Joint United Nations Programme on HIV/AIDS

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NATIONAL AIDS COUNCILS

MONITORING AND EVALUATION OPERATIONS MANUAL

THE WORLD BANK

UNAIDS/02.47E (English original, August 2002)
ISBN: 92-9173-227-3

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Acknowledgements

We wish to express our gratitude to the numerous National AIDS Councils' members, the organizations and the individuals that contributed to this manual. The manual was prepared by Professor David Wilson, PhD, and reviewed by practitioners and donors. The manual was also officially reviewed by the International Partnership against AIDS in Africa (IPAA) in Dakar in October 2001 and the UNAIDS Monitoring & Evaluation Reference Group (MERG) in Geneva in November 2001. A final draft was reviewed by a UNAIDS, World Bank and Centers for Disease Control and Prevention (CDC) steering group in Geneva in March 2002.

Acronyms

BSS	Behavioural surveillance survey
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CPA	Country Programme Adviser
DHS	Demographic and Health Survey
FHI	Family Health International
IPAA	International Partnership against AIDS in Africa
M&E	Monitoring and evaluation
MAP	World Bank Multi-Country AIDS Program
MEASURE	Monitoring and Evaluation to Assess and Use Results
MERG	UNAIDS Monitoring and Evaluation Reference Group
MICS	UNICEF Multiple Indicator Cluster Survey
NAC	National AIDS Council
NAP	National AIDS Programme
NGO	Nongovernmental organization
OVC	Orphans and other vulnerable children
PMTCT	Prevention of mother-to-child transmission
PLWHA	People living with HIV/AIDS
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary counselling and testing
WHO	World Health Organization

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A. INTRODUCTION

1. HIV/AIDS is the leading cause of death in sub-Saharan Africa. More than 18 million Africans have died, more than 12 million African children have been orphaned because of AIDS, and another 28 million Africans are living with the virus today, the vast majority of them in the prime of their lives as workers and parents. Life expectancy is dropping, family incomes are being decimated, and agricultural and industrial efficiency is declining because of the epidemic. African nations and the international community have recognized how disastrous the epidemic is to the African continent, and have concluded that past efforts to wage war against the virus have failed because: (i) there was insufficient commitment and leadership to fight the epidemic among nations both inside and outside the continent; (ii) the war was being waged with too few human and financial resources; (iii) those programmes that were effective, often undertaken by civil society organizations, were rarely scaled up; (iv) resources were not reaching communities; and (v) programmes were too narrowly focused on the health sector. A new strategy has been developed by African countries and the donor community to wage war more effectively. It is based on:

- defining national HIV/AIDS prevention, care, treatment and mitigation strategies and implementation plans through a participatory process;
- establishing National AIDS Councils (NACs) at the highest level of government, with broad stakeholder representation from the public and private sector and civil society;
- empowering stakeholders from the village to national level with money and decision-making authority within a multisectoral framework; and
- using exceptional implementation arrangements such as channelling money directly to communities and civil society organizations and contracting out many administrative functions.

2. The new approach emphasizes speed (due to the nature of the epidemic), scaling up existing programmes and capacity-building, 'learning by doing' and continuous project rework, rather than exhaustive up-front technical analysis of individual projects. The new approach relies on immediate monitoring and evaluation (M&E) of programmes to determine which activities are efficient and effective and should be expanded further, and which are not and should be stopped or would benefit from capacity-building.

3. This new approach is being supported by a number of donors, including bilateral agencies, the Global Fund to Fight AIDS, Tuberculosis and Malaria[1] and the World Bank, which is committing US$1 billion through the Multi-Country HIV/AIDS Programs (MAP) for Africa[2]. In an era when those inside Africa as well as around the world demand performance and transparency in the use of funding, programme M&E is essential in order to:

- establish performance incentives for programme implementers in both the public sector and civil society;

The new approach relies on immediate M&E of programmes to determine which activities are efficient and effective and should be expanded further, and which are not and should be stopped or would benefit from capacity-building.

[1] *www.globalfundatm.org*

[2] *www.worldbank.org/afr/aids/map.htm*

- detect and address problems so that project redesign and improvement become standard operating procedures;
- provide early evidence of programme effectiveness; and
- communicate to those infected and affected by HIV/AIDS, in transparent and objective ways, the effort being made to improve prevention, care, treatment and mitigation programmes.

4. M&E thus becomes a core part of the fiduciary architecture of financial management, disbursement and procurement, which is the basis for the performance contract on which the war against HIV/AIDS is being waged. The design of programme M&E has to change with this new approach. M&E must be relevant, objective, transparent and, most importantly, available as: (i) a source of information on performance for the public and for donors; and (ii) a management tool for implementation agencies in the public and private sector, in civil society and for country coordination mechanisms such as NACs. M&E systems must also be fully funded for at least 5-10 years, including local costs and incremental operating costs, since lack of sustained funding is a major reason why monitoring and evaluation fail.

5. This manual is designed as a practical toolkit and road map for practitioners to use in designing and implementing programme M&E. While published jointly by UNAIDS and the World Bank, it has benefited from extensive consultation and piloting among African countries and other stakeholders who recognize the importance of M&E as an essential weapon in the war against HIV/AIDS.

Who is this manual intended for?

6. This manual is intended for:

- NACs, particularly those that are taking on the role of grant-provider, and their public sector and civil society implementing partners in sub-Saharan Africa; and
- donor institutions that are involved in the preparation, implementation and M&E of HIV/AIDS programmes in partnership with NACs.

What does this manual attempt to do?

7. This manual attempts to:

- introduce key concepts;
- present simple, clear procedures, with a checklist of the process, timing and costs of building participatory programme M&E for NACs;
- offer key tools that implementing partners need for M&E; and
- provide examples of terms of reference and other M&E management and administration materials.

8. This manual emphasizes:

- the development of the overall M&E system, in relation to the National Strategic Plan; and
- programme M&E or the monitoring of services provided through NACs and their implementing partners.

9. It focuses on these components because they are essential in order for NACs to be accountable and they are the least developed components of M&E systems.

What does this manual not attempt to do?

10. This manual does not attempt to cover all aspects of M&E. In particular, it does not attempt to deal with topics that are well

This manual is designed as a practical toolkit and road map for practitioners to use in designing and implementing programme M&E.

covered elsewhere. Thus, it does not cover in any detail surveillance, essential research or financial management. The role of these elements within an overall M&E programme is discussed, but users are referred to sources in Appendix 10 for detailed information. Thus, the manual focuses more on tracking inputs and outputs than outcomes and impacts.

What is M&E?

