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Standards for a Competency-based Approach to Monitoring and Evaluation Curricula & Trainings



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Acronyms

AIDS	acquired immunodeficiency syndrome
CDC	Centers for Disease Control and Prevention
FHI	Family Health International
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	human immunodeficiency virus
KSC	knowledge, skills and competencies
M&E	monitoring and evaluation
MERG	UNAIDS Monitoring and Evaluation Reference Group
OGAC	United States Office of the Global AIDS Coordinator
PEPFAR	United States President's Emergency Plan for AIDS Relief
USG	United States Government
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

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What is the purpose of this document?

This document provides standards for capacity building in monitoring and evaluation through human resource training. It addresses:

1. the essential competencies for those in M&E leadership positions, covering both technical and managerial competencies;
2. standards for the development and implementation of M&E curricula/trainings aiming to improve M&E competencies.

Who should use this document?

The competencies and standards tools can be used by individuals working in monitoring and evaluation leadership positions including:

- those responsible for M&E of the HIV response (located in the National AIDS Coordinating Authority and/or the Ministry of Health or other government departments);
- those responsible for M&E of national HIV prevention, treatment, care and support programmes;
- those in charge of M&E for Global Fund grants (i.e., principle recipients, sub-recipients)
- resident M&E advisors from international organisations (such as UNAIDS, WHO, USAID, CDC, MEASURE Evaluation) whose specific role is to support the National AIDS Coordinating Authority (or equivalent) in the establishment and maintenance of the national HIV M&E system;
- M&E leaders at subnational levels of government¹ and in major nongovernmental and/or civil society organisations involved in the HIV response.

The tools can also be used by organisations developing and/or providing M&E curricula/trainings including:

- training institutions, universities and colleges who are working to integrate HIV M&E in public health and medical curricula;
- organisations developing courses on HIV M&E.

¹ This does not refer to all decentralized government structures with some responsibility for HIV M&E, only to those who have a major (leadership) role in HIV M&E.

What is the content of this document?

The document covers the following sections:

A brief **introduction** to the basic concepts of capacity building in general, and training in particular. It describes a knowledge, skills and competency (KSC) approach and the benefits of using this approach in human capacity building in general and monitoring and evaluation (M&E) curriculum/training development in particular.

Section 1 presents the essential competencies desired in M&E leadership positions. Competencies are defined in five priority areas: (1) M&E leadership; (2) data collection and data management; (3) evaluation; (4) data analysis, dissemination and use; and, (5) general management. The competencies and related knowledge and skills are presented in the format of a self-assessment tool to encourage professional reflection and use in developing learning objectives for trainings. They can also be used in the development of job descriptions for evaluation professionals.

Section 2 focuses on M&E capacity building through training. It provides standards for assessing the need for a new curriculum/training, for developing the content, and for delivering and evaluating M&E curricula/trainings. The standards are defined by a series of questions/statements which are presented in the format of an assessment tool to encourage practical application in developing and improving curricula/trainings.

The glossary in **Appendix 1** defines the key M&E terms used throughout the document.

Important background information

In May 2009, UNAIDS organized a workshop “A Standardized Approach to the Development of Monitoring and Evaluation (M&E) Curricula and Training Materials” (New Orleans, 4-6 May 2009). The need for this workshop came from the acknowledgement that there is a wide range of M&E trainings available with an equally wide range of objectives, concepts, definitions, and approaches, often leading to duplication of effort and confusing, if not conflicting, messages. In a context where demand for M&E far outweighs the supply, the best approach to M&E capacity building is for organisations to work together. UNAIDS, in collaboration with its global, regional and national partners, aims to support a more standardized and coordinated approach to M&E training. The workshop, which brought together representatives from a range of organisations and selected experts involved in developing and conducting M&E trainings, was the first step in a longer-term collaborative process.

The key follow-up tasks agreed by the workshop participants were:

1. to describe the essential competencies needed in M&E leadership positions (as the first target audience), which can be used as the basis for the development and refinement of curricula and training materials for this audience as well as generic job descriptions;
2. to develop standards for assessing M&E curricula/trainings.

