

Draft monitoring and evaluation framework for a comprehensive HIV and AIDS response in the Caribbean education sector

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List of abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
EDC/HHD	Education Development Center, Inc./ Health and Human Development Division
EMIS	Education Management Information Systems
HFLE	Health and Family Life Education
HIV	Human Immunodeficiency Virus
HRAS	HIV/AIDS Readiness Assessment Survey
IATT	Inter-Agency Task Team
KABP	Knowledge, Attitudes, Behaviour, and Practices Survey
M & E	Monitoring and Evaluation
MoE	Ministry of Education
MoH	Ministry of Health
NAPS	National AIDS Programme Secretariat
NCPI	National Composite Policy Index
NGO	Non-Governmental Organisation
NHP	National HIV/STI Programme
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
SRH	Sexual and Reproductive Health
UNAIDS	United Nations Programme on HIV and AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counselling and Testing
YRRBS	Youth Risk and Resiliency Behaviour Survey

Introduction

1.1. Purpose: Why do we need a monitoring and evaluation framework?

Caribbean countries are increasingly implementing comprehensive responses to the HIV and AIDS epidemic in the education sector, following the Port-of-Spain and Roseau Declarations in the mid-2000s and guided by frameworks such as Health-Promoting Schools, Child-Friendly Schools, and the EDUCAIDS model. The elements of a comprehensive response differ slightly depending on the model. The EDUCAIDS model, which is used in this framework, consists of five core component areas:

- Education sector policies around HIV and AIDS (anti-violence, workplace discrimination, etc.)
- Curricula and learning materials for HIV and AIDS
- Pre- and in-service teacher training and support for HIV and AIDS
- HIV and AIDS testing, care, and support services for educators and students
- Approaches and entry points (life skills approach, peer education, Child-Friendly Schools, Health-Promoting Schools, etc.)

A recent stakeholder survey in eight Caribbean countries revealed “a dire need to provide strategic information that will enable tracking of progress, with the specific aim of enhancing decision-making at all programme levels within the education sector.”¹ The monitoring and evaluation (M & E) process ensures accountability and oversight, while dissemination of its results “will serve to inform planning of HIV interventions, provide feedback on the resource requirements for a comprehensive education sector response to HIV and AIDS, and increase public commitment to reducing HIV and AIDS.”¹

Internationally, the UNAIDS Inter-Agency Task Team (IATT) has identified a similar need and is currently also developing an M & E framework for addressing HIV and AIDS in the education sector.

Thus, there is clearly a need for developing an M & E framework for a comprehensive response of the education sector to HIV and AIDS in the Caribbean. This framework will build on the IATT effort and customize a framework for the Caribbean region.

1.2. Definition: What are monitoring and evaluation?

As experience implementing comprehensive approaches grows, so does the need for streamlined and systematic monitoring and evaluation (M & E) to determine what is being achieved and how the response can be improved. Data derived from these efforts serve to provide a feedback loop to those responsible for both management and implementation of the programme activities.

Monitoring involves the assessment of the progress made toward achieving a programme’s goals and objectives.² It includes the number of people reached, number and types of resources used, and other measures that show the completion of planned activities. **Evaluation** differs from monitoring in that it assesses how well a programme achieves its short-term outcomes and long-term impacts. Evaluation determines whether or not, and how well, the objectives of a programme are being met. This

work is usually done at the programme's conclusion, but it is often the first step that is planned when putting together an M & E system.

1.3. Process: How did we go about developing this framework?

In order to develop this current draft framework, Education Development Center, Inc.'s, Health and Human Development Division (EDC/HHD), with support from UNESCO's Kingston Cluster Office for the Caribbean, conducted an extensive desk review in October and November 2009. The desk review concluded that:

developing a framework for M & E in the Caribbean education sector response to HIV and AIDS is a complex task that must take into consideration the varying demographic, cultural, and socioeconomic profiles of the individual countries throughout the region, as well as their unique experiences with the epidemic. Moreover, it must fit within and alongside the other M & E tools and processes that are being developed internationally in parallel (such as the IATT Review). The chosen structure of an M & E framework might include a more or less detailed logic model, indicators unique to the Caribbean sector-wide approach, and user-friendly tools for data collection and analysis.³

In addition, EDC/HHD, with support from UNESCO, conducted stakeholder interviews in eight Caribbean countries (Antigua, The Bahamas, Barbados, Dominica, Grenada, Guyana, St. Kitts & Nevis, and St. Lucia). These interviews provided essential information to help shape the development of the M & E framework.

With input from both desk review and stakeholder interviews, EDC/HHD developed an outline for a draft M & E framework. This outline was discussed and jointly advanced during a teleconference with M & E consultants from Jamaica and Barbados, as well as with relevant EDC/HHD and UNESCO staff. Subsequently, participants from the teleconference drafted and reviewed sections of the framework. This draft framework will be presented at a stakeholder workshop later this spring, where it will be further refined and then finalized.

1.4. Assumptions: What are the parameters of this framework?

The development of the M & E framework was guided by findings of the desk review and stakeholder interviews, such as the following:³

The IATT Review defines an M & E framework as "documentation which outlines the key (process) outputs and outcomes of a programme, with indicators for their measurement, along with baseline value and performance targets (if any), source, tools and frequency of data collection and reporting."⁴ M & E is a system of assessing the degree to which programme or project goals and objectives are being met and for identifying those elements that are performing particularly well and should be scaled up as well as those that may need more attention.

This current M & E Framework for a Comprehensive Response to HIV and AIDS in the Caribbean was developed with the following assumptions; namely, this framework:

Introduction

- Is specific for the education sector, at the sector-wide or macro level
- Focuses more on implementation than on impact
- Is illustrative, not prescriptive
- Draws on and integrates existing resources and systems and makes suggestions for filling gaps
- Is based on the shared, mutual goals expressed under Outcome and Impact in the logic model

1.5. Components: What does this framework include?

This M & E Framework for a Comprehensive HIV and AIDS Response in the Caribbean education sector includes the following components:

- **Logic model** – An overview of the input, activities, output, outcome, and impact of a comprehensive response to HIV and AIDS in the Caribbean education sector (with examples)
- **Indicators** – Suggested indicators to measure Output and Outcomes of a comprehensive response to HIV and AIDS in the Caribbean education sector, building on existing indicators and adding additional education-sector specific indicators to fill the gaps.
- **Data sources and data collection** – References to surveys and other sources of data—most of them already existing—that can be utilized to gather information for measuring the indicators mentioned above
- **Data analysis and dissemination** – Suggestions of how the collected data can be analyzed, disseminated, and used to inform and improve a comprehensive response to HIV and AIDS in the Caribbean education sector

1.6. Use: How can this framework be used?

This framework can guide those responsible for implementing and evaluating a comprehensive response to HIV and AIDS in the Caribbean education sector, including HIV focal points, members of the National AIDS Programme Secretariat, administrators in the Ministry of Education and Ministry of Health, school principals, teachers, and others. The framework can be used to set up or improve the national and local monitoring and evaluation system of a comprehensive response to HIV and AIDS. Those responsible for implementing such a system can take stock of what is already in place in their country or locality by comparing their system to the framework, and then decide and implement what can be improved and added, following the framework presented here.

