</sup>.

This document was developed under the auspices of the UNAIDS Monitoring and Evaluation Reference Group (MERG). The following members of the M&E Assessment Technical Working Group (TWG) contributed to this document: [in alphabetical order] Lela Baughman (Macro International, USA); Nibretie Gobezie Workneh (The Global Fund, Switzerland); Marelize Görgens-Albino (World Bank, USA); John Grove (Centers for Disease Control, Zambia); Anne LaFond (MEASURE Evaluation, USA); Mary Mahy (UNAIDS, Namibia); Roger Myrick (University of California San Francisco, USA); Shanthi Noriega (Health Metrics Network, Switzerland); Greet Peersman (TWG Chair / UNAIDS M&E Consultant, Switzerland); Annette Reinisch (The Global Fund, Switzerland); Deborah Rugg (UNAIDS, Switzerland); and Sanelisiwe Tsela (National Emergency Response Council for HIV and AIDS, Swaziland).

Sincere thanks to the following individuals for providing comments: [in alphabetical order] Chaddy Anthony, Commission for AIDS, Tanzania; Andy Beke, School of Public Health, University of Pretoria, South Africa; John Chipeta, National AIDS Commission, Malawi; Delfinus Kivenule, Commission for AIDS, Tanzania; Sandra Owoses, Response M&E Division, Ministry of Health and Social Services, Namibia; Japhet Taratibu, UNDP, Liberia; Julie Tumbo, AIDS Commission, Zanzibar; Jody Zall-Kusek, Global AIDS M&E Team (GAMET), World Bank, USA; and members of the MERG.

<sup>1</sup> Görgens-Albino M and Nzima M. *Eleven Components of a Fully Functional HIV M&E System*. Washington DC, The World Bank, 2006.

<sup>2</sup> *Building National HIV/AIDS Monitoring and Evaluation Capacity. A Practical Guide for Planning, Implementing, and Assessing Capacity Building of HIV/AIDS Monitoring and Evaluation Systems*. Washington D.C., United States Government/Office of the Global AIDS Coordinator, 2007.

# Introduction

In 2004, national governments, civil society, and development partners agreed that in order to respond comprehensively and efficiently to the HIV epidemic, a country needs one national HIV strategic plan, one national HIV coordinating authority and one national HIV monitoring and evaluation (M&E) system [UNAIDS, 2004]. Although widely endorsed, the 'Three Ones' are not yet fully operational in all countries. Findings from 2006 UNGASS reporting indicated that only 50 per cent of countries reporting, had a national M&E plan which is an important prerequisite for a national M&E system [UNAIDS, 2006].

Establishing one national HIV M&E system is challenging since the system needs to function across different sectors (e.g., Ministry of Health, Ministry of Education, Ministry of Social Welfare), different service delivery areas (e.g., prevention of mother-to-child transmission of HIV, antiretroviral treatment, palliative care), and different levels of implementation (e.g., national level, service-delivery level). An agreed vision for what constitutes a fully functional M&E system is needed, as well as an implementation strategy that can draw on adequate human and financial resources.

Over the past several years, the global community has pledged unprecedented resources for fighting the HIV pandemic and for establishing national HIV M&E systems. Nevertheless, M&E support from development partners has often been fragmented, making it difficult for countries to establish the national M&E system in an efficient manner. More recently, development partners have taken deliberate steps towards a more unified approach in M&E. One achievement has been the multi-agency endorsement of the organizing framework described in this document.

## Purpose of this document

The purpose of this document is to introduce an organizing framework for a functional national HIV M&E system. This framework provides (1) a description of the main components of a functional national HIV M&E system, and (2) some benchmarks against which to assess progress in establishing such a system. This document covers system components that need to be present and work to an acceptable standard for the national M&E system to function effectively, but not all components need to be implemented at all levels of the system. This document does not provide detailed guidance on how to operationalize the system.

## Contents of this document

Understanding M&E Data Needs	p.4
Organizing Framework for a Functional National HIV M&E System	p.5
12 Components of a Functional National HIV M&E System	p.7
Conclusion	p.18
Reference List	p.18

## Intended users of this document

National HIV programme and M&E managers; sub-national HIV programme staff with M&E responsibilities; M&E officers from different agencies/organisations; and development partners involved in HIV M&E support. The organizing framework is applicable to all countries, regardless of the type of HIV epidemic or the level of M&E capacity and implementation.