A working group was constituted to undertake these tasks and the resulting products are presented here. Rather than introducing new concepts and approaches, the group used published materials and experience from ongoing work in capacity building (HIV-specific and beyond) as its basis. Hence, this document draws on current best practices and aims to provide a user-friendly approach to building key competencies through M&E training.

As indicated above, Section 1 focuses on competencies for those in M&E leadership positions as the target audience. It is envisaged that further work will be done to address other M&E professionals as well as programme managers who need to know how to apply strategic information to be able to plan, manage and improve programmes. The M&E curricula/trainings standards provided in Section 2 are applicable to all curricula/trainings addressing M&E-related topics (both HIV-specific and beyond). Where available, tried-and-tested approaches endorsed by MERG, were used (e.g. Ghere (2006); Self-Assessment tools; see also references and appendices).

UNAIDS is keenly interested to continue to improve this document based on practical experience and feed-back is encouraged.

This document addresses human capacity building as part of M&E system strengthening. In recent years, UNAIDS and its partners, under the auspices of the M&E Reference Group (MERG), have developed a series of guidelines and standardized tools to support different aspects of M&E system strengthening. These are available on the UNAIDS website at: <<http://www.unaids.org>> or <<http://www.globalhivmeinfo.org/AgencySites/Pages/MERG%20UNAIDS%20ME%20Reference%20Group.aspx>>.

Introduction

What is capacity building in HIV monitoring and evaluation and why is it important?

Capacity building aims to improve the ability of persons, groups, organisations or systems to meet objectives, to address stakeholders' needs and, ultimately, to perform better (Goodman et al., 1998; Horton et al., 2003; LaFond and Brown, 2003). Capacity building involves a planned, systematic and ongoing process with measurable performance objectives, defined outcomes, specific implementation strategies, and ways to measure capacity results and performance over time.

The purpose of capacity building in HIV monitoring and evaluation (M&E) is to improve the performance of the one national HIV M&E system² (UNAIDS, 2008a). At a minimum, M&E system performance includes the production of timely, quality data about the HIV epidemic and response, and the use of data for evidence-informed decision-making. There are three levels at which capacity is required to ensure a fully functioning M&E system: the individual, organisational and system levels³. Improving capacity at one level may require concurrent interventions at other levels.

At the system level, it is important to define a national strategy for human capacity development and a detailed plan to coordinate the implementation of various M&E capacity building activities. The development of such a plan should be incorporated in the ongoing cycle of national strategic planning and implementation. Regular assessments⁴ which identify the strengths and weaknesses of the overall HIV M&E system and/or individual system components should be the basis for setting priorities in M&E capacity building. It is important that all M&E stakeholders agree on the priorities for capacity building to ensure commitment in addressing these.

2 This refers to achieving the 'Third One' as part of the 'Three Ones' principles (see: "Three Ones" key principles: "Coordination of National Responses to HIV/AIDS". Guiding principles for national authorities and their partners. Geneva: UNAIDS, 2004). In this document, the one M&E system is also referred to as the unified M&E system.

3 The *individual level* refers to the individual job performance and behaviours/actions of staff with M&E responsibilities in the national AIDS programme; the *organisational level* refers to the infrastructure and operations that need to be in place within each organisation to support the collection, verification and use of data for programme management and accountability; and, the *system level* refers to the M&E functions across different organisations and how they interact, as well as the supportive policy and legal environment for M&E.

4 There are several standardized tools available to conduct an M&E assessment (see: *Operational Guidance on the Selection of Tools & Approaches for the Assessment of HIV Monitoring and Evaluation Systems*, Geneva: UNAIDS 2009; *12 Components Monitoring and Evaluation System Assessment Tool*. Geneva: UNAIDS 2009.)