2. Logic model

Logic models are guided by goals and objectives. In the Caribbean education sector, the HIV and AIDS response is concerned primarily with two overarching goals:

1. Limiting the number of new HIV infections
2. Reducing stigma and discrimination

These two broad goals offer numerous possibilities for evidence-based interventions. After the overall goals have been determined, clear objectives identify the specific short-term outcomes and long-term impact that planners intend to produce. Objectives need to be specific enough to describe what will change for whom, by how much, and by when. They are typically related to knowledge (e.g., how to prevent sexual transmission of HIV and how to reject major misconceptions); attitudes (e.g., no stigma or discrimination against people living with HIV); and behaviours (e.g., condom use or age at initiation of sexual intercourse).

Working backward, planners use their programme goals and objectives to determine the *impact, outcomes, outputs, activities/processes, and input* of a logic model. Setting up and implementing an effective M & E system also depends on a clear logic model that connects activities to well-defined goals and objectives and outlines indicators and methods for assessing progress. Even in situations where planners have already identified needs and have a programme underway, taking the time to construct a logic model will make M & E activities more informative and easier to conduct.

The different components, or steps, of a logic model are described in more detail below. For each step, examples and corresponding indicators are provided. A final logic model is presented in section 2.6, which connects these steps from inputs to impacts.

2.1. Impacts (long-term)

Long-term (three or more years) impacts are those tangible, population level effects that result from these changes in practices and knowledge.⁵ These impacts are similar to the goals of a particular programme. They include broad outcomes that planners intend for their programme to contribute to and achieve. For logic models mapping a comprehensive approach to HIV and AIDS in the Caribbean education sector, there are typically two primary impacts of concern: (1) reduced rates of new HIV infections among different age ranges, socioeconomic groups, etc. and (2) reduced stigma against HIV and AIDS. Typically, these are not measured at the Ministry of Education (MoE) level, but education sector activities will contribute to achieving these goals.

Example Impacts	Example Impact Level Indicators
1. <u>Goal 1</u> : Reduced rates of new HIV infections among different age and socioeconomic groups	1. <u>Goal 1</u> : Estimated number of new HIV infections among different age and socioeconomic groups
2. <u>Goal 2</u> : No stigma or discrimination toward people living with HIV and AIDS	2. <u>Goal 2</u> : Number of cases of HIV-related discrimination reported in the education sector

2.2. Outcomes (short-term)

Outcomes are “the set of beneficiary and population-level results expected to change from the intervention.”⁵ Outcome measures determine whether or not, and how well, the objectives of a programme are being met. They are typically the expected short-term (6–35 months) results with regard to knowledge, attitude, and behaviour achieved through the implementation of planned activities.

Example Outcomes	Example Outcome Level Indicators
1. <u>Knowledge</u> : Increased level of awareness of sector-wide policies and specific rights among teachers and teacher trainees	1. <u>Knowledge</u> : Number (%) of working teachers and teacher trainees in selected areas aware of professional policies on code of conduct and HIV/AIDS policies
2. <u>Attitude</u> : Absence of discrimination against HIV and the presence of a positive attitude	2. <u>Attitude</u> : Percentage of respondents (15 to 49 years) expressing accepting attitudes towards people with HIV
3. <u>Behaviour</u> : Increased age of sexual debut among students	3. <u>Behaviour</u> : Median age at first intercourse among young men and women

2.3. Outputs

Outputs are the direct products of planned activities, demonstrating their reach and implementation. Together with the simpler assessments to determine if, when, and how activities are being carried out, these measures constitute the *monitoring* half of M & E. The outputs of a programme that uses a comprehensive approach to HIV and AIDS in the Caribbean education sector should reflect a combination of activities that cover each of the five core component areas, as defined in the EDUCAIDS model.

Example Outputs	Example Output Level Indicators
1. <u>Policy</u> : Response to HIV/AIDS has been integrated into the management and planning functions of the MoE	1. <u>Policy</u> : HIV/AIDS strategic plans are created with a costed and budgeted implementation plan
2. <u>Curricula</u> : Life skills-based education is being delivered in schools	2. <u>Curricula</u> : Number (%) of students reached through life skills-based HIV-education in schools
3. <u>Training</u> : Education sector has the capacity to develop HIV prevention skills among its workforce	3. <u>Training</u> : Number (%) of major teacher training institutions providing HIV prevention and skills building to protect teacher trainees
4. <u>Services</u> : Comprehensive VCT is offered to	4. <u>Services</u> : Number (%) of women and men aged

Logic model

students and teachers	15–49 who received an HIV test in the last 12 months and who know their results
5. <u>Approaches</u> : MoE is taking steps to form key partnerships with other local and regional stakeholders	5. <u>Approaches</u> : Number of NGOs and other ministries that are involved in the fight against HIV in the education sector

2.4. Activities/Processes

Developing a comprehensive approach to monitoring and evaluating an HIV and AIDS response in the Caribbean education sector requires that the response itself is comprehensive. The selection of activities should flow from the goals, objectives, and intended outcomes defined in the previous steps of the process. Ideally, activities will be selected for each component of a comprehensive approach. Once activities have been selected, planners should identify the indicators needed to assess the implementation of those activities. The indicators included in this step of the logic model are used to monitor if, when, and how the activities are being carried out, how many people were trained or participated, and the number and types of materials distributed.

Example Activities	Example Activity Level Indicators
1. <u>Policy</u> : Policy development workshops with the participation of varied stakeholders conducted	1. <u>Policy</u> : Number of workshops completed and number of participants
2. <u>Curricula</u> : Life skills-based teaching materials delivered to schools	2. <u>Curricula</u> : Number of life skills-based education teaching and learning materials distributed directly to learning institutions
3. <u>Training</u> : In-school teacher training conducted around psychosocial counselling for students and educators	3. <u>Training</u> : Number of training sessions completed and number of teachers who attended the sessions
4. <u>Services</u> : Trainings on delivering VCT in schools conducted	4. <u>Services</u> : Number of trainings on VCT delivery and number of health services personnel in schools trained
5. <u>Approaches</u> : Local leaders of NGOs and other stakeholders identified	5. <u>Approaches</u> : Number of local NGOs and stakeholders and leaders' contact details identified

2.5. Inputs

Inputs are the resources available to conduct the chosen activities intended to achieve the goals and objectives of the HIV and AIDS response. Inputs can include the following:

Logic model

- Human resources (such as the number of MoE staff and school administrators available)
- Financial resources (such as funds for both programme implementation and the sustaining of a functioning M & E system)
- Technical resources (such as training and technical assistance for implementing a comprehensive approach)
- Materials and equipment (such as the type of curricula and other learning resources)

2.6. Final logic model

Putting these steps together, planners can construct a complete logic model. Each step leads into the next through a sort of “snowball” effect: that is, a series of activities produces the outputs, a series of outputs produces the outcomes, and a series of outcomes produces the impacts. These are not always directly linearly aligned, as several activities might contribute to one output, and several outputs might contribute to the same outcome. The logic model below combines all of the examples and indicators introduced above. The following section introduces additional standard indicators that can be included in an M & E system and tailored to the needs of a particular country’s education sector response to HIV.

