



AIDSFree PROJECT MONITORING AND EVALUATION INDICATORS PROGRESS REPORT

OCTOBER 1, 2015–MARCH 31, 2016



MAY 2016



AIDSF_{Free} PROJECT MONITORING AND EVALUATION INDICATORS: PROGRESS REPORT OCTOBER 1, 2015– MARCH 31, 2016

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AIDSFree

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ACRONYMS

CSO	civil society organization
GBV	gender-based violence
HCWM	health care waste management
HTS	HIV testing services
IPC	infection prevention and control
IR	intermediate results
KM	knowledge management
M&E	monitoring and evaluation
MER	Monitoring, Evaluation, and Reporting [PEPFAR indicators]
MOHA	Ministry of Home Affairs
MTCT	mother-to-child-transmission
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PMEP	Project Monitoring and Evaluation Plan
PMTCT	prevention of mother-to-child transmission
PY	project year
SHOPS	Strengthening Health Outcomes through the Private Sector
SIMS	Site Improvement through Monitoring
SPPCHS	Strengthening Police and Prison Comprehensive HIV Services
T&C	testing and counseling
TA	technical assistance
VMMC	voluntary medical male circumcision

INTRODUCTION

The long-term goal of the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project is to improve the quality and effectiveness of high-impact, evidence-informed HIV and AIDS interventions. The project seeks three intermediate results (IRs):

1. Research findings, models, and lessons are used to inform policy and/or improve practice in programs, service delivery, training, and research
2. New and emerging research findings and lessons from program implementation on evidence-based HIV and AIDS interventions are integrated into country programs
3. Improved technical and organizational performance of HIV and AIDS programs.

The project's *Project Monitoring and Evaluation Plan* (PMEP) was approved in March 2015. During this reporting period the PMEP was reviewed to ensure that the indicators were still relevant and measured the intent of the IRs. As a result, the following modifications were made to AIDSFree's M&E framework:

- Sub-IR 1.2 (*Information resources are institutionalized*) was expanded to include other knowledge management (KM) outputs or information channels in order to quantify the myriad communication channels that the project will create to disseminate information. This sub-IR was subsequently renamed "*KM outputs are created and available.*"
- Indicator 3.1 (*Number of national/local partners demonstrating improved technical and/or managerial capacity based on a series of milestones*) was deleted because it proved to have limited value. It was replaced with "*Number of AIDSFree-supported facilities that graduated to a higher Site Improvement through Monitoring (SIMS) score*" when it became clear that AIDSFree will be providing ongoing, multifaceted technical support to many health care facilities in several countries.
- A few indicators were rephrased or restructured. For example, some IR1 indicators were combined to distinguish between primary and secondary dissemination of information, and to consolidate the number of people served with KM outputs. Also, the definition of pilot studies was broadened to "innovative technical approaches," and the indicators for pilot studies were reduced from three to two. Finally, an important qualifier was added to Indicator 2.6: "*Number of instances of technical assistance provided by AIDSFree that were completed successfully.*"

This semiannual performance report (SAPR) summarizes AIDSFree's achievements for the period October 1, 2015–March 31, 2016. The full table of achievements for indicators appears in Annex A. Information about the revised project monitoring indicators—definitions, data source, and frequency of data collection—appears in Annex B.

KEY HIGHLIGHTS

IR 1: Research findings are used to inform policy and/or improve practice

The M&E Team adopted two outcome indicators from the *Guide to Monitoring and Evaluating Knowledge Management in Global Health Programs*,¹ one focusing on knowledge obtained from AIDSFree's KM outputs, and a second assessing the use of KM outputs to inform decisions, practices, or policies. The project will measure these indicators annually by administering an online survey. The first survey will be released between August and September 2016, in time for AIDSFree's second annual progress report.

Sub-IR 1.1: Research findings are captured and synthesized

This sub-IR is measured by counting the number of information products that AIDSFree produced during the reporting period. The indicator only includes products that synthesize research findings or lessons learned from program implementation. Such products include technical briefs, study reports, success stories, monthly newsletters, and articles, among others.

During this reporting period, AIDSFree produced 13 of the 59 information products slated to be developed during project year (PY) 2:

- Five editions of the *AIDSFree Prevention Update*
- Two case studies, *The Role of the Alcohol Industry in HIV Prevention* and *Condom Services in Two Ugandan HIV Prevention and Treatment Programs*
- One technical brief, *Strengthening Community Platforms to Address Gender Norms*
- One success story, *Meet Albert Cosmas, a Traditional Healer Who Became a VMMC Ambassador*
- Four reports:
 - *Lessons from the Gender-Based Violence Initiative in Mozambique*
 - *Tanzania PrePex™ Acceptability and Safety Study (TZ Pass)*
 - *Evaluating Service Delivery Models for Prevention of Mother-to-Child Transmission [PMTCT] of HIV: Cost and Effectiveness of Providing PMTCT Services in Public, Private, and Civil Society Organizations*
 - *Rapid Assessment of High-Volume/High-Yield Tanzania Police and Prison Health Facilities: Strengthening HIV and TB Service Delivery to Tanzania's Uniformed Services.*

Almost half of the remaining KM products are articles on voluntary medical male circumcision (VMMC) that are aimed for publication in professional journals. Of 25 planned articles, 21 have been developed and await approval from the journal editors).

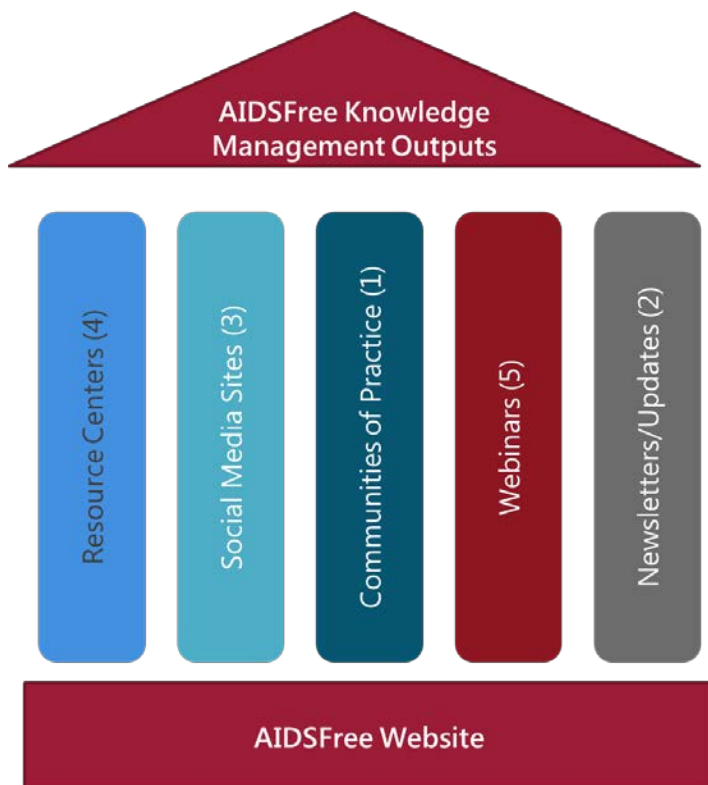
¹ Ohkubo, S., T.M. Sullivan, B.T. Timmons, and M. Strachan, 2013. *Guide to Monitoring and Evaluating Knowledge Management in Global Health Programs*. Baltimore, MD: Center for Communications Programs, Johns Hopkins Bloomberg School of Public Health.