Individual capacity building is ideally embedded in a larger organisational capacity building approach which may include:

- Establishing a career path in M&E and professional development opportunities, including training, coaching and mentoring.
- Using a standardized tool and process for assessing individuals' knowledge, skills and competencies as a basis for performance reviews and to determine professional development needs.
- Dedicating resources to career development such as providing funding and including opportunities for career development in individual work plans.
- Ensuring that any capacity building by external partners transfers knowledge, skills and/or competencies to individuals within the organisation.
- Developing a checklist for better management of M&E human resources and assessing managers' performance annually against this checklist. Offering incentives to managers in terms of career advancement and public recognition for strong management performance.

The *Guidance on capacity building for HIV monitoring and evaluation* (UNAIDS, 2010) provides further information on actions that can be undertaken at the individual, organisational and system levels to strengthen M&E capacity.

There is a range of capacity building strategies which may be employed including: leadership development; team-building; coaching; mentoring; exchange visits; technical assistance; and, short and long-term training. Thus, training is only one component of M&E capacity building, but it is an important one and many countries and organisations are involved in it. Of the 135 countries reporting on this indicator in the 2008 UNGASS reporting round, 70% had conducted M&E trainings at the national level and 46% at the subnational level (UNAIDS, 2008b). Training is often the starting point of a human capacity development process as it lays the foundation on which other capacity building approaches can build. This document focuses specifically on M&E trainings/curricula (**Box 1**).

Box 1. Training and curriculum for capacity building at the individual level

In the context of this document, we use 'training' in its broadest sense. Successful training refers to the acquisition of knowledge, skills and/or competencies as a result of the teaching of knowledge and/or vocational or practical skills that relate to specific useful competencies.

Training can generally be categorized as:

- *On-the-job training* which takes place in the real work situation. The trainees learn to use tools, equipment, documents or other materials needed to enhance job performance.
- *Off-the-job training* typically takes place away from the workplace which has the advantage of allowing people to concentrate solely on the training.

and

- *Short-term training* is often completed in less than one year. It may include a range of options: seminars, workshops, continuing education, personal enrichment courses, non-credited and open enrolment courses.
- *Long-term training* typically takes one or more years to complete. It refers to formal education, instruction, and teaching leading to a professional degree or diploma. Education is a broad concept and refers to all experiences in which students can learn; Instruction refers to the intentional facilitation of learning towards specified goals, delivered either by an instructor or by other means; Teaching refers to the actions of an instructor to impart learning to the student.

Increasingly, computer-based or other technology-assisted distance-based training are being used (Zarrabain 2003; Teo and Gay, 2006).

'**Curriculum**' is used here as "a comprehensive, ongoing, cyclical process to determine the needs of a group of learners; develop objectives for a programme to address those needs; determine an appropriate syllabus, course structure, teaching methods, and materials; and carry out an evaluation of the programme" (Richards, 2001, p.2).

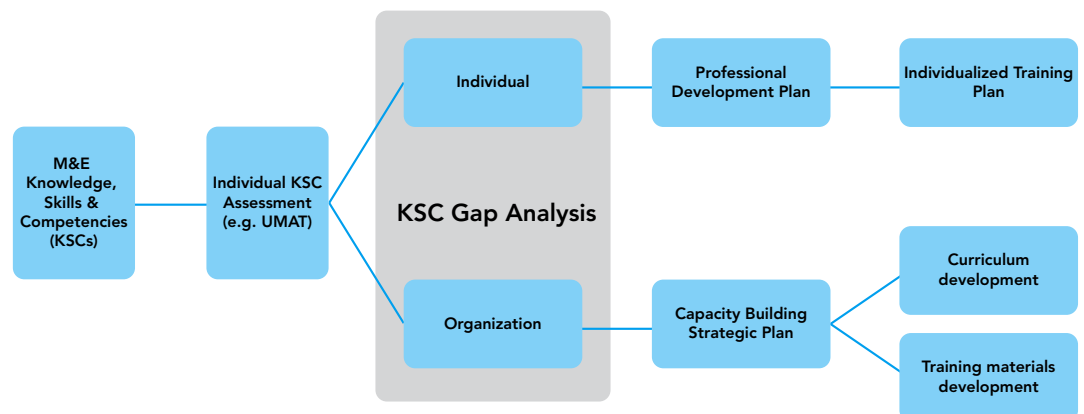
[Source: UNAIDS (2009a). *Guidance on capacity building for HIV monitoring and evaluation*. Geneva: UNAIDS.]

