

**The plan of monitoring and evaluation**  
**Under the project of the Republican AIDS Centre and Global fund on fight against**  
**AIDS, tuberculosis and malaria**  
**For 1-st and 2-nd program years of Round 7**

**« Scaling up an access to HIV prevention treatment, care and support for the particularly vulnerable population of the population groups through enhanced and expanded implementation activities by governmental/NGO/Private partnership »**

## **1. Introduction**

The program of the grant of Global fund on fight against AIDS, a tuberculosis and a malaria is directed to the support of the National program on counteraction of AIDS epidemic in the Republic of Kazakhstan on 2006 - 2010, authorized by the Resolution of the Government of RK #1216 dated on 15, December, 2006. In the aim of realization of the National program the National system was formed - « the Instruction on monitoring and evaluation of activities on counteraction of AIDS epidemic in RK », adopted by the Ministry of Health on 23 of November, 2005, # 591 and approved by all interested key counterparts National indicators of the Instruction correspond to the international standards of the UN **Declaration of Commitment on HIV/AIDS**, accepted by the 22 UNGASS. Its program indicators will correspond to the National program of counteraction of epidemic. At present the Instruction on monitoring and evaluation is updated and reconsidered by key participants of monitoring process on the implementation of National program activities.

The program of the grant of Global fund is concentrated on realization of the aims of the National program on counteraction of AIDS epidemic: stabilization of prevalence of the HIV at the concentrated stage within the limits of vulnerable groups of the population, and also - on improvement of life quality and decrease of lethality among people living with HIV/AIDS.. The grant of Global fund provides financing of the National program, including such components as:

1. Mobilization of a civil society by developing of organizational and resource potential of the nongovernmental organizations.
2. Realization of harm redaction strategy, directed on the reducing of risk of HIV of drug dependent persons.
3. Realization of strategy on prevention of sexual way of HIV transmission by reducing of the level STI among vulnerable groups including expansion and support of friendly clinics network for diagnostics and treatment of STI.
4. Organization and support of VCT centers
5. Implementation of programs of treatment, care and support of people living with HIV/AIDS reducing of stigma and discrimination towards to PLWHA
6. Improvement of epidemiological survey, monitoring, evaluation, planning and forecasting.

### **Expected results of the 2-years realization of the GFs Program:**

Financing of project by GF will increase and expand the implementation of the National Program on counteraction of AIDS epidemic on 2006-2010 and will help to achieve the strategic program tasks:

- Epidemic of HIV/AIDS will keep at the concentrated stage. The prevalence of the HIV INFECTION among IDU (mostly including those IDU, who begun to use drugs

recently) will not exceed 6 %; The prevalence of the HIV INFECTION among SW and MSM will be lower than 5 %.

- In conditions of epidemic increase 20 % of IDU will have the preventive injection behaviour, frequency of condom use by representatives of priority groups of the population, including SW and MSM completely will accept, at contacts to the inconstant partner will increase up to 90 % among SW and MSM.
- Frequency of use of condom use at contacts with inconstant partner will increase up to 70 % among youth/
- The Annual VCT coverage of IDU will achieve 65 %, SW and MSM - 80 %.
- Preventive program coverage of IDU will increase up to 45000, SW - up to 10000, MSM - up to 4000.
- 12000 from those who need the services of STI treatment, will have the complex assistant.
- The lethality of people leaving with HIV will decrease (from 50 on 1000 in 2006 up to 30 on 1000 in further years) and the quality of their life is increased by implementation of modern treatment protocols.
- The Survival of PLWHA (children and adults), being on ARV treatment will increase from 50 % up to 65 %.
- The number of people with adherence to ARVT among PLWHA will increase from 411 up to 600.
- The percent of people with tolerant attitude to PLWHA from total population will increase from 46 % up to 60 %.
- ARV therapy becomes considerably more available, the number of patients being on ARVT will increase up to 500.
- The percent of the young people using condoms with inconstant sexual partners will increase up to 70 %.

The plan of monitoring and evaluation (M&E) is built according to the National monitoring and an evaluation system, Global fund Guidance and intended for an establishment of a commensurability of volumes of invested grant resources and a level of the achieved results for the defining of success of the program realization. The draft of M&E plan is developed on the basis of consultations with national and international partners..

The plan includes the total monitoring of program expected results, using and the interpretation of the received information; mechanisms and procedures of data capture, including the identification of input indicators of counterparts, outcomes and outputs, and also impact indicators (knowledge, attitude, behaviour) and biological impact;

#### **M&E Plan objectives:**

- Providing of constant, total monitoring of program activities and project implementation;
- Data analysis, defining of problems decision in order to eliminate defects in time and document of program achievements.

*The monitoring component* is intended for quality project management control according to the approved plans and terms, monitoring of sub-recipients activities and actual results of the grant concerning expected indicators.

*The evaluation component* - for carrying out of an internal *evaluation* by the project realization group by means of monitoring visits and missions, and also for realization of an external evaluation of grant realization process by team of external experts.

#### **The mechanism of monitoring and evaluation**

### **The basic key sides of monitoring and estimation:**

M&E Plan MIO the developed circuit of data transmission with precise definition of roles and duties of participants of the project; transfer and distribution of the data at various levels; coordination of distribution of streams of the information on execution of program activity among participants of the project .

