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12 Components Monitoring & Evaluation System Assessment

Guidelines to Support Preparation, Implementation and Follow-Up Activities

These guidelines support the use of the standardized tool: *12 Components Monitoring and Evaluation System Strengthening Tool*. Geneva: UNAIDS, 2009a



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Purpose of the Guidelines

The purpose of these Guidelines is to provide information on the preparation for and implementation of an assessment of the national HIV monitoring and evaluation (M&E) system.¹ It also includes key steps to take after an assessment to facilitate implementation of M&E system-strengthening activities. The *Guidelines* are built around the 12 main components of the HIV M&E system, which define the *Organizing Framework for a Functional National HIV Monitoring and Evaluation System* (UNAIDS, 2008). Consequently, the *Guidelines* also focus on using the *12 Components Monitoring and Evaluation System Strengthening Tool* (Geneva: UNAIDS, 2009a) to ensure a comprehensive and successful assessment.

Content of the Guidelines

The *Guidelines* include an overview of the assessment process and outline specific actions at key points in that process. The document has four sections:

Section One looks at the importance of integrating assessments in the M&E planning and implementation cycle. Section Two addresses issues relevant to preparing a national M&E assessment. Section Three focuses on steps required to implement a national M&E assessment, including the use of the 12 Components M&E System Strengthening Tool. Section Four considers steps for prioritising M&E system-strengthening activities and monitoring progress in M&E implementation.

Intended users of the Guidelines

These *Guidelines* are intended for those involved in coordinating the activities in the planning, implementation and follow-up of a national M&E assessment, typically the M&E unit or focal point of the National AIDS Coordinating Authority (or equivalent) or a national M&E technical working group, if one exists.

These *Guidelines* are also intended for stakeholders participating in a national HIV M&E assessment, including:

- National AIDS Coordinating Authority (NACA), the Ministry of Health, other relevant national ministries, national umbrella organisations working in HIV programmes.
- Decentralised government agencies in health and other sectors with responsibility for HIV programmes.
- Civil society and private sector organisations, which implement HIV services in a community setting and/or through health facilities.
- Bi-lateral and multi-lateral agencies, including staff with responsibilities for in-country HIV M&E support.

How to use the Guidelines

These *Guidelines* should be used to frame planning discussions for national M&E assessments. They can also be used to reach a common understanding among stakeholders about the value of a national M&E assessment. In addition, the proposed steps for planning, implementing and following-up the assessment can be used as a checklist for the management of the entire assessment process.

¹ The national HIV M&E system includes M&E at the national, sub-national and service delivery levels.

1. Integrating Assessments in the M&E Planning and Implementation Cycle

What is a functional national HIV M&E system?

A functional national HIV M&E system provides essential data for monitoring the epidemic and improving the response. Specifically, M&E data are a vital for:

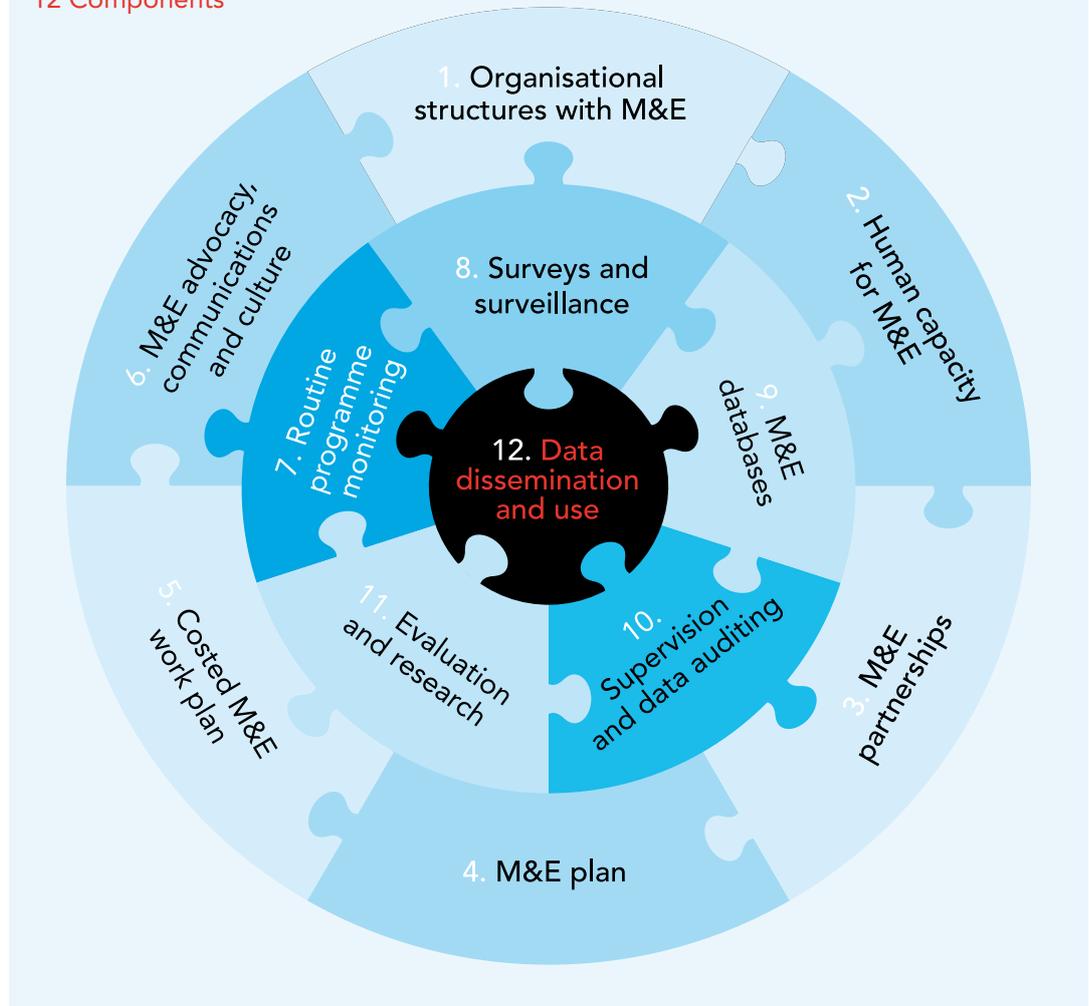
- Guiding the planning, coordination, and implementation of the HIV response.
- Assessing the effectiveness of HIV programmes and identifying areas for programme improvement.
- Ensuring accountability to those infected or affected by HIV and AIDS, as well as to those providing resources.

The international endorsement of the “Third One” – (i.e., one national HIV M&E system), and the *Organizing Framework for a Functional National HIV M&E System* represent important steps towards a unified approach for establishing and strengthening national M&E systems. This implementation of the national HIV M&E system is coordinated by the NACA or its equivalent and involves a range of actors such as the Ministry of Health, other relevant ministries, decentralised government organisations with responsibility for HIV-related services, and service delivery organisations.