What is a competency-based approach to human resource capacity building?

The monitoring and evaluation (M&E) profession has developed as a field of practice rather than a traditional academic discipline. As such, there is no professionally recognized programme of study nor a standardized curriculum to develop M&E practitioners. M&E training tends to be included as a specialization within a traditional field of study (e.g. psychology, sociology, public health, demography, social work, education) rather than as a distinct programme with its own professional criteria. Evaluation professionals, thus, have a mixed history of educational and experiential backgrounds. A number of respected professional M&E networks (such as the African, American and European Evaluation Associations) have developed relatively detailed principles, standards and/or ethics for evaluation professionals. However, there remains a lack of consensus regarding a definitive set of competencies or a standardized curriculum.

The wide variety of available M&E trainings with an equally wide range of objectives, concepts, definitions, and approaches, have often led to duplication of effort and confusing, if not conflicting, messages. Hence, recent efforts to respond to the growing demand for HIV M&E practitioners have called for clearly defined core competencies for those working at different levels of the M&E system. The *knowledge, skills and competencies (KSC) capacity building framework (Figure 1)* supports the development of a comprehensive strategy for individual and organisational capacity building in M&E. The approach centers around: defining required KSCs for job performance; assessing the capacity of individuals against their respective job KSCs; and, implementing professional development in the context of improving the organisation's overall knowledge capital.

Figure 1. KSC Capacity Building Framework



The *KSC framework* is rooted in the science of pedagogy. The foundational work of Robert Gagnè (1965) and David Merrill (Merrill, 2002) found that learning is best accomplished when the subject to be learned is broken down into the *knowledge* needed to do a task, the skills necessary to execute them and, in the advanced case, the *competencies*, which are a combination of skills and knowledge needed to execute complex tasks. Competencies are not only focused on the technical aspects to do a job well, but also on the managerial and inter-personal aspects needed to function as a professional. As a pedagogical tool, the *KSC framework* differs from traditional instructional approaches by focusing on the learners' outputs rather than the instructors' inputs. Once the relevant KSCs have been determined, the next step is to develop specific learning objectives that correspond with the KSCs. The learning objectives need to be specific enough to be measurable (ideally, through direct and observable assessment) and should focus on aspects of learning that are recognized as important for a competent M&E practitioner. The learning objectives are then aligned to appropriate capacity building approaches including specific training modules/courses. The central aim is to use the learning objectives as the basis of an individual knowledge management strategy that is realized through a transparent, organisational professional development programme with appropriate learning opportunities and adequate resources.

Section 1. M&E Leadership Competencies

What are the essential competencies for M&E leadership positions?

Competencies are the combined knowledge and skills which individuals need to execute complex tasks in their professional endeavours.

Table 1 (see page 14) provides a list of essential competencies for M&E leadership positions in the HIV response. Although there is a wide diversity of contexts in which M&E is conducted, as well as a wide diversity in the status of existing M&E systems, we consider these competencies to be applicable to all M&E leaders, including:

- those responsible for M&E of the HIV response (located in the National AIDS Coordinating Authority and/or the Ministry of Health or other government departments);
- those responsible for M&E of national HIV prevention, treatment, care and support programmes;
- those in charge of M&E for Global Fund grants (i.e., principle recipients, sub-recipients)
- resident M&E advisors from international organisations (such as CDC, MEASURE Evaluation, UNAIDS, USAID, WHO) whose specific role is to support the National AIDS Coordinating Authority (or equivalent) in the establishment and maintenance of the national HIV M&E system;
- M&E leaders at subnational levels of government structures⁵ and in major nongovernmental and/or civil society organisations involved in the HIV response.

