



## Guidance on the New Monitoring & Reporting System Requirements for HIV/AIDS Programs

Reference: A) STATE 097109, B) STATE 208062, C) STATE 046436

### I. Introduction

As part of USAID's "Expanded Response to HIV/AIDS," the Agency is establishing an improved, comprehensive system to routinely monitor its HIV/AIDS program world-wide, manage its resources and periodically report on the Agency's progress toward achieving its stated results. In the spring 2003, the Agency will issue its first annual report on our progress toward achieving our program objectives (see Section IV for a draft outline). This first report will cover FY02 activities which are focusing on establishing our expanded programs in the field and measuring baselines for our program targets. The full implementation of the Expanded Response program will begin in FY03 and the Agency will report on progress toward the achievement of its stated 2007 targets in this second annual report to be issued in spring, 2004. **While this system will require that some new information be gathered, many of the required indicators are already being collected by field missions and regional bureaus for the Annual Report. It is expected that any additional data will be collected in the same manner.**

All Rapid Scale-Up and Intensive Focus Country missions world-wide will need to work closely with USAID/W to establish this program monitoring and reporting system and issue annual reports on progress at the country level. In addition, all basic countries receiving \$1 million or more per year in HIV/AIDS funding<sup>1</sup> beginning in FY 2002 will be required to report annually using this guidance. Regional bureaus may require that other missions in their respective regions also follow these expanded reporting requirements. Please note that Regional Programs are also a priority for the Agency and will also be required to use this monitoring and reporting system to the extent it is appropriate and feasible. USAID/W will work closely with Regional Program staff to design monitoring and reporting systems appropriate to their objectives, targets and program priorities.

Missions with less than one million dollars per year in HIV/AIDS activities should also submit their annual reports using these guidelines to the extent that it is feasible. This additional information will enable the Agency to produce the most complete and comprehensive report on its efforts to reduce HIV transmission, treat those infected and affected and mitigate the social and economic effects of the pandemic as means to achieve our 2007 targets.

While USAID/W will provide some funding and technical assistance to support this improved data collection, analysis and reporting system, priority country missions and

---

<sup>1</sup> The source/type of funds is irrelevant to the need to adhere to this guidance. This specifically includes funding through regional and central mechanisms.

regional programs will also need to invest some of their increased budgets in this effort. Additional resources for data collection, analysis and reporting have been included in all Rapid Scale-Up and Intensive Focus (priority) country budgets for FY02 and FY03.

Under these guidelines, each participating mission will report the following:

- HIV seroprevalence levels (Source: national sentinel surveillance system/reported annually)
- Changes in sexual risk reduction behavior (Source: national survey/conducted every 3-5 years)
- Progress on implementing all five USAID program areas and population covered (Source: USAID program data/reported annually)

USAID will collaborate closely with CDC, other USG agencies, the host country government and other donors, including the World Bank/MAP program and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to ensure that this monitoring and reporting system meets the reporting requirements, to the extent possible, of all participating agencies. This approach will allow each agency to fund a portion of the system at the country level and provide complementary technical assistance. Within this context, however, USAID's priority will be to establish an improved, comprehensive system to report on its Expanded Response program.

USAID/W will provide technical assistance to develop this monitoring and reporting system at the national level although in a few large countries like India, Nigeria, Brazil or Russia, USAID might also want to report at the sub-national level to capture the results of USAID programs. The Agency has also established a coordinated technical database at USAID headquarters in Washington where this information will be collected, analyzed and made available to all operating units. This technical database has three components: the sentinel surveillance database managed by the Bureau of the Census (BuCen), a national HIV/AIDS survey database managed by the Demographic & Health Survey (DHS+) Project, and the USAID Program Database managed by the Synergy Project.

## **II. Monitoring & Reporting System Components**

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

- **HIV Seroprevalence Level/National Level Impact:** USAID's most important health objective is to reduce the rate of HIV transmission. USAID, in collaboration with CDC, UNAIDS, WHO and others, will assist with the improvement and expansion of national sentinel surveillance systems. **By 2007**, the sentinel surveillance systems in all Rapid Scale-Up and Intensive Focus Countries must report annually on HIV seroprevalence to measure the overall effect on the pandemic of national HIV/AIDS prevention and mitigation programs. **Please note that while USAID cannot unilaterally be held accountable for changes in seroprevalence levels**, it is important that field missions support, to the extent feasible within

USAID's limited "comparative advantage," the establishment and/or improvement of national sentinel surveillance systems.

