PEPFAR MC M&E Indicators
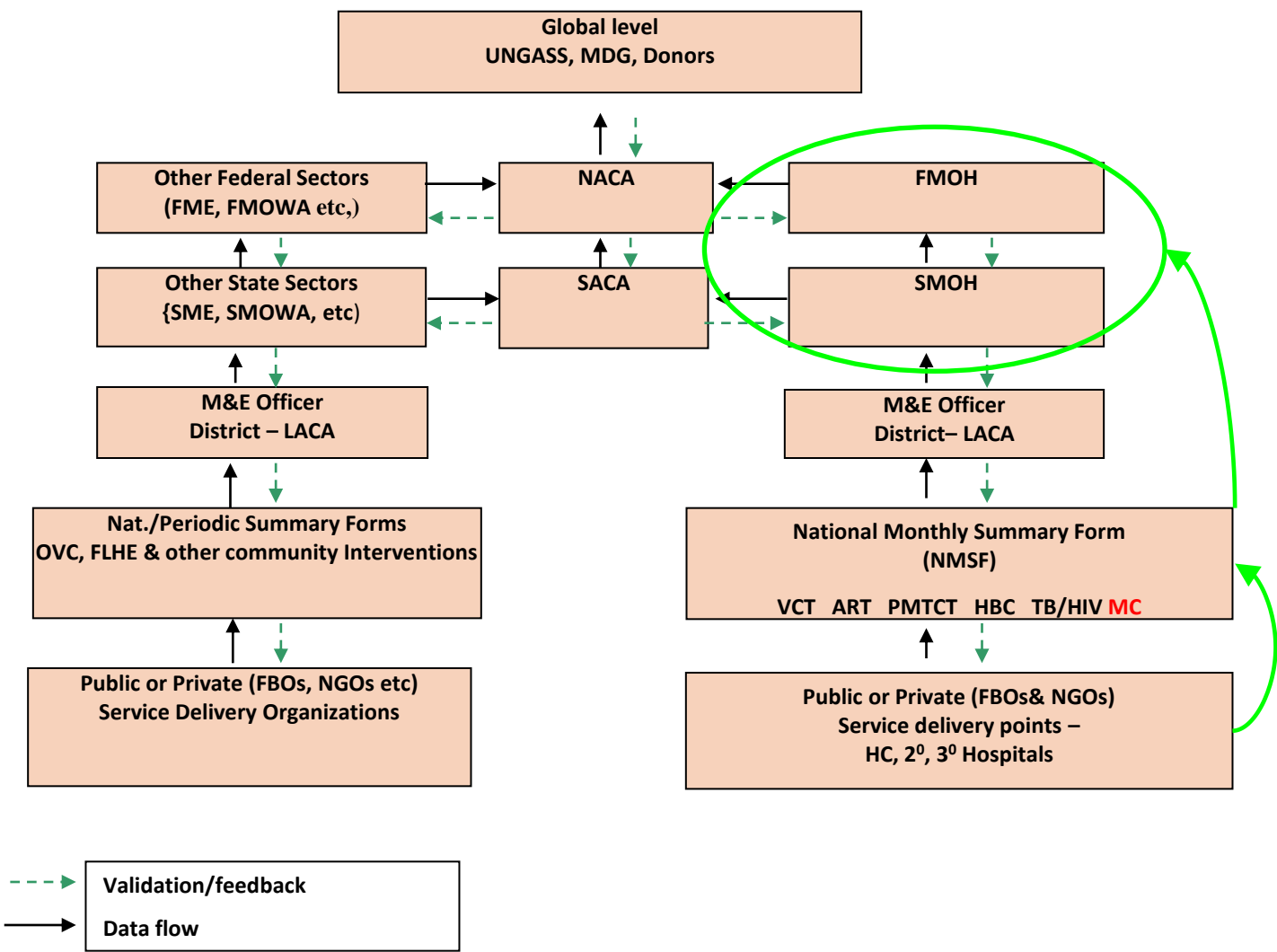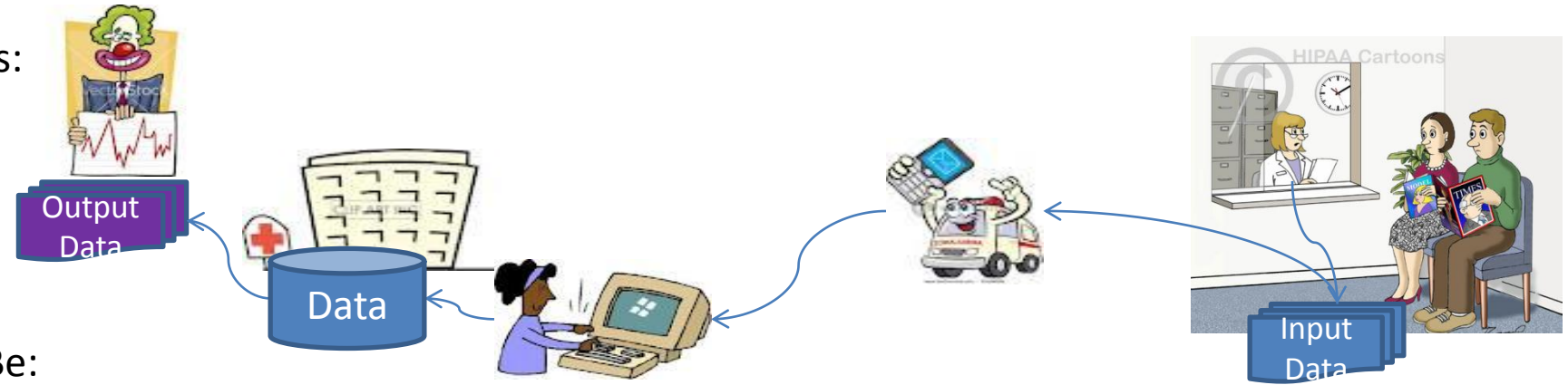