The *Organizing Framework for a Functional National HIV Monitoring and Evaluation System* describes 12 main components of a multi-sectoral HIV M&E system; it also defines a performance goal for each component and expected results if the component is functioning well [Figure 1].

- The *outer ring* represents the human resources, partnerships and planning required 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 analysed.
- The *centre* of the diagram represents the primary purpose of the M&E system: using data for decision-making.

Figure 1. Organizing Framework for a Functional National HIV M&E System – 12 Components



The 12 components are not twelve implementation steps. They are not intended to be implemented sequentially; however, they should all be present and working to an acceptable standard in order for the national HIV M&E system to function effectively. Depending on resource availability, countries may need to focus on a few of the components at the outset and phase-in M&E investments over time to get all of the system components operational. It is also important to build on what systems and capacity already exist and to address the issues of human resources/capacity and functioning 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 for decision-making. It is a waste of valuable resources to collect data that are not used.

How does the HIV M&E system relate to the Health Information System?

The Health Information System (HIS) supports strategic and management decisions for the entire health sector. The HIS is the responsibility of multiple stakeholders including various units of the Ministry of Health (e.g., the unit coordinating routine reporting by health facilities, the National Statistics Office which is also responsible for the national population census and most national household surveys).

The national HIV M&E system needs to draw on existing data from the HIS. As such, the performance of the HIV M&E system is directly linked to the capacity of the HIS. For example, primary health workers who report HIV-specific data and district staff who manage the data are often also responsible for collecting and managing data about other health services. Efforts to strengthen the national HIV M&E system should contribute to the overall performance of the HIS and vice versa. To accomplish this, the national HIV programme should invest in building the M&E capacity of front-line health staff and district-level data managers. Equally important, HIV M&E requirements should be designed in such a way that they do not overwhelm the capacity of the health staff. Efforts to coordinate HIV M&E with the overall HIS are therefore essential. In many cases, it is both desirable and feasible to integrate data collection forms and data management systems. During a national HIV M&E assessment it is therefore important to engage key stakeholders responsible for the HIS.

Why is a national HIV M&E assessment important?

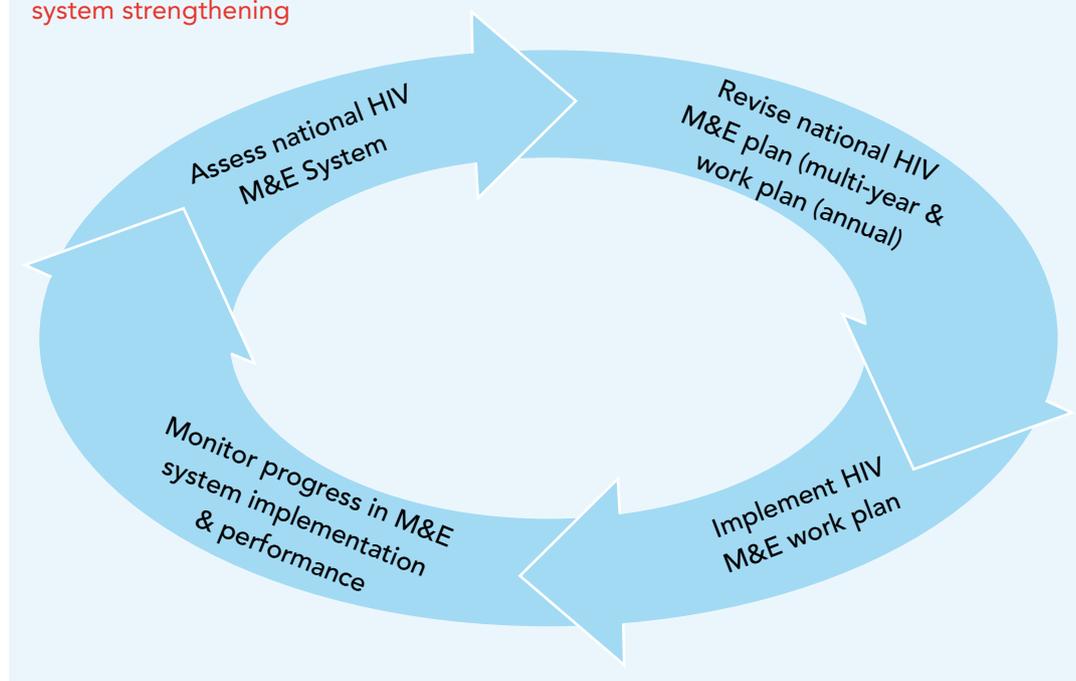
A national HIV M&E assessment is a diagnostic exercise that enables stakeholders in HIV M&E to identify strengths and weaknesses in the current system and recommend actions to maintain its strengths and improve its weaknesses. With this information in hand, the parties responsible for coordinating national HIV M&E should then lead a participatory process to develop/revise the national, multi-year HIV M&E plan and/or the annual HIV M&E work plan.

M&E planning should be scheduled as soon as possible after an assessment to ensure timely implementation of recommended actions. An assessment that is not followed by appropriate M&E planning and implementation serves little or no purpose.

When to conduct a national HIV M&E assessment?

M&E system assessment and planning is ideally incorporated in the national strategic planning and implementation cycle [Figure 2]. When the national HIV response is reviewed (e.g., during a Joint Annual HIV Programme Review or when the National AIDS Strategic Plan is revised), it is important to assess also the status of the national HIV M&E system. An assessment of the overall M&E system should be done at least every two to three years. An in-depth assessment of a specific component of the M&E system is done as needed. For example, when the assessment of the overall M&E system flags a problem with a specific system component and further analysis is needed before action can be determined. Routine monitoring of the expected outputs (i.e., the performance results) from the national HIV M&E system can also help to identify where and when a more in-depth assessment may be needed.

Figure 2: Strategic planning and implementation cycle in support of national HIV M&E system strengthening



The objectives of the national multi-sectoral HIV M&E plan should be explicitly linked to the National AIDS Strategic Plan (NSP) 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 would be implemented over time. The national M&E plan should: (1) describe a three to five year implementation strategy; (2) indicate resource requirement estimates; and, (3) outline a strategy for resource mobilization. The national M&E plan should be reviewed and updated regularly to make adjustments in data collection needs associated with revisions of the National AIDS Strategic Plan and to strengthen M&E system performance based on periodic M&E assessments.

To make the national HIV M&E plan operational, 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, the costs for each activity, identified funding and a clear timeline for delivery of outputs. This work plan enables the NACA and/or the national M&E technical working group 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; specifically, it should be a joint work plan that integrates the HIV M&E activities of all relevant stakeholders. 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.

What is the 12 Components Monitoring and Evaluation System Strengthening Tool?

These *Guidelines* focus on using the *12 Components Monitoring and Evaluation System Strengthening Tool* to assess an overall national HIV M&E system. This tool is the product of a comprehensive review and consolidation of existing assessment tools and has been endorsed by the global M&E Reference Group for HIV and AIDS (MERG).