Sub-IR 1.2: KM outputs are created and available

This sub-IR focuses on the numerous mechanisms that AIDSFree used to disseminate information, including the AIDSFree website, social media sites, webinars, and newsletters. Products under this indicator will be counted cumulatively.

In PY 1, the AIDSFree KM Team created one newsletter, the *AIDSFree Prevention Update*; formed a Community of Practice on HIV testing services (HTS); and conducted two webinars. The team could not develop additional KM outputs until the official launch of the AIDSFree website, which took place in October 2015. Since then, AIDSFree has created 11 other KM outputs: a second newsletter (the *AIDSFree Newsletter*), four resource centers (databases for the Prevention Update, antiretroviral therapy [ART] treatment guidelines, HTS policies, and the Prevention Knowledge Base), and three social media sites (Facebook, Twitter, Instagram); and conducted three webinars. This information is illustrated in Figure 1.

Figure 1. AIDSFree KM Outputs



Sub-IR 1.3: Research findings are disseminated

The *Guide to Monitoring and Evaluating Knowledge Management in Global Health Programs* distinguishes between primary and secondary dissemination of information. In primary dissemination, the original developer (AIDSFree, in this case) disseminates a KM output such as a newsletter. Primary dissemination implies initial and direct contacts with users. In secondary dissemination, a user initiates a request for information by downloading a file or following a social media site. The distinction is useful, because primary dissemination reflects how much information the project has “pushed out” to the audience, while secondary dissemination reflects demand for information.

Primary dissemination is mainly measured by counting the number of people who received an information resource, attended a webinar, or subscribed to our newsletters. During this reporting period, AIDSFree's KM outputs reached a total of 10,407 individuals. Of these, 50 percent were subscribers to the *AIDSFree Prevention Update*; the rest attended webinars or received the AIDSFree Newsletter or a VMMC update. AIDSFree also conducted 130 outreach activities to other sites: 41 to LinkedIn groups, and 89 to listservs. The number of people reached through these mechanisms cannot be known.

Secondary dissemination includes the number of visits or sessions to the AIDSFree website and the number of file downloads. During this reporting period there were 18,169 visits to the website of which one-fourth (4,665) were directed to the site from AIDSFree's social media sites. A total of 4,260 files were downloaded from the AIDSFree website, of which 2,190 were unique downloads, indicating that many users do not save the documents to their desktops but return to the website when they need the document.

Figure 2 shows that the majority of information dissemination occurred at the user’s initiation, by visiting the AIDSFree website or downloading a KM product.

Figure 2. Primary and Secondary Dissemination of AIDSFree KM Outputs between October 1, 2015 and March 31, 2016

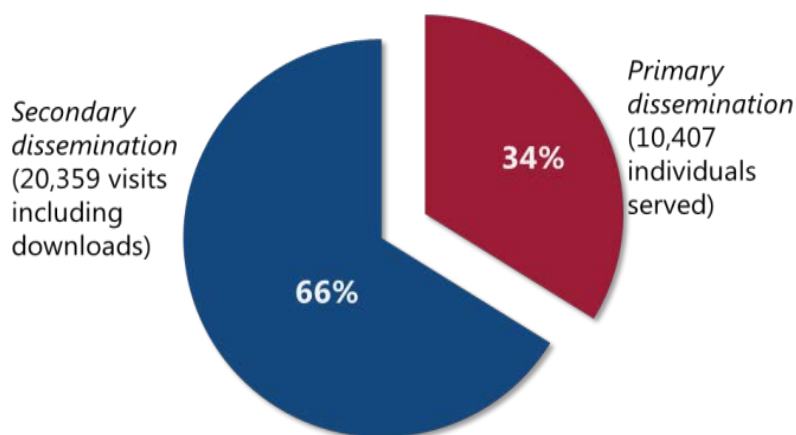


Figure 3 illustrates the upward trend in unique visitors to the AIDSFree website, demonstrating that more visitors are accessing content on the website. Figure 4 depicts the increase in the number of sessions, including 4,841 in March 2016.