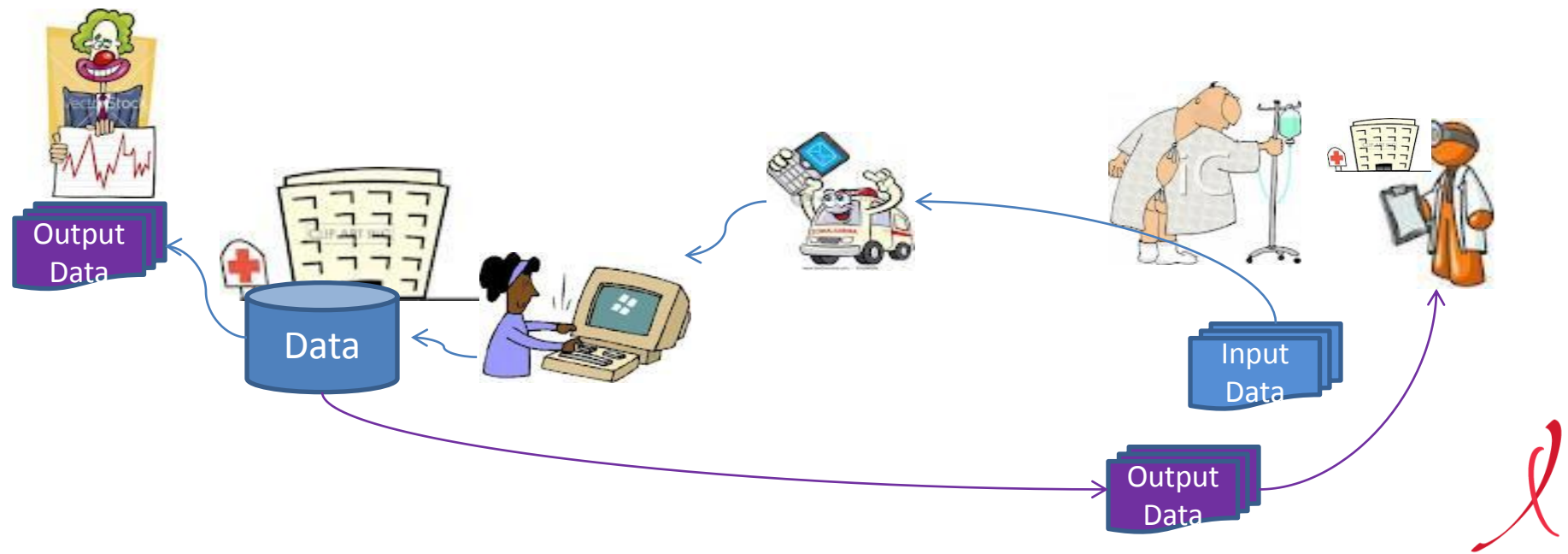Brian Agbiriogu
USAID

Ideal Data flow

Derive M&E data from Patient Records

Note: For this to work, patient records need to carry PEPFAR attribution data (i.e. Partner and Mechanism tags)

As Is:

Output Data

Data

Input Data

To Be:

Output Data

Data

Input Data

Output Data

Indicators

For VMMC programs to be efficient, efforts must be made to put in place a Monitoring and Evaluation system.

Progress made towards relevant benchmarks is measured by selected variables called Data Elements and Indicators.

Indicators and Data Elements

Indicators