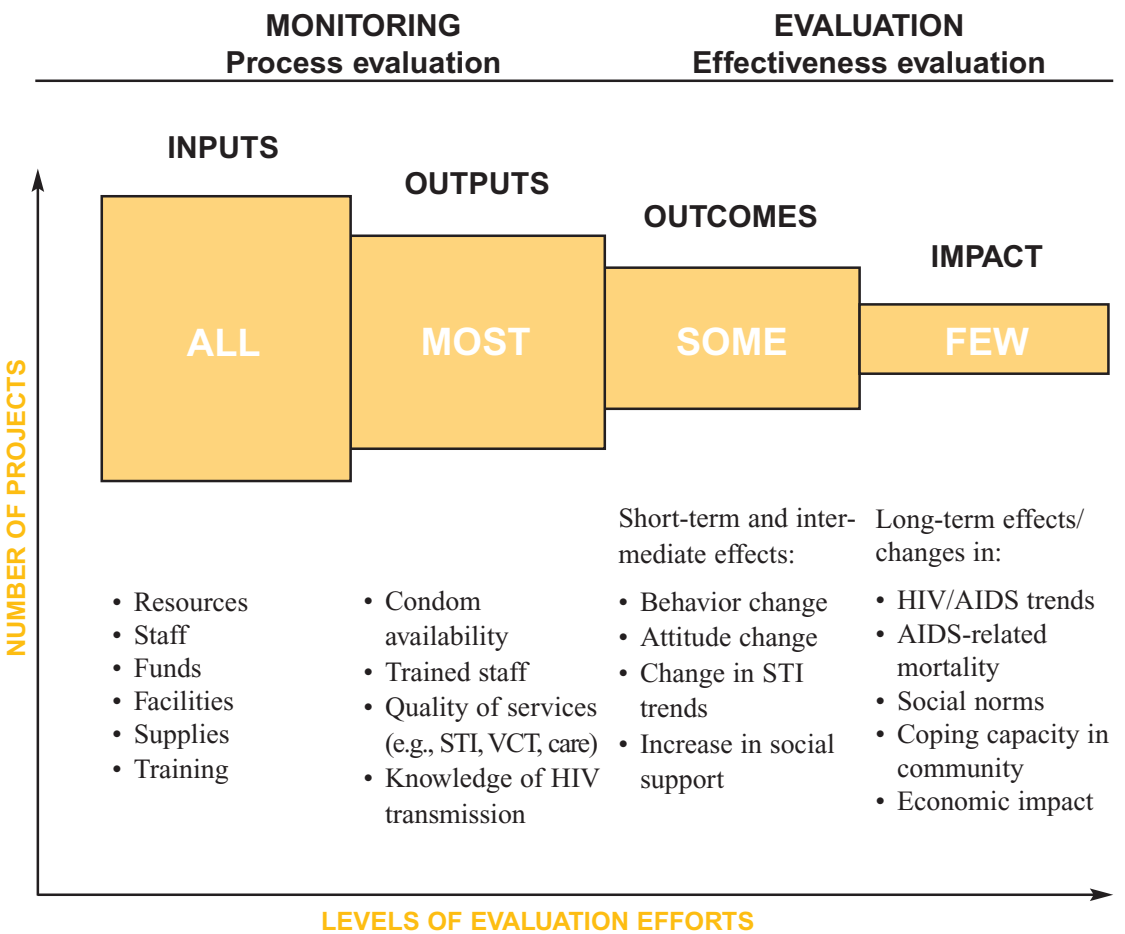
11. Confusion between monitoring and evaluation is common. There is a simple distinction between monitoring and evaluation that may be helpful. Monitoring is the routine, daily assessment of ongoing activities and progress. In contrast, evaluation is the episodic assessment of overall achievements. Monitoring looks at what is being done, whereas evaluation examines what has been achieved or what impact has been made.

What key M&E lessons have been learned?

12. We have learned the following key M&E lessons:

(i) The results pathway or cycle, shown in the figure below, may be likened to a pyramid. The higher up the results cycle we go, the fewer organizations, projects and studies are involved in M&E. Thus, all implementing partners should collect complete input and output data. Many implementing partners should collect some process data. Far fewer implementing partners will

Monitoring and evaluation results pyramid



assess outcomes. Even fewer implementing partners and studies are required to assess impact.

(ii) Good M&E requires both internal self-assessment and external verification. Thus, implementing partners collect their own internal data and an external agency verifies the completeness and accuracy of the data collected by those implementing partners. Supervisory visits should be based on the analysis of internal self-assessment and externally verified primary data.

(iii) M&E systems must be as simple as possible. Most programmes collect far more data than they use. The more complex an M&E system, the more likely it is to fail.

(iv) M&E systems must include a standardized core. If each implementing partner uses different systems or tools, the data cannot be analysed or summarized effectively. The need for a standardized core does not preclude individual implementing partners from collecting additional, situation-specific M&E data.

(v) A specialized entity is required to collect, verify, enter and analyse primary M&E data from each partner. Without such an entity, data collection, verification and analysis are unlikely to happen. Ministries and other public agencies are seldom equipped to manage such a process.

(vi) Contracting a single specialized entity to manage both financial and programme M&E should be seriously considered. There are several reasons why this is desirable, which are listed below.

- Since the same personnel and operations can often be used for both financial and programme monitoring, combining financial and programme M&E makes proper monitoring economical and affordable. It may be added to financial management at a marginal cost.
- Combining financial and programme monitoring provides a basis for cross-checking financial and activity data and ensuring sound finance-programme data cross-verification.
- Given the sensitivities concerning data verification, it may be preferable to delegate the task to accounting/consulting firms that are used to handling such sensitive operations.
- Programme M&E entails complex data-gathering-management capacities, and it is usually easier to purchase established capacity than to establish it afresh.
- Financial management monitoring systems and procedures are almost always the best developed subcomponent of M&E. It makes sense to link programme monitoring to the stronger process of financial monitoring.
- Linking programme reporting to financial management and further disbursements will improve programme reporting.
- Outsourcing financial and programme activity monitoring to a single entity ensures that financial and programme reports are linked and provide a more comprehensive picture. Equipped with comprehensive, verified data, NAC M&E staff members are free to focus on the strategic programme implications of monitoring.

Contracting a single specialized entity to manage both financial and programme M&E should be seriously considered.

(vii) M&E must be built into the design of a programme, and should be operational before grants are provided, rather than being added later. It is much harder and less effective to 'retrofit' M&E after grants have already been given.

(viii) No matter how sound an M&E system may be, it will fail without widespread stakeholder 'buy-in'. Thus, a large-scale, participatory process is essential to build ownership and buy-in from the start.

(ix) NACs lack comprehensive, long-term funding for all major M&E components, including local costs and incremental operating costs. The World Bank, through MAP credits, may provide comprehensive, long-term M&E funding in areas where grant funding is unavailable. The World Bank recommends that up to 10% of MAP credits be used for local and operating costs of a long-term M&E system.

(x) It may be more helpful to move from baseline and follow-up analysis to trend-tracking, following trends over several time periods.

No matter how sound an M&E system may be, it will fail without widespread stakeholder 'buy-in'.

What framework is suggested for M&E?

13. Effective M&E is based on a clear, logical pathway of results, in which results at one level are expected to lead to results at the next level, leading to the achievement of the overall goal. Consequently, if there are gaps in the logic, the pathway will not lead to the required results.