## How to use this document

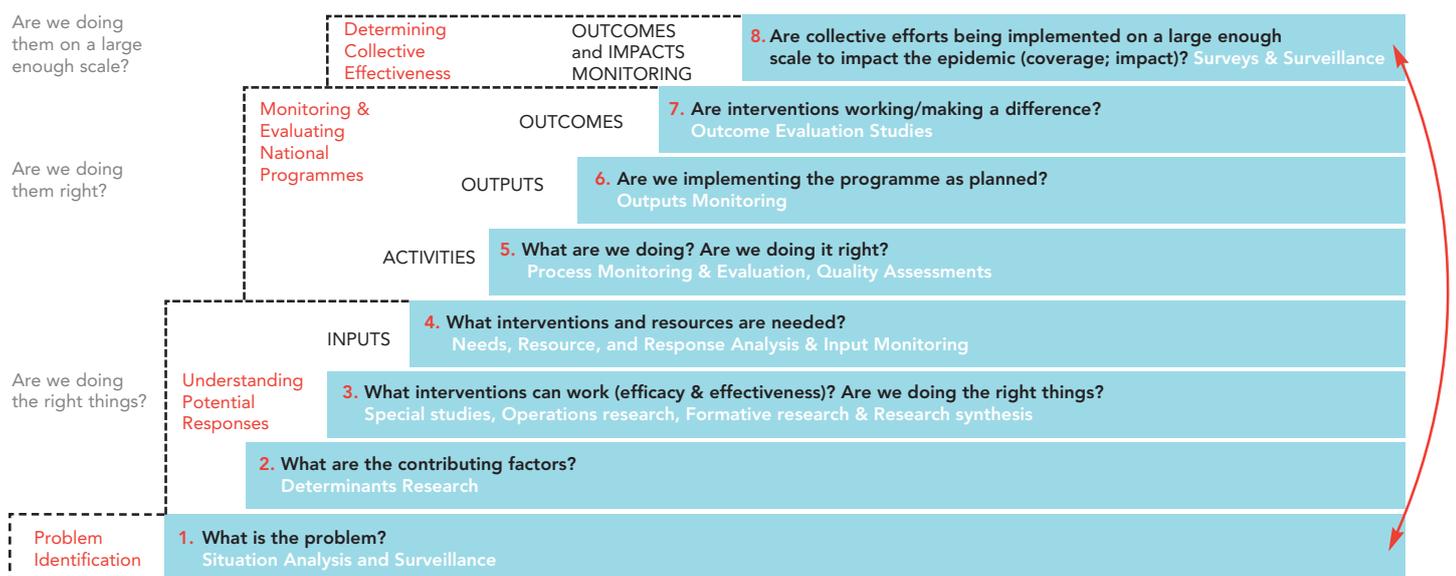
The organizing framework can be used to establish a common understanding of what constitutes a functional national HIV M&E system. It can serve as a concise checklist for national M&E system planning and implementation which need to address all 12 components of the system over time. It can be used in M&E trainings, technical guidance and assistance. It can also be used as guidance for assessing the national HIV M&E system based on the performance results for each system component. To supplement this, the global UNAIDS Monitoring & Evaluation Reference Group (MERG) is developing an M&E assessment tool that will be released in 2008. This tool will include standardized questions to assess the status of each of the 12 components of an HIV M&E system. The M&E assessment should result in the development of one multi-year, costed M&E plan which different agencies can support with coordinated financial and/or technical assistance, where needed. The M&E assessment should be re-applied over time to assess progress in M&E system implementation.

# Understanding M&E Data Needs

The purpose of M&E is to provide the data needed to: 1) guide the planning, coordination, and implementation of the HIV response; 2) assess the effectiveness of the HIV response; and 3) identify areas for programme improvement. In addition, M&E data are needed to ensure accountability to those infected or affected by HIV and AIDS, as well as to those providing financial resources for the HIV response.

The investigation of any public health problem starts by asking pertinent questions that serve to organize the response: What is the problem? What factors are contributing to the problem? What can be done? Once a programme response has been formulated and implemented for a sufficient period of time, questions start to become more focused: Is the programme working? Is the programme reaching enough people to solve the problem? Figure 1 outlines the main questions that must be addressed when planning a comprehensive national M&E system, and lists the main data collection methods that can be used to answer these questions [Rugg et al., 2004; UNAIDS, 2007].

Figure 1. A Public Health Questions Approach to HIV M&E



Although this document refers specifically to the national HIV M&E system, it is important to note that some of the required data may already be collected, either routinely or periodically, through the existing national and/or sub-national health information system (HIS) and special surveys/studies. In addition, the civil registration system may include data on HIV-related deaths; national health accounts may include information on the financial resources devoted to the HIV response; and research institutions may be able to provide relevant data from major research studies conducted. These available data sources should be consulted and formal links established to avoid any duplication of effort in data collection.