Figure 3. Sessions on AIDSFree Website

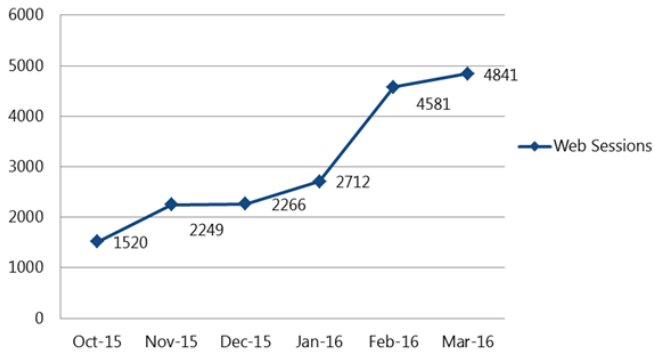


Figure 4. Unique Visitors to AIDSFree Website

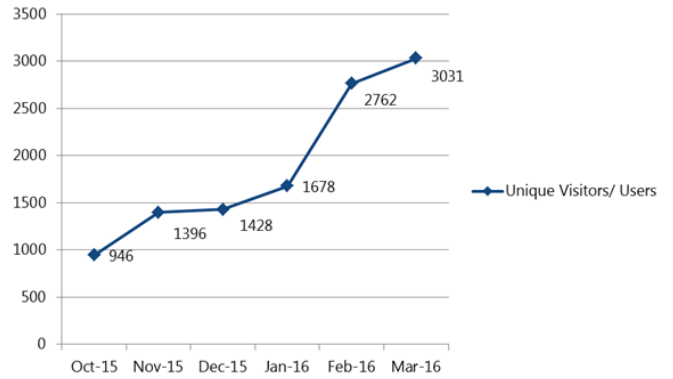


Figure 3. Visitors to AIDSFree Website

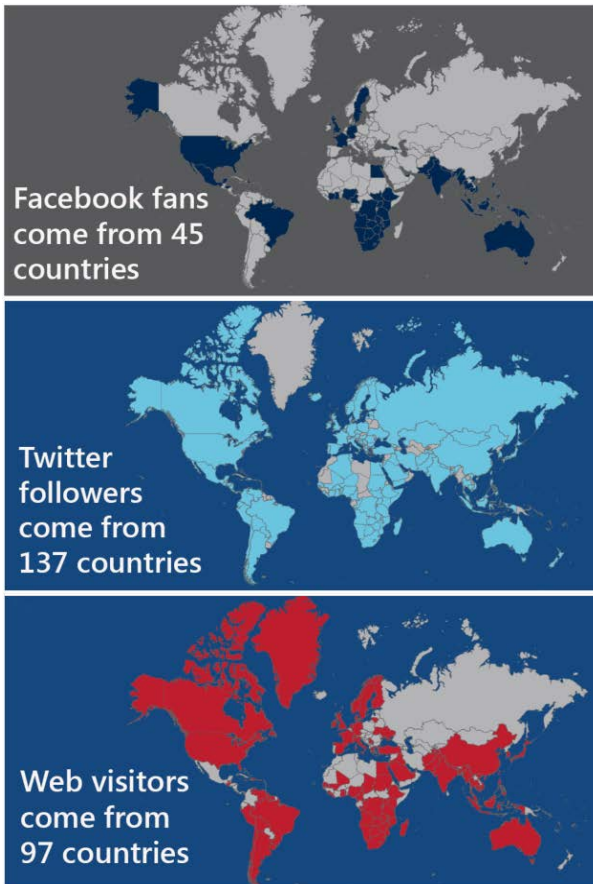


Figure 5 highlights the project’s reach via social media and the AIDSFree website. Facebook fans came from 45 countries, Twitter followers visited from 137 countries, and web visits came from 97 countries. In addition, there are 91 links from other websites to the AIDSFree website, an impressive achievement given that the site has been in operation for only five months.

IR2: New and emerging research findings are integrated into country programs

This IR is measured by one outcome indicator: “Number of HIV policies and/or strategic plans revised or updated with assistance from the project to integrate new evidence.” The first example of AIDSFree-related policy revision occurred in Nigeria, where AIDSFree was successful in advocating to Benue State about the importance of developing state-level policies for infection prevention and control (IPC) and health care waste management (HCWM). The project provided TA to develop a policy on IPC and another one on HCWM. These policies were presented to stakeholders; and were signed by the State’s Commissioner for Health on December 31, 2015. The project aims to help three other Nigerian states in a similar manner by the end of fiscal year (FY) 2016.

Sub-IR 2.1 Pilot interventions are tested and documented

During this reporting period, AIDSFree initiated the implementation of three innovative technical approaches:

- In Zimbabwe, AIDSFree is conducting a prospective randomized study to assess the impact of a community-based intervention on adolescent adherence to ART treatment. A total of 250 HIV-positive adolescents aged 10 to 24 years will be randomly assigned to an intervention or a placebo arm, and their virologic status will be tracked over a period of two years.
- In South Africa, AIDSFree is rolling out an online, didactic training platform, called VMMC University, to train health care workers to provide clinical, surgical circumcision services. This new learning platform will deliver the full VMMC training curriculum in a blended online and in-person format, thus requiring less in-person training time per provider; enabling staff to focus on topics relevant to their scope of work; and allowing more providers to receive training. It will also improve the quality and safety of VMMC services by identifying weaknesses in real time and flagging issues for follow-up and remediation.
- In Kenya, AIDSFree has launched a comprehensive, multisectoral service delivery model to increase the uptake of pediatric care and treatment services in high-burden areas of Nairobi. The model entails creating a public-private alliance for pediatric care and treatment; scaling up the supply of private-sector facilities that are nationally approved to provide pediatric care and treatment; providing ongoing mentorship to private-sector providers; strengthening community-to-facility service linkages; and building the capacity of local organizations in community mobilization. The model will be implemented over a two-year period.

Sub-IR 2.2 Specialized technical support is provided

In PY 1, AIDSFree received six requests for technical assistance (TA), two of which were completed the same year:

- In South Africa, AIDSFree trained the nongovernmental organization (NGO) Centre for HIV and AIDS Prevention Studies in VMMC.

- In Malawi, AIDSFree conducted an external quality assurance assessment of VMMC sites that are supported by three USAID-funded partners.

AIDSFree did not receive any new requests for technical assistance during the first half of PY 2. Instead, three requests for support received in PY 1 are continuing:

- In Namibia, a team is providing TA to Tonata ("Open Your Eyes"), a network of people living with HIV (PLHIV), to manage mother support groups and improve data quality, and to become a lead advocacy organization for improving community-based services for HIV-positive pregnant and postpartum women and their families.
- In Lesotho, AIDSFree is providing TA to build the capacity of local civil society organizations (CSOs) to create demand for pediatric HIV and PMTCT services and bridge the gap between facility- and community-based services. The work will be conducted in three phases: 1) engaging with relevant stakeholders and defining the scope of the work; 2) conducting an organizational and technical capacity assessment of the selected CSOs and developing individual action plans; and 3) implementing TA activities in line with the action plans. Phase 2 is currently underway.
- In Angola, AIDSFree is helping USAID to compile and systematize PMTCT experiences and tools, methodologies, and other products that were developed with USAID's support during the past four years. The project will then transfer the materials to the national and subnational institutions to institutionalize their use. The work is expected to end around September 2016.

IR3: Improved technical and organizational performance of HIV/AIDS programs

Sub-IR 3.1: South-to-South exchange opportunities are facilitated

In March 2016, the South African NGO Sonke Gender Justice, which specializes in gender-based violence (GBV), formed a south-to-south exchange with Tanzania's Ministry of Home Affairs (MOHA) via AIDSFree's Strengthening Police and Prison Comprehensive HIV Services. The primary purpose of the exchange is to help MOHA strengthen its capacity to address GBV by designing a prison peer education program and assessing the capacity of police staff at the "gender and children desk" to respond to GBV. The expected completion date is September 2016.

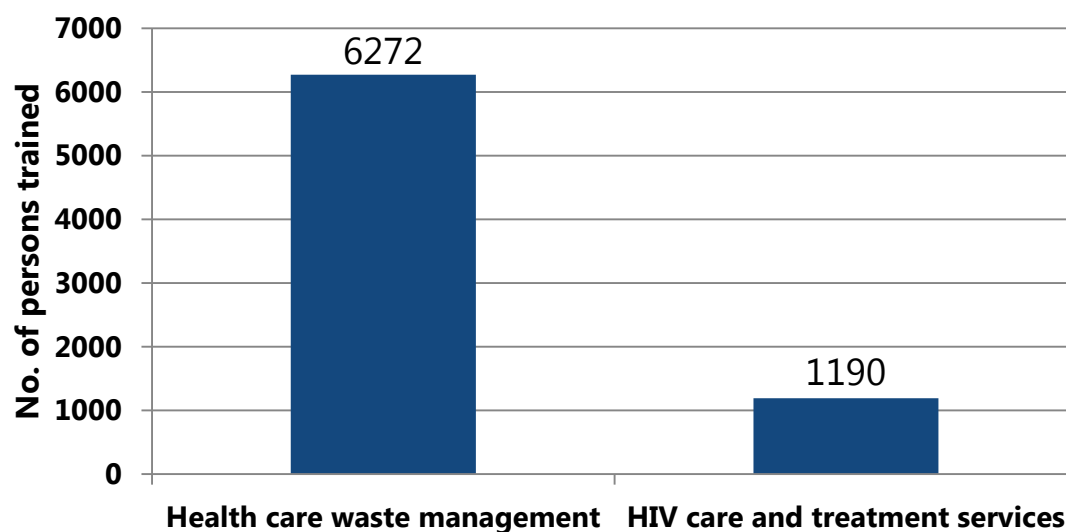
Sub-IR 3.2: National partner technical competence is strengthened