Please also note that surveillance programs in low prevalence countries<sup>2</sup> should focus on groups who practice "high risk" behaviors such as STI patients, commercial sex workers (CSWs), injecting drug users (IDUs), and men-who-have-sex-with-men (MSM) while still monitoring the general population (usually measured with samples of antenatal women). In priority countries, USAID/W will provide technical assistance to missions to design these sentinel surveillance systems. This may also be appropriate for regional programs implementing cross border programs.

**Standard Indicator:** HIV seroprevalence levels for 15-24 year olds. (In addition, desegregated rates should be reported for 15-19 and 20-24 year olds.)

**Definition:** Percent of blood samples taken from women aged 15-24 that test positive for HIV during routine sentinel surveillance at selected antenatal clinics. (UNAIDS Handbook, Impact Indicator 1, page 134-135/ USAID Handbook, SSO 4.0.3 Indicator, pages 18-19)

**Implementation Mechanisms:** Since the development/improvement of national sentinel surveillance systems is not within USAID's "comparative advantage," USAID's collaborators (CDC, WHO, UNAIDS, EU) will need to provide most of the funding and technical assistance to achieve the **2007 target** of functioning surveillance systems in all Rapid Scale-Up and Intensive Focus countries. In cases where necessary improvements in the sentinel surveillance system will not be completely funded by another donor, the mission should include a plan to assist with the establishment of a sentinel surveillance system and/or the improvement of the existing system to report annually by the **2007 target date**.

- **National Level Changes in Sexual Risk Reduction Behavior:** Monitoring changes in risk-reduction behavior is important both to measure the success of and to improve the efficiency and coverage of national (and USAID) HIV/AIDS prevention and mitigation programs. The planning and/or implementation (depending upon whether such a survey has been completed recently) of regular (every 3-5 years), standardized national risk-reduction behavior surveys should begin **in 2003**. In some cases, where the epidemic is "low prevalence" or "concentrated," national level monitoring and reporting may focus principally on behavior change among key "high risk" sub-national populations. Please note that every 3-5 years is the minimum interval and more frequent surveys may be required to adequately monitor program progress – especially among groups that practice "high-risk" behaviors .

**Standard Indicator:** Percentage of sexually active population with multiple partners (**Two indicators**)

---

<sup>2</sup> Low prevalence is defined as less than 1% HIV seroprevalence in the general population and less than 5% HIV seroprevalence in groups who practice "high risk" behaviors.

**(1) For those in a “stable” (ie. married/living together) relationship:** Higher risk sex in last year

**Definition:** Proportion of respondents (15-49) who have had sex with a non-marital, non-cohabiting partner in the last 12 months of all respondents reporting sexual activity in the last 12 months (UNAIDS Handbook, page 81)

**(2) For those not in a “stable” (ie. married/living together) relationship:** Number of respondents (15-49) who have sex with more than one partner

**Definition:** Percent of respondents who are not in a “stable” relationship who have had sex with more than one partner in the last 12 months, of all people surveyed.

**Standard Indicator:** Condom use at last risky sex

**Definition:** The percent of respondents (15-49) who report using a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last year. (USAID Handbook, page 43)

**Standard Indicator:** Median age at first sex among young men and women (age of sexual debut)

**Definition:** The age by which one half of young men or young women aged 15-24 have had penetrative sex (median age), of all young people (15-24) surveyed. (UNAIDS Handbook, page 90)

**Implementation Mechanisms:** The Demographic & Health Survey (DHS+) Project and the CDC Reproductive Health Survey both implement national health surveys on a routine basis. Future DHS surveys should in most cases include an HIV/AIDS module. Alternately, MEASURE/Evaluation has developed a less expensive standard national risk reduction behavior survey that can be implemented by several organizations (DHS+, CDC, FHI/IMPACT) in place of a DHS. In many cases, depending upon the severity of the national epidemic and the focus of the USAID program, it will also be important to periodically implement subnational behavioral surveillance surveys (BSSs), which monitor changes in sexual risk reduction behavior in groups who practice “high-risk” behaviors. Behavioral surveillance surveys can be implemented by FHI/IMPACT or CDC.