14. The major levels are:

- inputs
- outputs
- outcomes
- impacts

15. These levels are introduced in Panel 1 below. Each level is connected to the next, in a clear, logical way.

Panel 1: M&E levels

Level	Description
Inputs	Inputs are the people, training, equipment and resources that we put into a project, in order to achieve outputs.
Outputs	Outputs are the activities or services we deliver, including HIV/AIDS prevention, care and support services, in order to achieve outcomes. The processes associated with service delivery are very important and involve quality, unit costs, access and coverage.
Outcomes	Through the provision of good-quality, economical, accessible, and widespread services, key outcomes should occur. Outcomes are changes in behaviour or skills, especially safer HIV prevention practices and increased ability to cope with AIDS.
Impacts	The above-mentioned outcomes are intended to lead to major measurable health impacts, particularly reduced STI/HIV transmission and reduced AIDS impact.

Panel 2: M&E components

Component	Description
Overall system	Overall flowchart and database
Surveillance	National biological and behavioural surveillance of STI/HIV/AIDS/TB, and sexual behaviour trends.
Research	Essential research to complement national surveillance.
NAC, public sector and civil society financial management monitoring	National financial management monitoring of NAC, the public sector and civil society's utilization of resources.
NAC, public sector and civil society programme activity monitoring	National programme activity monitoring of NAC grants provided to implementing agencies, and the relevance, quantity and quality of services delivered by those agencies.

What M&E components exist and how well developed are they?

16. We suggest the following M&E components (see Panel 2 above).

17. M&E strengths in each of the above components vary widely.

Overall system

18. The overall system comprises a governing flowchart and database, which describe precisely how data are collected and flow.

Surveillance

19. Surveillance comprises biological, behavioural and social impact surveillance. Both are well developed globally. WHO, UNAIDS and CDC support ensures sound antenatal biological surveillance in most countries and a proven procedure for establishing it in other countries. Behavioural and social impact surveillance, supported by UNAIDS/FHI and social assessment guidelines, is widespread and readily applicable. This surveillance should be accompanied by second generation surveillance (see Box 1). With such support, NACs can quickly initiate sound surveillance. In mature epidemics, NACs will usually use existing surveillance; in nascent epidemics, they may use improved surveillance. NACs should provide adequate resources and support to National AIDS Programmes (NAPs) within ministries of health to ensure sound surveillance and health-related M&E.

Research

20. Surveillance should be complemented by essential research, including epidemiological, evaluation and social impact research. NACs have a strategic role in collating, interpreting and disseminating research findings.

Financial management monitoring

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

Programme activity monitoring

22. NAC, public sector and civil society programme activity monitoring represents the greatest challenge facing NACs. It is addressed partly through draft operations manuals, but significant challenges remain. NACs will assume a major role as grant-provider, supporting literally hundreds of

HIV/AIDS prevention, care and mitigation activities. However, they lack essential systems and procedures, particularly those required for:

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

23. Programme activity monitoring is least developed and requires the greatest emphasis. As with financial monitoring, this component should be contracted out to an independent firm. It is recommended that financial and programme activity monitoring be combined and contracted out to one firm, for economy and finance-programme cross-verification.

24. The best developed components are:

- surveillance (especially biological surveillance);
- research; and
- financial monitoring.

25. The least developed components are:

- overall M&E system, with flowcharts and a unified database; and
- programme monitoring.

Who should do what?

26. Building on the first lesson learned (see the monitoring and evaluation results pyramid on page 3), data sources, implementing partners' responsibilities for M&E and suggested time frames for progress are summarized in Panel 3 (see page 8).

NAC indicators and data sources

27. We suggest an illustrative indicator set, with data sources, in Appendix 1. This indicator set is neither definitive nor exhaustive. Individual programmes will both change and add to this indicator set. However, it does provide examples of possible indicators and data sources at each level of M&E.

BOX 1: What is second generation surveillance?

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

Panel 3: Data sources, partners' roles and time frame by M&E level

Level	Data	Partner role	Time frame
Inputs	Finance and programme monitoring	All implementing partners submit monthly data Specialized external agency routinely analyses and verifies data	Progress within 6 months
Outputs ***Quantity***	Finance and programme monitoring	All implementing partners submit monthly data Specialized external agency routinely analyses and verifies data	Progress within 1 year
Quality	Programme monitoring using quality checklists	All implementing partners do internal quality assurance Specialized external agency routinely does external quality verification	Progress within 1-2 years
Unit costs	Finance and programme monitoring	Specialized external agency will use verified financial and programme output data to estimate unit costs for selected implementing partners	
Access and coverage	Modules of behavioural surveillance and facility surveys	Access to prevention, care, mitigation services and coverage will be included as a subset of behavioural surveillance, social impact surveys and facility surveys, and assessed when behavioural or facility surveys are used	
Outcomes	Behavioural surveillance and epidemiological research	Behavioural surveys to assess outcomes are encouraged in 5-10 sites per country every 1-2 years. Behavioural surveys may also be conducted in selected large-scale public sector or civil society programmes. Examples include public sector programmes for transport workers or soldiers and civil society programmes for refugees Behavioural surveys should be contracted to specialized agencies and use UNAIDS and FHI guidelines	Progress within 2-3 years
Impacts	Biological surveillance and epidemiological research	The ministry of health, often assisted by WHO, UNAIDS and CDC, is responsible for national STI and HIV surveillance Selected epidemiological STI/HIV prevalence/incidence studies may also be conducted and may illustrate impacts in specific areas/populations	Progress within 3-5 years in mature epidemics and 7-10 years in nascent epidemics
Overall system	Flowchart and database	NAC maintains overall flowchart and database	To be designed before NAC begins providing grants

B. OPERATIONS PROCEDURES

Overview

28. We propose the following steps for putting M&E into practice:

(i) NAC clarifies its coordination role and increases its capacity to coordinate, but not implement, M&E.

(ii) NAC contracts out the implementation of M&E to specialized entities. Thus, surveillance, research, and financial and programme monitoring should ideally be contracted out to a range of entities. The specialized programme-activity-monitoring entity is responsible for training implementing partners and verifying, collating, analysing and reporting data.

(iii) NAC and stakeholders engage in an intensive participatory process to build ownership and buy-in, particularly for the overall M&E system and programme monitoring.

(iv) Each implementing partner agrees on its key targets with NAC, using a simple, structured planning, monitoring and evaluation form.

(v) Each implementing partner reports results every month using the planning, monitoring and evaluation form.

(vi) These results are checked and verified at least every six months by the specialized entity.

(vii) The specialized unit/agency assesses each implementing partner's progress towards targets every six months and rates their progress using the planning, monitoring and evaluation form.

(viii) The specialized entity collates, analyses and submits to NAC summary reports of aggregate activities every six months, using a simple, structured progress report form.

(ix) NAC and key stakeholders, including donors, meet every six months to review M&E reports, to identify key lessons learned and to make strategic recommendations and decisions.

(x) NAC and key stakeholders update their M&E manuals and procedures based on lessons learned.

Clarifying NAC's role and increasing its capacity to coordinate

29. A small NAC M&E structure is suggested, with one or two staff (no more are required for what is purely a coordination and facilitation role), depending on the size of the country and the complexity of the programme. The M&E staff's proposed terms of reference are outlined in Appendix 2.

30. A major element of NAC's coordination role is effective coordination with the health sector, which is historically the repository of M&E capacity in AIDS programmes.

31. There is an urgent need to develop a shared NAC and donor vision of NAC M&E philosophy and priorities and to ensure coordinated and complementary donor inputs to NAC M&E plans.