- Indicators are used in the measurement of a piece of important and useful information about the performance of a program or activity.
- They are usually expressed as absolute figures, percentage, index, rate or other comparison which is monitored at regular intervals and is compared to one or more criteria.
- They are useful in the assessment of the implementation and quantification of changes.

Data Elements

- A Data element is the smallest unit of data within an indicator.
- A data element is characterized by:
  - an identifier
  - clear definition and
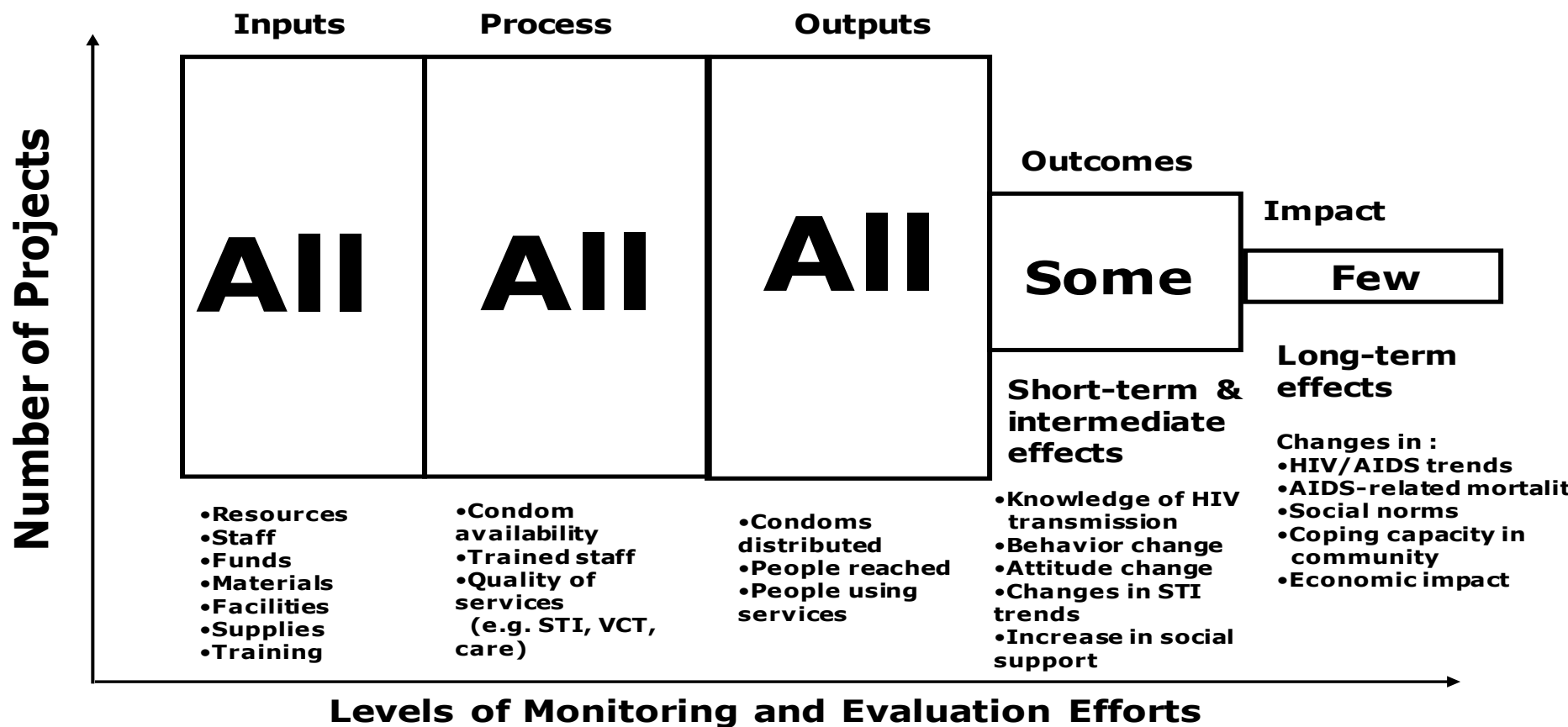 - represents a value or code