Figure 1: Final logic model, with example inputs, activities/processes, outputs, outcomes, and impacts, as well as related indicators

Inputs	Activities/ Processes	Outputs	Outcomes (short-term)	Impacts (long-term)
Human Financial Technical Materials/ equipment	<p><u>Policy</u>: Policy development workshops with the participation of varied stakeholders conducted</p> <p><u>Curricula</u>: Life skills-based teaching materials delivered to schools</p> <p><u>Training</u>: In-school teacher training conducted around psychosocial counselling for students and educators</p> <p><u>Services</u>: Trainings on delivering VCT in</p>	<p><u>Policy</u>: Response to HIV/AIDS has been integrated into the management and planning functions of the MoE</p> <p><u>Curricula</u>: Life skills-based education is being delivered in schools</p> <p><u>Training</u>: Education sector has the capacity to develop HIV prevention skills among its workforce</p> <p><u>Services</u>: Comprehensive VCT is offered to</p>	<p><u>Knowledge</u>: Increased level of awareness of sector-wide policies and specific rights among teachers and teacher trainees</p> <p><u>Attitude</u>: Absence of discrimination against HIV and the presence of a positive attitude</p> <p><u>Behaviour</u>: Age of sexual debut is reduced among students</p>	<p><u>Goal 1</u>: Reduced rates of new HIV infections among different age socioeconomic groups</p> <p><u>Goal 2</u>: No stigma or discrimination toward people living with HIV and AIDS</p>

Logic model

	<p>schools conducted</p> <p><u>Approaches:</u> Local leaders of NGOs and other stakeholders identified</p>	<p>students and teachers</p> <p><u>Approaches:</u> MoE is taking steps to form key partnerships with other local and regional stakeholders</p>		
Activities and Output Indicators		Outcome and Impact Indicators		
	<p><u>Policy:</u> Number of workshops completed and number of participants</p> <p><u>Curricula:</u> Number of life skills-based education teaching and learning materials distributed directly to learning institutions</p> <p><u>Training:</u> Number of training sessions completed and number of teachers who attended the sessions</p> <p><u>Services:</u> Number trainings on VCT delivery and number of health services personnel in schools trained</p> <p><u>Approaches:</u> Number of local NGOs and stakeholders and leaders' contact details identified</p>	<p><u>Policy:</u> HIV/AIDS strategic plan created with costed and budgeted implementation plan</p> <p><u>Curricula:</u> Number (%) of students reached through life skills-based HIV-education in schools</p> <p><u>Training:</u> Number (%) of major teacher training institutions providing HIV prevention and skills building to protect teacher trainees</p> <p><u>Services:</u> Number (%) of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results</p> <p><u>Approaches:</u> Number of NGOs and other ministries that are involved in the fight against HIV</p>	<p><u>Knowledge:</u> Number (%) of working teachers and teacher trainees in selected areas aware of professional policies on code of conduct and HIV/AIDS policies</p> <p><u>Attitude:</u> Percentage of respondents (15 to 49 yrs.) expressing accepting attitudes towards people with HIV</p> <p><u>Behaviour:</u> Median age at first intercourse among young men and women</p>	<p><u>Goal 1:</u> Estimated number of new HIV infections among different age socioeconomic groups</p> <p><u>Goal 2:</u> Number of cases of HIV-related discrimination reported in the education sector</p>

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3. Indicators

Selected indicators must reflect all stages of the education process, from strategic planning through implementation and impact. Sound indicators that are based on reliable and complete data are critical to this process. Participants in stakeholder interviews conducted in eight Caribbean countries suggested that the indicators selected for the M & E Framework should reflect the following principles:

1. The indicators must be consistent with the objectives of the Generic Framework for Comprehensive Approach to HIV/AIDS in the education sector.
2. The indicators should allow for national and regional comparisons.
3. The indicators can be feasibly collected from an existing or potential source and are SMART (specific, measurable, attainable, realistic, time bound).
4. The indicators have a baseline measure (where feasible).¹

The current M & E Framework describes output, outcome, and impact indicators for use in the monitoring and evaluation process. Further, to fully capture the range of activities needed for successful implementation and meaningful impact, the Framework includes indicators that are quantitative—reflecting numbers and percentages—and qualitative—looking at access, degree of use and level of satisfaction. Another consideration in selecting indicators for this framework was to ensure harmonization, as much as possible, with regionally accepted indicators that are used to monitor the regional response to HIV and AIDS.

In keeping with these general recommendations, the following tables present indicators that can be used to fully monitor and evaluate a comprehensive response to HIV and AIDS in the education sector. The **output indicators** presented in Figure 2 will measure the key products and services that are expected to result from interventions in the comprehensive response, while the **outcome and impact indicators** in Figure 3 will indicate to what degree the interventions made a difference in the knowledge, attitudes, and behaviours of the target population. The indicators are grouped by the components of a comprehensive response and listed with their corresponding source. Annex 1 provides a more detailed description of each indicator, along with measurement and data sources.

Figure 2: Proposed output indicators for the Generic Monitoring and Evaluation Framework for a Comprehensive HIV/AIDS response in the Caribbean education sector

Source	Output Indicators
Policy	
National Composite Policy Index (NCPI)	National policy/strategy promoting HIV-related reproductive and sexual health education for young people approved and disseminated to stakeholders
HIV/AIDS Readiness Assessment Survey (HRAS)	Ministry of Education HIV/AIDS workplace policy or HIV/AIDS policy approved and disseminated to stakeholders
New	Number of cases of HIV-related discrimination reported in the education sector

Indicators

National HIV Programme Jamaica	Number of reported cases of HIV-related discrimination receiving redress
HRAS	HIV/AIDS strategic plan with costed and budgeted implementation plan
New	Number of Ministry of Education staff attending sensitization workshops on the sector HIV/AIDS policy
New	Number of policy sensitization workshops held for stakeholders in the education sector
Curricula and Learning Materials	
United Nations General Assembly Special Session (UNGASS)	Percentage of schools that provided life skills-based HIV education in the last academic year
National HIV/STI Programme (NHP) Jamaica & IATT	Number and percentage of students reached through life skills-based HIV-education in schools
New	Number of out-of-school youth reached with HIV prevention and skills-building interventions
New	Number of life skills-based education teaching and learning materials distributed directly to learning institutions
New	System implemented to assess the satisfactory delivery of Health and Family Life Education (HFLE) curriculum in schools
Teacher Training and Support	
New	Number of life skills-based HIV education refresher training sessions held for teachers previously trained in HFLE
IATT	Number and percentage of major teacher training institutions providing HIV prevention and skills-building to protect teacher trainees
New	Number teachers who were previously trained in HFLE attending life skills-based HIV education refresher training sessions
Zambia-M & E Plan	Rate of teacher attrition
IATT	Number and percentage of teachers who have been trained in life skills-based HIV education curriculum

Indicators

Global Fund	Number or percentage of schools with teachers who have been trained in life skills-based HIV/AIDS education and who taught it during the last academic year
New	Percentage of trained teachers satisfied with training received in life skills-based HIV education
New	Number of senior staff members and managers attending M & E capacity building workshops
Services	
UNGASS	Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know their results
HRAS	Percentage of schools that have established a school feeding service
New	Number and percentage of students accessing school feeding services
New	HIV-related discrimination reporting and redress system established in education sector
New	National policy supporting access to sexual and reproductive health (SRH) services for youth has been developed and disseminated in health and education sectors
New	Number of sensitization sessions held to disseminate national policy supporting SRH services for youth to stakeholders in the health and education sectors
New	Number of health care providers and educators attending sensitization sessions on national policy supporting SRH services for youth
New	Percentage of students/caregivers satisfied with the systems intended to facilitate school attendance for vulnerable children
Approaches and Entry Points	
HRAS	Number of NGOs and other ministries that are involved in the fight against HIV in the education sector
HRAS	Number of annual special events and observances sponsored by the MoE
HRAS	Number of schools providing an orientation process for parents regarding life skills-based HIV education programmes in schools
HRAS	Number of sensitization sessions held for religious leaders regarding the HIV prevention approach adopted by the education sector, the messages it communicates, and the materials it uses

