

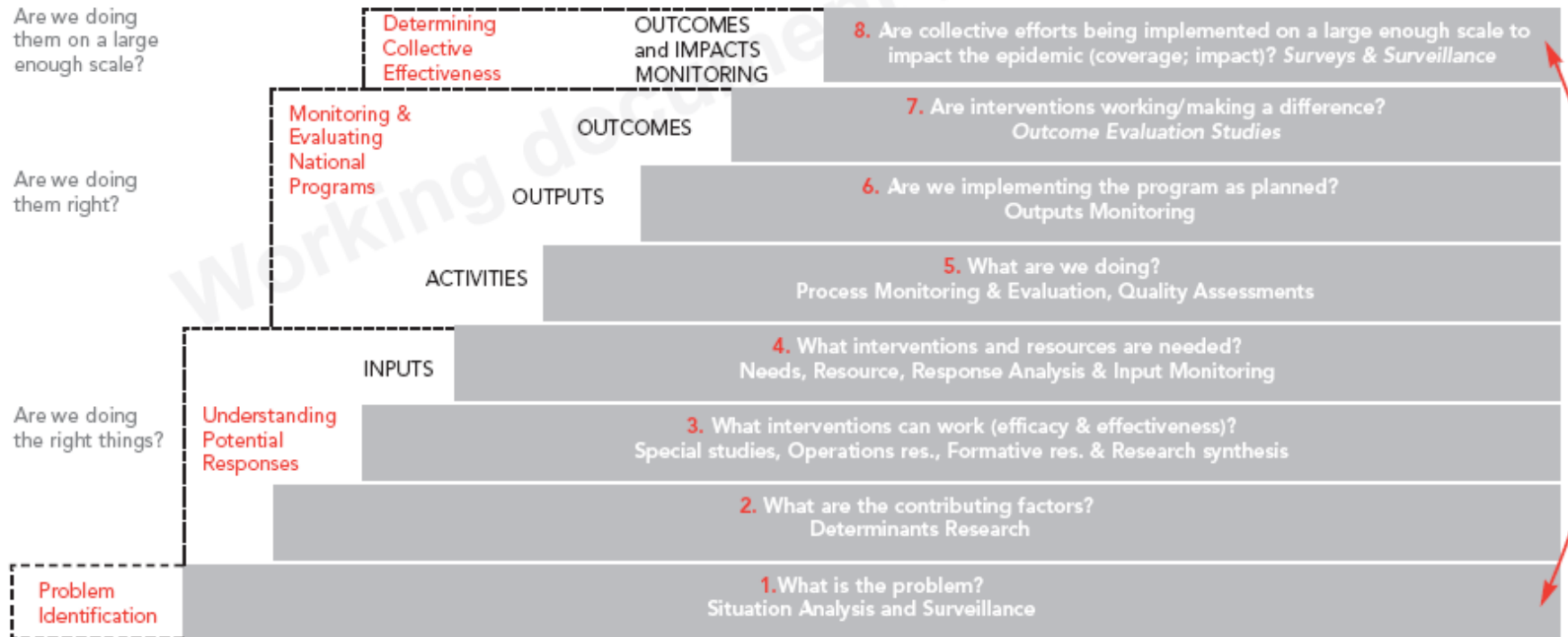


M&E Framework & PEPFAR II Indicators for MARPS

MARPS Meeting
Chennai, India, February 18-20
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CDC/GAP/Atlanta

M&E Framework

Figure 2. A Public Health Questions Approach to Unifying HIV Monitoring and Evaluation.



Source: Rugg et al. (2004). Global advances in HIV/AIDS monitoring and evaluation. New Directions for Evaluation. Hoboken, NJ, Wiley Periodicals, Inc.



M&E Strategy

- The goal of Monitoring and Evaluation (M&E) is to successfully and sustainably collect, analyze, and use priority information about HIV prevention, care and treatment programs in support of program improvement.
- **Monitoring** refers to the routine tracking of priority information about a program including its intended inputs and outputs.
- **Evaluation** refers to the periodic, special, or other non-routine but systematic collection of information about program activities, processes, outcomes and impacts to determine the merit or worth of a program.