Monitoring & Evaluation Pipeline

MONITORING
"Process Evaluation"

EVALUATION
"Effectiveness Evaluation"

Number of Projects

Inputs	Process	Outputs	Outcomes	Impact
All	**All**	**All**	**Some**	**Few**

Short-term & intermediate effects

Long-term effects

Inputs:
- Resources
- Staff
- Funds
- Materials
- Facilities
- Supplies
- Training

Process:
- Condom availability
- Trained staff
- Quality of services (e.g. STI, VCT, care)

Outputs:
- Condoms distributed
- People reached
- People using services

Outcomes:
- Knowledge of HIV transmission
- Behavior change
- Attitude change
- Changes in STI trends
- Increase in social support

Impact — Changes in :
- HIV/AIDS trends
- AIDS-related mortalit
- Social norms
- Coping capacity in community
- Economic impact

Levels of Monitoring and Evaluation Efforts

PEPFAR VMMC Indicators

- Indicator - Numerator/Denominator

- Definition

- Disaggregation

- Reporting level- health system organization units

- Purpose

- Interpretation

P5.1D (Output)

Number of males circumcised as part of the minimum package of MC for HIV prevention services within the reporting period, categorized by age

Disaggregation

- Age: under 1; 1-9; 10-14; 15-19; 20-24; 25-49; 50+ required

- HIV status: positive/negative recommended

- Service delivery location setting: Fixed (permanent)/mobile (temporary) location recommended

P5.2D (Outcome)

- Number of circumcised clients experiencing at least one moderate or severe adverse event (AE) during or following surgery, within the reporting period

Disaggregation

- Type: moderate/severe adverse events; Timing and specific AEs recommended

P5.3D (Input)

•Number of locations providing MC surgery as part of the minimum package of MC for HIV prevention services within the reporting period recommended

Disaggregation

•None

P5.4D (Outcome)

•Number of males circumcised within the reporting period who return at least once for post-operative follow-up care (routine or emergent) within 14 days of surgery recommended.

Disaggregation
•None

Associated Indicator H2.3D (Input)

- Number of healthcare workers who successfully completed an in-service training program

Disaggregation

- Type of training: Male circumcision training and paediatric treatment training

Associated Indicator P8.1D (Output)

•Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required (associated indicator)

Disaggregation

•Age: Sex: M or F, age :10-14, 15+ recommended disaggregation

Associated Indicator P11.1D (Output)

- Number of individuals who received Testing and Counseling (T&C) services for HIV and received their test results

Disaggregation

- Age: <15 yrs., 15+ yrs. required

- Sex: Male, Female required

- By test result: Positive, Negative recommended

Need for reporting quality data on standardized Indicators – Why?

- Managers of the HIV/AIDS services need correct and timely information to detect improvement or decline in performance

- FMOH/Donor partners working at all levels need reliable information to judge the impact of new efforts and new resources based on performance/results

- Accountability

- Any other?