Indicators

IATT	Proportion of schools in target areas that have active anti-AIDS clubs
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Figure 3: Proposed outcome and impact indicators for the Generic Monitoring and Evaluation Framework for a Comprehensive HIV/AIDS response in the Caribbean education sector

Source	Outcome and Impact Indicators
Knowledge	
UNGASS	Percentage of young women and men aged 15–24 who correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission
Knowledge, Attitudes, Behaviour and Practices Survey (KABP)	Percentage of young people (15–24 yrs.) surveyed reporting that they can acquire a condom if they need one within a specific time period (immediately)
IATT	Percentage of youth who demonstrate knowledge of relevant adolescent reproductive health topics
IATT	Number and percentage of working teachers and teacher trainees in selected areas aware of professional policies on code of conduct and sector HIV/AIDS policies
Attitude	
KABP, IATT	Percentage of respondents (15–49 yrs.) expressing accepting attitudes towards people with HIV
New	Percentage of women and men aged 15–49 who anticipate accepting attitudes towards PLHIV from others
Behaviour	
KABP	Median age at first sex among young men and women
IATT	Percentage of students (13–15 yrs.) who had sexual intercourse with two or more persons during their lifetime
UNGASS	Percentage of respondents (13–24 yrs.) who have had unprotected sex with a non-marital, non-cohabiting partner in the last 12 months
New	Percentage of students reporting involvement in delinquent behaviours in the past 12 months

Indicators

Impact	
UNGASS	Percentage of young people aged 15–24 who are HIV infected

4. Data sources, collection methods, and systems

4.1. Data sources

Data sources are tangible sets of information, usually in the form of reports, survey results, monitoring forms from the field, or official government records. Essentially, data sources provide the values of the indicators at a specific point and time. At the national level, two major data sources can be identified:

- Periodic/non-routine data sources for indicators that will be measured by surveys (outcome and impact indicators and outcome and impact data sources)
- Routine data sources for indicators (output indicators and output data sources)

Depending on the various agreed upon indicators based on stakeholders' needs, there are several sources from which HIV-related data could be acquired. These include but are not limited to the following existing data sources in-country:

- **HIV and AIDS Surveillance** – Behavioural Surveillance Survey (BSS) targeting school-aged children and out-of-school youth; Sentinel Surveillance at antenatal clinic sites, and routine AIDS cases reporting. BSS tracks HIV-related behaviours and measures outcomes.
- **Population-based surveys, special studies, and operation research** – Multiple Indicator Cluster Survey (MICS) of household for Orphan and Vulnerable Children (OVC) Data, epidemiological report synthesizing national reports, and population-based surveys on HIV and AIDS. These surveys are usually performed every 3–5 years and are designed to provide national estimates of behaviours, risk factors, and demographic trends related to HIV and AIDS.
- **Education Management Information System (EMIS) and Health Management Information System (HMIS) facility-based reporting** – Specific information about services delivered at health and educational facilities as part of the HIV response; for example, information relating to the quality of case management, existence of materials, existence of Information, Education and Communication (IEC) or Behaviour Change Communication (BCC) materials, staff training, equipment and referral systems, and others.
- **Programme monitoring and reporting** – Routine programme reports provide a way to track programme implementation.

Because anticipated HIV M & E resources are limited, and the cost and difficulty of data collection increase as indicators shift from inputs to outputs to impact, the data generated from the various data sources should seek to serve the needs of the multiple stakeholders involved in the education sector's HIV and AIDS response. It is equally important to identify all potential and technically sound data sources for all indicators and to establish appropriate links to obtain the necessary information.

4.2. Data collection methods and systems

Data are powerful tools for advocacy, accountability, programme design and improvement, and for generating resources. The ultimate goal of data collection is to ensure that data are fed back into the decision-making process. The quality of the data collected ultimately determines its usefulness for well-informed decision-making.

The methods by which data are collected, verified, and transformed into useful information are critical to the overall purpose of M & E. Therefore, data collection systems and sources should be identified that will provide the data for the selected indicators. It is useful to examine the existing systems that are in place to monitor programme efforts and then build upon these so as to limit or reduce cost for data collection. Different indicators at different M & E levels often require different data collection methods and frequency.

Programme activity level indicators are generally measured using data collected through quantitative methods such as checklists and routine programme records. Similarly, programme outputs are generally measured using quantitative data collection methods such as routine programme records and student/client records. These can be supplemented with qualitative methods, such as interviews or focus groups, to examine student/client satisfaction or staff/provider performance. Outcome level indicators of behaviour change are often measured using data collected by means of population-based surveys. For example, a survey conducted on a group of school-aged students who were exposed to a BCC campaign can reveal the proportion of those who report changing their behaviour to reduce their risk of HIV infection as a result of the campaign. The information gained from the evaluation of the programme outcomes can then be used to improve programme outputs.

Given that data from routine reporting systems provide a way to track programme implementation, these indicators should be collected and reviewed frequently to ensure that programmes are implemented as planned. However, in the case of surveys and special studies, many of the indicators at this level are not expected to change greatly from year to year, and these data collection methods may only need to be conducted every two to three years. Figure 4 presents a summary of some of the data collection measurement tools available to support the reporting of indicators. It shows the programme area (activities/processes), indicator area, data collection method, frequency of collection, what it measures, and institutional responsibility.

Figure 4: Summary of some of the data collection methods to support the reporting of indicators

Programme area activities/processes	Indicator reference	Collection freq.	Data collection method	What it measures	Institutional responsibility
Policy development and implementation status— HIV/AIDS Readiness Assessment	Number (%) of educational institutions that have integrated HIV and AIDS into their management and planning functions	2–3 years	Desk review and key informant interviews	National commitment, policies and strategies	MoE in collaboration with National AIDS Programme Secretariat (NAPS)

Data sources, collection methods, and systems

Development of HIV policy that addresses human rights, stigma, and discrimination	Number (%) of staff and students with accepting attitudes towards those living with HIV and AIDS	Baseline and then every 2–3 years	Population-based survey	<i>Outcome</i> <u>Attitude:</u> Absence of discrimination against HIV and the presence of a positive attitude	MoE in collaboration with NAPS
Curricula and learning materials	Number (%) of schools that provided life skills-based HIV education in all schools	Annually	School-based surveys and education programme review	Knowledge and behaviour among students <i>Outcome</i> <u>Behaviour</u> Age of sexual debut is increased among students	MoE in collaboration with NAPS
	Number of life skills-based education, teaching, and learning materials distributed to learning institutions	Annually	School surveys and education programme review	Provision of life skills-based learning materials	MoE in collaboration with NAPS
Training and capacity building	Number (%) of schools with teachers who have been trained in life skills-based HIV education and who taught it in the last academic year	Annually	School-based surveys and education programme review	People trained in various areas related to HIV prevention, care and support	NAPS for UNGASS reporting

Data sources, collection methods, and systems

<p>Services</p>	<p>Number (%) of men and women age 15–49 who received an HIV test in the last 12 months and who know their results</p>	<p>2–3 years</p>	<p>Population-based surveys (BSS, KABP)</p>	<p>Coverage of various service provisions</p> <p>Number of people reached by services</p>	<p>NAPS for UNGASS reporting</p>
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5. Data analysis and dissemination

There are two main approaches to data collection: quantitative (numeric data) and qualitative (non-numeric, descriptive data). Quantitative data are analyzed using statistical techniques to determine the strength of relationships between variables. Qualitative data are analyzed by looking for and describing patterns. The type of evaluation methods utilized will be influenced by a number of factors, including the purpose of the evaluation, the size of the population involved, and available time and resources. There is also the Mixed Method Approach that utilising multiple sources of evidence and so can facilitate a more holistic and in-depth evaluation. Combining different data collection methods can be used to cross-check and validate findings, for example, comparisons with baseline data.