How can these M&E leadership competencies be used?

The M&E leadership competencies are provided in the format of a self-assessment tool (Tool 1) intended to do the following:

1. to increase awareness of the essential competencies (and associated knowledge and skills) that M&E leaders need in order to provide effective M&E leadership within the HIV response;
2. to self-assess personal competencies to initiate an individualised action plan for further professional development.
3. They can also be used for the development of job descriptions.
4. The competencies can also be used by M&E curriculum/training developers and providers to help target curricula/trainings to M&E leadership audiences and as benchmarks for developing effective learning objectives for M&E curricula/trainings.

Important Note:

Explicit reference is made to how each of the M&E leadership competencies is linked to the capacity of the overall HIV M&E system as described in the *Organizing Framework for a Functional National HIV Monitoring and Evaluation System* (UNAIDS, 2008a). This framework describes the 12 main components of a multi-sectoral HIV M&E system, and the performance goal and expected results for each component (see **Appendix 2** for an overview of the 12 components).

⁵ This does not refer to all decentralized government structures with some responsibility for HIV M&E, only to those who have a major (leadership) role in HIV M&E.

Table 1. Essential Competencies For M&E Leadership

1. M&E LEADERSHIP COMPETENCIES

- 1.1 Ability to develop and communicate a clear and compelling vision and mission for M&E.
- 1.2 Ability to manage the development of evidence-based, strategic and operational plans for the programme, including long and short-term goals and objectives, risk assessments and resource implications.
- 1.3 Ability to develop, regularly update, harmonize and communicate M&E plans that include identified data needs, standardized indicators, data collection procedures and tools, as well as roles and responsibilities and budgets for implementing a functional M&E system.
- 1.4 Ability to integrate M&E planning and implementation processes of nongovernmental / civil society organisations into the respective national processes.
- 1.5 Ability to manage the planning and implementation of activities to build M&E capacity at individual, organisational and system levels to support a unified and effective M&E system.
- 1.6 Ability to build and maintain partnerships among in-country and international stakeholders who have key roles in the operation of the M&E system.

2. DATA COLLECTION AND DATA MANAGEMENT COMPETENCIES

- 2.1 Ability to manage the implementation of policies and procedures for routine monitoring, including reporting and data use for programme management and improvement.
- 2.2 Ability to manage population-based surveillance and/or surveys, including identification of data needs, data collection planning (including budgeting) and implementation, data analysis, report writing, dissemination, feedback and data use.
- 2.3 Ability to manage the implementation of data quality assurance policies and procedures appropriate to the type of data and data source, including supportive supervision and data auditing.
- 2.4 Ability to manage the implementation of data management systems and data sharing procedures.

3. EVALUATION COMPETENCIES

- 3.1 Ability to manage the process for developing and implementing a strategy and infrastructure to support relevant HIV evaluations with actionable results.
- 3.2 Ability to manage the evaluation process including the use of evaluation findings for programme improvement.

4. DATA ANALYSIS, DISSEMINATION AND USE COMPETENCIES

- 4.1 Ability to conduct and manage scientifically rigorous analyses of data relevant to the national HIV response, including national, subnational and programme level data.
- 4.2 Ability to manage the dissemination of information in a targeted and timely manner.
- 4.3 Ability to identify, articulate and support strategic use of data for programme management and improvement.

5. GENERAL MANAGEMENT COMPETENCIES

- 5.1 Ability to make sound decisions and lead a team to achieve results.
- 5.2 Ability to effectively negotiate funding for agreed-upon needs with a range of internal and external stakeholders.
- 5.3 Ability to identify gaps in financial monitoring policies, procedures and systems and to provide pragmatic recommendations for improvement.
- 5.4 Ability to build networks within and outside the organisation to address agreed-upon work priorities in an effective and efficient manner.
- 5.5 Ability to negotiate effectively to gain agreement and commitment to ideas and actions.
- 5.6 Ability to clearly articulate and communicate key messages about the work and the performance of the organisation and to respond appropriately to communications from internal and external stakeholders.