Please note that it may not be appropriate to conduct a national, general population survey, such as the DHS, in countries with low HIV prevalence. In these countries, it may be most appropriate, instead, to survey groups who practice “high risk” behaviors such as STI patients, commercial sex workers (CSWs), injecting drug users (IDUs), and men-who-have-sex-with-men (MSM). **USAID/W is available to consult with field missions to determine the most appropriate type and frequency of surveys depending upon the stage of the epidemic and the mix of**

**prevention/mitigation interventions supported by USAID and the national program.**

- **Progress on implementing all six USAID program areas and population covered:** Missions must report annually on progress toward implementing their HIV/AIDS strategy and increasing the proportion of the target population(s) covered by both prevention and care/support programs. Much of this information is already routinely collected by program managers, but this system will have to be expanded to include the several new program areas in the Expanded Response such as orphans and other vulnerable children (OVC), prevention of mother-to-child transmission (PMTCT), care & support and multisectoral responses.

**Standard Program Progress & Coverage Indicators (by Program Area):**

**Note: Missions will only be required to report in the areas where they support programs. But, whenever appropriate, Missions are encouraged to establish or expand programs in these areas.**

Condom Social Marketing Programs

- Total condoms sold

Sexually Transmitted Infections (STI) Services

- Number of clients provided services at STI clinics
- Number of STI clinics with USAID assistance

Orphans, Vulnerable Children (OVC) Programs

- Number of orphans and other vulnerable children receiving care/support
- Number of OVC programs with USAID assistance
- Number of community initiatives or community organizations receiving support to care for orphans and other vulnerable children

Prevention of Mother-to-Child Transmission (PMTCT) Programs

- Number of USAID-supported health facilities offering PMTCT services
- Number of women who attended PMTCT sites for a new pregnancy in the past 12 months
- Number of women with known HIV infection among those seen at PMTCT sites within the past year.
- Percentage of HIV-positive women attending antenatal clinics receiving a complete course of ARV therapy to prevent MTCT (UNGASS National Programme & Behavior Indicator #4)

Care, Support and Treatment Programs

Community, Home-based and Clinic Care

- Number of individuals reached by community and home-based care programs in the past 12 months
- Number of USAID-assisted community and home-based care programs

### VCT Programs

- Number of clients seen at VCT centers
- Number of VCT centers with USAID assistance
- Number of ARV Treatment Programs
- Number of HIV-infected persons receiving ARV treatment
- Number of USAID-assisted ARV treatment programs

**Note:** (1) The number of people served by each HIV/AIDS program is an estimate since some individuals will received services from more than one program and thus be “double-counted.” (2) Additional indicators may be proposed.

Early in the Expanded Response, many missions and regional programs will be in the design rather than the implementation stage in some of these new program areas and will not be able to report on the numbers of people reached by these services. In these cases, the mission should provide a brief description of the status of its new programs and when it plans to begin service provision.

**Implementation Mechanisms:** USAID missions and bureaus can request additional technical assistance from USAID/W to establish an on-going system to collect this information and report on overall USAID program progress (number of programs and number of people served) at the country level. USAID/W has allocated limited additional resources to the Synergy Project, Measure/Evaluation and FHI/IMPACT to support these efforts.

**Working with Partners.** In many countries, USAID will collaborate closely with CDC, other USG agencies, the host country government, other donors, including the World Bank/MAP program and the Global Fund to fight AIDS, Tuberculosis and Malaria, and UNAIDS to ensure that, to the extent possible, this monitoring and reporting system meets the reporting requirements of all participating agencies. This approach will allow each agency to fund a portion of the system at the country level and provide complementary technical assistance. Within this context, however, USAID’s priority will be to establish an improved, comprehensive system to report on its Expanded Response program.