5.1. Data analysis and dissemination mechanisms

To facilitate the collection, management, analysis, and use of HIV data, some countries have a national-level database within the Ministry of Health (MoH).¹ Such electronic databases may include data from the various HIV-related data sources, including:

- Data on available resources
- Information on HIV capacity building activities
- Data from surveys and surveillance
- Routine community-based programme data

The electronic database can streamline the process of data collection and analysis by automating many steps. Aggregation of the data and production of routine reports can be programmed to occur automatically at the desired frequency. In addition to the national HIV database, different stakeholders may have their own databases, and it is important to build on these rather than establish a parallel system.⁶ In the event that there is no database, several software packages are available, such as Access and Excel, that may be considered as a starting point. Countries that are not at the stage of developing an electronic national database should have a mechanism for the systematic archiving of data and reports to allow easy data access and use.⁶

Processing M & E data for analysis involves steps for organizing the data. This process entails editing, coding tabulation and data cleaning. The major aim of data analysis is to generate insight and understanding about a problem. The data analysis phase should ensure that the findings present an accurate and complete picture. While data analysis in qualitative research can include statistical procedures, many times analysis becomes an ongoing iterative process where data are continuously collected and analyzed almost simultaneously. Analysing qualitative data involves identification and interpretation of patterns.⁷ Data analysis could highlight factors influencing the response of the target group and remove related doubts. Generally data analysis is used to determine patterns in observations through the entire data collection process.⁸ Figure 5 provides an example of what will be analyzed in the education sector.

Figure 5. Example of what could be analyzed with responsible institution

Type of analysis and source of documents	Responsibility
1. At budget level: Comparative analysis of the budget requirements and implementation. Using information from the HRAS on indicators— HIV/AIDS strategic plan with costed and budgeted implementation plan	MoE - Planning and Information, Accounts, and Audits
2. At inputs level: Review and analysis of EMIS data; external reviews, impact analysis, policy evaluation	MoE Planning and Information
3. At outputs level: Technological/policy guidelines analysis, for example, for the indicator that relates to national policy/strategy promoting HIV-related reproductive and sexual health education for young people approved and disseminated to stakeholders; special studies	MoE Planning and Information (Analyst)
4. At outcomes level: Rating on progress towards results: Positive change determined by evidence of movement from the baseline towards the targets and measured by an outcome indicator. Negative change determined by evidence of movement by reversal to a level below the baseline and measured by an outcome indicator. Or no change.	M & E Unit MoE
5. At impacts level: National and global data analysis. Related to indicators. For example, number and percentage of students reached through life skills-based HIV-education in schools, or prevalence of HIV in youth aged 15–24.	Statistical Bureau/MoE

5.2. Data dissemination and use

Using the information that is produced by the M & E system is the key to making evidence-informed policy and programming decisions. The information produced, whether routine or from research, can highlight strengths and weaknesses of the sector’s response to HIV, and inform decisions about which response should be considered. The information produced should be disseminated to all stakeholders who play a role in the implementation of HIV programmes, for example, heads of M & E units of the health and education sectors, MoE Focal Points, school principals, school boards, Parent Teacher Associations (PTAs), utilising a Data Dissemination Plan. The Data Dissemination Plan provides (1) an overview of the information products that will be produced to fulfil the information needs of stakeholders and (2) the dissemination channels that will be used to distribute them. Figure 6 highlights the components of a Data Dissemination Plan.

Figure 6: Sample Data Dissemination Plan

Key messages/ Information	Dissemination Material	Target Group	Timeframe
Project/Programme details – Purpose, objectives,	Programme/Project document	Stakeholders including education	Variable, quarterly,

Data analysis and dissemination

indicators, outcomes, outputs, inputs/activities		officers	annual
Results of the programme	Evaluation reports highlighting findings, lessons learned, and recommendations	Heads of M & E units, line ministry coordinator MoE	Mid-term & terminal
Project reports	Periodic reports	Stakeholders	Semi-annual, annual
Data gathered	Survey/Research reports, databases, websites	Stakeholders	Variable
Workshops, conferences	Slides, handouts	Teachers, principals	Variable

In addition, this information could be made available to all stakeholders on the respective MoE websites (provided that only non-classified information would be made available) to facilitate access to current information on the HIV and AIDS situation in the education sector. The information provided on the electronic database would facilitate needs assessments, training, capacity building for users, and technology support related to the response to HIV and AIDS by all stakeholders.

There is a dire need to provide strategic information that will enable tracking of progress, with the specific aim of enhancing decision-making at all programme levels within the education sector. Data on HIV and AIDS-related activities in the education sector are therefore necessary for programme monitoring, evaluation, and planning. The data can be used in the following ways:

- Actions on any matter related to outcome, progress of outputs and/or partnerships; for corrective measures.
- Exploring underlying factors and reasons for gaps in outputs and targets (if progress is below the target), where appropriate.
- Update on outputs – Achievements of the programme in outputs. Uses data from work plans or established targets.
- Annual outputs – Uses programme documentation.
- Update on outcome – A brief analysis of the status of the situation and any observed changes.
- Decision-making.
- Recording and analysing lessons learned.
- Preparing M & E plans at the beginning of each programming cycle – Involves strategic and selective decisions by the specific management M & E Focal Points on what to monitor, what to evaluate, and the specified timeframe. Uses the Plan to ensure that M & E planning activities are on track.

Figure 7⁹ highlights some of the various reports, with related dissemination methods. Annex 2 highlights various M & E reporting mechanisms and how they can be utilized by HIV/AIDS unit manager or focal point and line ministry.

Figure 7: Reports and related dissemination methods

Data analysis and dissemination

Report Type	Key Highlights	Data Source	Report Dissemination
Semi-annual & annual report	Achievement by parish/region by mid-year	Compiled information from provinces, parishes, zones	Dissemination to education officers and other stakeholders through meetings and reports
Statistical bulletins	Key statistical results of the strategy, management, and operation indicators of MoE	Education MIS	Dissemination to education officers and other stakeholders through meetings and reports
Annual M & E report	Status of annual targets core indicators in relation to specified	All data sources of the MoE, networking with other data sources	Dissemination to education officers and other stakeholders through meetings and reports
Evaluation report	Objective of the evaluation, findings, lessons learned, and recommendations	Tools used to analyze evaluation research data	Dissemination to education officers and other stakeholders through meetings and reports

Annex 1: Draft indicator reference sheets

Output Indicators	
Policy Development and Implementation Status	
National policy/strategy promoting HIV-related reproductive and sexual health education for young people approved and disseminated to stakeholders	
Source	NCPI
Definition	Speaks to the existence of a national plan for HIV prevention education
Disaggregated by	In-school and out-of-school youth; same content for men and women; primary/secondary school, teacher training
Frequency	Annually
Measurement tools	NCPI Section 1. Prevention Q.2
What it measures	National commitment to combat HIV/AIDS
How to measure it	Policy addresses quality education, content, curriculum and learning materials; educators training and support; policy, management, and systems.
Ministry of Education HIV/AIDS workplace policy or HIV/AIDS policy approved and disseminated to stakeholders	
Source	HIV/AIDS Readiness Assessment Survey
Definition	Supportiveness of the political and legislative environment towards the development of a comprehensive response to HIV/AIDS in the education sector
Disaggregated by	
Frequency	
Measurement tools	
What it measures	Existence of a specific policy that addresses HIV/AIDS issues in the education sector
How to measure it	Documentation of the policy review process
Number of cases of HIV-related discrimination reported in the education sector	
Source	New
Definition	Numerical count of acts of HIV-related discrimination reported to MoE discrimination reporting system
Disaggregated by	Urban/rural, primary/secondary, teacher training, students, staff
Frequency	Annually
Measurement tools	