Country coordination mechanism (CCM) on behalf of the Commission on coordination of work with Global fund (CCW) is the body coordinating and supervising activities on management, monitoring and evaluation of the program grant's implementation at the national level.

Regulation on CCW is authorized by the Report of National Coordination Council on healthcare at Government RK from June, 20, 2006, # 6. It regulates not less than 2 sessions of CCM in a year, where the following questions are considered: the planned activities of the grant program with an estimation of progress in achievement of goals, using reports on monitoring and evaluation of the program..

### **1. A national level of grant realization**

The Republican center on prevention and control of AIDS is subordinated to Ministry of Health and alongside with the involved ministries carries out the monitoring of counteraction to HIV/AIDS epidemic at the national level.

Within the framework of GF project the Republican center on prevention and control of AIDS provides coordination, data gathering, monitoring and an evaluation, the analysis of the grant program implementation in partnership with Associations of the nongovernmental organizations on implementation of preventive programs among the most vulnerable to HIV groups: IDU, SW, MSM. The Republican center on prevention and control of AIDS sent these data to CCM and MoH not less than 1 time in half-year.

The executive partner of the Principal Recipient - international nongovernmental organization PSI provides coordination, data gathering, monitoring and evaluation, the analysis of the grant program implementation on providing of preventive services to vulnerable youth. PSI assists the local nongovernmental organizations requiring for improvement of professional skills on practices of carrying out of effective and measurable communication campaigns on behaviour change.

The specialized agencies on conducting of sociological researches, the academic organizations and institutes represent another necessary key information for realization of GF project the.

### **2. A regional level of grant realization**

The regional AIDS centers in partnership with coordination councils on HIV/AIDS at akimats and regional departments carry out coordination, monitoring, evaluation and the analysis of grant program implementation at the regional level.

The nongovernmental organizations collect the data for epidemiological survey, monitoring and evaluation on demand of the Republican center on prevention and control of AIDS and AIDS and Country Coordinating committee.

Executive partners and sub-recipients in the regions, directly contacting to target groups, are responsible for gathering, analysis of the information on places. Sub-recipients give standard copies of reports to following parent organizations: the Republican center on prevention and control of AIDS, and also to the regional or city AIDS center which on the one hand are the executors of the grant, on another - are responsible for coordination and the reporting on HIV situation in the region (city) and activities on counteraction of HIV/AIDS.

Data gathering is carried out from involved in realization of the project organizations: the regional AIDS centers, clinics of friendly services for patients with STI, narcological clinics, hospitals and polyclinics, and also local NGO. Besides dermatovenereal, anti-tuberculosis services, and also other health services assist in gathering of necessary information for realization of the project.

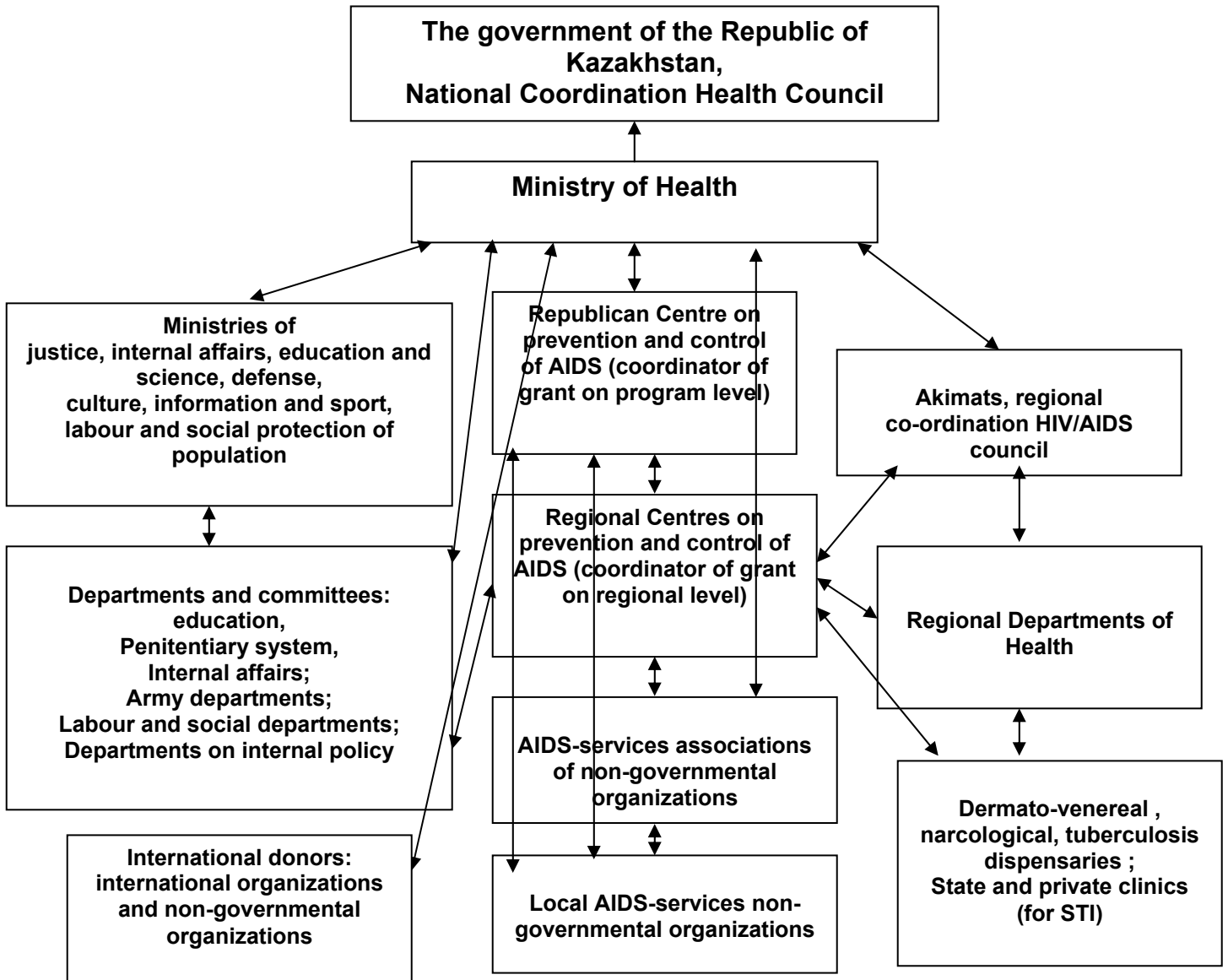
Such system of the double reporting will allow to harmonize the reporting system, that will allow to coordinate the reporting at the regional level for revealing of program backlogs in target territory and the analysis of efficiency of funds and processes' using.. It will facilitate the planning of joint activity, will allow to estimate adequately the commensurability of the enclosed resources and the achievements received as a result of program activity, and also will allow to minimize possible risks and will raise efficiency of conducted activities at the regional level.