Tool 1: M&E Leadership Competency Self-Assessment Tool

Instructions

For those in M&E leadership positions:

- Consider each statement in the tool and use the scale to rate your own level of competency (i.e., entry/novice (a rating between 0 and 2); proficient/skilled (a rating between 2 and 4); or mastery/expert (a rating between 4 and 6).
- As this is a self-assessment aiming to identify your personal needs for capacity building, it is important that you reflect critically on your competency level and neither under nor over-value your competency level.
- At the end of the self-assessment, summarize your key strengths and weaknesses and list concrete actions to be taken (i.e., short-term/long-term training, on-the-job/off-the-job training, and/or other capacity building approaches) for strengthening specific competencies considered critical to your job performance and a timeline over which to achieve improvements.

For those developing/improving M&E curricula/trainings:

- Consider each statement in the tool and develop/improve the learning objectives for the M&E curriculum/training so they are relevant and important to the M&E leadership audience, as well as specific and measurable.
- Use the learning objectives and the rating scale to assess the level of competency of participants before and after (immediate, medium-term, longer-term as appropriate) the training.

The rating scale for self-assessment has been validated and used extensively by Gail Ghere and colleagues (2006) in a 'program evaluator competencies self-assessment tool' as part of professional development sessions, graduate-level seminars, and introductory programme evaluation courses.

0	1	2	3	4	5	6
Entry / Novice		Proficient / Skilled		Mastery / Expert		
<ul style="list-style-type: none"> • Developing awareness/building knowledge • Limited repertoire • Limited experience • Unaware of potential problems • Unaware of questions to ask 		<ul style="list-style-type: none"> • Applying knowledge routinely • Basic repertoire • Moderate amount of experience • Solves problems as they arise • Aware of questions to ask and able to access resources to answer the questions 		<ul style="list-style-type: none"> • Using knowledge fluently and effectively • Advanced repertoire • Extensive experience • Anticipates problems before they arise • Poses questions to the field • Sought out for input 		

1. M&E LEADERSHIP

Vision and mission development and advocacy

Competency 1.1: Ability to develop and communicate a clear and compelling vision and mission for M&E.

Why it matters: A vision and mission provide a rationale for the activities supported/undertaken and motivates individuals/organisations to work towards a common goal. [Links to HIV M&E system component 6]

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Is knowledgeable about the HIV epidemic and response and about the role of M&E to lead the development of a clear and compelling vision and mission for M&E.	0 1 2	3 4	5 6
Develops a clear and compelling vision and mission for M&E.	0 1 2	3 4	5 6
Articulates the M&E vision and mission consistently and effectively to key internal and external stakeholders and obtains meaningful support.	0 1 2	3 4	5 6
Develops operational links between the M&E vision/mission and other key aspects of the AIDS programme.	0 1 2	3 4	5 6

Strategic and operational planning

(1) Planning for an effective HIV response

Competency 1.2: Ability to manage the development of evidence-based, strategic and operational plans for the programme, including long and short-term goals and objectives, risk assessments and resource implications.

Why it matters: The national HIV response and component programmes need to be planned based on the best available evidence to ensure effectiveness and efficiency. The use of M&E data is therefore crucial in the planning and resource allocation process. [Links to HIV M&E system component 12]

	Entry / Novice		Proficient / Skilled		Mastery / Expert		
Is knowledgeable about the findings from routine monitoring and evaluation studies and their implications for strategic and operational planning.	0	1	2	3	4	5	6
Articulates the implications of findings from routine monitoring and evaluation studies and how they can be integrated into strategic and operational planning.	0	1	2	3	4	5	6

(2) Planning for an effective M&E system

Competency 1.3: Ability to develop, regularly update, harmonize and communicate M&E plans that include identified data needs, standardized indicators, data collection procedures and tools, as well as roles and responsibilities and budgets for implementing a functional M&E system.