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What it measures	This indicator, while intended to measure changes in the frequency of incidents that violate the rights of those infected with or affected by HIV, will also reflect increase use of the reporting system for said violation. May lead to false perception of an increase in acts of discrimination.
How to measure it	Requires the formation of a discrimination and reporting and redress system within the MoE. Discrimination includes a variety of harmful behaviours (e.g., physical or verbal attacks, exclusion, or restrictions) that violate the rights of students, their parents or caregivers, or teachers in the education sector.
Number of reported cases of HIV-related discrimination or receiving redress	
Source	National HIV Programme, Jamaica
Definition	This is a measure of the percentage of cases that are pursued with sanctions enacted.
Disaggregated by	Nature of incident
Frequency	Annually
Measurement tools	
What it measures	This allows for the tracking of the progress in appropriate responses to cases of HIV-related discrimination over time.
How to measure it	<u>Denominator</u> : Number of cases reported <u>Numerator</u> : Number of cases that have been reviewed and appropriate action agreed to and initiated by the relevant authority identified in the discrimination reporting system (principal, education officer, MoE, etc.)
Policy Implementation: HIV/AIDS strategic plan with costed and budgeted implementation plan	
Source	HIV/AIDS Readiness Assessment Survey
Definition	Measures the integration of the HIV/AIDS response into the MoE
Disaggregated by	
Frequency	Annually
Measurement tools	
What it measures	The degree to which the response to HIV/AIDS has been integrated into the management and planning functions of the MoE
How to measure it	<ol style="list-style-type: none"> 1. Is there an education sector HIV/AIDS strategic plan? 2. Is there a costed action plan for the implementation of this strategic plan? 3. At the national level, is HIV/AIDS explicitly considered and reported on in the planning process? 4. Has the EMIS been reviewed and amended to include HIV/AIDS sensitive indicators? 5. Is HIV/AIDS considered when making district/parish level plans?

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Policy Dissemination: Number of Ministry of Education staff attending sensitization workshops on the sector HIV/AIDS policy	
Source	New
Definition	Numerical count of the number of persons sensitized
Disaggregated by	Teachers and guidance counsellors, teacher's aides and support staff, principals, administrative staff, technical staff, policymakers and managers in sector, new staff
Frequency	Monthly
Measurement tools	
What it measures	To monitor the sensitization of stakeholders in the sector
How to measure it	HIV/AIDS policy sensitization sessions are gatherings of people to discuss the key principles of the HIV/AIDS policy. Session should provide the opportunity for Q&A and increase awareness of HIV-related issues.
Curricula and Learning Materials	
Curriculum implementation: Percentage of schools that provided life skills-based HIV education in the last academic year	
Source	UNGASS
Definition	Progress towards implementation of life skills-based HIV education in all schools
Disaggregated by	Primary/secondary school
Frequency	
Measurement tools	School survey
What it measures	Trends in the coverage of life skills-based HIV education within schools.
How to measure it	Principals surveyed: (Q1) Within the last academic year, did your school provide at least 30 hours of life skills training to each grade? <u>Numerator</u> : Number of schools that provided life skills-based HIV education in the last academic year <u>Denominator</u> : Number of schools surveyed
Curriculum coverage: Number and percentage of students reached through life skills-based HIV-education in schools	
Source	Jamaica & IATT
Purpose	Measure coverage of life skills-based HIV education in schools
Disaggregated by	Primary/secondary school
Frequency	Quarterly
Measurement tools	

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What it measures	Trends in coverage of life skills-based education in schools
How to measure it	<u>Numerator</u> : Number of students reached through any effort (that follows nationally approved HFLE standards) to effect change, including peer education; classroom, small group, and/or one-on-one information, education, and communication; or behaviour change communication to promote change in behaviour in a school setting <u>Denominator</u> : Number of young people enrolled
Number of out-of-school youth reached with HIV prevention and skills building	
Source	New
Definition	Numerical count of out-of-school youth (e.g., wards, street kids, places of safety reached)
Disaggregated by	Under 10 years, 10–14 years, 15–19 years
Frequency	
Measurement tools	
What it measures	Trends in efforts to include out of school youths in life skills and HIV/AIDS efforts
How to measure it	Number of unattached youths reached through any effort (that follows nationally approved HFLE standards) to effect change, including peer education; classroom, small group, and/or one-on-one information, education, and communication; or behaviour change communication to promote change in behaviour
Adequate resources: Number of life skills-based education teaching and learning materials distributed directly to learning institutions	
Source	New
Purpose	Numerical count of number of learning aids distributed to schools
Disaggregated by	Urban/rural setting, primary/secondary school
Frequency	
Measurement tools	Procurement reports
What it measures	Access to materials and resources within school settings
How to measure it	Each region/district will track the distribution of learning aids to schools under its management.
Curricula (teacher performance): System implemented to assess the satisfactory delivery of HFLE curriculum in schools	
Source	New
Definition	Progress towards measuring the effective delivery of HFLE material
Disaggregated by	

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Frequency	
Measurement tools	
What it measures	Quality of the assessment of the delivery of HFLE material
How to measure it	Classroom observations will document if a sample of teachers: <ol style="list-style-type: none"> 1. Covered all components outlined in lesson plan for the session 2. Engaged students through participatory/interactive learning methods 3. Used appropriate terminology for age and grade level
Teacher Training & Support	
Teacher training and support (refresher): Number of life skills-based HIV education refresher training sessions held for teachers previously trained in HFLE	
Source	New
Definition	Numerical count of refresher sessions for previously trained educators
Disaggregated by	
Frequency	
Measurement tools	
What it measures	Systematic approach to increasing teachers' comfort with life skills-based HIV education materials; trends in effort to address barriers to implementation of HFLE curriculum and to provide support to teachers.
How to measure it	Review curriculum for refresher training sessions to determine if they: <ol style="list-style-type: none"> 1. Reinforce core components of HFLE curriculum 2. Address barriers to delivery in classrooms: <ol style="list-style-type: none"> a. Complexity of materials b. Acceptability of material c. Teachers' comfort with material 3. Provide opportunity for discussion
Teacher training: Number and percentage of major teacher training institutions providing HIV prevention and skills building to protect teacher trainees	
Source	IATT
Definition	Coverage of HIV prevention skills education in teacher training institutes
Disaggregated by	
Frequency	Annually
Measurement tools	Survey
What it measures	Education sector's capacity to develop HIV prevention skills among its workforce
How to measure it	<u>Numerator</u> : Number of teacher training institutions that includes in the training