# Organizing Framework for a Functional National HIV M&E System

This section provides an overview of the 12 components of a national HIV M&E system (Figure 2). The outer ring represents the human resources, partnerships and planning to support data collection and data use. It includes individuals, organisations, functions/actions, and the organisational culture that are fundamental to improving and sustaining M&E system performance. The middle ring focuses on the mechanisms through which data are collected, verified, and transformed into useful information. The centre of the diagram represents the central purpose of the M&E system: using data for decision-making.

## People, partnerships and planning

1. Organisational structures with HIV M&E functions
2. Human capacity for HIV M&E
3. Partnerships to plan, coordinate, and manage the HIV M&E system
4. National multi-sectoral HIV M&E plan
5. Annual costed national HIV M&E work plan
6. Advocacy, communications, and culture for HIV M&E

## Collecting, verifying, and analysing data

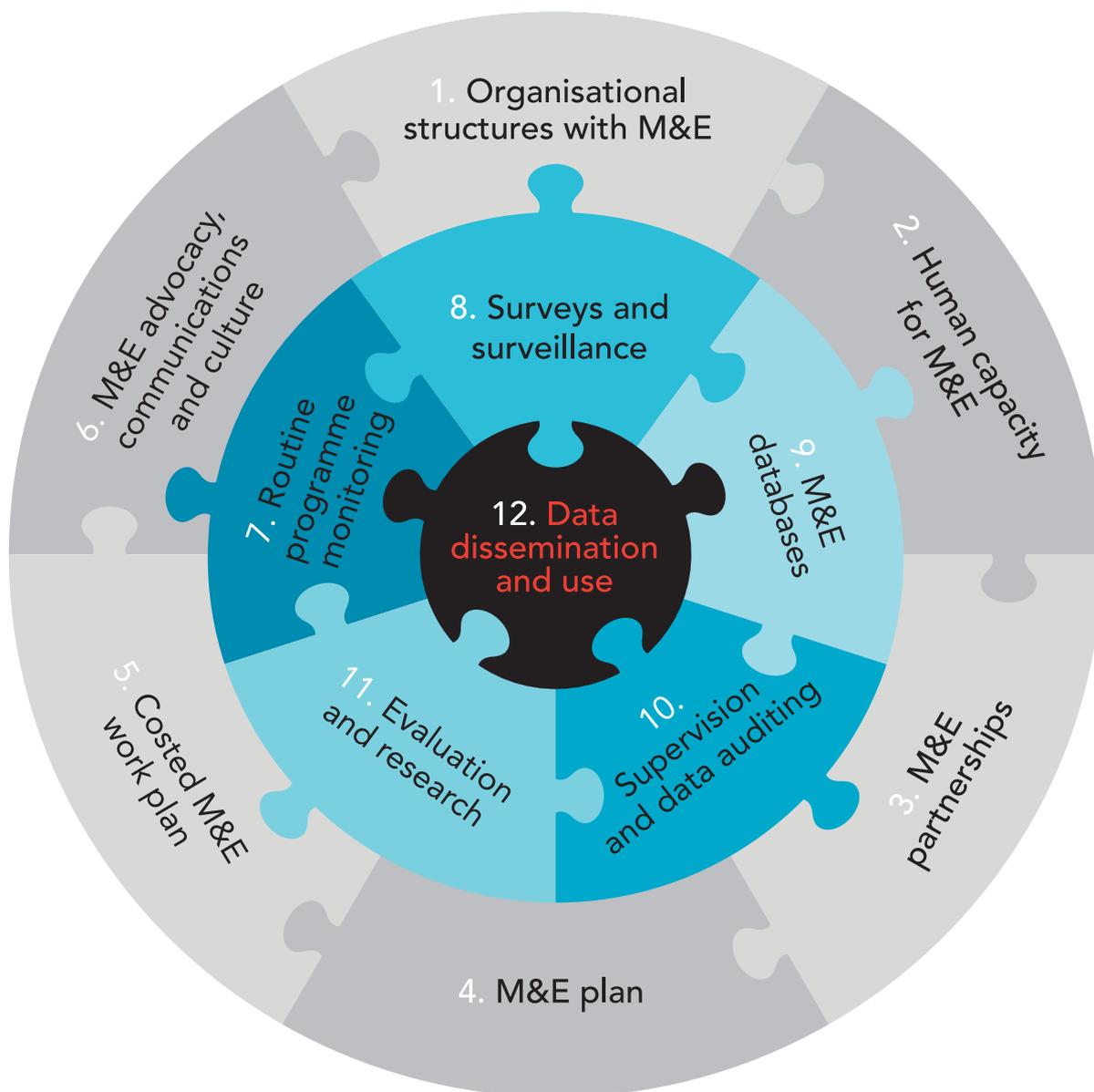
7. Routine HIV programme monitoring
8. Surveys and surveillance
9. National and sub-national HIV databases
10. Supportive supervision and data auditing
11. HIV evaluation and research