Contracting an M&E consultant

32. NAC's role is to ensure that the results of M&E are used at the appropriate level. NACs may contract an M&E consultant to assist with the design and management of the steps outlined below. Such a consultant should, above all, be interdisciplinary and able to combine insights from research, programme management and information systems. Further guidance on suitable M&E consultants is presented in Box 2.

NAC clarifies its coordination role and increases its capacity to coordinate, but not implement, M&E.

33. NACs are strongly encouraged to recruit an M&E consultant to help build an overall M&E system. Detailed terms of reference, an illustrative job advertisement and scoring criteria are presented in Appendix 3.

Recruiting specialized M&E units and agencies

34. In keeping with its coordination role, it is suggested that NACs outsource M&E components, as shown in Panel 4 (see page 11).

35. The suggested terms of reference for the specialized programme activity monitoring unit/agency are presented in Appendix 4.

Developing an M&E manual with participatory approaches

36. NAC experience highlights the importance of participatory approaches to build ownership and buy-in for M&E. The following participatory process is suggested:

- undertake preparatory research;
- determine interim M&E Reference Group and indicators;
- organize district and national stakeholder consultative meetings;
- produce a draft M&E manual;
- organize district and national stakeholder meetings to review draft M&E manual;

Box 2: What is an M&E consultant?

The essence of an M&E consultant is interdisciplinary experience, understanding, insights and instincts. Above all, the consultant must fully grasp that M&E consists of several discrete components, all of which must be addressed. Thus, a consultant should have some epidemiological literacy. However, this may be the least important overall skill, since epidemiological surveillance is typically better developed than other components. Very detailed surveillance procedures exist, and numerous national and international organizations can assist with surveillance.

The consultant should, above all, have a firm grounding in programme activity M&E, because it is the weakest component of the overall M&E system with the least developed procedures and relatively few experienced practitioners. The consultant should have managed a project wherein systematic input, output and process data were collected, summarized and used to guide programming. The consultant should understand the flow of data, level by level, from a single youth peer educator or grandmother supporting orphans, to a national information system. Ideally, the consultant should have enough literacy in management information systems to specify the systems needed and to review systems commissioned. Combining epidemiological, evaluation, programme and information system skills, the consultant should be able to devise an integrated system that generates and links verified primary biological, behavioural, programme and financial data. The M&E consultant should be committed to simple, low-cost, low-technology approaches that may be widely applied in the field.

It is also helpful to emphasize what an M&E consultant should not be. The consultant should not be an academic researcher concerned with indisputable proof; an epidemiologist who equates M&E with surveillance; an evaluation expert who equates M&E with impressionistic external evaluations, often conducted without primary data; or a management information systems expert who equates M&E with information technology.

Panel 4: Recommended M&E agencies by M&E component

Component	Contracted out to
Overall system	NAC/Consultant
Surveillance	*Biological:* National AIDS or epidemiology programme, supported by surveillance expert committee
	Behavioural: Universities, research agencies or consulting firms
Research	Universities/institutions
National NAC, public sector and civil society financial management monitoring	Major accounting/consulting firms
National NAC, public sector and civil society programme activity monitoring	Major accounting/consulting firms

- finalize M&E manual; and
- organize a national M&E launch meeting.

Preparatory research

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

38. The document review should include the following country-specific documents:

- the National Strategic Plan;
- NAC strategic plans, workplans and draft operations manuals; and
- ministry of health surveillance and M&E reports.

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

- the ministry of health, other key ministries and key implementing partners;
- NAC staff and consultants;
- the expanded UN Theme Group members, including the UNAIDS Country Programme Adviser (CPA);
- major bilateral/multilateral donors;
- major NGOs;
- major academic/research institutions; and
- major groups of people living with HIV/AIDS (PLWHA).

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

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

Interim M&E Reference Group and indicators

42. An Interim M&E Reference Group should be formed by NAC within the first month. This group will meet monthly and on an ad hoc basis, as required, to provide advice and to review draft outputs. The interim group may include the following representatives:

- ministry of health and other key ministries;
- NAC;
- expanded UN Theme Group members, including the UNAIDS CPA;
- key bilateral/multilateral donors;
- key NGOs;
- academic/research institutions; and
- PLWHA groups.

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

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

District and national stakeholder consultative meetings

44. By the third month, a two-day district-level stakeholder consultative meeting should be convened to develop a detailed district M&E strategy, including district indicators and collection mechanisms. NACs will ensure balanced representation from the following public and civil society stakeholders:

- national and provincial NAC members;
- the ministry of health;
- other key ministries, including Education and Social Welfare;
- district NGOs and community-based organizations (CBOs);
- academic/research/consulting groups with local activities; and
- local PLWHA groups.

45. Also by the third month, a national stakeholder meeting should be convened to develop a national M&E strategy, including national indicators and collection mechanisms. NAC will ensure balanced representation from the following public and civil society stakeholders:

- the ministry of health and other key ministries;
- NAC staff and consultants;
- the expanded UN Theme Group members, including the UNAIDS CPA;
- major bilateral/multilateral donors;
- major NGOs;
- academic and research institutions of national relevance; and
- major PLWHA groups.

46. The meeting will develop a draft M&E strategy to provide a framework for the development of a draft M&E system.

Draft M&E manual

47. By the fourth month, and based on the above-mentioned consultative steps, a small nucleus of NAC members and consultants should develop a draft M&E manual, including:

- the overall M&E framework;
- the overall governing flowchart;
- the overall M&E database;
- M&E systems and data collection instruments; and
- a detailed M&E workplan and budget.

District and national stakeholder consultative meetings to review draft M&E manual

48. Also by the fourth month, a second series of (a) district and (b) national stakeholder consultative meetings should be convened to carefully review and revise the draft M&E manual. It will be attended by the same broad range of constituents identified above.

Finalization of M&E manual

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

National launch meeting

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

51. An illustrative time frame and budget for the above-mentioned participatory process are presented in Appendices 11 and 12, respectively.

Implementing the agreed M&E system

Monitoring and reporting mechanisms

52. The next stage involves implementing the agreed M&E system, using the following steps:

(i) Each implementing partner refers to the planning, monitoring and evaluation form in Appendix 5. The reviewed indicators should be listed in column 1 and targets agreed with NAC for each relevant indicator in column 2. (Not all indicators apply to all implementing partners.)

(ii) Each implementing partner records their ongoing services on the service delivery section of the planning, monitoring and evaluation form.

(iii) Every six months, each implementing partner uses the planning, monitoring and evaluation form to report their progress towards agreed targets in column 2. The specialized agency verifies data every six months.

(iv) During the six-monthly data-verification visits, the specialized unit/agency assesses the quality of services delivered, using quality-assurance checklists adapted by NACs for each country context. Examples of 'programme areas requiring quality-assurance checklists' and 'an illustrative quality-assurance checklist for interpersonal communication' are presented in Appendices 6 and 7, respectively.

(v) The specialized agency uses the planning, monitoring and evaluation form to rate progress towards targets every six months, according to the following simple rating scale:

- Targets largely/completely attained
- Targets partially attained
- Targets largely/completely unattained

(vi) The specialized agency collates, analyses and submits to NAC summary reports of aggregate activity every six months, using the planning, monitoring and evaluation form and a structured progress report form.