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	curriculum any effort to effect change, including peer education; classroom, small group, and/or one-on-one information, education, and communication; or behaviour change communication to promote change in behaviour and teach prevention skills <u>Denominator</u> : All national training institutes
Rate of teacher attrition	
Source	Ministry of Education, Zambia
Definition	Measures impact of HIV on workforce in the education sector
Disaggregated by	Reason for departure, urban/rural setting
Frequency	
Measurement tools	
What it measures	
How to measure it	
Number and percentage of teachers who have been trained in life skills-based HIV education curriculum	
Source	IATT
Definition	Numerical count of the number of teachers trained
Disaggregated by	Years of experience: 2 years or less; 3–5 years, 6 or more years; primary/secondary school; private/public status
Frequency	
Measurement tools	
What it measures	Trends in the coverage of qualified/trained teachers according to national guidelines for HIV education
How to measure it	<u>Numerator</u> : Number trained in life skills-based HIV education <u>Denominator</u> : Number of registered teachers
Number or percentage of schools with teachers who have been trained in life skills-based HIV/AIDS education and who taught it during the last academic year	
Source	National Commitment Indicator / UNGASS
Definition	Percentage of schools with teachers who have been trained in life skills-based HIV education and who taught it during the last academic year. Training refers to new training or refresher training of individuals.
Disaggregated by	Primary/secondary school, private/public status, urban/rural setting
Frequency	Biennially
Measurement tools	School survey
What it measures	This indicator assesses progress towards implementation of life skills-based HIV

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	education in all schools
How to measure it	<u>Numerator</u> : Number of schools with staff trained in and regularly teaching life skills-based HIV education <u>Denominator</u> : Total number of schools surveyed
Percentage of trained teachers satisfied with training received in life skills-based HIV education	
Source	New
Definition	Number of satisfied trainees
Disaggregated by	
Frequency	
Measurement tools	
What it measures	
How to measure it	Survey items should assess trainees satisfaction with: <ol style="list-style-type: none"> 1. The usefulness of the training 2. The delivery of material 3. Relevance of training curriculum to classroom experience 4. Opportunities for discussion of material 5. Opportunities for feedback on training
Number of senior staff members and managers attending M & E capacity building workshops	
Source	New
Definition	
Disaggregated by	
Frequency	
Measurement tools	
What it measures	The degree to which senior staff receive capacity building in support of developing M & E Systems
How to measure it	
Services	
Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know their results	
Source	UNGASS
Definition	Assess progress in implementing VCT services
Disaggregated by	Age groups 15–19, 20–24, 25–49; sex
Frequency	

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Measurement tools	KABP
What it measures	When disaggregated this indicator should estimate VCT coverage of students and teachers.
How to measure it	Respondents are asked if they have been tested for HIV in the past 12 months, and if so, do they know the result of that test
Services (nutrition): Percentage of schools that have established a school feeding service	
Source	HRAS
Definition	Measures the ability of the MoE to respond to the nutritional needs of OVCs and other disadvantaged students
Disaggregated by	Primary/secondary school
Frequency	
Measurement tools	
What it measures	
How to measure it	
Services (feeding): Number and percentage of students accessing school feeding services	
Source	New
Definition	Coverage of supportive service
Disaggregated by	Primary and Secondary Schools
Frequency	
Measurement tools	
What it measures	
How to measure it	
Services (discrimination): HIV-related discrimination and redress system established in education sector	
Source	National HIV Programme, Jamaica
Definition	Sector commitment to systematically capture reports of HIV-related discrimination and facilitate redress
Disaggregated by	
Frequency	
Measurement tools	
What it measures	Progress in the commitment to provide monitoring of and appropriate response to cases of HIV-related discrimination
How to measure it	At minimum, such a system should include:

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	<ol style="list-style-type: none"> 1. Advisory board with Term of Reference 2. Reporting tools and data management system 3. Redress partners identified
Enabling environment & services: National policy supporting access to SRH services for youth has been developed and disseminated in health and education sectors	
Source	New
Definition	Measures the supportiveness of broader political and regulatory environment towards youth accessing SRH services
Disaggregated by	
Frequency	
Measurement tools	
What it measures	
How to measure it	
Number of health care providers and educators attending sensitization sessions on national policy supporting SRH services for youth	
Source	New
Definition	
Disaggregated by	Health care providers and educators
Frequency	
Measurement tools	
What it measures	Progress in the sensitization of stakeholders in the health and education sectors
How to measure it	SRH policy sensitization sessions are gatherings of people to discuss the key principles of the policy advocating access for youth. Session should provide the opportunity for Q&A and increase awareness of SRH needs of youth, barriers to access, and process for the implementation of the policy.
Services (satisfaction): Percentage of students/caregivers satisfied with the systems intended to facilitate school attendance for vulnerable children	
Source	New
Definition	This is a qualitative measure of satisfaction with the of access of services for vulnerable children
Disaggregated by	Age group, identified vulnerabilities, orphan status, urban/rural setting
Frequency	Annually
Measurement tools	Survey items and site visits
What it measures	Satisfaction with services

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How to measure it	Administered to students/caregivers from target population. <u>Denominator:</u> Number of students/caregivers surveyed <u>Numerator:</u> Number of students/caregivers satisfied with the quality of service received in each area: 1. School feeding programme 2. Removal of school fees 3. Provision of school uniforms 4. Provision of textbooks 5. System for reporting HIV discrimination 6. Provision of redress 7. Access to counsellors 8. Teachers with whom child can speak comfortably and with guaranteed confidentiality and sensitivity 9. Material covered in HFLE sessions 10. Physical accommodations for special medical needs 11. Resources to meet special learning needs 12. Access to medical services
Approaches and Entry Points	
Number of NGOs and other ministries that are involved in the fight against HIV in the education sector	
Source	HIV/AIDS Readiness Assessment Survey
Definition	
Disaggregated by	
Frequency	
Measurement tools	
What it measures	Measures progress in the steps that the ministry has taken to form key partnerships.
How to measure it	
Number of annual special events and observances sponsored by the MoE	
Source	HIV/AIDS Readiness Assessment Survey
Definition	
Disaggregated by	
Frequency	
Measurement tools	
What it measures	

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How to measure it	
Number of schools providing an orientation process for parents regarding life skills-based HIV education programmes in schools	
Source	HIV/AIDS Readiness Assessment Survey
Definition	
Disaggregated by	
Frequency	
Measurement tools	
What it measures	
How to measure it	
Number of sensitization sessions held for religious leader regarding the HIV prevention approach adopted by the education sector, the messages it communicates, and the materials it uses	
Source	HIV/AIDS Readiness Assessment Survey
Definition	Multisectoral engagement of stakeholders
Disaggregated by	Urban/rural setting
Frequency	
Measurement tools	
What it measures	Tracks progress in the coverage of religious leaders
How to measure it	
Proportion of schools in target areas that have active anti-AIDS clubs	
Source	IATT
Definition	
Disaggregated by	
Frequency	
Measurement tools	
What it measures	Tracks coverage of anti-AIDS clubs in schools
How to measure it	
Outcome Indicators	
Knowledge	
Percentage of young women and men aged 15–24 who correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission	

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Source	UNGASS
Purpose	Assess progress toward universal knowledge of the essential facts about HIV transmission
Disaggregated by	Gender; age groups 15–19, 20–24
Frequency	
Measurement tools	Population-based surveys
What it measures	
How to measure it	This indicator is constructed from responses to the following set of prompted questions: <ol style="list-style-type: none"> 1. Can the risk of HIV transmission be reduced by having sex with only one uninfected partner who has no other partners? 2. Can a person reduce the risk of getting HIV by using a condom every time they have sex 3. Can a healthy-looking person have HIV? 4. Can a person get HIV from mosquito bites? 5. Can a person get HIV by sharing food with someone who is infected?
Percentage of young people (15–24) surveyed reporting that they can acquire a condom if they need one within a specific time period (immediately)	
Source	KABP Jamaica
Definition	
Disaggregated by	
Frequency	
Measurement tools	KABP
What it measures	Percentage of target populations surveyed reporting that they can acquire a condom if they need one within a specific time period (immediately).
How to measure it	
Percentage of youth who demonstrate knowledge of relevant adolescent reproductive health topics	
Source	IATT
Definition	Assess knowledge of relevant adolescent reproductive health topics among youth
Disaggregated by	Primary/secondary/tertiary school; out-of-school youth
Frequency	
Measurement tools	KABP, RHS, Youth Risk and Resiliency Behaviour Survey (YRRBS)
What it measures	Provides information on knowledge of youth
How to measure it	