Monitoring of project components will be connected with the national system of monitoring and evaluation including 29 key national indicators (HIV prevention, death rate from a HIV), results (changes of risky forms of behaviour in HIV prevention, decrease in a biological threshold in treatment of HIV, coverage of people living with HIV, antiretroviral therapy, support and care in counteraction to consequences of HIV, coverage by preventive services, access to treatment, awareness on HIV and methods of prevention), and also financial procedures and the policies used to the interventions among drug users, sex workers and MSM, and also youth at risk in the context of age, sex and territories.

### **3. Partnership**

The form of active, focused on result, partnership, includes structures of UNAIDS and agencies (UNICEF, UNDP, UNFPA, UNESCO, UNODC, WHO, ILO, WB), Central Asian project on prevention of HIV among vulnerable groups of the population, "Capacity" financed by US Agency on the international development, " AIDS Foundation East-West"- (AFEW), International Harm Reduction Development (IHRD), the Central Asian branch of international noncommercial corporation PSI.

## THE SCHEME OF INFORMATION COLLECTION



The scheme of data collection foresees a principle of feedback realization during the project's implementation, the analysis of the reasons of deviations from the planned results, and, as consequence, altering of possible changes in the aim to correct the undertaken actions on effective achievement of tasks and objectives.

Analytical review of program activities' implementation are prepared by coordinators of HIV/AIDS programs depending on a level of realization of program activity (program or project) and are represented on results of the accounting periods. On the basis of analytical reviews it's necessary to prepare the plans on elimination of the revealed lacks with the indication of terms of their liquidation and responsible organizations / persons.

The parameters identifying the realization of the program, have the documentary structure and feasible frequency of granting, are measurable and gather from reliable, accessible sources.

Within the framework of the project Republican AIDS Center is going to support the nongovernmental organizations in creation of own potential at a basic level for carrying out of quantitative and qualitative data collection.

The project of Global Fund is an integral part of implementation of the National program on counteraction of HIV/AIDS epidemic in Republic Kazakhstan.

### **M&E tools and procedures**

Monitoring of the program's progress will be carried out in the certain terms and on the basis of the developed reporting forms of the organizations responsible for conducting of corresponding activities. For data receiving it would be conducted the routine calculation, the epidemiological monitoring based on registration of number of HIV cases by results of population screening, epidemiological surveillance of the second generation, sociological and other researches. The centralized electronic database will allow obtaining the data on clients with breakdown on sex and age at observance of conditions of full anonymity. It also will allow collecting data on number of the clients covered with preventive services, regularities of contacts of clients with the program, volumes of healthcare goods distributed among clients, information materials, medicines, etc.

### **Indicators of input/process**

Indicators of input/process include:

- Volumes of financing and deliveries of the goods and medicines,
- Number of distributed goods, informational materials,
- Quantity of the conducted informational actions, seminars, sociological researches,
- Number of the trained participants of seminars, number of trained out-reach workers for work with target group,
- Number of specialists from NGO, AIDS Center and out-reach-workers conducting the work inside target group,
- Number of representatives of vulnerable groups which have been trained and-or informed, and-or are consulted on risk reduction of HIV\transmission,
- Number of representatives of the vulnerable groups which have received individual training materials, number of representatives of the vulnerable groups directed for reception of profile services in trust points, friendly cabinets, VCT cabinets, other divisions, structures, the organizations

- Number of contacts of representatives from vulnerable groups with out-reach-workers / or visits of divisions,

The data will be quarterly represented. For this purpose the developed registration - forms and the centralized electronic database will be used.

Quality assurance will be carried out by scheduled financial control/audit and monitoring visits.