Programme activity monitoring through intermediate structures

53. The above-mentioned operational procedures refer to situations in which the specialized monitoring unit/agency directly monitors implementing partners. There are several situations in which the specialized entity will work through intermediaries to monitor implementing partners. Three examples are presented below:

- provincial intermediaries, in contexts where NACs devolve major grant-provision and monitoring responsibilities to provincial bodies;
- district intermediaries, in contexts where NACs devolve major grant-provision and monitoring responsibilities to district bodies; and
- NGO intermediaries, in contexts where NACs devolve major grant-provision and monitoring responsibilities to NGOs.

54. How is programme activity monitoring undertaken when intermediary bodies are involved? The steps listed below are suggested:

(i) A specialized monitoring entity is still required, even when elements of monitoring are devolved to districts. However, the entity's role changes from direct implementation to capacity-building and supervision.

(ii) The specialized entity trains and supports intermediary bodies to equip them with the skills to undertake programme activity monitoring.

(iii) The specialized entity supervises and monitors intermediary bodies, to ensure that their monitoring is timely, methodical, complete, accurate and in accordance with the procedures manual.

(iv) The specialized entity is still responsible for collecting, verifying, entering and analysing primary M&E data from implementing partners and for preparing and submitting regular M&E reports to NAC.

Access database

55. For the overall M&E system, an M&E database has been written in Microsoft Access and may be obtained from the World Bank. The database is written in Access because most countries have Access packaged with Microsoft Office, most consulting firms use it and most local IT specialists support it.

Checklist for programme managers

56. A checklist to assist programme managers in managing the M&E function is presented in Appendix 8.

Indicative M&E budget

57. The UNAIDS Monitoring and Evaluation Reference Group (MERG) is working on a costing model for an overall programme. Appendix 9 offers an indicative budget for the M&E components emphasized in this manual, specifically the design of an overall M&E system and the programme activity monitoring component. The budget in Appendix 9 does not include cost estimates for the surveillance, research or financial management components.

58. The indicative budget includes the costs of designing the overall M&E system and the programme activity monitoring system, but it does not include the costs of actually operating the system. It is possible to offer tentative guidelines concerning these costs. The key factor influencing cost will be whether financial monitoring and programme monitoring are combined and delegated to a single entity. Delegating this activity to a single entity is significantly cheaper. If this is done, it is estimated that programme activity monitoring may be conducted for 2-3% of the total cost of

grant funds transferred to partners. If financial and programme activity monitoring are not combined, but done separately, it is estimated that programme activity monitoring will require 5-6% of the total costs of grant funds transferred to partners. It should be noted that these percentages apply only to grant funds transferred to implementing partners, not to the overall NAC budget.

APPENDICES 1 TO 9: TOOLS

APPENDIX 1. Illustrative indicators[3]

Indicator	Data source
Impact level (health impact)	
Prevention	
1. HIV and syphilis prevalence among (a) all antenatal women; (b) women aged 15-19; and (c) women aged 20-24	Antenatal surveillance
Mitigation	
2. Increased quality of life for PLWHA and orphans and other vulnerable children (OVC)	Household surveys
Outcome level (behavioural outcomes)	
Prevention	
3. Percentage of respondents who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission and prevention	DHS, MICS and BSS
4. *Safer sexual practices:* youth (15-19) The (a) increased age of sexual inception and (b) reduced occurrence of unprotected sexual intercourse	Behavioural surveillance and social impact surveys
5. *Safer sexual practices:* adults (20-49) Reduced occurrence of unprotected sexual intercourse with non-regular partner	Behavioural surveillance and social impact surveys
Mitigation	
6. Increased PLWHA/OVC household-coping capacities	Household surveys
Output level (activities)	
Increase NAC capacity	
7. NAC board and staff appointed and functional	NAC reports
8. NAC workplans and budgets developed	NAC workplans and budgets
9. NAC financial, procurement, implementation, technical support and M&E systems established	NAC reports
10. NAC fund disbursement ratios	NAC reports
11. Number and percentage of districts with HIV/AIDS workplans and budgets approved and funded	NAC reports
Increase public sector services	
12. The (a) number and (b) percentage of line ministries with HIV/AIDS workplans and budgets for employees	NAC reports
13. The (a) number and (b) percentage of health facilities providing HIV/AIDS care appropriate for level of facility	Health facility surveys
14. The (a) number and (b) percentage of primary/secondary/tertiary education institutions with HIV/AIDS programmes for their students	NAC reports
15. The (a) number and (b) percentage of districts with functioning social welfare departments providing grants to orphans and other vulnerable children	NAC reports
16. Total AIDS services delivered by public sector	NAC reports

[3]Although the text presents the results chain in causal order, from inputs to impact, this appendix presents the results chain in conventional logical framework order, from impact to inputs.

Increase civil society services	
17. Number of civil society organizations receiving NAC funding	NAC reports
18. Percentage of overall funding granted to civil society services	NAC reports
19. Number of new civil society partners introduced to HIV/AIDS programming with NAC support	NAC reports
20. Total HIV/AIDS services delivered by civil society	NAC reports
HIV/AIDS services: prevention	
21. The (a) number of HIV/AIDS radio/television programmes produced and (b) number of hours aired	NAC reports
22. The number of HIV/AIDS prevention brochures/booklets (a) developed and (b) distributed	NAC reports
23. The number of (a) HIV prevention staff and (b) volunteers trained	NAC reports
24. The (a) number of HIV prevention meetings held and (b) number of men/women reached	NAC reports
25. The number of condoms sold/given	NAC reports
26. The number of men/women receiving STI care from health facilities with trained staff and uninterrupted supply of drugs	NAC reports
27. The (a) number and (b) percentage of men/women receiving HIV testing and counselling	NAC reports
28. The (a) number and (b) percentage of women tested and receiving PMTCT if HIV-positive	NAC reports
HIV/AIDS services: care	
29. Number of care (a) staff and (b) volunteers trained	NAC reports
30. The (a) number of PLWHA support groups; (b) number of men/women enrolled; and (c) percentage of men/women enrolled	NAC reports
31. The (a) number of community HIV/AIDS care projects; (b) number of men/women enrolled; and (c) percentage of men/women enrolled	NAC reports
32. The (a) number of community orphan support projects; (b) number of orphan boys/girls enrolled; and (c) estimated percentage of orphan boys/girls enrolled	NAC reports
33. The (a) number and (b) estimated percentage of orphan boys/girls receiving support for school fees	NAC reports
Input level (personnel, training, equipment and funds)	
34. Paid staff, volunteers recruited, training conducted, equipment and resources provided	NAC records

APPENDIX 2. Summary terms of reference for NAC M&E staff

- Prepare an overall and annual M&E plan
- Prepare semi-annual and annual M&E reports
- Prepare technical specifications for each M&E component and contract external agencies to manage each component
- Supervise the quality and timeliness of M&E products contracted out
- Review contracted M&E products and distil and communicate their implications for programme implementation, including modifications in geographic priorities, target groups, interventions and implementing partners. M&E must play a central role in shaping programme direction

APPENDIX 3. Detailed terms of reference for NAC M&E consultant

Background

The National AIDS Council (NAC) was established in *[date]* and is recruiting staff. It is also developing its management systems, including financial management, procurement, implementation management and M&E systems.