AIDSFree is providing TA at both the above-site level (districts, regions, and national) and the direct service delivery level (facilities). At the time of this report, the project was providing direct technical assistance to a total of 400 health care facilities, about three-quarters in Tanzania and the rest in Namibia and Swaziland. The TA typically includes training health care providers in various interventions (e.g., HIV counseling, PMTCT, and others); developing standard operating procedures or other guidance where gaps are found; strengthening data collection and management at the facility level; and quality improvement interventions. Only partners who are the direct recipients of AIDSFree's technical or organizational assistance are being counted for indicators 3.6 and 3.9 (*number of*

national/local partners provided with technical/organizational capacity development assistance). Indirect recipients are too numerous to count here.

Training health care providers in various areas of health care service delivery is a core activity in almost all of AIDSFree's country projects. As Figure 6 shows, the project trained over 7,000 health care workers—from clinical officers to nurses and lab technicians—in a wide range of topics. In Nigeria, AIDSFree trained over 6,000 facility staff in health care waste management, reaching 50 percent of the annual target. AIDSFree Swaziland, which works with 66 health care facilities, trained at least 700 nurses, clinicians, and other health care staff in topics like non-stigmatizing behaviors, couples HTS, tuberculosis (TB) management, integrated management of childhood illness, and many others. The actual number of providers whose capacity was strengthened, however, is estimated to be much higher, since providers receive on-site mentoring in addition to classroom training.

Figure 4. No. of persons trained between October 1, 2015 and March 30, 2016



Sub-IR 3.3: National partner organizational competence is strengthened

Counting the number of organizations that are receiving organizational capacity development from AIDSFree is difficult, because this kind of support is embedded in every one of the project's country activities to one degree or another. The M&E Team decided to count only those organizations that are targeted in the AIDSFree workplans, and that are receiving long-term (a minimum of one year), ongoing, and multifaceted assistance from the project.

In Swaziland, AIDSFree is strengthening the organizational capacity of two national-level agencies—the Swaziland National AIDS Program and the Sexual and Reproductive Health Unit. Both agencies receive assistance in strategic planning, program management, and M&E.

In Uganda, a private-sector company, Green Label Services Limited, is receiving AIDSFree's support to construct a central waste disposal facility in Eastern Uganda. The project is also providing TA to strengthen its financial management capacity and internal control procedures.

REPORTING PEPFAR MONITORING, EVALUATION, AND REPORTING INDICATORS TO USAID MISSIONS

AIDSFree currently has three country projects that report Monitoring, Evaluation, and Reporting (MER) indicators to their respective USAID missions: Tanzania, Namibia, and Swaziland. (AIDSFree Uganda and Nigeria do not report such indicators because PEPFAR does not track health care waste management.) Tables 1, 2, and 3 show the semiannual progress made by each team between October 1, 2015 and March 31, 2016.

In Swaziland, AIDSFree is implemented by the Elizabeth Glaser Pediatric Foundation, and work has been underway since the middle of 2015. The overall goal of the work is to improve HIV/TB patient outcomes in two regions of the country, Hhohho and Shiselweni, by providing TA to 66 health care facilities to deliver high-quality, comprehensive HIV/TB services, and by building the capacity of the two regional health management teams. As shown in Table 1, AIDSFree Swaziland is well on track in meeting its annual targets.

Table 1. MER Results Reported by AIDSFree Swaziland for October 1, 2015–March 31, 2016

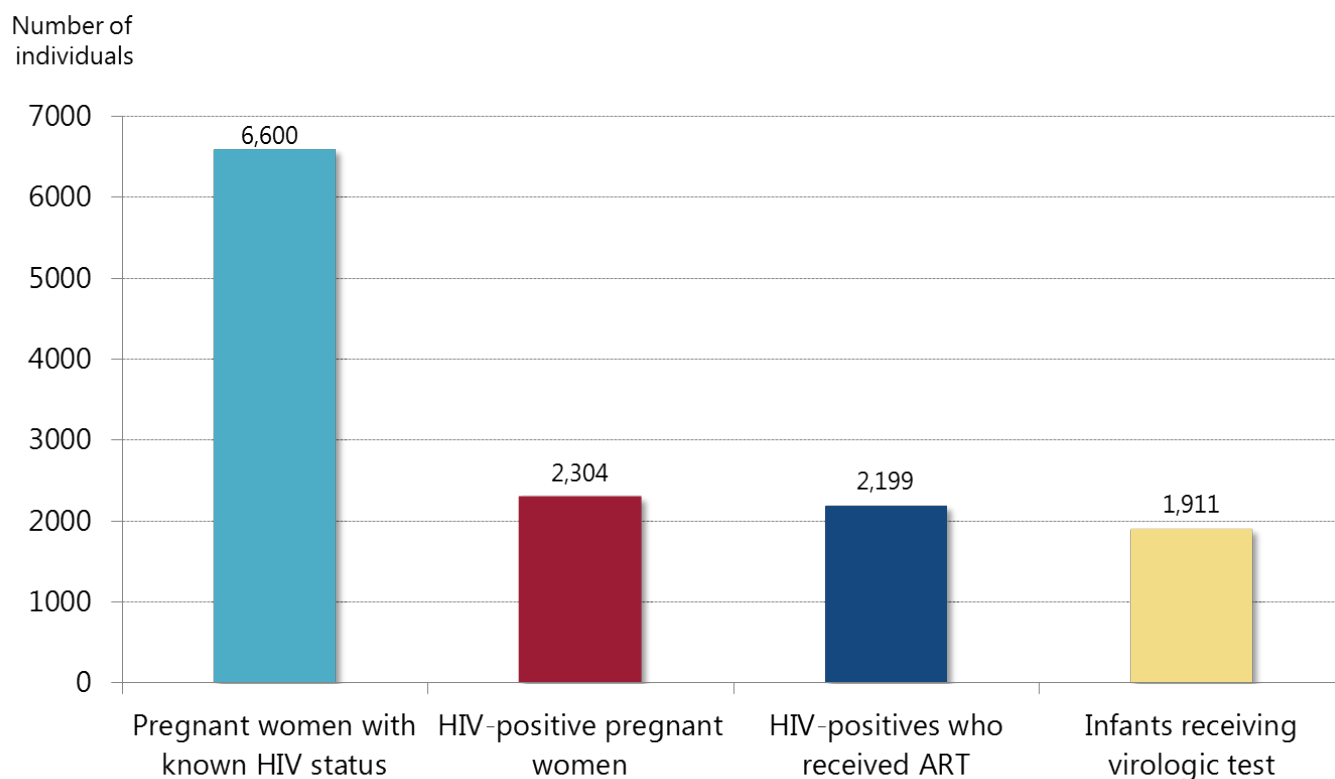
	Indicator	FY16 Target	SAPR* April 2016	Progress (% of Target)
Prevention	Number of individuals who received testing and counseling (T&C) services for HIV and received their results (HTC_TST)	32,298	57,558	178%
	Number of individuals who tested HIV-positive	3,982	3,672	92%
	Number of pregnant women with known HIV status (PMTCT_STAT)	13,606	6,600	49%
	Number of HIV-positive pregnant women	4,655	2,304	49%
	Number and percentage of HIV-positive pregnant women who received antiretrovirals to reduce risk for mother-to-child-transmission (MTCT) during pregnancy and delivery (PMTCT_ARV)	4,228	2,199	105%
	Number and percentage of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth (PMTCT_EID)	4,609	1,911	84%
Care and Support	Number of HIV-positive adults and children who received at least one of the following during the reporting period: clinical assessment, or CD4 count or viral load (CARE_CURR)	48,987	47,534	97%
	Number of PLHIV who were nutritionally assessed via anthropometric measurement (FN_Assess)	36,740	29,491	80%
	Number of registered new and relapsed TB cases with documented HIV status (TB_STAT)	1,565	488	31%