Why it matters: The 3-5 year M&E plan and annual M&E work plan describe the strategy and implementation procedures for collecting, analyzing and using relevant data to ensure an effective and efficient AIDS programme and to be accountable to stakeholders. [Links to HIV M&E system components 1, 3, 4, 5, and 12]

	Entry / Novice		Proficient / Skilled		Mastery / Expert		
Is knowledgeable about M&E terminology and conceptual frameworks and their utility in establishing a common approach to developing one HIV M&E system.	0	1	2	3	4	5	6
Is knowledgeable about quantitative methods and their role in establishing a comprehensive M&E approach for the programme.	0	1	2	3	4	5	6

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Is knowledgeable about qualitative methods and their role in establishing a comprehensive M&E approach for the programme.	0 1 2	3 4	5 6
Develops an evidence-based programme logic model and uses it as a management tool for appropriate monitoring and evaluation of the programme.	0 1 2	3 4	5 6
Manages a coordinated and participatory process for M&E planning linked to the programme strategic plan, including periodic M&E capacity assessments and performance monitoring.	0 1 2	3 4	5 6
Identifies the interests of relevant stakeholders and determines their information needs.	0 1 2	3 4	5 6
Identifies standardized indicators that are relevant, feasible and in line with global standards and determines appropriate targets.	0 1 2	3 4	5 6
Identifies financial and human resources needed to implement the M&E plan and secures adequate resources.	0 1 2	3 4	5 6

Integration of M&E activities of nongovernmental / civil society organisations

Competency 1.4: Ability to integrate M&E planning and implementation processes of nongovernmental/civil society organisations into the respective national processes.

Why it matters: M&E data collection by nongovernmental/civil society organisations –as key service providers, is an essential component in achieving a comprehensive and unified M&E system. *[Links to HIV M&E system components 3 and 7]*

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Develops and implements policies and procedures to integrate M&E activities of nongovernmental/civil society organisations into the unified national M&E system.	0 1 2	3 4	5 6

Capacity building

Competency 1.5: Ability to manage the planning and implementation of activities to build M&E capacity at individual, organisational and system levels to support a unified and effective national M&E system.

Why it matters: Capacity building is a process for improving the ability of persons, groups, organisations or systems to meet objectives, address stakeholders' needs and, ultimately, perform better. Capacity building involves an ongoing, systematic and planned process with measurable performance objectives, defined outcomes, implementation strategies and ways to measure capacity building outcomes and performance over time. *[Links to HIV M&E system components 1, 2 and 3]*

	Entry / Novice		Proficient / Skilled		Mastery / Expert		
Is knowledgeable about M&E capacity building approaches to lead the development of an effective M&E capacity building plan.	0	1	2	3	4	5	6
Leads the development of an effective M&E capacity building plan including performance objectives at individual, organisational and (where appropriate) system levels.	0	1	2	3	4	5	6
Identifies financial and human resources needed to implement the M&E capacity building plan and secures adequate resources.	0	1	2	3	4	5	6
Coordinates the acquisition of the components required to implement the M&E capacity building plan (e.g. training courses, technical assistance) and monitors/evaluates performance.	0	1	2	3	4	5	6

Partnerships

Competency 1.6: Ability to build and maintain partnerships among in-country and international stakeholders who have key roles in the operation of the M&E system.

Why it matters: It is important that all stakeholders in HIV M&E work together to avoid duplication of effort and to establish a communication mechanism that allows for information sharing and reporting within and among organisations. [*Links to HIV M&E system component 3*]

	Entry / Novice	Proficient / Skilled	Mastery / Expert				
Builds professional relationships with key M&E partners ensuring the viability and quality of the partnership to enhance coordination and collaboration.	0	1	2	3	4	5	6

2. DATA COLLECTION AND DATA MANAGEMENT

Routine programme monitoring

Competency 2.1: Ability to manage the implementation of policies and procedures for routine monitoring, including reporting and data use for programme management and improvement.