The purpose of this tool is two-fold:

1. Provide a comprehensive assessment of the 12 components of a national HIV M&E system.
2. Replace the multiple assessment tools with the same intent, thereby reducing redundancy and standardizing the assessment so it is independent from the specific organisation conducting it.

See page 15 for more information on using the *12 Components M&E System Strengthening Tool*. The electronic version of the Tool can be downloaded at <http://www.UNAIDS.org>

Appendix 1 lists other standardised tools, which can be used depending on the intended purpose of the assessment. (See also *Operational Guidance on the Selection of Tools & Approaches for the Assessment of HIV Monitoring and Evaluation Systems, UNAIDS 2009b* for more detailed information on different tools).

2. Preparing for a National M&E Assessment

Who should coordinate the national M&E assessment?

As an overall HIV M&E system assessment is undertaken as part of the national strategic planning and implementation cycle, it should be coordinated by the M&E unit or focal point of the NACA or its equivalent. If a national HIV M&E technical working group exists – probably under the leadership of the NACA – it could be well suited to oversee the planning and implementation process. Where this working group does not exist, a small ad-hoc team with representatives from key stakeholders in M&E should be able to fill this role.

Many bi-lateral and multi-lateral agencies providing M&E support in-country recommend – and, in some cases, require – the periodic assessment of the HIV M&E system. These agencies have pledged their coordinated support for system-wide assessments, rather than agency-specific assessments. Staff from these agencies can play an important role in the assessment process, including support for follow-up capacity building.

Who should participate in a national M&E assessment?

Two factors determine who should participate in an assessment: First, the need for information on each of the 12 components of the HIV M&E system, taking into account its multi-sectoral nature and, second, the need for verification and consolidation of responses within and between different stakeholder groups.

Ideally, the following stakeholders should be represented:

- National AIDS Coordinating Authority or equivalent; specifically, the unit and/or individual(s) responsible for coordinating the implementation of the national HIV M&E system as well as the Policy and Planning Team.
- Ministry of Health (MOH), including those responsible for HIV services², unit(s) responsible for the Health Information System (HIS) and the National Statistics Office.
- Other relevant ministries such as the Ministries of Education, Social Welfare and Finance.
- National umbrella organisations working in HIV.
- AIDS Coordinating Authorities or other relevant government authorities at decentralized levels (e.g., regions, provinces, districts).
- Providers of HIV services at health facilities, including civil society organisations.
- Providers of HIV services at the community level, including civil society organisations.
- Bi-lateral and multi-lateral agencies (e.g., UNAIDS, WHO, donors).

It is important to include programme managers as well as those with specific responsibilities for HIV M&E data, so that different views can be shared and consolidated. Broad participation will also help identify opportunities for strengthening and for further integration of the HIS, which includes information beyond HIV.

Given the multiple stakeholders, the most efficient way to conduct the assessment is to organise a national workshop. Depending on the number and size of the stakeholder groups,

² Some Ministries of Health have a separate AIDS Control Programme, others do not. Those responsible for HIV services should be included.

this workshop may take several days. It is *not* advisable to administer the assessment tool as a 'questionnaire' to be completed by separate and/or distinct stakeholders and informants. It is important to discuss the various assessment issues in groups to generate more wide-ranging input.

What steps should be taken to prepare for a successful national M&E assessment?

There is significant work to be done in preparation for an assessment. The following seven steps – each of which includes a recommendation for a lead organisation – are critical to the success of an assessment.

Step 1: Agree on the purpose and use of the national M&E assessment **[Recommended lead: national HIV M&E technical working group or ad-hoc team]**

It is essential that the NACA (or equivalent) through the national HIV M&E technical working group engage stakeholders to agree on three key issues: (1) the purpose of the assessment; (2) the roles and responsibilities of each organisation; and, (3) the expected outputs and follow-up after the assessment.

Specifically, there needs to be agreement on how the assessment outputs link to the country's broader HIV strategic planning and review processes (and requirements, if any, of major donor agencies) including strengthening of the HIS. The agreement should not only involve M&E staff at different levels of the system, but also by programme managers and key decision-makers. This may require additional advocacy and consultation, but is essential to ensure that the M&E assessment results are anticipated, taken seriously, and used in M&E system strengthening.

Step 2: Plan the assessment and mobilise adequate resources **[Recommended lead: national HIV M&E technical working group or ad-hoc team]**

Resources required for the national M&E assessment workshop and the preparation thereof should be determined through detailed budgeting for items such as workshop facilities and materials/equipment; participant travel, subsistence and hotel accommodation; consultancy fees (as needed); fees for the workshop facilitator(s). Resources for the assessment should ideally already be budgeted for in the national HIV M&E work plan.

Step 3: Identify facilitator(s) for the national M&E assessment workshop **[Recommended lead: national HIV M&E unit or focal point]**

The facilitator(s) for the national M&E assessment workshop should be technically skilled in M&E as well as in facilitation, verbal communication and report writing. If possible, the facilitator(s) should be able to speak the language of most of the participants. Clear terms of reference should guide the selection and work of the facilitator(s).

Step 4. Develop an agenda for a national M&E assessment workshop
[Recommended lead: national HIV M&E technical working group or ad-hoc team]

Based on field experience, the following agenda provides a feasible timeline for assessing all system components with a broad range of stakeholders. This agenda is based on a three-day M&E assessment workshop.

Depending on the maturity of the M&E system and the number of participants involved, the timeframe for the workshop and/or individual sessions may need to be expanded or contracted.

Possible agenda for a national M&E assessment workshop		
	Topic	Chair / Facilitator
Day 1	Participant introduction	NACA / MOH
	Introduction to the assessment process: outputs and use of the assessment	NACA M&E lead / TWG* Chair
	Presentation on the existing HIV M&E system	NACA M&E lead
	Introduction to the 12 components of a functional national M&E system	Facilitator
	Introduction to the <i>12 components M&E System Strengthening Tool</i> & dividing into small groups	Facilitator
	Assess components 1 to 3, and give feedback	Small Group Rapporteurs
Day 2	Assess components 4 to 6, and give feedback	Small Group Rapporteurs
	Assess components 7 to 9, and give feedback	Small Group Rapporteurs
Day 3	Assess components 10 to 12, and give feedback	Small Group Rapporteurs
	Summarise critical actions for each component	Small Group Rapporteurs
	Plan and agree on the way forward, including finalisation of the assessment report and subsequent M&E planning and implementation	Facilitator
	Evaluate & close the workshop	NACA / TWG* Chair / MOH

*national M&E technical working group (or ad-hoc team)

Step 5. Invite stakeholders to the national M&E assessment workshop and prepare all logistics

[Recommended lead: National HIV M&E lead/unit]

The NACA (or equivalent) should take the lead in organising the logistics of the national M&E assessment workshop. It is important to make sure that a broad range of stakeholders are invited and indeed participate in the national workshop. The invitations, the workshop agenda and any background materials (such as *The Organizing Framework for a Functional National HIV M&E System*) should be sent to the participants well in advance of the workshop.