## **Outputs**

Parameters of an output (number of clients of the program covered with preventive services and treatment, number of the participants trained at seminar, quantity of equipped VCT cabinets, friendly cabinets, trust points) will be represented monthly, quarterly and annually depending on a level of realization (national or regional). For this purpose the developed registration - forms and the centralized electronic database will be used. Data sources are monitoring reports.

**Data collection on parameters of coverage of representatives of vulnerable groups of the population (IDU, SW, MSM) by preventive programs (input/output)** will be made by the regional AIDS centers and NGO on the basis of standard registration - forms. Data collection will be carried out from all objects involved in the program (trust points for IDU, friendly clinics, VCT centers, other divisions, places of gathering of IDU, SW, MSM during out-reach - work). For the implementation the human resources will be involved: projects coordinators, recruited out-reach-workers, employees of trust - points, friendly clinics, VCT centers. Coordination of their activity will be carried out by responsible persons of the regional AIDS centers, heads of NGO. All key figures involved in monitoring will be trained on trainings on management and monitoring of projects.

**Methodology:** program monitoring with use of the routine account of observation units (number of IDU, SW, MSM, covered with preventive programs, quantities of the distributed means of personal protection and informational-educational materials, number of contacts of clients with the program).

**Quality assurance of data collection** is supposed to be conducted by method of a rapid assessment by interviewing of beneficiaries (interview and anonymous questioning). Quality assurance is intended for definition of a degree of satisfaction of beneficiaries by volume and quality of the provided services and goods.

Quality assurance assumes to define the coverage of target groups by projects' activities that further will allow estimating the influence of the project on its participants. For this purpose the independent selective surveys will be conducted among the representatives of vulnerable groups of the population, implementers of the project won't be involved in this research. The volume of sample depends on number of target group (it is defined on RSA –rapid situation assessment) and planned coverage of target group (the planned number of covered people / number of target group).

Quality assurance will be carried out by monitoring visits / inspection control of 25 % of casually chosen sub-recipients (5 regions, P 95 %, a mistake of sample of 6 %, provisional volume of sample in each region of 100-200 respondents in each group). In the aim of reception of decisions on improvement of work quality the evaluation report on realization of the grant program in a site is presented for discussion of focus - groups from the local participants of process familiar with a state of affairs.

**Data collection on parameters of coverage by treatment, adherence of the ART:**

Data collection will be carried out by treatment-and-prophylactic and dispensary departments of the AIDS centers responsible for the organization and conducting of highly active antiretroviral therapy, on the basis of the registration forms developed according to National standards ARVT as quarterly reports. Reports on IDU, receiving ART and substitution therapy by metadon, will be filled by employees of regional narcological clinics. Monitoring of ART/substitution therapy by metadon will be prepared monthly, reports to be sent quarterly to the regional AIDS centers, not later than 5 days upon the ending of the accounting period. For performance of this activity human resources will be involved: heads of treatment-and-prophylactic and dispensary departments of AIDS centers.

**Methodology:** the program monitoring / routine account of observation units (number of persons who have received treatment and necessary volume of diagnostic researches, including number of patients receiving ART during certain time, number of support groups). The routine account of observation units (the number of the persons who have received treatment) is made with use authorized by the State Agency according to the format of record of the patient (a card of the hospital patient, an out-patient card, a sheet of medical assignments).

**Quality assurance** will be carried out by inspection control of 25 % of casually chosen records about patients in a treatment-and-prophylactic department of the regional AIDS center, regional narcological dispensary, the other treatment-and-prophylactic establishment in each region where the ART and substitution therapy by metadon are carried out.

#### **Actions under the warranty regarding the ARV- therapy:**

According to the WHO protocol the national standards of treatment on HIV/AIDS were developed and authorized by the order of the Ministry of Health on February, 12, 2004 and are obligatory for execution. Now revision and updating of standards of treatment is carried out on the basis of last WHO protocol of 2006.

The warranty provides:

1. Validity of assignment
  - Training of professionals;
  - Providing of counseling;
  - Providing of statement of the laboratory diagnosis.
2. Adherence to treatment
  - Substitution therapy;
  - Preparation of the personnel and involving of PLWHA..
3. The control of by-effects (supervision in dynamics, including the laboratory diagnosis).
4. Improvement of quality of life of PLWHA by conducting of researches of survival rate of people (children and adults), receiving the ART.
5. Operative researches of PLWHA on resistance to treatment and virus burden, and also the defining of levels of behaviour change.

Regional AIDS centers, narcological clinics, establishments of penitentiary system, Kazakhstan union of people living with HIV and local NGO will be involved in ensuring of adherence of the ART. Out-reach-workers and experts of AIDS centers will be involved too under supervision of heads of treatment-and-prophylactic and dispensary departments of AIDS centers. Data collection is supposed to be carried out quarterly and annually on the basis of the developed registration forms.



**Ensuring of confidentiality:** according to legislation of Kazakhstan all data concerning the patient, are a medical secret. The individual code is given to persons receiving the ART, at entering into the centralized database.

### **Seminars**

**Methodology:** the account of observation units (number of the trained persons of seminars).

Reports are carried out on the basis of the developed forms for trainers and organizers of seminars. Quality assurance is carried out by pre-and post test control of knowledge of seminars participants.