## Using data for decision-making

12. Data dissemination and use

The 12 components described above are not 12 steps intended to be implemented sequentially; rather, these 12 components all need to be present and work to an acceptable standard for the national M&E system to function effectively. Countries may need to focus on a few of the components at the outset, building the system up over time. Not all components need to be implemented at all levels of the system; what is relevant at the national level, for example, may not be relevant at the service delivery level. As noted above, there may also be existing data sources, such as the routine HIS, to draw on.

Figure 2. Organizing Framework for a Functional National HIV M&E System – 12 Components



# 12 Components of a Functional National HIV M&E System

This section briefly describes each of the components of a national HIV M&E system. For each component, a performance goal is provided, along with associated performance results. These results are essential building blocks that should be in place to achieve a fully functional M&E system.

## Component 1: Organisational Structures with HIV M&E Functions

**Performance Goal:** Establish and maintain a network of organisations responsible for HIV M&E at the national, sub-national, and service-delivery levels.

**Performance Results** - The following elements are in place:

- **Leadership:** Effective leadership for M&E in key organisations.
- **Human Resources:** Job descriptions for M&E staff; adequate number of skilled M&E staff; defined career path in M&E.
- **Organisational Culture:** National commitment to ensure M&E system performance.
- **Organisational Roles and Functions:** Well-defined organisational structure, including a national HIV M&E unit; M&E units or M&E focal points in other public, private and civil society organisations; written mandates for planning, coordinating and managing the M&E system; well-defined M&E roles and responsibilities for key individuals and organisations at all levels.
- **Organisational Mechanisms:** Routine mechanisms for M&E planning and management, for stakeholder coordination and consensus building and, for monitoring the performance of the M&E system; incentives for M&E system performance.
- **Organisational Performance:** Key organisations achieve their annual work plan objectives for M&E.

**Description:** For the national HIV M&E system to function effectively, a variety of organisations need to work together at different levels. Ideally, the system should be coordinated by one organisation, such as the national AIDS coordinating authority (NAC) or its equivalent. The NAC should have a dedicated M&E unit with the mandate and authority to coordinate M&E activities and to request data from all relevant partners; it should also have sufficient independence to report openly on M&E data. Additional M&E staff are required at the national level, including HIV M&E focal points at the Ministry of Health (MOH) and other line ministries, as well as at sub-national governmental levels and in organisations or facilities providing HIV services. Deliberate efforts should be made to mainstream HIV into already existing structures for planning and coordination of health and development programmes at the sub-national level. In addition to human resources, there is also a need for financial resources, as well as basic infrastructure, equipment and supplies.

## Component 2: Human Capacity for HIV M&E

**Performance Goal:** Ensure adequate skilled human resources at all levels of the M&E system in order to complete all tasks defined in the annual costed national HIV M&E work plan.

**Performance Results** - The following elements are in place:

- Defined skill set for individuals and organisations at national, sub-national, and service-delivery levels.
- Work force development plan, including career paths for M&E.
- Costed human capacity building plan.
- Standard curricula for organisational and technical capacity building.
- Local and/or regional training capacity, including links to training institutions.
- Supervision, in-service training and mentoring.

**Description:** Not only is it necessary to have dedicated and adequate numbers of M&E staff, it is essential for this staff to have the right skills for the work. Human capacity building should focus on all levels; have measurable performance objectives; include a capacity building plan with clearly defined outputs; and include ways to track progress over time. M&E human capacity building requires a wide range of activities, including formal training, in-service training, mentorship, coaching and internships. M&E capacity building should focus not only on the technical aspects of M&E, but also address skills in leadership, financial management, facilitation, supervision, advocacy and communication.

## Component 3: Partnerships to Plan, Coordinate and Manage the HIV M&E System

**Performance Goal:** Establish and maintain partnerships among in-country and international stakeholders who are involved in planning and managing the national HIV M&E system.

**Performance Results** - The following elements are in place:

- National M&E Technical Working Group
- Mechanism to coordinate all stakeholders.
- Local leadership and capacity for stakeholder coordination.
- Routine communication channel to facilitate exchange of information among stakeholders.