Step 6. Collate and review key documents

[Recommended lead: National HIV M&E technical working group, ad-hoc team or external consultants]

All relevant technical documents should be collated and reviewed. See **Appendix 2** for a checklist of the key documents and the focus of review. The purpose of this (pre-assessment) desk review is to ensure that relevant information is organised and available for consultation and verification during the national M&E assessment workshop.

Step 7: Ensure common understanding of M&E terminology

[Recommended lead: workshop facilitator(s)]

The final pre-assessment task is to ensure that the standardised terminology used in the *12 Components M&E System Strengthening Tool* is understood in relation to any locally adopted M&E terminology. The assessment tool incorporates clarifications for the various assessment items, which should facilitate a common understanding between the participants. But it is the facilitator's role to provide the additional clarifications during the workshop, where needed.

What are the roles and responsibilities of the NACA in a successful M&E assessment?

The person responsible for M&E in the NACA (or its equivalent) should take the lead in coordinating periodic assessments of the national HIV M&E system. The key roles and responsibilities include:

Scheduling a national HIV M&E assessment

- Plan the M&E system assessment to coincide with the review of the National AIDS Strategic Plan (NSP). Preferably, it should be scheduled before the NSP review so that recommendations from the M&E assessment can be incorporated into the revised NSP.

- If it is not possible to link the M&E assessment to the NSP review, schedule the M&E assessment to take place before the M&E work plan for the following year is developed in order to inform the work planning. Specific requirements from donor agencies need to be taken into account and plans made how best to address these requirements.
- Present the schedule of planned M&E assessments to key stakeholders, including donor agencies and international partners to ensure that the assessment not only meets the country's needs but also the requirements, if any, of major donors.

Preparing for a national HIV M&E assessment

- Use the M&E technical working group to oversee the planning and implementation of the assessment. If such a group does not exist, create a small ad-hoc team for the specific purpose of guiding the assessment.
- Ensure that all relevant M&E stakeholders are invited to participate in the M&E assessment.
- Ensure that reports of previous M&E assessments are publicly available.

Following up after a national HIV M&E assessment

- Make the M&E assessment report publicly available.
- Ensure that the M&E assessment results are incorporated in the NSP review.
- Ensure that the M&E assessment results are used as a basis for developing and/or revising the multi-year, multi-sectoral M&E plan and/or the annual costed M&E work plan.
- Identify roles and responsibilities for follow-up assistance (e.g., financial, technical), including support from international/donor agencies.

What are the roles and responsibilities of international and/or external M&E officers in a successful M&E assessment?

Various international and/or external M&E officers and/or support staff are likely to be involved in an assessment of the national M&E system, including UNAIDS M&E advisors as well as staff from donor agencies and/or international partners. Their key roles and responsibilities include:

Scheduling a national HIV M&E assessment

UNAIDS M&E advisors (or other UNAIDS staff in-country)

- Inform the national M&E lead as well as the national M&E technical working group of the agreements donor agencies and/or international partners have made regarding coordination of support for M&E system assessments.
- Provide UNAIDS regional and headquarters offices with the schedule of planned assessments for inclusion in the multi-agency schedule maintained by UNAIDS headquarters to facilitate coordination among international partners.

Staff from donor agencies and/or international partners

- Inform the national M&E lead as well as the UNAIDS M&E adviser or other UNAIDS staff of potential triggers for an M&E assessment (e.g., Global Fund requirements or PEPFAR funding). Coordinate the need for an M&E assessment around the country's proposed time line. If the time line does not meet the donors' needs, work to resolve the issue with the best interest of the country in mind.
- Work with the UNAIDS M&E adviser or other UNAIDS staff to coordinate support from donor agencies and/or international partners for the national M&E lead or unit.

Preparing for a national HIV M&E assessment

UNAIDS M&E advisors (or other UNAIDS staff in-country)

- Provide the national M&E lead as well as the national M&E technical working group with support for planning and implementation of the national M&E assessment.
- Inform the national M&E lead as well as the national M&E technical working group of the standardised assessment tool and guidelines endorsed by the UNAIDS Monitoring and Evaluation Reference Group (MERG).
- Ensure that all M&E stakeholders understand the objective of creating one integrated M&E plan for all stakeholders and how to make it operational under the 'Third One'.

Following up after a national HIV M&E assessment

UNAIDS M&E advisors (or other UNAIDS staff in-country) and staff from donor agencies and/or international partners

- Facilitate inclusion of the M&E assessment results in the NSP review.
- Facilitate the use of the M&E assessment results for developing or updating the multi-year multi-sectoral M&E plan and/or the annual costed M&E work plan.
- Facilitate dissemination of the M&E assessment report and share lessons learned with other M&E stakeholders.
- Ensure promised support (e.g., financial and technical) for M&E activities in the national M&E plan/work plan is delivered.

3. Implementing a National M&E Assessment

A successful national M&E assessment should be interactive and participatory, allowing for reflection, discussion and consensus building around the current strengths and weaknesses of the national HIV M&E system and what should be done to improve the system.

The workshop process

After completing the steps outlined in the previous section, it is time to hold the national workshop. For this workshop, participants should be divided into small groups which correspond to their role in the national HIV response. The purpose is for each group to focus on the assessment items that are relevant to their specific roles and responsibilities in M&E. The size and specific composition of the small groups depends very much on the local context; it is essential that the different groups reflect the variety of roles and responsibilities at different levels of the HIV M&E system. It is equally important that they are put together in ways to maximize discussion on the assessment items and to generate a valid scoring of the status of the current M&E system.³ A special effort should be made to include civil society representation to ensure inclusion of a non-governmental perspective in the discussion. Logistically, it is important to ensure that the groups remain relatively small so they can work efficiently.

The *12 Components M&E System Strengthening Tool* is set up for the following stakeholder groups, but as mentioned above, these should be adjusted, where needed, to reflect the local situation:

National AIDS Coordinating Authority (NACA) Group

This group is predominantly made up of members of the NACA (or its equivalent), including staff with M&E responsibilities as well as programme managers. Other participants, who can be added to this group are representatives from service delivery organisation and bilateral/multilateral agencies working directly with the NACA on M&E.

Ministry of Health (MOH) AIDS Control Programme⁴ Group

This group is predominantly made up of representatives of the MOH with responsibility for HIV programmes, HIV M&E data and HIS data. For example, people with responsibility for the HIS, surveillance and/or population-based surveys (e.g., the National Statistics Office) should be included in this group. Agencies providing major support for HIS strengthening should also be included. This group plays an important role in assessing the relationship between the HIV M&E system and the HIS and in identifying opportunities for further mutual system strengthening⁵.

Other Relevant Ministries Group

This group includes representatives (such as HIV focal points) from relevant ministries – other than Health – with responsibility for crosscutting HIV activities and associated HIV data.

³ This does not imply that all participants will be able to contribute to all of the assessment items for each of the 12 components. Nonetheless, their participation in the group will help catalyze discussion and is a learning process for all.