References: UNAIDS: National AIDS Programmes: A Guide to Monitoring and Evaluation (June, 2000)  
USAID: Handbook of Indicators for HIV/AIDS/STI Programs (March, 2000)  
United Nations General Assembly Special Session (UNGASS) on HIV/AIDS: Guidelines on Construction of Core Indicators (August, 2002)  
USAID: Expanded Response Core Indicators for Monitoring and Reporting on HIV/AIDS Programs (January, 2003)

### III. USAID/Washington Technical Database

The Agency has established a coordinated technical database at USAID/Washington which will be managed by the Office of HIV-AIDS, Bureau of Global Health (GH/OHA). This Database has three components, operated by the following organizations:

- The International Office of the Census Bureau (BuCen) **collects data from national sentinel surveillance systems and maintains the global HIV/AIDS Surveillance Database**, which UNAIDS uses to generate its regional and country-level seroprevalence estimates. BuCen both monitors the spread of HIV and models the potential effect of the AIDS pandemic on development.
- The Demographic and Health Survey (DHS+) Project **has established a database to collect national level HIV/AIDS sexual behavior survey data**. This survey database will also maintain information from surveys conducted by UNICEF, UNAIDS, CDC and WHO. The database provides an easily accessible comprehensive source of information on HIV/AIDS indicators from these surveys. The database allows the user to produce tables for specific countries by select background characteristics.

The indicators included are derived from the both the USAID Handbook of Indicators for HIV/AIDS/STI Programs and the UNAIDS National AIDS Programmes: Guide to Monitoring and Evaluation. These guides provide standardized indicators for measuring the progress of HIV/AIDS programs. Some of the UN General Assembly Special Session on HIV/AIDS (UNGASS) indicators are also included here.

Currently, the main sources of HIV/AIDS indicators in the database are the Demographic and Health Surveys (DHS), the UNICEF Multiple Indicator Cluster Surveys (MICS), the CDC Reproductive Health Surveys (RHS), the Sexual Behavior Surveys (SBS) designed by MEASURE/Evaluation, and the FHI/IMPACT Behavioral Surveillance Surveys (BSS). The database is designed to be global in scope, eventually covering all countries for which indicators are available. (Website: [www.measuredhs.com/hivdata](http://www.measuredhs.com/hivdata))

- The SYNERGY Project has developed a program database (PDB) to monitor the implementation of all Bureau of Global Health (GH) managed HIV/AIDS programs. The PDB is being expanded to also **collect USAID program progress & coverage data from field missions and regional programs**. This data will be collected for the first time from the FY02 mission reports (due early in FY03) and entered into this database.

**Please note that information from these three technical databases is available to field missions and regional bureaus. (Point of contact: John Novak, 202-712-4814, [jnovak@usaid.gov](mailto:jnovak@usaid.gov))**

#### IV. Finalizing the Expanded Response M&E Indicators

The Expanded Response Handbook for Monitoring and Reporting on HIV/AIDS Programs which defines each of the new standard Expanded Response indicators and its recommended data collection/analysis methodology will be distributed to all missions and regional bureaus in October, 2002. Please note that a UNAIDS indicator working group has developed the definitions and data collection procedures for the 19 indicators to report global progress toward achieving the targets in the Declaration of Commitment approved by the United Nations General Assembly Special Session on HIV/AIDS. This guidance on UNGASS indicators will be distributed to missions and regional bureaus along with the USAID Expanded Response Handbook. To the extent possible, the indicator definitions and data collection/analysis methodologies in the USAID Expanded Response Handbook will be compatible with these new UNGASS reporting standards as well as the Millennium Development Goals (MDGs), Goal 6, Target 7 for HIV/AIDS.

In summary, USAID is moving ahead to establish an improved system to report on the Agency's progress toward achieving our program objectives. While this system will require that a few new indicators be collected, **most of the required information is already being collected by USAID field missions.** This improved reporting system will ensure that select information from the field is routinely reported to USAID/Washington, thus enabling the Agency to better report on the progress of its global HIV/AIDS program.