### **Indicators of influence (outcome) and biological influence (impact)**

Indicators of influence (knowledge, the attitude and behaviour) and indicators of biological influence (prevalence of HIV, syphilis, lethality in connection with HIV) are supposed to be collected annually. Sources of data will be reports of serological and epidemiological surveillance of the second generation and reports on sociological researches. Participants of data collection are the trained experts of AIDS centers and employees of NGO, and also the qualified experts of the specialized agency involved for carrying out of sociological researches. Technical support at carrying out of serological survey will be fulfilled by CDC and CAAP. Republican AIDS Centre on program level is responsible for the analysis and forecasting of outcome/impact, the regional AIDS centers - at the project level.

**Methodology:** supervising principles the UNAIDS/WHO and «Family Health International».

### **Sociological researches**

**Methodology:** selective research, sample multistage, stratified, casual / individual standardized interview.

**Quality assurance of researches:** For ensuring of quality of field research it is supposed to check of 10 % of questionnaires: by repeated visiting, telephone control, interview.

In the second program year it is supposed to held 2 sociological researches among the general population and youth .

1. Sociological research among the population assumes to capture adult population of Kazakhstan from 15 to 49 years (sample multistage stratified casual).

**Methodology:** selective research with use of individual standardized interview (face to face), duration - 30-40 minutes.

The initial data for calculation of the size of sample: expected prevalence of an attribute - 50 %, as much as possible allowable mistake - 3,0 %, at a level of reliability - 95 %, effect of design of sample - 2. The general number of respondents is 3200.

2. Sociological research among youth in the age from 15 to 24 years. Sample multistage cluster casual.

**Methodology:** selective research. A method of data collection: independent filling of the questionnaire, 30-40 minutes.

The initial data for calculation of the size of sample: expected prevalence of an attribute - 50 %, as much as possible allowable mistake - 2,5 %, at a level of reliability - 95 %, effect of design of sample - 2. The general number of respondents is 3200.

Procedure of filling of questionnaires will be provided with specially trained interviewer, and also 100 % quality assurance of filling of questionnaires, computer quality assurance of filling of questionnaires.

Monitoring of changes of a level sero-prevalence of HIV and syphilis, changes in

behaviour, the attitude and level of awareness of target groups will allow to estimate a degree of involvement of clients into the program, the quality and level of provided services,

**Evaluation**

**The tool of an evaluation of monitoring and estimated missions**

**Internal evaluation of quality**

The routine evaluation will be carried out on a monthly and quarterly basis in the aim of correcting of program activities and their improvement. The Principal Recipient will conduct the current evaluation of program activities implementation, and also degrees of satisfaction of program clients in quality and range of services, in the form of annual monitoring visits and missions.

**External evaluation of quality**

External inspection controls (intermediate term and final evaluation) by independent experts are supposed to be held by selective visits of 25 % of sites involved in realization of the program of the grant. Audit of financial activity of sub-recipients by the independent auditor company, chosen on a competitive basis, will be held annually.

**Intermediate evaluation of the project**

The intermediate evaluation of the project will be lead by three independent national / international experts in the second program year for an evaluation of efficiency of strategy and development of recommendations on its improvement.

**Final evaluation of the project**

The final external evaluation of the project will be conducted in the fifth program year by three independent national / international experts.

Republican AIDS centre together with external experts on evaluation bears the responsibility for realization of evaluation activities. The final report provides process of realization of the project, lessons learned, results of external controls. The final report is supposed to be discussed with the basic partners and present in CCM.

The evaluation of quality of key indicators will be made by comparison of the data from different sources on the one hand, on the other hand - on the basis of reviews of evaluated missions and visits.

**The plan of evaluation**

Objective / activity	Basic indicators	Planned results	Actual results	Deviations	Evaluation	Comments
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The note: A- without lacks, B- insignificant lacks, C - significant lacks

**The plan on elimination of lacks**

The detailed description of measures on improvement	The respon sibility	Terms	Total amount of financing (specify exact figure)	Source (s) of financings (specify the organization making financing and its volume)	The technical assistance (specify type of the necessary assistance and its volume)
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## **The organization of the reporting system under GF project**

### **Terms of the reporting**

Reports according to the working plan and indicators will be present according to the developed formats based on key indicators, corresponding the purposes and tasks of the project and consistent with national reporting system, on the following aspects:

#### **1. Program level (the principal recipient):**

- Reports on financial monitoring (quarterly not later than 45 days upon termination of the accounting period and annually not later than 90 days after the ending of each year)
- Reports on monitoring program activity (quarterly not later than 45 days upon termination of the accounting period and annually not later than 90 days after the ending of each year)
- Reports on expenditure of goods and medicines (quarterly not later than 45 days upon termination of the accounting period and annually not later than 90 days after the ending of each year)
- Reports on current monitoring visits (annually)
- Reports on intermediate evaluation (second year of the project realization) and a final estimation (fifth year of the project realization)

#### **2. Project level (sub-recipients):**

- Reports on financial monitoring (quarterly not later than 5 days upon termination of the accounting period and annually not later than 15 days upon termination of the accounting period)
- Reports on monitoring program activity (quarterly not later than 5 days upon termination of the accounting period and annually not later than 15 days upon termination of the accounting period)
- Reports on expenditure of goods and medicines (quarterly not later than 5 days upon termination of the accounting period and annually not later than 15 days upon termination of the accounting period)

Republican AIDS centre bears the responsibility for preparation of program, financial reports and procurement reports, regularly presented to Global Fund (quarterly and annually according to the Grant Agreement).