⁴ Some Ministries of Health have a separate AIDS Control Programme; others do not.

⁵ It may be useful to comprehensively evaluate the overall HIS. For this purpose a separate assessment process should be organised. The HIS Assessment Tool (see Appendix 1) provides guidance for such a process.

National Umbrella Organisations Group

At least one person from each of the national umbrella organisations for civil society and private sector involved in HIV programmes should participate in this group.

Local Government Authorities / AIDS Coordinating Authorities Group

The membership of this group should reflect the main decentralised government levels (e.g., regional, provincial, district) with responsibility for HIV-related services.

Health Facilities Group

This group should include representatives from health facilities, including hospitals, health centers, clinics and drop-in centers that are providing HIV-related services. Members in this group should represent different localities and services from across the country.

Other Implementers of HIV Services Group

This group consists of representatives from major HIV service providers in the community setting. Members in this group should represent different localities and services from across the country.

Other participants

Representatives from bilateral and multilateral agencies should participate based on their roles and responsibilities in support of the national HIV M&E system. Representatives from research institutions may be consulted specifically on Component 11 of the Organizing Framework which relates to evaluation and research.

Using the 12 Components M&E System Strengthening Tool

The *12 Components M&E System Strengthening Tool* should be used to focus participants on the key M&E issues. The Tool should be used in its electronic format (MS excel) because this will make it easier to assign the relevant assessment items to each stakeholder group. In addition, the Tool is set up to summarize the key assessment results, which will facilitate agreements on the way forward.

The Tool includes specific instructions on how to use it. However, it is critical that each of the small groups interpret the assessment items in the same way and their response must be considered from the perspective of their specific role in M&E. For example, an assessment of the level of M&E staffing: the response from the NACA group should focus on the level of M&E staffing at the NACA, not the MoH or other ministries involved in HIV M&E at the national level. Similarly, the response from service delivery groups should focus on M&E human resources at that level only. Individuals who do not feel they can comment on a certain item should abstain from scoring that item.

To facilitate subsequent M&E planning (i.e., revision of the national M&E plan and/or work plan), including prioritisation of M&E strengthening activities, it is important that the groups not only score the current status but also consider proposed actions and add any comments that will help identify and plan for M&E system-strengthening.

It is advisable to select one rapporteur per group to capture all relevant information. This person should also summarise the major issues diagnosed and list proposed actions during the plenary feedback sessions. As suggested in the workshop agenda above, feedback from the different groups is best addressed a few components at the time. All action points for identified strengths and weaknesses in the HIV M&E system should be considered again at the end of the workshop and a way forward agreed.

4. Prioritising M&E Strengthening Activities and Monitoring Implementation Progress

Compiling the assessment report

After the assessment has been completed, the workshop facilitator(s), with input from the national M&E unit or focal point as well as the national M&E working group, will compile the results from each workshop group. Specifically, this team will:

- Summarise the strengths and weaknesses of the HIV M&E system and the proposed actions at the national, sub-national level and service delivery levels for each of the 12 components.
- Write the national HIV M&E assessment report (see **Annex 3** for a concise outline of the report).
- Disseminate the assessment report and facilitate its use in subsequent M&E planning and implementation.

Setting priorities for M&E system-strengthening

The proposed actions for M&E system-strengthening resulting from the national M&E assessment will be used to identify what needs to be done first. Developing a fully functional national HIV M&E system takes time; not everything can be done at once. Therefore, it is important to take a phased approach in the implementation of the system, consistently building on what already exists. Key principles to bear in mind when deciding on M&E priorities are:

- Address the human resources and human capacity: It is essential to have enough staff, who are properly trained, with dedicated time to fulfill M&E responsibilities.
- Support M&E activities that build one national M&E system. Develop M&E partnerships and collaborative networks to foster coordination at all levels to minimize fragmentation and duplication of effort.
- Data should be collected with the intention of being used. Data collection needs to address key questions for national programme management and improvement: (1) Are we doing the right things? (2) Are we doing them right? (3) Are we doing them on a large enough scale to make a difference?
- Not everyone working within the national HIV M&E system needs to be involved in all aspects of M&E:
 - » *Everyone* should conduct basic programme input and output monitoring for the purposes of good programme management and for selecting a few indicators to report to key stakeholders to whom the programme is accountable.
 - » *Most* should also conduct some basic process evaluations (such as implementation assessments, quality assessments, basic operations research, case studies, cost analyses).
 - » Only *some* will be able to conduct outcome monitoring and even fewer rigorous outcome evaluations, not only because of the additional time, expertise, and resources that these methods require but also because they are only relevant to more established programmes (outcome monitoring) or programmes for which there is insufficient evidence that they work (outcome evaluation).
 - » Finally, only in *few* cases would impact evaluation be warranted in which an attempt is made to attribute long-term effects (impact) to a specific programme. Monitor-

ing the unlinked distal impacts (impact monitoring) is done through surveillance systems and repeated population-based surveys. All stakeholders within the HIV M&E system should be aware of these national and sub-national data but are not involved in all phases of data collection.

Bearing these general principles in mind, priorities should be agreed by all M&E stakeholders to ensure the necessary commitment and follow-through.

Revising the national multi-year M&E plan and/or annual costed M&E work plan

Based on the national M&E assessment results, the national M&E plan and/or work plan (depending on how the timing of the national assessment fits into the national M&E planning cycle) should now be revised with the involvement of key stakeholders in M&E. As indicated above, there should only be *one* multi-year M&E plan and *one* annual M&E work plan that all stakeholders have endorsed and are using as a joint plan to coordinate the implementation of M&E activities for which they agreed to take responsibility.

Activities in a costed HIV M&E work plan must include both the one-off activities required to establish an M&E system component (i.e., one of the 12 components in the Organizing Framework) and the recurrent activities that ensure the continued operation of the system. Developing such a work plan is a multi-step process in itself. It is recommended that a small team, which includes costing experts, be selected at the national M&E assessment workshop to draft the work plan afterwards and present it for review to the wider stakeholder group within a reasonable time frame (e.g., 4 weeks after the national M&E assessment workshop). See the World Bank's *Guidelines on Costing National HIV M&E Work Plans* for more information.

Monitoring progress in M&E implementation

M&E system strengthening is intended to improve the performance of the HIV M&E system. Monitoring can be as simple as determining whether or not an M&E activity has been implemented according to plan or, more usefully, can use agreed performance results to assess effectiveness of capacity-building efforts. It is recommended that M&E stakeholders:

- Use the outputs of interventions defined in the national M&E plan/work plan to monitor implementation progress.
- Define one or two important performance results (i.e., benchmarks or indicators) for each system component and use these to expand, refine or revise the existing capacity-building strategies.

To help choose the most appropriate measures for monitoring M&E capacity and system performance over time, consider that indicators or benchmarks should:

- Reflect the performance results for each system component.
- Be able to detect changes in performance.
- Be standardized to allow comparisons over time.
- Draw from data sources that are readily available and that are already reported on a routine basis.