For further information, contact:      John Novak GH/HIV-AIDS (202) 712-4814  
   Harriett Destler GH/HIV-AIDS (202) 712-4908

#### V. Annual Report on USAID's HIV/AIDS Program (Draft)

GH and PPC, in consultation with senior Agency management and Congress, have developed a proposed outline for the Agency's Annual Report on HIV/AIDS. Missions are requested to submit the required information on their HIV/AIDS programs as a section of their Annual Report to PPC. Please note that there is no maximum page limit to the HIV/AIDS section of the Annual Report. USAID/W encourages missions and regional programs to provide sufficient information to adequately describe program progress and results including, at a minimum, the "core" indicators outlined in this guidance which correspond to the country or regional program.

This outline identifies the priority topics, principal data sources and suggested USAID Operating Unit (OU) reporting responsibilities. (See Appendix A) Our objective is to produce one comprehensive annual report on the Agency's HIV/AIDS program. In the design of this report we have tried to limit mission reporting requirements. **Please note that USAID/W encourages missions and regional programs, including those in Basic countries, to provide additional information on program progress and results beyond what is recommended in this outline. This additional reporting is optional, but it will enable the Agency to provide the most comprehensive program report possible.**



## Appendix A

# Annual Report on USAID's HIV/AIDS Program for Congress Outline (DRAFT)

## Chapter One: Status of the Global Epidemic (Understanding What's Going On)

- 1.1 Introduction to Global Trends: prevalence levels, spread of the disease
- 1.2 Regional Trends: prevalence levels, spread of the disease in each region
  - Sub-Saharan Africa
  - Latin American/Caribbean
  - Asia/Near East
  - Europe & Eurasia
- 1.3 HIV/AIDS Burden on social-economic development and potential impacts:

Health effects such as: life expectancy, population growth, child mortality and socioeconomic effects such as decrease in labor supply, cost of AIDS care as portion of national budgets, resulting declines in GDP, socioeconomic consequences of a “lost generation”/orphans & vulnerable children (OVC), etc.

**Data needs:** This chapter will be based upon Bureau of the Census (BuCen) and UNAIDS data and reports.

**Data Source: Mission** Under the Expanded Response, missions will be requested to facilitate the annual reporting of national sentinel surveillance data to the BuCen. Presently, national governments do report this sentinel surveillance data directly to BuCen, but USAID should support the more routine and timely reporting of this data to the extent feasible.

BuCen will use these data to update the status of the epidemic at the national, regional and global levels – the data would then be used to produce the Annual UNAIDS Report on the Global HIV/AIDS Epidemic and also to produce the sections in the USAID report on global and regional trends (see above).

## Chapter Two: The USAID Response in Preventing the Further Spread of HIV/AIDS (Reporting on Results)

- 2.1 Behavior Change/Safer Sex: This section will report on USAID's worldwide program to promote the “A,B,Cs”: abstinence, be faithful to one partner and increase condom use. These programs are usually targeted at youth and “at risk” groups.

**Data needs:** Results from national (or regional) surveys on sexual risk reduction behavior – specifically condom use, number of sexual partners and age at first sex.

**Data Source: Mission-supported surveys:** The new Expanded Response M&E reporting guidance requires missions to implement a national (or regional) survey every 3-5 years to collect the data. Most countries are already implementing these surveys every 3-5 years.

**2.2** Condom Social Marketing: This section would report on USAID’s efforts to prevent the spread of HIV/AIDS through condom social marketing programs worldwide.

**Data needs:** USAID program/country and total condom sales

**Data Source: USAID/Washington** PSI/AIDSMARK, the USAID-supported social marketing project, currently provides this information annually for almost all USAID funded programs. Missions are not required to report this information directly, although they have the option to provide additional information for use in the annual report.

**2.3** Voluntary Counseling & Testing (VCT) services: This section will report on USAID’s support for the provision of VCT services.

**Data needs:** (1) number of clients seen at USAID-assisted VCT centers and (2) number of USAID-assisted VCT centers.

**Data source: Missions** will be required to report these two indicators annually.

**2.4** Sexually Transmitted Infection (STI) Services: This section will report on USAID’s efforts to protect youth and other vulnerable groups from STIs.