**Description:** It is important that all stakeholders in HIV M&E work together. Several countries have been successful in establishing and maintaining M&E partnerships through a national M&E Technical Working Group that meets regularly and includes all relevant stakeholders, including all organisations responsible for M&E activities listed in the costed national HIV M&E work plan.

Other examples of M&E partnerships include conducting joint planning with key M&E stakeholders; and conducting joint M&E activities with representatives from different organisations [see also Baingana Kasheeka et al., 2006].

In addition, partnerships between the NAC and health sector stakeholders involved in HIV M&E are needed, along with partnerships between the NAC and other public sector ministries and national umbrella organisations. To avoid duplication of effort, it is also important to establish communication mechanisms with those organisations that provide regular technical support in M&E, both in-country and internationally.

#### **Component 4:** **National Multi-Sectoral HIV M&E Plan**

**Performance Goal:** Develop and regularly update a national M&E plan including identified data needs, national standardised indicators, data collection procedures and tools, and roles and responsibilities for implementation of a functional national HIV M&E system.

**Performance Results** - The following elements are in place:

- Broad-based multi-sectoral participation in developing the national M&E plan.
- The national HIV M&E plan is explicitly linked to the National Strategic Plan.
- The national HIV M&E plan describes the implementation of all 12 components of a national HIV M&E system.
- The national HIV M&E plan adheres to international and national technical standards for HIV M&E.
- A national M&E system assessment has been completed and recommendations for system strengthening have been addressed in a revised national M&E plan.

**Description:** The M&E mandate should be clearly defined in the National HIV Policy and other relevant policy documents. A wide variety of stakeholders should participate in the development and regular updating of the national M&E plan, including sub-national authorities and representatives from civil society. The objectives of the national M&E plan should be explicitly linked to the HIV National Strategic Plan to ensure that relevant data are collected to measure the progress in the country's HIV response. Because the national M&E plan is the basis for the implementation of a functional national HIV M&E system, it should describe how all 12 components of the M&E system will be implemented over time. The national M&E plan should describe a 3-5 year implementation strategy, indicate resource requirement estimates and outline a strategy for resource mobilization. The national M&E plan, and specifically the national indicators, should adhere to explicit global and national technical standards and agreed best practices. The M&E plan should also adhere to national laws; for example, the National Statistical Act may specify that the National Bureau of Statistics is responsible for all data collection in the country, which needs to be reflected in the flow of data within the M&E system. In addition to the national multi-sectoral M&E plan, different sectors, development partners and sub-national entities involved in the HIV response may develop their own M&E plans that detail how each will collect and report HIV data to contribute to the one national HIV M&E System. The national M&E plan should be reviewed and updated regularly to make adjustments in data collection needs associated with revisions of the National Strategic Plan, and to strengthen M&E system performance based on periodic M&E assessments.

## Component 5: Annual Costed National HIV M&E Work Plan

**Performance Goal:** Develop an annual costed national M&E work plan, including the specific and costed HIV M&E activities of all relevant stakeholders and identified sources of funding. Use this plan for coordination and assessing progress of M&E implementation throughout the year.

### Performance Results:

- The M&E work plan contains activities, responsible implementers, timeframe, activity costs and identified funding.
- The M&E work plan explicitly links to the work plans and government Medium Term Expenditure Framework (MTEF) budgets of the NAC.
- Resources (human, physical, financial) are committed to implement the M&E work plan.
- All relevant stakeholders endorsed the national M&E work plan.
- The M&E work plan is updated annually based on performance monitoring.

**Description:** For the national HIV M&E plan to be operationalised, an annual costed national M&E work plan needs to be developed that describes the priority M&E activities for the year with defined responsibilities for implementation, costs for each activity, identified funding, and a clear timeline for delivery of outputs. This work plan enables the NAC and the national M&E TWG to ensure that financial and human resources are mobilized and allows for monitoring progress towards implementation of one national HIV M&E system.

The costed national M&E work plan should reflect agreement on who will implement and finance each activity. The costed national M&E work plan is not the NAC work plan for M&E; rather, it is a joint work plan that integrates the HIV M&E activities of all relevant stakeholders.

It allows all stakeholders to plan and work together in a harmonized way; this is why it must be developed with input and agreement from all key stakeholders. M&E work plans may also be developed at the sub-national and service delivery levels to guide M&E implementation linked to the national HIV M&E system. The annual M&E work planning cycle should be closely linked to the overall budgeting cycle for HIV to ensure that funding can be secured for implementation of the plan.