M&E Strategy

- **Neither monitoring nor evaluation alone sufficiently informs a program.** Monitoring and evaluation are best viewed as complementary –
 - with monitoring of inputs and outputs as a routine, ongoing activity to inform the progress of a program,
 - and evaluation of processes, outcomes and impacts as a periodic or special activity to inform the success of a program.
- Thus, **M&E works best when seamlessly integrated with program** planning from the earliest stages of program design
- **M&E staff** work best when engaged in multidisciplinary teams with program specialists.



M&E Strategy

- **M&E also works best when implemented in a multidisciplinary, interdependent fashion with other SI technical specialties (e.g. HMIS, GIS, Surveillance & Surveys)**
 - surveys and surveillance efforts provide information about epidemic trends (e.g. in related behaviors, morbidity, mortality)
 - program monitoring activities, health information systems, and evaluation studies provide data about the progress and success of the programmatic response.



PEPFAR II Prevention Indicators

- Goal: To develop a framework that would unify program goals and activities with output and outcome indicators resulting in standardized measures of program progress and success (for both monitoring and evaluation purposes)



Indicator Group Members

- Representatives from General Population Adult/Youth, PWP, MARPs TWGs
- Implementing Partners and Civil Society
- Country Representatives



Indicator Development Process

- Review of program and indicator priorities
- Review of current program activities and output indicators from field and implementing partners
- Development of framework for program activities and output indicators
- Development of program- and PEPFAR-level indicators
- Development of outcome indicators
- All submitted to OGAC for review (in process)



Indicator Priorities

- **Coverage:** Are we reaching a critical mass of affected populations?
- **Reach:** Are we reaching the right populations?
- **Quality:** Are we doing the right thing?
- **Intensity:** Are we making a real difference?



Draft Products

1. Framework

- Provides organizing principle for prevention service delivery, including program context
- Uses a logic model to link various intervention levels and their related activities to indicators

2. Program-level output indicators

- Recommended to USG country teams for program monitoring at the partner level

3. PEPFAR-level output indicators

- To be considered as required for reporting by USG country teams to OGAC

4. Outcome indicators (harmonized/enhanced¹¹)



Framework Components

- Context for each population
 - Drivers & Risk behaviors
 - Corresponding program goals
- Program information
 - Level (individual, small group, community, structural)
 - Type of activities
 - Delivery mode
- Program-level output indicators
- OGAC-level output indicators
- Outcome indicators



MARPS Context/Program Goals

- Risk Behaviors (illustrative examples)
 - Unprotected sex with partners of unknown status
 - Unsafe injection practices
- MARPS Context (stigma, discrimination, limited access to services, risk perception)
- Program Goals
 - Increase use of low risk behaviors (condoms, partner reduction, drug treatment, communication, negotiation)
 - Increase access to core prevention package for MARPS (including prevention services, STI services, HIV counseling & testing, family planning, drug treatment – service mix tailored to need of client)
 - Increased access to HIV care and treatment services



MARPs: Proposed OGAC-level Indicators

INDIVIDUAL & SMALL GROUP LEVELS

1. Number of individuals (MARPs) reached with intended number of sessions for individual and small group level interventions using an evidence-based program or required minimum standards
 - Disaggregated by gender & MARPs group
 - Individual and small group indicator will be aggregated for OGAC reporting
 - Double counting will be accounted for at the country level
 - Additional required indicator for IDUs receiving drug substitution therapy



Key Definitions

- Individual Level Interventions – Delivered through one on one interactions
- Small Group Interventions – delivered in small group settings (under 25)
- Interventions: Appropriate mix of services tailored for population (MARPS technical considerations)



Key Definitions

- Evidence Based: HIV behavioral interventions that have been rigorously tested with significant and positive evidence of efficacy (e.g., eliminate or reduce sex or drug risk behaviors)
- In absence of above, interventions based on sound behavioral science theory, with some empirical evidence (from process and output monitoring data) and best practices
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Key Definitions

- **Minimum Criteria**
 - Clearly defined audience
 - Clearly defined goals/objectives
 - Sound behavioral and social science theory
 - Focus on activities designed to reduce specific risk behaviors
 - Employs instructionally sound teaching methods
 - Provides opportunities to practice relevant risk reduction skills



MARPs:

Proposed OGAC-level Indicators

INDIVIDUAL & SMALL GROUP LEVELS (cont.)