	Indicator	FY16 Target	SAPR* April 2016	Progress (% of Target)
	Number of registered new and relapsed TB cases with documented HIV-positive status who are on ART during TB treatment during the reporting period (TB_ART)	915	323	35%
	Number of PLHIV newly enrolled in HIV clinical care who start isoniazid preventive therapy (TB_IPT)	12,247	135	1%
	Number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period (TB_SCREEN)	44,088	38,047	86%
Treatment	Number of adults and children newly enrolled on antiretroviral therapy (Tx_NEW)	5,678	3,069	54%
	Number of adults and children currently receiving ART (Tx_CURR)	42,598	45,702	107%
	Percentage of adults and children known to be alive and on treatment at 12 months after initiating ART (Tx_RET)	87%	96%	110%

*SAPR: Semiannual Progress Report

A review of the PMTCT cascade in Swaziland can be seen in Figure 7. It shows that 34 percent of pregnant women who were tested for HIV were positive for the disease. Almost all (95%) of these women were placed on ART; and 83 percent of the infants born to these women were given a virologic test within 12 months of birth.

Figure 5. PMTCT Outcomes Achieved by AIDSFree Swaziland, SAPR 2016



In Tanzania, AIDSFree is implementing two projects, each managed by a different partner:

- Jhpiego is managing a project to scale up VMMC services in three priority regions of the country— Iringa, Njombe and Tabora—and decentralize the project to regional and district levels. The project circumcised a total of 16,401 males during this reporting period at static health facilities and during campaigns.
- JSI is managing a project called Strengthening Police and Prison Comprehensive HIV Services (SPPCHS) that aims to improve the quality of HIV services provided by police and prison health facilities. Currently, 44 facilities, located throughout the country, receive ongoing, on-site technical assistance for this purpose from AIDSFree.

Table 2 below illustrates the MER indicators reported by the two AIDSFree projects described earlier. One indicator (*number of individuals who received HIV counseling and testing*) is reported by both projects; the VMMC_CIRC indicator is only reported by Jhpiego. The remaining indicators are reported by JSI’s SPPCHS Project.

It is important to note that the national ART guidelines of Tanzania mandate that HIV-infected individuals only be enrolled in HIV treatment after their CD4 levels have been measured. The majority of the health facilities participating in SPPCHS do not have CD4 machines. Many HIV-positives are instead referred to other clinics for enrollment in ART. As a result, the treatment indicators (PMTCT_ARV, Tx_Curr and Tx_New) are lower than expected. AIDSFree is taking various steps to address this problem, including procuring CD4 machines for some health facilities and conducting CD4 campaigns.

Table 2. MER Results Reported by AIDSFree Tanzania for October 1, 2015 – March 31, 2016

	Indicator	FY 16 Target	SAPR April 2016	Progress (% of Target)
Prevention	Number of individuals who received testing and counseling (T&C) services for HIV and received their results (HTC_TST)	107,923	47,653	44%
	Number of pregnant women with known HIV status (PMTCT_STAT)	11,090	6,771	61%
	Number of HIV-positive pregnant women who received antiretrovirals to reduce risk for mother-to-child-transmission (MTCT) during pregnancy and delivery (PMTCT_ARV)	738	121	16%
	Number of infants born to HIV-positive women who had a virologic HIV test done within 12 months of birth (PMTCT_EID)	557	232	42%
	Number of males circumcised as part of voluntary medical male circumcision for HIV prevention program within the reporting period (VMMC_CIRC)	45,479	22,670	50%
Care and Support	Number of HIV-positive adults and children newly enrolled in clinical care during the reporting period who received at least one of the following at enrollment: clinical assessment or CD4 count or viral load (CARE_NEW)	4,321	1,244	29%

	Indicator	FY 16 Target	SAPR April 2016	Progress (% of Target)
	Number of HIV-positive adults and children who received at least one of the following during the reporting period: clinical assessment or CD4 count, or viral load (CARE_CURR)	19,287	6,893	36%
	Number of PLHIV who were screened for TB symptoms at the last clinical visit to an HIV care facility during the reporting period (TB_SCREEN)	0	6,558	n/a
Treatment	Number of adults and children newly enrolled on antiretroviral therapy ART (Tx_NEW)	4,164	1,145	27%
	Number of adults and children currently receiving ART (Tx_CURR)	17,950	6,177	34%

In Namibia, AIDSFree is leveraging the work by Abt Associates Inc.'s Strengthening Health Outcomes through the Private Sector (SHOPS) Namibia project. AIDSFree is continuing to provide targeted assistance to private for-profit health practitioners to increase access to, affordability, and quality of HIV services, with emphasis on VMMC, HIV testing, TB, and ART services. The project became operational in late January. By this time, the workplan had been approved and key project staff were hired and in place. At the time of this report, the project had only been implemented for about four months; below, Table 3 shows its most recently reported results.

One challenge for this project is the availability of data in the private sector. For example, it is not readily known how many HIV-positive people are on ART, because most private-sector facilities do not report to the government. As a result, setting targets has been difficult. A top priority for the project is therefore to collect the necessary baseline data by conducting a facility assessment.