**Data needs:** (1) number of clients seen at USAID-assisted STI clinics and (2) number of USAID-assisted STI clinics.

**Data Source: Missions** will be required to report this indicator annually.

**2.5** Preventing Mother-to-Child-Transmission (PMTCT): This section will report on USAID’s program to protect infants and young children from becoming infected with HIV from their mothers.

**Data needs:** (1) Number of USAID-supported health facilities offering PMTCT services (2) Number of USAID-supported health facilities offering PMTCT services (3) Number of women who attended PMTCT sites for a new pregnancy in the past 12 months (4) Number of women with known HIV infection among those seen at PMTCT sites within the past year (5) Percentage of HIV-positive women attending antenatal clinics receiving a complete course of ARV therapy to prevent MTCT (UNGASS National Programme & Behavior Indicator #4)

**Data Source: Mission** Missions will be required to report these indicators annually.

## **2.6** USAID Leadership and Response to the Pandemic in Improving Prevention & Care and Support Programs

This section will report on USAID's research results and best practices that will improve the design and implementation of Agency and other donor sponsored programs and maintain USAID's global leadership role.

**Data Needs:** Research results will be collected from the HORIZONS (operations research) Project and best practices will be collected from program evaluations and other sources within the Agency. Missions are not required to report this information directly although they have the option to provide additional information for use in the Agency's annual report.

**Data Source: USAID/Washington** Missions are not required to report this information directly although they have the option to provide additional information for use in the Agency's annual report.

## **Chapter Three: The USAID Response in Caring for the Sick and Those Most Vulnerable (Reporting on Results)**

**3.1** Community and Home-Based Care Programs: This section will report on USAID's efforts to provide care & support to HIV-infected people and their families.

**Data needs:** (1) Number of individuals served by community and home-based care programs assisted by USAID and (2) number of USAID-assisted community and home-based care programs (3)

**Data Source: Missions** will be required to report these indicators annually.

**3.2** Pilot Anti-Retroviral (ARV) Treatment Programs: This section will report on USAID's innovative efforts to provide ARV treatment to HIV-infected people in low-resource settings.

**Data needs:** In FY02, the number of pilot projects with short descriptions of results/success. Beginning in FY03, (1) number of HIV-infected persons receiving ARV treatment from USAID-assisted programs and (2) number of USAID-assisted ARV treatment programs.

**Data Source: Missions** will be required to report these indicators annually.

**3.3 Orphans, Vulnerable Children (OVC) Programs:** This section will report on USAID’s efforts to provide care & support to orphans and vulnerable children, including PL480 Title II food aid.

**Data needs:** (1) Number of orphans and other vulnerable children receiving care/support, including those reached with food aid through USAID-assisted programs and (2) number of USAID-assisted basic care and psychosocial support programs.

**Data Source:** Missions will be required to report these indicators annually.

## **Chapter Four: USAID Global Leadership: Building Political Commitment to Address the Pandemic**

### **4.1 Building Local and Community Support to Fight HIV/AIDS**

**Data needs:** The International HIV/AIDS Alliance, the Peace Corps, the Community REACH Project and the CORE Project report to the Bureau for Global Health on these efforts annually. Missions are not required to report this information directly although they have the option to provide additional information for use in the annual report.

**Data Source:** USAID/Washington with mission contributions (optional)

### **4.2 Building National Responses to HIV/AIDS**

**Data needs:** Matrix of countries classified by level of political commitment as measured by the AIDS Program Effort Index (API). In addition, our main central contract, the POLICY Project, already provides success stories on an annual basis, including new laws, policies, regulations, increased budgets, and an increasing number of multisectoral approaches from the countries where it works (15-25 USAID countries).

**Data Source:** USAID/Washington with mission contributions (optional)

### **4.3 Increasing International Cooperation and Supporting UNAIDS**

**Data needs:** The Global Bureau/HIV-AIDS Office reports annually on USAID collaboration with the Japan/JICA, UK/DIFD, EU, and on USAID support to UNAIDS and USAID/UNAIDS joint leadership to develop global standards and priorities.

**Data Source:** USAID/Washington with mission contributions (optional)