Ideally, one or two indicators or benchmarks should be defined for the capacity building priorities that are part of the development and regular updating of the national multi-year, multi-sectoral HIV M&E plan and the annual M&E work plan. It may be important to also look for synergies between capacity building interventions and coordination of capacity building efforts.

References

UNAIDS (2004). Three Ones Principles: A Commitment to Concerted Action. Geneva: UNAIDS.

UNAIDS (2008). Organizing Framework for a Functional National HIV Monitoring and Evaluation System. Geneva: UNAIDS.

UNAIDS (2009a). 12 Components Monitoring and Evaluation System Strengthening Tool. Geneva: UNAIDS.

UNAIDS (2009b). Operational Guidance on the Selection of Tools & Approaches for the Assessment of HIV Monitoring and Evaluation Systems, Geneva: UNAIDS.

World Bank (2007). Guidelines on Costing National HIV M&E Work Plans. Washington DC: World Bank.

Appendix 1. Selecting an Appropriate M&E Assessment Tool

The table provides an overview of the focus of each standardized tool with reference to the twelve components of a national M&E system. For tools that assess the same M&E component, there may still be a difference in the extent to which the component is assessed. Therefore, it is important to look at the detailed content of each tool before making a selection. All tools, except the *12 Components HIV M&E System Strengthening Tool*, focus solely on specific components of the system and are used for a detailed assessment of the individual component(s). See *Operational Guidance on the Selection of Tools & Approaches for the Assessment of HIV Monitoring and Evaluation Systems (UNAIDS 2009b)* for more detailed information on each of the tools.

	Organisational Structures with HIV M&E Functions	Human Capacity for HIV M&E	Partnerships to Plan, Coordinate and Manage the HIV M&E system	National, Multi-sectoral HIV M&E Plan	Annual, Costed HIV M&E Work Plan	Advocacy, Communications and Culture for HIV M&E	Surveys and Surveillance	Routine HIV Programme Monitoring	National and Sub-national HIV Databases	Supportive Supervision and Data Auditing	HIV Evaluation and Research	Data Dissemination and Use
TO ASSESS THE M&E SYSTEM AS PART OF A REVIEW OF THE HIV RESPONSE												
AIDS Strategic and Action Planning (ASAP) Self-Assessment Tool												
National Composite Policy Index (NCPI) Questionnaire												
Three Ones Assessment												
TO ASSESS THE ENTIRE M&E SYSTEM OR ENTIRE HIV M&E SYSTEM												
12 Components HIV M&E System Strengthening Tool												
Health Information System (HIS) Assessment Tool												
TO ASSESS SPECIFIC COMPONENTS OF THE M&E SYSTEM												
Country Harmonization and Alignment (CHAT) Tool												
Data Demand and Information Use (DDIU) Toolkit												
Data Quality Assessment (DA) Tool & Routine Data Quality Assessment (RDQA) Tool												
Guidelines for Evaluating Surveillance Systems												

■ This component is the main focus of the tool (i.e., most questions focus on this component).
■ This component is addressed in the tool, but not in-depth.

Appendix 2. Pre-assessment Desk Review

The purpose of the pre-assessment desk review is to ensure the information needed to accurately assess all 12 components of an M&E system is organised, summarized and made available to participants before the national workshop.

CHECK LIST OF KEY DOCUMENTS

- | | |
|--------------------------|--|
| <input type="checkbox"/> | National AIDS Strategic Plan |
| <input type="checkbox"/> | National HIV M&E plan and national HIV M&E work plan |
| <input type="checkbox"/> | Any HIV M&E assessments (overall system or specific components) conducted in the past two to three years |
| <input type="checkbox"/> | Any assessments of the Health Information System (HIS) and/or M&E assessments of major health programmes other than HIV/AIDS |
| <input type="checkbox"/> | HIV M&E plans for each sector and for sub-national level |
| <input type="checkbox"/> | National HIS Strategic Plan and M&E plans of any major health programmes |
| <input type="checkbox"/> | Terms of Reference, job descriptions and organisational charts of all HIV-specific organisations participating in the assessment |
| <input type="checkbox"/> | Terms of Reference, job descriptions and organisational charts for units coordinating the HIS or M&E of major health programmes other than HIV/AIDS |
| <input type="checkbox"/> | The most recent data from a national census, Demographic Health Survey/AIDS Indicator Survey, Behavioral Surveillance Survey, HIV surveillance and annual health statistical reports |
| <input type="checkbox"/> | Technical manuals for national or sub-national databases and the HIS used for HIV data |
| <input type="checkbox"/> | HIV-related policies that include M&E issues |
| <input type="checkbox"/> | The most recent annual, mid-term or end-of-term review of the National Strategic Plan |
| <input type="checkbox"/> | Protocols for national HIV surveillance, data quality assurance, etc. |
| <input type="checkbox"/> | National training curricula for collecting, managing and reporting of HIV and other health data |
| <input type="checkbox"/> | Reports of HIV evaluation or research studies (including evaluation / research inventories) |
| <input type="checkbox"/> | Sample outputs (i.e., information products) of the existing HIV M&E system (e.g., national HIV report) |
| <input type="checkbox"/> | National laws and policies relating to HIV and AIDS |
| <input type="checkbox"/> | The National AIDS Programme's most recent annual report; national reports focusing on programme implementation and coordination |
| <input type="checkbox"/> | National or organisational-level Information Technology assessments conducted in the past 2 years |
| <input type="checkbox"/> | M&E capacity-building plans (if separate from the national M&E plan) |
| <input type="checkbox"/> | Links to websites that have country-specific HIV M&E information |
| <input type="checkbox"/> | Any other relevant documents: |

POTENTIAL ISSUES FOR THE DESK REVIEW

1. Organizational Structures with HIV M&E Functions

Methodology:

- Discussions with NACA and MoH

Key Issues to address:

- Check if there is an M&E unit at NACA and/or MoH responsible for HIV M&E
- Check if there is a unit at MoH responsible for routine health information
- Identify the agency responsible for coordinating national household surveys
- Identify agencies responsible for HIV surveillance
- Number of full-time and/or part-time M&E posts (filled or vacant) at NACA and MoH including those at sub-national levels
- Number of M&E full-time and/or part-time posts filled (people currently working) at NACA and MoH including those at sub-national levels
- Obtain any documents that provide the policy and legislative framework for the overall health information system. These documents may specify:
 - » The institutional mandate of the NSO and other institutions leading the HIS
 - » Laws and institutions to support registration of deaths and cause of death
 - » Regulations to support reporting by private health facilities
 - » Laws on confidentiality of health records and health data
 - » Policies on sharing of health data with qualified analysts

2. Human Capacity for HIV M&E

Methodology:

- Discussion with NACA and MoH
- Review NSP, HIV M&E Plan, annual work plan and/or human capacity building plan
- Review any HR capacity or M&E capacity assessment reports