## **Component 6:** **Advocacy, Communication and Culture for HIV M&E**

**Performance Goal:** Ensure knowledge of and commitment to HIV M&E and the HIV M&E system among policymakers, programme managers, programme staff, and other stakeholders.

### **Performance Results:**

- The national HIV communication strategy includes a specific HIV M&E communication and advocacy plan.
- M&E is explicitly referenced in national HIV policies and the National Strategic Plan.
- 'M&E champions' among high-level officials are identified and are actively endorsing M&E actions.
- M&E advocacy activities are implemented according to the HIV M&E advocacy plan.
- M&E materials are available that target different audiences and support data sharing and use.

**Description:** It is important to demystify M&E, create a supportive M&E culture, and reduce any negative connotations of M&E.

A communication and advocacy strategy for M&E can help to achieve these objectives. The strategy needs to be multi-dimensional, with tailored messages for different audiences, including the general public. One important message that will help to rally public support is that the national M&E system is not for government purposes alone; it is useful to all stakeholders in the HIV response. M&E fosters transparency, but also requires a transparent environment to function effectively. Obtaining political support for transparency and accountability related to the HIV response is an important component of the communication and advocacy strategy. One way to gain political support is to identify an 'M&E champion', a high level official who can promote M&E among his/her peers, to help foster an understanding about the importance of investing in quality data for policy formulation and programme decision-making. The communication and advocacy strategy for HIV M&E should be part of the country's national HIV communication strategy to ensure that M&E is being mainstreamed into all NAC functions.

## Component 7: Routine HIV Programme Monitoring

**Performance Goal:** Produce timely and high quality routine programme monitoring data.

**Performance Results** - The following elements are in place:

- Data collection strategy is explicitly linked to data use.
- Clearly defined data collection, transfer, and reporting mechanisms, including collaboration and coordination among the different stakeholders.
- Essential tools and equipment for data management (e.g., collection, transfer, storage, analysis).
- Routine procedures for data transfer from sub-national to national levels.
- Well-defined and managed national HIV database to capture, verify, analyse, and present programme monitoring data from all levels and sectors, including data on prevention, treatment, care and support, and finances.

**Description:** The NAC and sub-national authorities need a routine system to track the demand for and supply of HIV services. Standardized data from all providers, including facility and community-based HIV service providers, should be collected on a routine basis. To guide decision-making at all levels, the data needs of different stakeholders should be determined and routine data made available in a timely fashion. Standardised data include inputs (resources, such as staff, funds, materials, facilities, supplies), activities (interventions and services, such as training, antiretroviral treatment) and outputs (immediate results, such as number of staff trained, number of clients treated).

**Routine data on facility-based HIV services:** If a functioning health information system exists that routinely collects data on HIV services at health and other facilities, there is no need to establish another data management system. The national M&E unit should ensure that the data from facilities are captured in the national M&E system on a timely basis to allow for their inclusion in routine reports and other information products.

**Routine data on community-based HIV services:** Establishing routine data collection and reporting from community-based HIV services is challenging, but they provide essential information needed by the NAC and sub-national government levels to coordinate HIV service delivery and monitor the HIV response comprehensively. Data should be obtained from all organisations providing community-based HIV services, such as those funded directly by the government as well as those funded through other sources (e.g., by development partners). Sectoral databases may already exist that include data relevant to HIV programmes (e.g., social service information for orphans and vulnerable children). It is important to identify all existing data sources and to establish appropriate links.

## Component 8: Surveys and Surveillance

**Performance Goal:** Produce timely and high quality data from surveys and surveillance.

**Performance Results** - The following elements are in place:

- Protocols for all surveys and surveillance based on international standards.
- Specified schedule for data collection linked to stakeholders' needs, including identification of resources for implementation.
- Inventory of HIV-related surveys conducted.
- Well-functioning biological surveillance system.
- Well-functioning behavioural surveillance system, including on cultural practices.

**Description:** Biological and behavioural surveillance and surveys are essential to determine the drivers and the spread of the HIV epidemic in each country. HIV surveillance and HIV surveys may focus on the general population, most-at-risk populations or both.