### **Information system**

The centralized database, intended for distribution of the information, will be used for data collection, their processing and reporting:

- 1) The statistical reporting: screening of the population of different groups (developed by the Republican AIDS Centre);
- 2) The system of analysis on trends of epidemic development (developed by UNAIDS "Spectrum")
- 3) The system of analysis of key national and program indicators (developed by UNAIDS "CRIS" and CDC "Epi info")
- 4) The system of routine monitoring for data collection, their processing and reporting (developed by PSI "MS Access Database and UIC"), intended for routine collection and distribution of the information. This system of data collection will allow to carry out routine monitoring of the program realization on a daily, weekly, monthly and quarterly basis, and also the analysis of data which will be analyzed on a monthly basis.

The head of computer department and computer monitoring on HIV/AIDS is responsible for management of information system in the Republican AIDS centre.

The development and further technical support of electronic database on monitoring and evaluation of project implementation, development and technical support of database on movement of goods and medicines, support of the database, developed by PSI, is supposed due to means of the grant.

### **Use and distribution of the received data**

The received data will be used for planning of activities, decision-making and evaluation of the program efficiency for correction of the revealed lacks with a view of adequate performance of the project at all levels (regional and central).

M&E implementers have the right to make a decision for correction of the lacks revealed during monitoring within the limits of the competence at different levels of the project implementation. In case it is not enough received data or decision-making is not included into the competence of the implementer the problems demanding the sanction, and offers on their elimination, will be taken out on higher level of the project implementation..

Country Coordination Mechanism (CCM) as the center coordinating and supervising activities on management, monitoring and evaluation of the program implementation, considers twice a year the implementation of planned program activities with use of reports on monitoring evaluation. CCM on the basis of the received information evaluates the progress in achievement of objectives and gives the recommendation on coordination of GF project implementation.

Reports on realization of the project will be accessible to all participants of GF project in Kazakhstan. The basic achievements under the project are given on web-site the Basic addressee.

### **The plan of management of system MiO**

<b>M&amp;E Activity</b>	<b>Objective</b>	<b>Responsible</b>	<b>Form</b>	<b>Term</b>
Financial reporting	Accountability	Partners- implementers  Republican AIDS Centre		On results of quarterly reports, reports on monitoring and evaluation
Monitoring of investments and activity	The reporting / corrective measures	Executive partners, Republican AIDS Centre	Analytical review with recommendations	
Monitoring of indicators	The reporting / corrective measures	Republican AIDS Centre	Analytical review with recommendations	
	Studying / the accountability	Executive partners		
Visits and missions	Evaluation / of a corrective measure	Republican AIDS Centre	The plan on elimination of lacks on the basis of results of monitoring visits	

			and missions
	Studying / the accountability	PLU AIDS, executive partners,	
Intermediate evaluation of the project; the Final estimation of the project	Evaluation of strategy and results of the project	Independent experts	The plan on elimination of lacks on the basis of recommendations of evaluation mission

### **Monitoring of the project at the level of Group of realization of the project**

#### **Project Implementation Unit:**

- Develops formats (TOR and registration forms) for monitoring process of program activity implementation by sub-recipients and identification of achievement of target indicators.
- Develops the unified system of data collection for project monitoring and evaluation with a view of reception is guaranteed steady and comparable results.
- Develops rules, questionnaires, and instructions on monitoring and evaluation procedures of project activities for sub-recipients;
- In the first year coordinates the data collection for base reviews on the selected key indicators of the program for the further evaluation of changes in knowledge, attitudes, behavior of target groups of the population, being project beneficiaries.
- Collects data and holds their analysis concerning changes in comparison
- Develops the plan of elimination of the revealed lacks and is responsible for its realization.

#### **The responsible persons for M&E in the project implementation unit are:**

##### **1. The duties of M&E manager are:**

- Development and improvement of monitoring and evaluation plans, including long-term and current working plans of the project;
- Development of instructive and procedural manuals, documents and tools;
- Participation in realization of procedures of data collection; improvement of mechanisms of data collection, including identification of indicators of the parties contribution, the target and current (working) data, and also indicators of influence (knowledge, attitude, behavior) and biological influence;
- Development and use of indicators of definition of quality of the program data and quality assurance of data collection;
- All-round monitoring of the program expected results realization: use and interpretation of the collected data on the basis of a feedback, the analysis of reasons of deviations from the planned results; realization of regular monitoring visits, participation in field researches;
- Application and the analysis of the collected data according to the international

- standards and national system of monitoring and evaluation;
- Participation in preparation of reports under the project, both for internal, and for general purpose; improvement of mechanisms of the reporting;
- If necessary, entering the changes in system of the project monitoring taking into account the received data during the realization of program activity, specificities of projects of sub-recipients;
- Development of schemes of data transmission with precise definition of roles and duties of the project participants; transfer and distribution of the data at various levels; coordination of distribution of streams of the information on program activity implementation among participants of the project and other key parties;
- Development of use of interactive reports, contacts to sub-recipients online and other ways of representation of the information on program activities implementation by sub-recipients;
- Participation in development and improvement of database on monitoring and evaluation of the project;
- Providing the methodical assistance in use, analysis and interpretation of program indicators of the project; the current consultation of the project implementers;
- Monitoring of trends on HIV epidemiology and others, significant for development of HIV epidemic diseases, including collection and interpretation of key basic researches and the analysis of situation;
- The review and processing of the researches containing the corresponding significant information; interpretation and data presentation;
- Development of modules, preparation, and carrying out of trainings for sub-recipients, staff of the project implementation unit, and other interested parties;