A consultant is required for *[number of months]*, from *[date]* to *[date]*, to help NAC develop its M&E system.

Objectives

The key objectives of the consultancy are:

- to help NAC develop an overall M&E coordination plan, with manuals, systems, procedures, tools, a database, flowcharts for data and clearly specified institutional roles and responsibilities and an implementation plan and budget; and
- to strengthen NAC's monitoring systems, to ensure sound output and process monitoring.

There are existing M&E systems, manuals and tools prepared for HIV/AIDS programmes elsewhere in Africa, but these systems, manuals and tools must be adapted to the country context, in consultation with a broad range of country stakeholders.

Selection

The consultant will be selected by NAC, in consultation with its major partners, and housed and supported by NAC. The consultant will receive technical support from NAC and other technical partners.

Skills and experience

The key skills required for the consultancy are:

- communication and facilitation skills, to ensure that the M&E system, manual and tools are developed with the full participation of NAC, government, and corporate and civil society stakeholders;
- coordination skills, to ensure that the contributions of diverse stakeholders are effectively harmonized into one NAC M&E system, with supporting manual and tools;
- analytical skills, to ensure that the NAC's M&E system, with supporting manual and tools, is detailed and logical; and
- system-building skills, to ensure that the NAC's M&E system is comprehensive, internally consistent, specific and self-contained, and that it can be implemented.

Tasks

The consultant's specific tasks are to:

- identify data/reporting needs;
- design the overall M&E system;
- prepare an implementation plan;
- train coordinating and implementing partners;
- ensure that the system is tested, refined and fully implemented by NAC; and
- specify further steps that NAC must take.

These tasks are outlined in detail below.

1. Identify data/reporting needs

The consultant will build on major activities already undertaken by NAC. The consultant will rapidly review NAC's existing logical framework matrix and indicator sets and propose a circumscribed set of operational, measurable indicators, with detailed input, output, process, outcome and impact measures. The consultant may

help NAC streamline its logical framework. Ideally, the logical framework will not contain more than 40 indicators.

This task will begin on *[date]* and be completed, with agreement from all stakeholders, by *[date]*.

2. **Design the overall M&E system**

The consultant will then help NAC to design an M&E system and to prepare an M&E manual. This M&E system should, as far as possible, reflect the National Strategic Plan. The consultant will use the current *National AIDS Councils: Monitoring and evaluation operations manual* as a point of departure when developing NAC's M&E manual.

During preparation of NAC's M&E system and manual, the consultant will do the following:

- Review documents for the following components of a comprehensive M&E system: (i) biological surveillance; (ii) behavioural surveillance; (iii) research, especially prevalence, incidence and intervention impact studies; (iv) financial management; and (v) programme activity.
- Assess how well developed each of the above M&E components is in the country context and identify components requiring concerted action.
- Collect and include as appendices or separate volumes all existing procedures manuals that exist for specific components of NAC's M&E system, including biological and behavioural surveillance and clearly defined subcomponents, including blood safety, PMTCT and VCT.
- Outline a strategic vision and specific scope of work for M&E in NAC, which clarifies NAC's coordination role and increases its capacity to coordinate, rather than implement, M&E.
- Describe precisely how, to whom and within what period NAC will delegate/contract out each of the components and subcomponents of the national M&E system.
- Present detailed technical specifications for each component of the overall M&E system.
- Outline a participatory process that NAC may undertake to ensure that stakeholders are fully involved in the development of NAC's M&E system, to ensure ownership and buy-in. The participatory process will include the following steps: document review, stakeholder interviews and field visits; formation of an Interim M&E Reference Group and indicators; district and national stakeholder consultative meetings; preparation of a draft NAC M&E manual; district and national stakeholder meetings to review the draft manual; finalization of NAC's M&E manual; and a national meeting to launch NAC's M&E plan and manual.
- Undertake the participatory process outlined above to ensure that NAC's M&E plan is developed in a consultative manner.
- Prepare a draft NAC M&E manual, based partly on the current *National AIDS Councils: M&E operations manual.* This manual will reflect the operational indicators developed for the logical framework, outline an overall data collection, collation, analysis and reporting system and specify the reporting responsibilities and interrelationships of all the institutions involved in M&E at all levels. The manual will include detailed data collection procedures, specific flowcharts to illustrate the precise data flow from tier to tier, and prototypes of each of the data collection instru-

ments required. It will be prepared so that it is clear what is required in each component and at each tier from district to national level. It may include separate modules, which specify as succinctly as possible what is required in each component and at each tier.

- Subject NAC's draft manual to intensive review by a broad range of stakeholders and revise the manual in accordance with guidance received.
- Finalize NAC's draft M&E manual based on the above guidance.
- Prepare a flowchart and template for the development of an Access database to capture all the data required by NAC's M&E system.
- Liaise with an IT consultant to ensure that the Access database captures all the data required by NAC.
- Prepare flowcharts, guidelines and prototypes for M&E reports from each of the implementing partners to NAC and from NAC to parliament.

This component will begin on *[date]* and be completed by *[date]*.

3. **Prepare an implementation plan**

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

This component will begin on *[date]* and be completed by *[date].*

4. **Train coordinating and implementing partners**

The consultant will also train key monitoring partners, particularly NAC, line ministries, NGOs and districts, to use the manual to implement effective M&E.

This component will begin on *[date]* and be completed by *[date]*.

5. **Ensure that the system is tested, refined and fully implemented by NAC**

The consultant will work with NAC to field-test the entire M&E system. The consultant will revise NAC's M&E system in accordance with feedback during the field test. The consultant will then work with NAC to ensure that the systems are fully implemented for at least three months before NAC assumes sole responsibility for coordinating M&E.

This component will begin on *[date]* and be completed by *[date]*.

6. **Specify further steps that NAC must take**

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

NAC may choose to extend the consultancy to continue implementation beyond the initial period envisaged in the above-mentioned points.

This component will begin on *[date]* and be completed by *[date]*.

APPENDIX 3.1. Draft advertisement for NAC M&E consultant

Background

A consultant is required for an initial period of *[number of months]*, with a possible extension, to develop and test an M&E system for a development programme. The M&E system will be developed in consultation with stakeholders and documented in a detailed M&E operations manual. The consultant's major responsibilities are to facilitate the participatory planning process, design the overall M&E system and prepare the M&E operations manual. The consultant should have good communication, facilitation, planning and analytical skills. Applicants should have the following qualifications:

Qualifications

- A master's or doctoral degree or equivalent in a health, social science, management or engineering discipline and three years' relevant work experience

  OR

- A bachelor's degree in a health, social, management or engineering sector and six years' relevant work experience

- Specific experience in facilitating a participatory planning process for an activity involving at least 100 staff members or a budget of over US$1 million

  AND

  Specific experience in developing management or M&E systems for an organization/programme employing at least 100 staff members or with a budget of over US$1 million

  AND

  Specific experience implementing management or M&E systems for an organization/programme employing at least 100 staff members or with a budget of over US$1 million

- A high level of computer literacy, particularly in the use of Word, the Internet and e-mail. Knowledge of PowerPoint, Excel and Access is a plus.