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Number and percentage of working teachers and teacher trainees in selected areas aware of professional policies on code of conduct and HIV/AIDS policies	
Source	IATT
Definition	Assess knowledge of workplace policies and rights among teachers
Disaggregated by	
Frequency	
Measurement tools	Workplace survey
What it measures	Measures changes in the level of awareness of specific rights among teachers and teacher trainees.
How to measure it	
Attitude	
Percentage of respondents (15–49 yrs.) expressing accepting attitudes towards people with HIV	
Source	UNGASS
Definition	
Disaggregated by	Age groups: 15–19, 20–24, 25–49; gender; rural/urban setting
Frequency	
Measurement tools	KABP
What it measures	Measure changes in attitudes as reflected by the absence of discrimination against HIV and the presence of a positive attitude
How to measure it	Percentage of respondents (15–49 yrs.) expressing accepting attitudes towards people with HIV is a composite of four components: <ol style="list-style-type: none"> 1. The percentage of respondents saying that they would be willing to care for a family member who became sick with the AIDS virus 2. The percentage of respondents who say they would buy fresh vegetables from a vendor whom they knew was HIV + 3. The percentage of respondents who say that a female teacher who is HIV+ but not sick should be allowed to continue teaching in school 4. The percentage of respondents who say that they would not want to keep the HIV+ status of a family member a secret
Percentage of women and men (15–49 yrs.) that anticipate accepting attitudes towards PLHIV from others	
Source	New
Definition	Measures internalization of anti-stigma messages
Disaggregated by	

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Frequency	
Measurement tools	
What it measures	Changes in the internalization of anti-stigma and discrimination messages
How to measure it	The percentage of respondents (15–49 yrs.) that anticipate accepting attitudes towards PLHIV: Percentage who agree that if they discover they were HIV positive would find it relatively easy to tell: <ul style="list-style-type: none"> • A close friend • A trusted family member • At least one teacher or guidance counsellor
Behaviour	
Median age at first sex among young men and women	
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 surveyed
Disaggregated by	
Frequency	
Measurement tools	
What it measures	Measures trends in age of sexual debut
How to measure it	Age of first penetrative sex
Percentage of students (13–15 yrs.) who had sexual intercourse with two or more persons in their lifetime	
Definition	
Disaggregated by	OVC/non-OVC; gender
Frequency	
Measurement tools	
What it measures	Multiple partnerships
How to measure it	<u>Denominator</u> : All students surveyed <u>Numerator</u> : Number of students reporting sexual intercourse with two or more partners in their lifetime
Percentage of respondents (13–24 yrs.) who have had unprotected sex with a non-marital, non-cohabiting partner in the last 12 months	
Definition	Condom use with non-regular partner
Disaggregated by	Age groups: 13–14, 15–19, 20–24
Frequency	

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Measurement tools	
What it measures	
How to measure it	<u>Numerator</u> : Respondents who have had unprotected sex with a non-marital, non-cohabiting partner in the last 12 months <u>Denominator</u> : All respondents reporting sexual activity in the last 12 months.
Percentage of students reporting involvement in delinquent behaviours in the past 12 months	
Definition	Changes in non-sexual risk behaviours in target population
Disaggregated by	
Frequency	
Measurement tools	YRRBS
What it measures	
How to measure it	<u>Numerator</u> : Involvement in antisocial behaviours is a composite of three items: <ul style="list-style-type: none"> • Involved in violence • Alcohol use • Marijuana use <u>Denominator</u> : All respondents
Impact	
Percentage of young people aged 15–24 who are HIV infected	
Source	UNGASS
Definition	HIV Prevalence
Disaggregated by	
Frequency	Annually
Measurement tools	WHO guidelines for HIV Sentinel Surveillance
What it measures	Assesses progress towards reducing HIV infection
How to measure it	<u>Numerator</u> : Number of antenatal clinic attendees (aged 15–24) tested whose HIV results are positive <u>Denominator</u> : Number of antenatal clinic attendees (aged 15–24) tested for their HIV-infection status

Annex 2: Data generated from data sources to serve the needs of multiple stakeholders

M & E Reporting Mechanism	HIV/AIDS Unit Manager/ M & E Focal Point/School	Line Ministry Co-ordinator MoE/Lead Agency
Annual school census, NCPI, HRAS	Use to support situation analysis.	* Use to review policy decision-making.
M & E activity reporting format, NHP Jamaica, IATT	Use for systematic reporting, for example, trainings on delivering VCT in schools conducted.	*
National performance assessment	Use to determine future results, for example, capacity of education sector to develop HIV prevention skills among its workforce.	*
Sector evaluation	Use to review performance and lessons learned and to take action.	*
Census of population and housing, NCPI	Use for information at the national level.	Use to determine the extent of required response.
Project/Programme work plans	Use for activities for results. Use to implement and review strategy for the programme and to plan for resource use.	Use to discuss activities and corresponding inputs and budget. Use critical milestones to monitor early warning for progress of target.
Progress and/or quarterly reports, IATT, UNGASS	Use to present progress and problems.	Analyze the reports in terms of results achieved and progress/take action.
Focus group meetings	Organize with target beneficiaries periodically. Use to adapt strategy and share results.	Use results to analyze and review strategy. Identify lessons learned. May also be used with partners to obtain feedback on outcome. Usually conducted by M & E personnel.
Tripartite meetings	Use to solve problems and discuss strategy, for example, cases of HIV-related discrimination reported in the education sector.	Use to provide feedback, solve problems, and discuss strategy. Also use for policy issues or decision-making. Involve government and partners.

Annex 2: Data generated from data sources to serve the needs of multiple stakeholders

Project/Programme documentation	Use to share achievements or new approaches, or for policy dialogue.	Use to monitor outcome where relevant.
Annual project/Programme report prepared by school authorities, education officers	Prepared by director/head of M & E units/education department co-ordinator. Rates output progress.	Provide information on additional issues to be included. Rates output/outcome progress and reviews self-assessment by project of outputs. Senior MoE personnel make decision on policy issues in response to key problems and identify and review trends.
Programme evaluation	May be requested to organize the evaluation, provide support and information, and take action.	Organize evaluation on behalf of government Share lessons learned. Take action. Senior personnel may make policy decisions with partners on recommendations and develop management response.
Field visits	Provide support and information to other field visits/missions. Visit implementation operations on the ground.	Verify results and take action.
External review/Assessment	N/A	Arrange for independent technical validation of results, outcome situation analysis, or research.
Outcome evaluation	Follow-up if progress towards outcome is weak.	Provide information on what input should be selected. Lead development of Terms of Reference.
Annual review	Adapt strategy based on review.	Record conclusions and ensure follow-up for each outcome. Participate in review meetings.
Client/beneficiary/target group surveys	Organize for feedback from target beneficiaries.	Commission surveys to obtain feedback on outcome progress. Use for validation of results/indicators, corrective action.

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