**2. The manager on interaction with NGO** is responsible for:

- Basic and current researches on the capacity, available organizational and resource opportunities of NGO, including participation in monitoring visits;

**3. The manager on coordination of program activity** is responsible for:

- Participation in preparation of the project reports, both for internal, and for general purpose; improvement of mechanisms of the reporting, including:
- Collecting of the current data, preparation of monthly reports to the MoH;
- Collecting the entrance data, preparation of summary quarterly reports on realization of the project by the grant sub-recipients;
- Preparation of annual reports on realization of the project;
- Preparation of the analytical information by results of sub-recipients reports, development of recommendations, dispatch of letters of realization;
- Participation in monitoring visits and field researches, development of recommendations on results of monitoring visits;
- Development of instructive and procedural manuals, documents and tools;

Monitoring of program activity is constructed according to structure of components of the project. All executive partners will use the developed format for monitoring investments and activity on the basic indicators of the project submitted in the Grant Agreement.

**4. The finance manager** is responsible for the project budget and financial monitoring of the project.

All sub-recipients are obliged to prepare financial reports, following the authorized format ( Attachment 1). During all validity of the project all partners will represent quarter financial

reports according to the form of PIU with necessary comments of deviations from expected results.

5. **The manager on realization of clinical activity of the project** is responsible for monitoring of antiretroviral therapy and for the development of adherence to it.

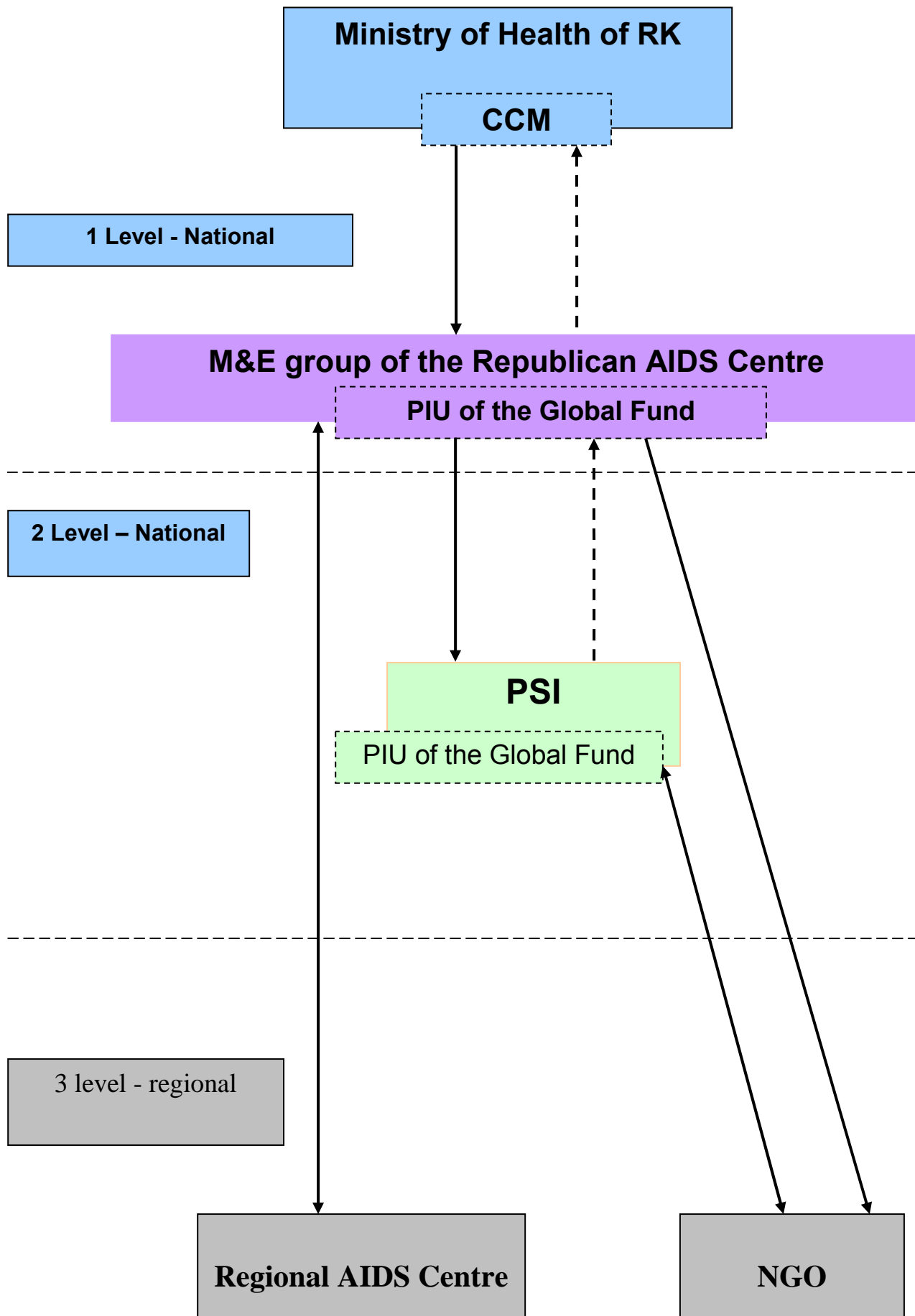
6. **The procure manager** is responsible for monitoring of movement of the goods and medicines, management of stock of commodity - material assets.