Compensation

The position offers attractive remuneration, working conditions and professional development opportunities.

Applications

Candidates are requested to submit a letter outlining why they are qualified for the position, and a CV that includes the applicant's telephone number and the telephone numbers of at least two referees who have supervised the applicant's professional work. They should also attach or mail examples of management or M&E systems and manuals they have prepared, indicating their specific contribution to the product.

Applications may be mailed or submitted electronically to the address below *[address to be inserted]*. Candidates are encouraged to apply electronically.

APPENDIX 3.2. Proposed NAC consultant selection scoring criteria

Criteria	Weighting
Academic qualifications	20
Relevant professional experience	60
Computer skills	20
Total	**100**

APPENDIX 4. Summary terms of reference for specialized programme activity monitoring entity

- To verify the internal consistency and validity of service delivery data reported by NAC implementing partners, through at least six-monthly visits
- To cross-validate programme and financial data, and to increase confidence in both data sources
- To assess the quality of implementing partners' services, using agreed quality-assurance checklists, through at least six-monthly visits
- To develop a simple management Access database that can be shared widely and used for further analyses
- To collect, enter and analyse implementing partner programme monitoring data monthly
- To assist NAC in identifying implementing partners whose performance is exemplary and may serve as a positive example, and implementing partners who are underperforming, for whom corrective action will be suggested
- To prepare the six-monthly programme monitoring reports, containing summary data, reviewing overall performance against targets and making overall programme recommendations, including recommendations to improve both programme performance and M&E

APPENDIX 5. Planning, monitoring and evaluation form

Indicator	Agreed targets	Progress towards targets	Rating of progress
Impact level (health impact)			
Prevention			
1. HIV and syphilis prevalence among (a) all antenatal women; (b) women aged 15-19; and (c) women aged 20-24			
Mitigation			
2. Increased quality of life for PLWHA and OVC			
Outcome level (behavioural outcomes)			
Prevention			
3. Percentage of respondents who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission and prevention			
4. *Safer sexual practices:* youth (15-19) The (a) increased age of sexual inception and (b) reduced occurrence of unprotected sexual intercourse			
5. *Safer sexual practices:* adults (20-49) Reduced occurrence of unprotected sexual intercourse with non-regular partner			
Mitigation			
6. Increased PLWHA/OVC household-coping capacities			
Output level (activities)			
Increase NAC capacity			
7. NAC board and staff appointed and functional			
8. NAC workplans and budgets developed			
9. NAC financial, procurement, implementation, technical support and M&E systems established			
10.NAC fund disbursement ratios			
11.The number and percentage of districts with HIV/AIDS workplans and budgets approved and funded			
Increase public sector services			
12.The (a) number and (b) percentage of line ministries with HIV/AIDS workplans and budgets for employees			
13.The (a) number and (b) percentage of health facilities providing HIV/AIDS care appropriate for level of facility			
14.The (a) number and (b) percentage of primary/secondary/tertiary education institutions with HIV/AIDS programme for their students			
15.The (a) number and (b) percentage of districts with functioning social welfare departments providing grants to OVC			
16.Total HIV/AIDS services delivered by public sector			

Increase civil society services			
17.The number of civil society organizations receiving NAC funding			
18.The percentage of overall funding granted to civil society services			
19.The number of new civil society partners introduced to HIV/AIDS programming with NAC support			
20.Total HIV/AIDS services delivered by civil society			
HIV/AIDS services: prevention			
21.The (a) number of HIV/AIDS radio/television programmes produced and (b) number of hours aired			
22.The number of HIV/AIDS prevention brochures/booklets (a) developed and (b) distributed			
23.The number of (a) HIV prevention staff and (b) volunteers trained			
24.The number of (a) HIV prevention meetings held and (b) men/women reached			
25.The number of condoms sold/given			
26.The number of men/women receiving STI care from health facilities with trained staff and uninterrupted supply of drugs			
27.The (a) number and (b) percentage of men/women receiving HIV testing and counselling			
28.The (a) number and (b) percentage of women tested and receiving PMTCT if HIV-positive			
HIV/AIDS services: care			
29.Number of care (a) staff and (b) volunteers trained			
30.The (a) number of PLWHA support groups; (b) number of men/women enrolled; and (c) percentage of men/women enrolled			
31.The (a) number of community HIV/AIDS care projects; (b) number of men/women enrolled; and (c) percentage of men/women enrolled			
32.The (a) number of community orphan support projects; (b) number of orphan girls/boys enrolled; and (c) estimated percentage of orphan boys/girls enrolled			
33.The (a) number and (b) estimated percentage of orphan boys/girls receiving support for school fees			
Input level (deliver personnel, training, equipment and funds)			
34.Paid staff, volunteers recruited, training conducted, equipment and resources provided			

APPENDIX 5.1. Service delivery sub-section

HIV/AIDS services: prevention	
21. Number of HIV/AIDS radio/television programmes produced and number of hours aired	Radio programmes produced: Television programmes produced: Number of hours radio programmes aired: Number of hours television programmes aired:
22. Number of HIV/AIDS prevention brochures/booklets developed and numbers distributed	Number of HIV/AIDS prevention brochures developed: Number of HIV/AIDS prevention brochure distributed:
23. Number of HIV prevention staff and volunteers trained	Staff trained: Volunteers trained:
24. Number of HIV prevention meetings held and men/women reached	Meetings held: Men reached: Women reached:
25. Number of condoms sold/given	Condoms sold: Condoms given:
26. Number of health facilities providing STI care with both trained staff and uninterrupted supply of drugs	Number:
27. Number and percentage of men/women receiving HIV testing and counselling	Number men: Number women: Percentage men: Percentage women:
28. Number and percentage of women tested and receiving PMTCT if HIV-positive	Number: Percentage:
HIV/AIDS services: care	
29. Number of care staff and volunteers trained	Staff: Volunteers:
30. Number of PLWHA support groups and number and percentage of men/women enrolled	PLWHA groups: Number men enrolled: Number women enrolled: Percentage men enrolled: Percentage women enrolled:
31. Number of community HIV/AIDS care projects and number and percentage of men/women enrolled	Care projects: Number men enrolled: Number women enrolled: Percentage men enrolled: Percentage women enrolled:
32. Number of community orphan support projects and number and percentage of boys/girls enrolled	Orphan projects: Number boys enrolled: Number girls enrolled: Percentage boys enrolled: Percentage girls enrolled:
33. Number and percentage of boys/girls receiving support for school fees	Number boys: Number girls: Percentage boys: Percentage girls:

APPENDIX 6. Programme areas requiring quality-assurance checklists

Programme area
Prevention:
Mass communication
Interpersonal communication
Condom distribution and promotion
STI care
HIV counselling and testing
Blood safety
PMTCT
Care:
PLWHA support
Clinical AIDS care
Community HIV/AIDS care
Orphans and other vulnerable children

APPENDIX 7. Illustrative quality-assurance checklist for interpersonal communication