Table 3. MER Results Reported by AIDSFree Namibia for October 1, 2015 to March 31, 2016

	Indicator	FY16 Target	SAPR April 2016	Progress (% of target)
Prevention	Number of individuals who received testing and counseling (T&C) services for HIV and received their results (HTC_TST)	25,000	247	0.9%
	Number of males circumcised as part of voluntary medical male circumcision for HIV prevention program within the reporting period (VMMC_CIRC)	7,500	662	8%
Treatment	Number of adults and children newly enrolled on ART (Tx_NEW)*	1,200	41	3%
	Number of adults and children currently receiving ART (Tx_CURR)	n/a	2,171	n/a

**This indicator covers January 1 to March 31, 2016.*

ANNEX A. AIDS FREE PMEP INDICATORS (REVISED) REPORTED FOR OCTOBER 1, 2015–MARCH 31, 2016

Result	Indicator	Target PY 2	March 31, 2016	Explanations
IR 1: Research findings are used to inform policy and improve practices	1.1 No. of individuals who reported that KM product provided new knowledge	n/a		This indicator will be collected in September 2016
	1.2 No. of individuals who reported using a KM product	n/a		This indicator will be collected in September 2016
Sub-IR 1.1: Research findings are captured and synthesized (cumulative)	1.3 No. of information products produced and/or updated that capture and synthesize findings, experiences, and lessons learned about/from HIV programs and research	59	13	Prevention Update: 5 Case studies: 2 Technical brief: 1 Success story: 1 Other: 4
Sub IR 1.2: Info resources are institutionalized and KM outputs created	1.4 No. of KM outputs created (cumulative)		16	<i>Websites:</i> AIDSFree website <i>Resource Centers:</i> <ul style="list-style-type: none"> • Prevention Knowledge Base • ART treatment guideline database • HTS database • Prevention Update database <i>Social media sites:</i> <ul style="list-style-type: none"> • Facebook • Twitter • Instagram <i>Communities of Practice:</i> <ul style="list-style-type: none"> • HIV Counseling and Testing <i>Webinars:</i> <ul style="list-style-type: none"> • 5 held (2 in PY 1, 3 in PY 2) <i>Newsletters/updates:</i> <ul style="list-style-type: none"> • Prevention Update • AIDSFree newsletter

Result	Indicator	Target PY 2	March 31, 2016	Explanations
Sub IR 1.3: Research findings are disseminated	1.5 No. of individuals served by KM outputs during reporting period (primary dissemination)	n/a	10,407	AIDSFree Prevention Update: 5195 Community of Practice: 359 Webinars: 257 VMMC: 338 Other: 4258
	1.6 No. of copies or instances of KM outputs distributed to existing lists during reporting period (primary dissemination)	n/a	130	These were the number of outreaches to LinkedIn groups and listservs.
	1.7 No. of file downloads during reporting period (secondary dissemination)	n/a	4,260	Of the 4,260 downloads, 2190 were unique downloads or by one individual.
	1.8 No. of sessions (visits) to AIDSFree website (secondary dissemination)	n/a	18,169	Of these, 4,665 sessions were powered by AIDSFree
	1.9 No. of links to AIDSFree web products (referrals)	n/a	91	
IR 2: New and emerging research findings are integrated into country program	2.1 No. of HIV policies and/or plans revised or updated with assistance from the project to integrate new evidence <i>2.1 (a) No. of HIV policies and/or plans revised or updated to address one or more of the PEPFAR gender strategic areas</i>	8	2	AIDSFree Nigeria will be assisting 4 states to develop or revise their injection protection and control (IPC) and health care waste management (HCWM) policies in PY 2. Of these, Benue State developed and approved both policies during this reporting period.
Sub-IR 2.1: Pilot interventions are tested and documented	2.2 No. of innovative technical approaches implemented by AIDSFree <i>2.2 (a) No. of innovative technical approaches tested by AIDSFree that address one or more of the PEPFAR gender strategic areas</i>	4	3	Technical approaches being implemented: <ul style="list-style-type: none"> • Adolescent adherence in Zimbabwe • Virtual university on VMMC in South Africa • Private-public sector engagement in pediatric HIV in Kenya • Technical approach being designed: • Private-public sector engagement in PMTCT
	2.3 No. of instances in which lessons learned from innovative technical approaches were documented and disseminated	One per innovative approach		

Result	Indicator	Target PY 2	March 31, 2016	Explanations
Sub-IR 2.1: Specialized technical support is provided	2.4 No. of new instances of technical assistance provided by AIDSFree <i>2.4 (a) – No. of instances of technical assistance provided by AIDSFree that addressed one or more of the PEPFAR gender strategic areas</i>	n/a	0	No new requests for TA were received during this reporting period.
	2.5 No. of instances of technical assistance provided by AIDSFree that were completed successfully	4	0	One of the three active TA requests received in PY 1 is expected to be completed by end of PY 2; the others will continue into PY 3.
IR 3: Improved technical and organizational performance of HIV/AIDS programs	3.1 No. of health care facilities supported by AIDSFree that graduated to a higher SIMS score			
	3.2 No. of national/local partners demonstrating improved technical and/or organizational performance according to a documented instrument			
	3.3 No. of national/local partners that are using the technical and/or organizational systems/tools/processes developed or improved with the support of the project			
Sub-IR 3.1: South-to-South (S2S) exchange opportunities are facilitated	3.4 No. of S2S exchanges facilitated with the assistance of the project	1	1	Sonke South Africa's S2S exchange to Tanzania's MOH to strengthen its GBV capacities.
	3.5 No. of S2S exchanges completed	1		Sonke's support to Tanzania is expected to be completed by the end of PY 2.

Result	Indicator	Target PY 2	March 31, 2016	Explanations
Sub-IR 3.2: National partner technical competence is strengthened	3.6 No. of national/local partners provided with technical capacity development assistance, disaggregated by: Above-sites (includes national and subnational government agencies) Health care facilities NGOs/CSOs <i>3.6 (a) No. of national/local partners provided with minimum package of technical capacity development assistance which addressed one or more of the PEPFAR gender strategic areas</i>	Above-sites: 3 Health care facilities: 400	Above-sites: 3 Health care facilities: 400	<i>Above sites:</i> Swaziland SNAP Swaziland SRHU Benue State, Nigeria <i>Health care facilities:</i> Tanzania: 296 (VMMC: 252, Prison and police: 44) Swaziland: 66 Namibia: 38
	3.7 No. of technical systems/tools/processes developed or improved with support of the project	3 Tetanus Risk Mitigation, PEPFAR VMMC Site Operations Guide Update, and Companion Guide	2	<i>Strengthening Linkages between Clinical and Social Services for Children and Adolescents who Have Experienced Sexual Violence: Companion Guide plus 4 job aids Creating a Public-Private Alliance for Rapid Extension of Pediatric HIV Care and Treatment Services</i>
	3.8 - No. of individuals trained (technical skills) <i>3.8 (a) No. of individuals trained (technical skills) who also received training in one or more of the PEPFAR gender strategic areas</i>	12,457	7,443	Uganda: 145 in HCWM Nigeria: 6,272 in HCWM Swaziland: 742 in various topics Tanzania: 284 (VMMC: 97, PMTCT: 187)
Sub-IR 3.3: National partner organizational competence is strengthened	3.9 No. of national/local partners provided with organizational capacity development assistance	5	5	<i>Above-site:</i> 2 regional health management teams in Swaziland (Hhohho and Shiselweni)