Data acquisition from executive partners during monitoring and evaluation will be carried out with observance of a principle of confidentiality of the information. The data and the information on financial monitoring and monitoring of investments and activity will make the most part of quarter and annual reports to Global Fund.





Схема МнО



## **Personnel potential Working group MiO.**

On the base of the Republican AIDS Centre there is a group of monitoring and evaluation of the implementation of the National program on counteraction to HIV/AIDS epidemic. The group conducts the technical assistance of activities on counteraction to HIV/AIDS epidemic in PK, effective activity on implementation of the strategic programs coordinated by National CCM and regional councils on struggle against AIDS.

The group of monitoring and evaluation at the Republican AIDS Centre solves the following tasks:

1. Coordination of process of monitoring at the national level and at the level of regions;
2. Development of indicators for the implementation of programs on counteraction of AIDS;
3. Development of techniques and procedures of data collecting;
4. Development of the technique of quality assurance of the collected data and carrying out of such control;
5. Development of the registration and accounting documentation;
6. Development of current and long-term plans of monitoring and evaluation;
7. Realization of collecting of the information from departments of AIDS centers, other organizations of public health services, and also from the organizations and the bodies concerning to the sector of public health services;
8. Analysis of the data and preparing of reports;
9. Support of the centralized and local databases, realization of data exchange with the interested organizations and private persons;
10. Distribution of reports on situation and counteraction; providing of their use;
11. Defining of driving forces of epidemic;
12. Preparation of forecasts of epidemic;
13. Rendering assistance in mobilization of financial, human and material resources for counteraction of epidemic;
14. Development of methodical recommendations and the instructions concerning to realization of anti-epidemic and medical activities at stages of the primary medico-sanitary assistance, the qualified and specialized assistance , proceeding from the analysis of situation and reciprocal actions;
15. Development of drafts of standard-legal certificate of bodies of public health services and other agencies of authority;
16. Participation in preparation of strategic plans on counteraction of epidemic, including financial plans;
17. Introduction of new technologies of monitoring and evaluation, including the software in national and regional scale;
18. Conducting of verification of performance of programs and financial expenses;
19. Rendering the methodical assistance and granting of advisory services on monitoring and evaluation;
20. Monitoring procedure of quality of monitoring, evaluation, forecasting and planning under the instruction of the authorized bodies of public health services.

Members of working group on M&E, and also experts of the regional AIDS centers have taken part in work of seminars on M&E of national activities on counteraction of AIDS epidemic and introduction of information system of monitoring and counteraction measures in the countries (CRIS), organized by UNAIDS and CDC for the countries of the Central

Asia. Employees of the M&E group have taken part in the seminar « The Estimation and forecasting of AIDS epidemic and its demographic consequences », organized by UNAIDS and WHO for the countries of CIS in Moscow; in 1-st regional meeting on monitoring and evaluation for the countries of the East Europe and the Central Asia in Kiev. Members of working group participate in the seminars organized by CDC, on the organization and conducting of surveillance.

### **Development of personnel potential:**

The AIDS centers will assist to employees of NGO in the organization of qualitative and quantitative data collecting, including participation in surveillence, quality assurance and the analysis of the received information, carrying out of the correct account of the data and preparation of adequate reports. Employees of NGO will be involved in conducting of evaluation of quality of services and the goods by means of focus - groups consisting from clients of the project.

Staff of PSI will train implementers of the project in using of the electronic database “ MS Access Database and UIC ”.

In the aim of unification and improvement of program monitoring, and evaluation and forecasting of AIDS epidemic, UNAIDS renders the technical assistance in monitoring of the basic directions of the program and their conformity to the declared purposes

### **The budget of monitoring and evaluation of the project of Global fund**

1	Actions on monitoring and evaluation	Necessary resources					
		1 year, USD	2 year, USD	3 year, USD	4 year, USD	5 year, USD	Total, USD
1	Sociological researches of knowledge, behaviour and the attitude on problem of HIV/AIDS/STI among youth and the population	-	-	70000	-	70000	140000
2	Conducting of the intermediate and final evaluation of the project	4000	71000	-	-	75000	150000
3	Support of database UIC	2000	500	500	500	500	4000
4	Creation and support of database on movement of goods and	25000	2000	2000	2000	2000	33000

	medicines						
5	2-day's training on using of electronic database UIC on workplaces in 22 sites of the country	11000	11330	11669	12020	12380	58400.49
6	2-day's trainings on M&E for AIDS Centers and NGO	-	28250	31800	31800	31800	123650
7	National conference on surveillance for 50 participants	-	30000	-	30000	-	60000
8	Audit of national system of M&E	1000	-	-	-	-	1000
9	Field monitoring visits	20000	22000	24000	28000	28000	122000
10	Audit of project activities	100000	120000	150000	170000	180000	720000
11	Total , USD	163000	285080	289969	274320	399680	1412050.49