No.	Quality-assurance questions	Yes	No
1	Was the meeting place as cool and airy as possible?		
2	Was the audience sitting comfortably on seats or mats, for indoor meetings, or sitting or standing under shade, for outdoor meetings?		
3	Was the audience arranged in a horseshoe, within 5 metres of the presenter(s) for lectures or discussion and within 7 metres for participatory activities?		
4	Were there at least 10 people in the audience, excluding the presenter/facilitator(s)?		
5	Did the presenter/facilitator(s) talk loudly enough for the audience to hear?		
6	Did the audience listen quietly, when the presenter/facilitator(s) spoke, and were disruptive or drunk people silenced?		
7	If there was a lecture, was it no longer than 10 minutes?		
8	Was there at least one participatory activity, followed by a discussion?		
9	Did the audience show enthusiasm during the participatory activity?		
10	Was all the factual information that was presented in the lecture, participatory activity or discussion, accurate and up to date?		
11	Did the lecture and/or participatory activity avoid blaming women for the spread of HIV/STIs?		
12	Were there at least 20 minutes, preferably 30 minutes, for discussion?		
13	Did at least 5, preferably 10, members of the audience join in the discussion?		
14	Was the number of women contributing to the discussion proportionate to the number of women in the audience?		
15	During the discussion, did the presenter/facilitator(s) listen to each comment without showing facial disapproval or interrupting (except where the speaker was drunk or deliberately disruptive)?		
16	Did the presenter/facilitator(s) respond very briefly to each comment, asking the audience to comment further, without answering the comment personally?		
17	Did the presenter/facilitator(s) lead the discussion away from basic facts about HIV/AIDS to attitudes, values and personal concerns?		
18	When women and HIV/AIDS/STIs were discussed, did the presenter/facilitator(s) guide the audience to focus on men's responsibility?		
19	Did the presenter/facilitator(s) offer condoms at the end of the meeting?		
20	Did the presenter/facilitator(s) end by telling the audience where and when they could contact the project officials for further information and refer the audience for other requested services, such as STI care or VCT?		

APPENDIX 8. Checklist for project managers in NACs and donor agencies

No.	Step	Yes	No
1	Does the project manager possess, or has the project manager contracted out, sufficient M&E expertise to provide effective oversight?		
2	Has the project manager reviewed the Programme Description Summary to ensure that its logic is consistent with the M&E manual?		
3	Has the project manager reviewed existing national M&E activities, identifying which components are already addressed, and which need to be further addressed?		
4	Has the project manager ensured that NAC fully understands, and is unequivocally committed to, coordination and not implementation?		
5	Does NAC have an M&E plan and is it sufficiently detailed, operational and time-bound to ensure that comprehensive and timely M&E will occur?		
6	Does NAC have sufficient internal, or contracted, capacity to coordinate M&E?		
7	Has NAC contracted out each M&E component to specialized agencies?		
8	Do contracted agencies have the capacity to conduct the required M&E activities on time?		
9	Are terms of reference and technical specifications for each monitoring component clear and comprehensive?		
10	Is there an adequate participatory process to ensure national engagement and ownership of the overall M&E plan?		
11	Is each specialized agency submitting high-quality M&E inputs, on time, as specified in the M&E plan and contracts?		
12	If not, is NAC taking prompt and adequate corrective action?		
13	Are NAC and partners meeting as agreed in the workplan to review performance?		
14	Is the *Planning, monitoring and evaluation form* being completed comprehensively and on time?		
15	Is M&E being used to make prompt and appropriate project adjustments?		
16	Are M&E manuals and procedures being updated on the basis of programme learning?		

APPENDIX 9. Indicative budget for design of overall M&E system and programme activity monitoring

Activity	Budget
International consultant to develop framework and assist in identifying and supporting local M&E consultant	20 days x US$700 daily for international travel, accommodation, meals, local transport and communication and fees = US$14,000 **Subtotal = US$14,000**
National consultant to design overall M&E system and programme activity monitoring manual and system	150 days x US$350 daily for accommodation, meals, local transport and communication and fees = US$52,500 **Subtotal = US$52,500**
National IT specialist to adapt Access database for national use	15 days x US$300 daily for accommodation, meals, local transport and communication and fees = US$4,500 **Subtotal = US$4,500**
Participatory process to ensure stakeholder commitment and understanding	See detailed budget in Appendix 12, which does not include national consultant fees budgeted within 150 days above **Subtotal = US$60,000**
Total	**US$131,000**

Note: This budget was prepared in 2001 with US$ and is an average figure. It needs to be adjusted for individual contexts.

APPENDICES 10 TO 12: FURTHER INFORMATION

APPENDIX 10. Key sources for further information on M&E

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

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

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

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

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

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

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

UNAIDS/WHO (1999) *Guidelines for Sexually Transmitted Infections Surveillance.* UNAIDS/WHO Working Group on Global HIV/AIDS/STI Surveillance. Geneva: UNAIDS**.**
(http://www.unaids.org/publications/documents/impact/std/JC240-SexTransmInfSurv-E.pdf)

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

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

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

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

APPENDIX 11. Illustrative time frame for participatory planning process

Action	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Preparatory research	X					
Interim M&E Reference Group and indicators		X	X			
District and national stakeholder meeting to develop draft M&E manual			X			
Development of draft M&E manual				X		
District and national stakeholder meeting to review draft M&E manual					X	
Finalization of M&E manual					X	
National meeting to launch M&E manual						X

APPENDIX 12. Illustrative budget for participatory planning process

Activity	Budget
Preparatory research	
Interim M&E Reference Group and indicators	Monthly meetings: 6 meetings @ US$1,000 per meeting = US$6,000 **Subtotal = US$6,000**
District and national stakeholder consultative meeting to develop manual	Facilitation: US$3,000 Consumables: US$2,000 Transport and 2 days' accommodation: 20 people @ US$400 = US$8,000 x 2 (district and national) **Subtotal = US$21,000**
Development of draft manual	
District and national stakeholder consultative meeting to review draft manual	Facilitation: US$3,000 Consumables: US$2,000 Transport and 2 days' accommodation: 20 people @ US$400 = US$8,000 x 2 (district and national) **Subtotal = US$21,000**
Finalization of manual	
National meeting to launch manual	M&E guide: US$7,000 Transport and refreshments for 200 participants: 200 people @ US$25 = US$5,000 **Subtotal = US$12,000**
Consultancy support	100 person days @ US$300 = US$30,000 **Subtotal = US$30,000**
Total	**US$90,000**

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

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together eight UN agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), the International Labour Organization (ILO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its eight cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV on all fronts: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners—governmental and NGO, business, scientific and lay—to share knowledge, skills and best practice across boundaries.

Produced with environment-friendly materials

The National AIDS Councils: Monitoring and Evaluation Operations Manual is designed as a practical toolkit and road map for practitioners to use in designing and implementing programme monitoring and evaluation (M&E). The manual introduces key concepts; presents simple, clear procedures, with a checklist of the process, timing and costs of building participatory programme M&E for National AIDS Councils (NACs); and offers key tools that implementing partners need for M&E. The manual emphasizes the development of the overall M&E system, in relation to the National Strategic Plan, and the monitoring of services provided through NACs and their implementing partners.

Joint United Nations Programme on HIV/AIDS

UNAIDS

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