Result	Indicator	Target PY 2	March 31, 2016	Explanations
	<i>3.9 (a) No. of national/local partners provided with minimum package of managerial capacity development which addressed one or more of the PEPFAR gender strategic areas</i>			2 regions in Tanzania on VMMC sustainability (Iringa and Njombe) <i>Private-sector company:</i> Green Label, Uganda
	3.10 No. of organizational systems/tools/processes developed or improved with support of the project	n/a	0	
	3.11 No. of individuals trained (organizational skills) <i>3.11 (a) No. of individuals trained (organizational) who also received training in one or more of the PEPFAR gender strategic areas</i>	n/a	70	Trained in supply chain management: Tanzania: 45 Swaziland: 25

ANNEX B. REVISED AIDSFREE PMEP INDICATORS, APRIL 2016: INDICATOR DEFINITIONS, METHOD, AND FREQUENCY OF MEASUREMENT

Result	Type	Indicator	Definition	Responsible and Method	Measurement Frequency
IR 1: Research findings are used to inform policy and/or improve practice	Outcome	1.1 Number of individuals [surveyed] who reported that a KM output produced by AIDSFree provided new knowledge	This indicator measures the extent to which intended users report that have become aware of and learned from information and guidance presented in a KM output (e.g. <i>AIDSFree Prevention Update</i> , webinar, Community of Practice)	<i>Responsible for collection:</i> (1) KM, (2) AIDSFree country team <i>Method:</i> (1) online survey (2) key informant interviews	Annually
		1.2 Number of individuals [surveyed] who reported using a KM output produced by AIDSFree	This indicator measures the use of information/knowledge gained from a KM output. Use of output will be categorized as follows: <ul style="list-style-type: none"> • Used to improve practice (in program service delivery, training or research), • Used to make decisions (organizational or personal) • Used to inform policy 	<i>Responsible for collection:</i> (1) KM, (2) AIDSFree country team <i>Method:</i> (1) online survey (2) key informant interview	Annually

Result	Type	Indicator	Definition	Responsible and Method	Measurement Frequency
Sub-IR 1.1: Research findings are captured and synthesized	Output	1.3. No. of information resources produced and/or updated by the Project that capture and synthesize findings, experiences and lessons learned about/from HIV programs/research	Information resources are documents like newsletters, technical briefs, journals, case studies and study reports that synthesize findings, experiences and lessons from or about HIV/AIDS programs. It should be noted that some of the information products are produced on a recurrent basis like the Prevention Update. Each publication will be counted accordingly.	<i>Responsible for collection:</i> KM <i>Method:</i> KM database	Semiannually
Sub-IR 1.2: Knowledge management outputs are created and available	Output	1.4 No. of KM outputs created, by type	This indicator is (cumulatively) counting mechanisms used for disseminating information: <ul style="list-style-type: none"> • Websites • Resource centers • Databases • Newsletters • Webinars • Communities of Practice • Social media channels • Other (e.g., apps) 	<i>Responsible for collection:</i> KM <i>Method:</i> KM database	Semiannually
Sub-IR 1.3: Research findings are disseminated	Output	1.5 No. of individuals served by a KM output, by type (primary dissemination)	This indicator captures the number of people that a KM output directly influences. It is calculated by adding up the following indicators: <ul style="list-style-type: none"> • No. of people attending AIDSFree event, including webinar or Community of Practice • No. of people who received document copies or email announcements of a KM output, such as the Prevention Update, new pub, or database release • No. of fans or followers on social media accounts 	<i>Responsible for tracking:</i> KM <i>Method:</i> KM database	Semiannually

Result	Type	Indicator	Definition	Responsible and Method	Measurement Frequency
	Output	1.6 No of copies or instances of a KM output initially distributed to existing list during reporting period (primary dissemination)	This indicator measures the number of email announcements sent to list serves, LinkedIn groups or similar online groups. The number of individuals being reached with these outreaches is usually not known.	<i>Responsible for tracking: KM Method: KM database</i>	Quarterly
	Output	1.7 No. of file downloads during reporting period (secondary dissemination)	This indicator measures secondary dissemination of a KM outputs or user-initiated requests for a web product. It provides insight into which information products and topics website visitors most frequently save for themselves.	<i>Responsible for tracking: KM Method: Google analytics</i>	Quarterly
	Output	1.8 No. of sessions (visits) to AIDSFree website and web products during reporting period (secondary dissemination), including the number of sessions powered by AIDSFree	A session is a group of interactions a person takes within 30 minutes on the AIDSFree website. For example, a user may access the AIDSFree website 3 times during this timeframe. All three visits would be counted as one session. Some of these sessions are powered by AIDSFree. In this case, a user clicked on one of the tagged links disseminated by AIDSFree to a social media site, blog or list serve.	<i>Responsible for collection: KM Method: Google analytics</i>	Quarterly
	Output	1.9 No. of links to AIDSFree web products from other websites (referrals)	A "link" is a URL, located on another website that directs users to the AIDSFree website. The referring website creates and maintains these links. The indicator indicates both reach and authority. If a website links to the AIDSFree website, it can be reasonably argued that referring website has recognized the authority of AIDSFree on HIV/AIDS.	<i>Responsible for collection: KM Method: Google Analytics</i>	Quarterly

Result	Type	Indicator	Definition	Responsible and Method	Measurement Frequency
IR 2: New and emerging research findings are integrated into country programs	Outcome	2.1 No. of HIV policies and/or plans revised or updated with assistance from the project to integrate new evidence <i>2.1 (a) No. of HIV policies and/or plans revised or updated to address one or more of the PEPFAR gender strategic areas</i>	Policies and strategic plans include laws, policies and plans that provide the broad vision or framework for action. To be counted, the policy or strategic plan must be approved by the relevant authorities.	<i>Responsible for collection:</i> AIDSFree country teams and/or activity manager <i>Verification:</i> Copy of policy	Quarterly
Sub-IR 2.1: Pilot interventions are tested and documented	Output	2.2 - No. of innovative technical approaches implemented by AIDSFree <i>2.2 (a) No. of innovative technical approaches tested by AIDSFree that address one or more of the PEPFAR gender strategic areas</i>	Innovative technical approaches are interventions, strategies, or technical models that are original or new and which typically require further testing or investigation for scale-up. To be counted, an implementation plan must be developed and approved by USAID.	<i>Responsible for collection:</i> activity manager <i>Verification:</i> implementation plan	Annually
		2.3 No. of instances in which lessons learned from innovative technical approaches were documented and disseminated	This indicator is a sub-indicator of indicator 1.3. It reflects the lessons that were learned by AIDSFree and that are linked to the innovative approaches it has implemented. Indicator 1.3, by comparison, may include lessons learned by others.	<i>Responsible for collection:</i> activity manager <i>Verification:</i> document describing lessons learned	Semiannually
Sub-IR 2.1: Specialized technical support is provided	Output	2.4 No. of instances of technical assistance provided by AIDSFree <i>2.4 (a) No. of instances of technical assistance provided by AIDSFree that addressed one or more of the PEPFAR gender strategic areas</i>	This indicator counts the amount of technical assistance provided by AIDSFree using core funding. To be counted, a scope of work must be developed and approved by USAID. A technical assistance request may be conducted in phases, each with its own scope of work. Each scope of work will be counted separately for this indicator.	<i>Responsible for collection:</i> activity manager <i>Verification:</i> Scope of work	Semiannually