Some surveys countries may wish to conduct include: a survey capturing knowledge and attitudes of the general population; a school survey on HIV education and students' knowledge; a work place survey on HIV policies and services; a survey of the quality of HIV services delivered at health facilities; a survey on the availability of condoms or other HIV prevention commodities; an AIDS impact mitigation survey. The need for surveys, as well as, the specific focus and content of each survey should be considered within the context of each country's epidemic. Protocols and data collection tools should be based on international standards for surveys, such as the Demographic and Health Survey, the AIDS Indicator Survey, and the Multiple Cluster Indicator Survey. Adherence to standards is important to obtain high-quality data and to ensure that results from repeated surveys can be compared over time within a given country, as well as across countries. Where appropriate, surveillance and survey protocols should include data collection to support the construction of the standardized national indicators defined in the national M&E plan. This can help prevent the need for additional data collection efforts and additional costs.

## Component 9: National and Sub-national HIV Databases

**Performance Goal:** Develop and maintain national and sub-national HIV databases that enable stakeholders to access relevant data for policy formulation and programme management and improvement.

**Performance Results** - The following elements are in place:

- Database(s) designed to respond to the decision-making and reporting needs of different stakeholders.
- Linkages between different relevant databases to ensure data consistency and to avoid duplication of effort.
- Well-defined and managed national HIV database to capture, verify, analyse, and present programme monitoring data from all levels and sectors.

**Description:** An information system consists of the infrastructure (hardware), a database (software), and skilled individuals to use the databases to capture, verify, transfer, analyse, and share data. Clear roles and responsibilities need to be established at national, sub-national, and service-delivery levels to ensure an appropriate and timely data flow between the different levels.

A national HIV database is not a prerequisite for a functional national HIV M&E system. However, an electronic data management system allows for the information to be captured in a way that facilitates data verification, data sharing, and data use. Where there are existing databases, such as a functioning health information system, it is important to build on these rather than establish a parallel system. If no database exists, there are several available software packages that may be considered as a starting point. Countries that are not at a stage of developing an electronic national database should have a mechanism for the systematic archiving of data and reports to allow easy data access and use.

A national HIV database may include the following types of recent as well as historical data:

- Up-to-date registration information or a contact list of organisations involved in HIV programmes and M&E.
- Data on all national standardised HIV indicators specified in the national M&E plan.
- Data from various HIV-related data sources, including:
  - Data from surveys and surveillance.
  - Routine facility-based programme data.
  - Routine community-based programme data.
  - Data on available resources.
  - Information on supervision visits.
  - Inventory of HIV research and researchers.
  - Information on HIV capacity building activities.
  - Information on HIV M&E advocacy and communication activities.
- Inventory of NAC documents, including all HIV-related information products.

Ideally, the information system would have a web-enabled interface to allow the general public to access data.

In addition to the national HIV database, different stakeholders may have their own databases. Relevant data from these databases should be linked with the national HIV database and/or transferred; existing standard exchange formats should be used to facilitate data transfer between different databases.

## Component 10: Supportive Supervision and Data Auditing

**Performance Goal:** Monitor data quality periodically and address any obstacles to producing high-quality data (i.e., data that are valid, reliable, comprehensive, and timely).

**Performance Results** - The following elements are in place:

- Guidelines for supervising routine data collection at facility- and community-based HIV service delivery levels.
- Routine supervision visits, including data assessments and feedback to local staff.
- Periodic data quality audits.
- Supervision reports and audit reports.

**Description:** Supportive supervision refers to overseeing and directing the performance of others and transferring the knowledge, attitudes, and skills that are essential for successful M&E of HIV activities. It offers an opportunity to take stock of the work that has been done; critically reflect on it; provide feed-back to local staff; and where appropriate, provide specific guidance to make improvements.

Data auditing is the process of verifying the completeness and accuracy of reported aggregate HIV programme data. This typically requires field visits to organisations that reported the data in order to check these data against client or other individual records.

For sound decision-making, it is important to be confident about data quality. Regular data quality checks and provision of feedback are important mechanisms to improve or sustain data quality. Guidelines for supportive supervision are useful in order to communicate expectations and standardize procedures. Supportive supervision should be conducted with a sample of HIV service delivery organisations (i.e., not all providers), and can also be used as a mechanism to strengthen local M&E capacity. Data auditing requires that indicator protocols are in place, as well as protocols for data quality audits. It may be cost- and time-effective to combine supportive M&E supervision with financial and/or programme implementation supervision.

## Component 11: HIV Evaluation and Research

**Performance Goal:** Identify key evaluation and research questions, coordinate studies to meet the identified needs, and enhance the use of evaluation and research findings.

**Performance Results** - The following elements are in place:

- Inventory of completed and ongoing country-specific HIV evaluation and research studies.
- Inventory of local HIV evaluation and research capacity, including major research institutions and their focus of work.
- National HIV evaluation and research agenda.
- Ethical approval procedures and standards.
- Guidance on evaluation and research standards and appropriate methods.
- National conference or forum for dissemination and discussion of HIV research and evaluation findings.
- Evidence of use of evaluation and research findings (e.g., referenced in planning documents).