2. Number of facilitators trained
 - Individual and small group indicator will be aggregated for OGAC reporting



MARPs: Proposed OGAC-level Indicators

STRUCTURAL LEVEL

1. Number of targeted condom service outlets
 - Disaggregated by new and continuing sites



MARPs:

Proposed Program-level Indicators

- Number of MARPs (by population type) reached with individual level interventions that are evidence-based and/or meet the minimum standards required
- Number reached with small group level intervention
- Number of MARPS referred to other services (illustrative examples include: STI, CT, ARV, Care and Support, PMTCT, FPRH, ANC, Life skills, drug treatment)/total number of individuals receiving intervention
- Total number of referrals/total number of referred
- Number of products distributed (for example, condoms and lubrication)
- Number of targeted condom service outlets, disaggregated by new and continuing sites



MARPs: Priority Outcome Indicators

- CSW
 - % of sex workers surveyed reporting the use of a condom with most recent client, by sex and age
 - % of CSWs surveyed reporting use of condom with every client in the last month
 - % of CSWs surveyed who received an HIV test in the last 12 mths and know results, by age and sex
- MSM
 - % of MSM surveyed who have had anal sex with more than one male partner in the last 6 months
 - % of MSM surveyed who received an HIV test in the last 12 mths and know results, by age
 - % of MSM surveyed reporting condom use at last insertive anal sex with male, by age (n)
 - % of MSM surveyed reporting condom use at last receptive sex with male, by age (n)



IDU Outcomes

- IDU
 - % of IDUs surveyed reporting condom use at last sex, by sex and age
 - % of IDUs surveyed reporting condom use at last sex with regular partner
 - % of IDUs surveyed reporting use of sterile injecting equipment at last injection, by sex and age
 - % of IDUs surveyed receiving HIV test in last 12 mths and know result, by age and sex
 - % of IDUs surveyed in last month reporting sharing injecting equipment at last injection, by age/sex
 - % of IDUs surveyed with STI symptoms treated for STIs
 - % of IDUs reporting condom use at last sex with a transactional or non-regular partner (R)
 - % of IDUs surveyed receiving ARV treatment
 - Number of IDUs surveyed on opiate substitution therapy



Data Sources

- Program Monitoring Data
- Basic Program Evaluation
- BSS or Other Targeted Surveillance or Special Studies



Data Use for Answering Key Questions Related to:

- Input monitoring data –
 - Type of services & to whom
- Output data
 - Reach of & Access to services
 - Appropriate Targeting
 - Distribution/coverage
- Outcome data
 - Effectiveness of intervention



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- **Comprehensive Prevention Programs:** Implementing a comprehensive prevention program at the country level involves multiple components such as setting epidemiologically sound priorities, developing a strategic prevention portfolio, employing effective program models, supporting a coordinated and sustainable national response, establishing quality assurance/monitoring/evaluation mechanisms, and expanding and strengthening PEPFAR prevention staff.
 - Comprehensive prevention programs include interventions at multiple levels (e.g. mass media, community-based, interpersonal, institutional, individual) as well as providing a range of messages that are appropriate for the country's epidemic and the specific target group. Prevention programs should appropriately link to services such as counseling and testing and ARV treatment, address stigma and discrimination, and increase awareness of social norms that affect behaviors. Effective ABC messages are also a goal.



Core Package of Services for

MARPS:

- Based on the epidemiologic profile for each country the aim of the country team should be to scale-up a combination of targeted interventions adapted for different sub-groups especially vulnerable to HIV. These interventions could include but are not limited to:
 - Community-based peer outreach
 - Voluntary testing and counseling (specified in Care, Table 3.3.9)
 - Behavior change programs including targeted condom distribution for those who practice high-risk sexual behavior



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- Diagnosis and treatment of STIs
 - Referrals to a range of substance abuse and treatment services
 - Linkages through referral networks with other health services
 - Programs to prevent alcohol/drug-related sexual risk-taking behaviors and HIV transmission
 - Vocational skills training or other income-generation activities
 - Drop-in centers for creation of “safe space”