Key Issues to address:

- Check if there is a human capacity building plan; it could be part of the NSP, HIV M&E Plan, or exist as a stand-alone document
- Check if existing human capacity building plan is based on assessment results
- Check if national level M&E capacity gaps are addressed by the national HIV plans or strategies
- Check whether sub-national level M&E capacity gaps, including gaps in cross-cutting functions such as reporting and data management, are addressed by (1) national HIV plans; (2) plans for strengthening the overall HIS; and/or (3) M&E plans for other public health programmes
- Check if there are nationally endorsed curricula to address these M&E capacity gaps.
- Obtain any documents describing the following:
 - » Plans to increase the number of epidemiologists, IT specialists and/or database managers in key agencies, including the NACA, the HMIS unit and other programmes of the MoH
 - » Plans for pre-service training and/or recruitment of well qualified data managers at district level
 - » Plans for in-service training of service providers in record keeping and reporting
 - » Plans for in-service training of district data managers in management of routine health data

3. Partnerships to plan, coordinate and manage the M&E system

Methodology:

- Discussion with NACA and MoH
- Review of TORs and objectives of the TWGs

Key Issues to address:

- Check if there are M&E TWGs/Committees coordinated by NACA and/ or MoH (Note: Each of these agencies may coordinate its own TWG; one for HIV M&E and one for the overall HIS.) Obtain a list of the agencies represented on any M&E TWGs
- Check if there are TORs for TWGs coordinated by NACA and MoH; compare if the TORs are in line with intended objectives of the respective TWGs
- Check if there is an inventory of stakeholders for HIV M&E and whether it is periodically updated. Obtain the list of agencies that are considered stakeholders of the HIV M&E system.
- Check whether there is a list of stakeholders for the overall HIS. Obtain a list of the agencies considered stakeholders of the overall HIS.
- Compile a set of all of the forms, whether or not they are related to HIV/AIDS, that government health facilities are asked to submit each month to their district health office. Note: The extent to which this set of forms is streamlined is an indicator of the success of coordination.

4. HIV M&E plan

Methodology (A):

- Review National HIV M&E Plan
- Review the National Strategic Plan for HIV

Key Issues to address:

- Check if there is a National Strategic Plan for HIV
- Check if there is a National M&E Plan for HIV
- Review the HIV M&E plan and check if:
 - » It describe all 12 components of an HIV M&E system
 - » All the building blocks of performance for each component are described including: partnerships/ coordination of stakeholders; advocacy and communications; development of organisational structures; strengthening human resources for HIV M&E; supervision and data auditing; evaluation and research; strengthening surveys and surveillance; strengthening the M&E database; and improving dissemination and use
 - » The HIV M&E plan has an estimate of the resources/budget required for M&E
 - » The time period of the national HIV M&E plan aligns with the time period of the NSP
 - » The M&E plan includes indicators to monitor the progress and performance of the HIV M&E system
 - » Indicators of the National HIV M&E Plan are aligned with objectives of the NSP
 - » Data sources of indicator values are specified in the National HIV M&E Plan
 - » Measurement of each indicator is defined in the National HIV M&E Plan
 - » Frequencies of data collection for indicator values are specified
 - » Data use plan is described
 - » Baseline values are included for indicators
 - » Targets are set for each indicator
- Review the HIV M&E plan, NSP or other relevant documents and calculate:
 - » Percentage of total HIV programme funding from government allocated for the HIV M&E plan
 - » Percentage of total HIV programme funding from development partners allocated for the HIV M&E plan
 - » Percentage of total HIV programme funding from all sources (government and development partners) allocated for the HIV M&E plan
- Review the list of those who participated in development of the HIV M&E plan to see if it includes a good range of stakeholders in the overall HIS

Methodology (B):

- Review plans for strengthening the health information system overall or strengthen M&E of other health programmes

Key Issues to address:

- Check whether there is a strategic plan for the overall HIS or written plans for major investments to strengthen M&E of integrated health programs.
- Review the list of those who participated in development of these documents to see if they include a sufficient representation of stakeholders in the HIV M&E system

5. Annual, Costed, National HIV M&E Work Plan

Methodology:

- Review National HIV M&E Work Plan
- Review the work plan for the National HIV/AIDS programme

Key Issues to address:

- Check if there is a National HIV M&E Work Plan for HIV/AIDS
- Check if there is a work plan for the National HIV/AIDS programme
- Check if the National HIV M&E Work Plan is costed, has timeline for implementation, responsible partners are identified for implementation of each activity
- Review the HIV M&E work plan, HIV/AIDS programme work plan or other relevant documents and calculate:
 - » Percentage of total HIV programme funding from government allocated for the HIV M&E work plan
 - » Percentage of total HIV programme funding from development partners allocated for the HIV M&E work plan
 - » Percentage of total HIV programme funding from all sources, including government and development partners, allocated for the HIV M&E work plan

6. Communication, Advocacy and Culture for HIV M&E

Methodology:

- Review National HIV/AIDS Policy, NSP or other similar document

Key Issues to address:

- Check if the National HIV/AIDS Policy, NSP or other similar document includes M&E policy issues and strategies

7. Routine HIV Programme Monitoring

Methodology:

- Review the NSP and guidelines on data recording, collecting, collating and reporting

Key Issues to address:

- Identify the main programme areas (e.g., VCT, PMTCT, ARV, Condoms, Care & Support) in the country
- For each programme area, check if there are guidelines on data recording, collecting, collating and reporting
- Check whether there are national guidelines on how data quality should be maintained (e.g., avoid double counting, assure reliability and validity) from routine health information (HIV-related or otherwise)
- Check whether there are national guidelines and a system for monitoring and managing the supply of a broad range of drugs (HIV-related or otherwise)
- Check whether there are national guidelines to assure that individual medical records support quality and continuity of care (HIV-related or otherwise)
- Check whether there are national guidelines to support reporting of health data by private sector health facilities

8. Surveys and Surveillance

Methodology:

- Review inventory of HIV related surveys conducted in the country
- Gather specific survey and surveillance reports, including biological and behavioural surveillance, work place surveys, school based surveys, health facility surveys, second generation surveillance and surveys on condom availability/use)

Key Issues to address:

- Check if there is an inventory of surveys (HIV-related or otherwise) conducted in the country
- If existing, check when the inventory was last updated
- Check whether there is a multi-year plan to coordinate household surveys (HIV-related or otherwise)
- Prepare a summary on how frequently each of the following surveys are conducted in the country:
 - » Biological surveillance
 - » National surveys or surveillance with behavioural component in the general population
 - » National level workplace surveys
 - » National level school-based survey
 - » Health facility surveys in HIV-related services
 - » Second generation surveillance
 - » Survey on condom availability and use

9. National and Sub-national HIV databases

Methodology:

- Discussion with NACA and MoH

Key Issues to address:

- Review the breadth, depth and quality of existing national and sub-national HIV databases

10. Supportive Supervision and Data Auditing

Methodology:

- Discussion with NACA and MoH

Key Issues to address:

- Find and review all of the reports of data quality studies and data audits done on health -related data in the past 12 months; these may be national or sub-national, general or programme/project-specific
- Find national protocols on supervision of recording keeping and reporting by health facilities. Such supervision may be focused on HIV record keeping or more general

11. HIV Evaluation and Research Agenda

Methodology:

- Discussion with NACA and MoH

Key Issues to address:

- Check if there is a National HIV Evaluation and Research Agenda
- If yes, when was it last updated and how was it used
- Obtain any inventory of research and evaluations

12. Data Dissemination and Use

Methodology:

- Discussion with NACA and MoH

Key Issues to address:

- Obtain samples of the information products from various databases and RHIS that are used in HIV-related reporting
- Obtain copies of reports prepared in the past 12 months, which are cited in the national HIV M&E plan.
- Obtain copy of any annual statistical report
- Review any national or programme/project-specific websites that contain HIV M&E related information
- Document what statistics and statistical reports can be viewed and downloaded from the web site of the MoH and other health-related agencies

Appendix 3. Template for an HIV M&E System Assessment Report

1. Executive Summary
2. Background
3. Assessment Methodology
4. Overview of the Governance Structures for the HIV Response
5. Description of the National HIV M&E System (National Strategy Coordination body, umbrella organisations and HIV implementers)
6. Assessment Results:
 - » Component 1: Organisational Structures with HIV M&E Functions
Strengths and weaknesses; possible next steps
 - » Component 2: Human Capacity for Multi-sector HIV M&E
Strengths and weaknesses; possible next steps
 - » Component 3: Partnerships to plan, coordinate and manage the multi-sector HIV M&E system
Strengths and weaknesses; possible next steps
 - » Component 4: National, multisectoral HIV M&E Plan
Strengths and weaknesses; possible next steps
 - » Component 5: Costed, National, multi-sector HIV M&E Work Plan
Strengths and weaknesses; possible next steps
 - » Component 6: Communication, Advocacy and Culture for HIV M&E
Strengths and weaknesses; possible next steps
 - » Component 7: Routine HIV Programme Monitoring
Strengths and weaknesses; possible next steps
 - » Component 8: Surveys and Surveillance
Strengths and weaknesses; possible next steps
 - » Component 9: National and Sub-national HIV databases
Strengths and weaknesses; possible next steps
 - » Component 10: Supportive Supervision and Data Auditing
Strengths and weaknesses; possible next steps
 - » Component 11: HIV Evaluation and Research Agenda
Strengths and weaknesses; possible next steps
 - » Component 12: Data Dissemination and Use
Strengths and weaknesses; possible next steps
7. Prioritization of feasible next steps
8. Summary
9. Recommendations

List of ALL MERG Documents 2007-2009

- 1. A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations (2007):**
Provides an overview of M&E methods and approaches for most at-risk populations; it covers the use of strategic information for programme planning, M&E. Its focus is on the M&E of targeted HIV prevention programmeM&E. Its focus is on the M&E of targeted HIV prevention programme
- 2. Additional Recommended Indicators. Addendum to UNGASS Monitoring the Declaration of Commitment on HIV/AIDS, Guidelines on Construction of Core Indicators (2008):** Presents the 40 core national indicators that provide minimum necessary information for national-level monitoring of the HIV epidemic and response, and to provide detailed specifications and guidance on the 15 indicators recommended in addition to the 25 UNGASS indicators
- 3. Organizing Framework for a Functional National HIV M&E System (2008):** This framework describes 12 main M&E system components and defines a performance goal and results for each component. The framework helps countries to define an agreed set of national performance objectives and measures for the HIV M&E system and to guide strategies for building capacity, where needed, to reach these objectives.
- 4. Glossary of M&E Terminology (2008):** contains an alphabetical listing of M&E terms and their definitions often with more in-depth explanations than would customarily be provided by dictionary definitions. The Glossary will facilitate and improve dialogue and understanding among all those who are involved in M&E of development activities. It should also serve as a valuable reference guide in M&E training. The selection of terms and their definitions in the attached glossary have been carefully discussed and endorsed by the Global UNAIDS Monitoring and Evaluation Reference Group (MERG)
- 5. Indicator Standards and Assessment Tool (2009):** consists of a set of agreed indicator standards that are relevant at the national level for program managers and service providers, who need to select, revise and use indicators to monitor, manage and implement their country's response to the epidemic effectively monitor. This will ensure that indicators provide decision-makers and key stakeholders with useful, feasible and relevant information. An additional aim is to reduce the burden of global reporting on countries by harmonising global level indicators across multilateral and bilateral organisations
- 6. Planning Tool for Developing a Digital Library of M&E Resources (2009):** A Planning Tool to help assure that users of a digital library can successfully locate resources and can make informed decisions regarding the quality of the materials. The Planning Tool has two purposes: 1) To provide guidance to current owners and future developers of a digital library on the range of issues to be addressed in usability and user-friendliness of the library and 2) To provide a list of questions to help organizations brainstorm if they can and should invest their resources in developing a digital library
- 7. Guidance HIV Monitoring and Evaluation Capacity-building (2009):** provides practical advice for national AIDS programmes that are planning and implementing capacity building activities as part of their effort to develop a unified and effective national HIV monitoring and evaluation (M&E) system. The Guidance is relevant to the wide range of individuals and organisations involved in the national HIV M&E system; it is particularly relevant for the health sector, given its central role in M&E of HIV.
- 8. 12 Components Monitoring and Evaluation System Assessment – Guidelines to support preparation, implementation and follow-up activities (2009):** These Guidelines provide information on the preparation for and implementation of an assessment of the national HIV monitoring and evaluation (M&E) system. It also includes key steps to take after an assessment to facilitate implementation of M&E system strengthening activities. The Guidelines are built around the 12 main components of the HIV M&E system, which define the Organizing Framework for a Functional National HIV Monitoring and Evaluation System (UNAIDS, 2008). Consequently, the Guidelines also focus on using the 12 Components Monitoring and Evaluation System Strengthening Tool (Geneva: UNAIDS, 2009a) to ensure a comprehensive and successful assessment.
- 9. 12 Components Monitoring and Evaluation System Strengthening Tool (2009):** Is a tool is for assessing how well each of the 12 components of a national HIV M&E system is functioning. The tool facilitates the identification of strengths and weaknesses in the national HIV M&E system and the prioritization of system strengthening activities.
- 10. Guidelines for Developing Terms of Reference for Prevention Evaluation (2009):** The Guidelines aim to foster a systematic approach to the evaluation of prevention programs by focusing on an often overlooked yet critical step in evaluation planning: the preparation of terms of reference (TOR). It can be used to facilitate the planning of evaluations for HIV prevention, discussions on the design of these evaluations, and the drafting of TOR to guide such assessments. It is intended for use by anyone who prepares or reviews TOR for evaluations of HIV and AIDS prevention programs and projects.



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