**Description:** Evaluation and research are essential but often neglected components of a comprehensive HIV M&E system. Appropriate use of evaluation/research data ensures that the planning of the HIV response is based on the best available evidence and guides ongoing programme improvement. Establishing a national process for identifying evaluation/research gaps relevant to the National Strategic Plan and for coordinating evaluation/research partners helps ensure that evaluation/research studies are relevant to the country's needs and provide actionable results; that evaluation/ research efforts are coordinated to avoid duplication of effort; and that study results are shared and available for use in decision-making.

As a first step, it is important to take stock of what is already happening at national research institutions and other relevant organisations and to invite these key stakeholders to become part of the national process.

A national process may focus on:

- Governance structures for evaluation and research, including requirements for registration of studies and local dissemination of study findings;
- Ethical approval procedures and standards;
- A prioritised agenda of biomedical, social sciences, and programme operations research; and,
- Mechanisms for the use of evaluation and research findings in the planning, policy, and programme decision-making processes.

## Component 12: Data Dissemination and Use

**Performance Goal:** Disseminate and use data from the M&E system to guide policy formulation and programme planning and improvement.

**Performance Results** - The following elements are in place:

- The National Strategic Plan and the national M&E plan include a data use plan.
- Analysis of data needs and data users.
- Data use calendar to guide the timetable for major data collection efforts and reporting requirements.
- Timetable for national reporting.
- Standard format for reporting and data tabulation.
- Information products tailored to different audiences and a dissemination schedule.
- Evidence of information use (e.g., data referenced in funding proposals and planning documents).

**Description:** The most important reason for conducting M&E is to provide the data needed for guiding policy formulation and programme operations. A detailed data use plan should be included in the national M&E plan; this plan should link data needs and data collection efforts with specific information products for different audiences, as well as a timetable for dissemination. It should also include activities to encourage data use, such as workshops to discuss the implications of M&E data for programme planning and improvement. A functional M&E system collates and presents the data in a way that facilitates data use at all levels, including the general public and beneficiaries of HIV services. Evidence of data use includes:

- The National Strategic Plan explicitly references the most up-to-date data on drivers of the HIV epidemic;
- HIV reports include accurate references to available M&E data; and,
- HIV service implementers refer to M&E data in their HIV programming.

There are a range of strategies to promote data dissemination and use, including: ensuring ownership of data; ensuring dissemination of good quality data in a timely manner; determining appropriate information products for different users; allocating sufficient resources for data dissemination; and, providing assistance for data use.

# Conclusion

The organizing framework for a functional national HIV M&E system describes the main components of the system and some benchmarks against which to assess progress. This framework is intended as a roadmap to guide system-building over time. It is important to build on what is already in existence, and to first address the necessary human capacity and partnerships to support the collection of good quality data. Most importantly, it is crucial not to lose sight of the ultimate purpose of M&E, using data to answer such fundamental questions as: Are we doing the right things? Are we doing them right? Are we doing them on a large enough scale to make a difference? It would be a waste of valuable resources to collect data that are not used for decision-making. Hence, data use should be the central element of any M&E system.

# Reference List

Baingana Kasheeka E, Bicego G, Görgens-Albino M, Kemerer V, Nzima M (2006). *Strengthening Partnerships in HIV Monitoring and Evaluation*. Washington DC: The World Bank.

Rugg D, Carael M, Boerma T, Novak J (2004). Global Advances in Monitoring and Evaluation of HIV/AIDS: From AIDS Case Reporting to Program Improvement. *New Directions for Evaluation*, 103: p.33-48.

UNAIDS (2004). *"Three Ones" key principles: "Coordination of National Responses to HIV/AIDS" Guiding principles for national authorities and their partners*. Geneva: UNAIDS.

UNAIDS (2006). Chapter 3: Progress in Countries. In: *Report on the Global AIDS Epidemic*. Geneva: UNAIDS, p.52-78.

UNAIDS (2007). *A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations*. Geneva: UNAIDS.

The purpose of this document is to introduce an organizing framework for a functional national HIV M&E system. This framework provides (1) a description of the main components of a functional national HIV M&E system, and (2) some benchmarks against which to assess progress in establishing such a system. This document covers system components that need to be present and work to an acceptable standard for the national M&E system to function effectively, but not all components need to be implemented at all levels of the system. This document does not provide detailed guidance on how to operationalize the system.