Result	Type	Indicator	Definition	Responsible and Method	Measurement Frequency
		2.5 No. of instances of technical assistance provided by AIDSFree that were completed successfully	To be counted by this indicator the TA must have met its objectives, produced the planned deliverables, and/or was completed to the satisfaction of the client.	<i>Responsible for collection:</i> activity manager <i>Verification:</i> client satisfaction survey	Semiannually
IR 3: Improved technical and organizational performance of HIV/AIDS programs	Outcome	3.1 No. of health care facilities supported by AIDSFree that graduated to a higher SIMS score	This indicator measures improved system strengthening of health care facilities that have received technical assistance from AIDSFree.	<i>Responsible for collection:</i> AIDSFree country team and activity manager <i>Method:</i> SIMS	Annually
	Output	3.2 No. of national/local partners demonstrating improved technical and/or organizational performance according to a documented instrument	This indicator measures improved organizational and/or technical capacity of organizations that have received organizational and technical capacity development assistance from AIDSFree.	<i>Responsible for collection:</i> AIDSFree country teams and activity managers of relevant core-funded activities <i>Method:</i> Organizational capacity assessment at baseline and endline	To be determined by AIDSFree country project
	Output	3.3 No. of national/local partners that are using the technical and/or organizational systems/tools/processes developed or improved with the support of the project	This indicator measures application of the systems and tools developed with AIDSFree support (measured by indicators 3.6 and 3.9)	<i>Responsible for collection:</i> AIDSFree country team and/or activity manager <i>Method:</i> Follow-up survey	To be determined by AIDSFree country project

Result	Type	Indicator	Definition	Responsible and Method	Measurement Frequency
Sub-IR 3.1: South-to-South (S2S) exchange opportunities are facilitated	Output	3.4 No. of S2S exchanges facilitated with the assistance of the project	This indicator measures the technical assistance provided by a regionally-based consultant or organizations to another regionally-based organization. To be counted, a scope of work must be developed and approved relevant authorities.	<i>Responsible for collection:</i> AIDSFree country team and/or activity manager <i>Verification:</i> Scope of Work	Quarterly
	Output	3.5 No. of S2S exchanges completed	This indicator will be reported when the S2S exchange counted in indicator 3.3 has been completed (objectives of scope of work have been met or deliverables produced)	<i>Responsible for collection:</i> AIDSFree country team and/or activity manager <i>Verification:</i> Final report or email communication from activity manager	Quarterly
Sub-IR 3.2: National partner technical competence is strengthened	Output	3.6 No. of national/local partners provided with long-term technical capacity development assistance, disaggregated by type: Above-site Health care facility NGO/CSO Private sector <i>3.6 (a) No. of national/local partners provided with technical capacity development assistance which addressed one or more of the PEPFAR gender strategic areas</i>	This indicator counts the number of national and local organizations that receive technical assistance from AIDSFree that meets all of the three conditions below: <ul style="list-style-type: none"> Assistance is provided for at least one year Assistance whose purpose it is to strengthen the technical capacity of the organization 	<i>Responsible for collection:</i> AIDSFree country team <i>Verification:</i> AIDSFree field-support workplan	Semiannually

Result	Type	Indicator	Definition	Responsible and Method	Measurement Frequency
	Output	3.7 No. of technical systems/tools/processes developed or improved with support of the project	This indicator counts systems (MIS), tools (manuals, guides, curricula, frameworks, indices), and processes that will strengthen the technical capacity of the organizations counted in indicator 3.5. To be counted, these systems/tools/processes can be applied in various settings (with adaptation, if needed).	<i>Responsible for collection:</i> AIDSFree country team and activity manager coordinating core-funded activity <i>Verification:</i> copy of tool, other evidence (e.g., MIS report, website link)	Semiannually
		3.8 No. of individuals trained (technical skills) <i>3.8 (a) No. of individuals trained (technical skills) who also received training in one or more of the PEPFAR gender strategic areas</i>	To be counted, training workshops must have skills-building objectives, an agenda, and training materials. Only individuals who completed the training will be counted. The training topic must be technical in nature, e.g., how to provide HIV counseling and testing services.	<i>Responsible for collection:</i> AIDSFree country team and activity manager <i>Verification:</i> attendance form and/or training report	Quarterly
Sub-IR 3.3: National partner organizational competence is strengthened	Output	3.9 No. of national/local partners provided with organizational capacity development assistance <i>3.9 (a) No. of national/local partners provided with minimum package of managerial capacity development which addressed one or more of the PEPFAR gender strategic areas</i>	This indicator is similar to indicator 3.5. However, it counts only organizations that have received organizational development assistance which includes the following: <ul style="list-style-type: none"> • Governance • Organizational management • Human resource management • Financial management systems • Change management • Project management • Strategic collaboration & partnerships • Information technology systems 	<i>Responsible for collection:</i> AIDSFree country team and activity manager <i>Verification:</i> AIDSFree field-support project workplan or TA Scope of Work	Annually

Result	Type	Indicator	Definition	Responsible and Method	Measurement Frequency
		3.10 No. of organizational systems/tools/processes developed or improved with support of the project	This indicator is similar to indicator 3.6. However, it counts only systems, tools and processes that pertain to organizational development as defined in indicator 3.8	<i>Responsible for collection:</i> AIDSFree country team and activity manager coordinating core-funded activity <i>Verification:</i> copy of tool, other evidence (e.g., MIS report, website link)	Quarterly
	Output	3.11 No. of individuals trained (organizational skills) 3.11 (a) <i>No. of individuals trained (organizational) who also received training in one or more of the PEPFAR gender strategic areas</i>	This indicator is similar to 3.7. However, it counts only individuals trained in organizational development topics which includes governance, strategic planning, financial management, policy and advocacy.	<i>Responsible for collection:</i> AIDSFree country team and activity manager <i>Verification:</i> training attendance form and/or training report	Quarterly



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