Why it matters: Organisations with responsibility for specific programmes need a routine system to track the demand for and supply of services (both facility and community-based) and the quality of services. Standardized data on inputs, activities, and outputs need to be routinely collected, aggregated, reported and used for effective and efficient programme management, programme improvement and accountability for resources used. [*Links to HIV M&E system components 7 and 12*]

	Entry / Novice	Proficient / Skilled	Mastery / Expert				
Is knowledgeable about the role of and procedures and tools for routine monitoring including ethical, confidentiality and security requirements.	0	1	2	3	4	5	6
Manages the development of functional data collection, data transfer and data reporting mechanisms including standardized tools, operational guidelines and organisational responsibilities.	0	1	2	3	4	5	6

Surveillance and surveys

Competency 2.2: Ability to manage population-based surveillance and/or surveys (of the general population and most-at-risk populations), including identification of data needs, data collection planning (including budgeting) and implementation, data analysis, report writing, dissemination, feedback and data use.

Why it matters: Biological and behavioural surveillance/surveys are essential to determine the drivers and the patterns of the HIV epidemic, as well as the impact of the HIV response. Timely, high-quality data from surveillance and surveys that address the critical information needs are essential for the management and continuous improvement of national and subnational programmes. [Links to HIV M&E system components 8 and 12]

	Entry / Novice	Proficient / Skilled	Mastery / Expert				
Is knowledgeable about the role of and procedures for surveillance and surveys including ethical, confidentiality and security requirements.	0	1	2	3	4	5	6
Identifies specific data needs to be addressed by surveillance and/or surveys.	0	1	2	3	4	5	6
Manages the data collection planning (including budgeting) and implementation (including adherence to ethical, confidentiality and security requirements).	0	1	2	3	4	5	6

Data quality assurance

Competency 2.3: Ability to manage the implementation of data quality assurance policies and procedures appropriate to the type of data and data source, including supportive supervision and data auditing.

Why it matters: It is important to be confident in the quality of the data to avoid misleading decision-making. [Links to HIV M&E system component 10]

	Entry / Novice	Proficient / Skilled	Mastery / Expert				
Is knowledgeable about data quality control standards and procedures.	0	1	2	3	4	5	6
Develops and implements procedures for data quality control in line with national/international standards.	0	1	2	3	4	5	6
Identifies and secures financial and human resources to implement corrective follow-up actions where needed.	0	1	2	3	4	5	6

Data management systems

Competency 2.4: Ability to manage the implementation of data management systems and data sharing procedures.

Why it matters: Linked HIV databases are important to enable stakeholders to access relevant data for policy formulation and programme management and improvement. [Links to HIV M&E system components 9 and 12]

	Entry / Novice		Proficient / Skilled		Mastery / Expert		
Is knowledgeable about basic data management including scientific, ethical, confidentiality and security requirements.	0	1	2	3	4	5	6
Identifies data management gaps (related to data entry, data transfer, data storage and data analysis) and manages enhancements.	0	1	2	3	4	5	6

3. EVALUATION

Design and methods in evaluation research and program evaluation

Competency 3.1: Ability to manage the process for developing and implementing a strategy and infrastructure to support relevant HIV evaluations with actionable results.

Why it matters: Evaluation is an essential component of a comprehensive M&E approach. Appropriate use of evaluation findings ensures that the planning of the HIV programme is based on the best available evidence and guides ongoing improvement. [Links to HIV M&E system components 11 and 12]

	Entry / Novice		Proficient / Skilled		Mastery / Expert		
Is knowledgeable about the assumptions, theories, concepts, terms and designs used in evaluation.	0	1	2	3	4	5	6
Manages a collaborative process for the development of an evaluation strategy and a specific agenda for evaluations that are both relevant and focused on actionable results.	0	1	2	3	4	5	6

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Builds partnerships to sustain an infrastructure for conducting evaluations.	0 1 2	3 4	5 6
Develops and implements a mechanism to support dissemination of evaluation findings and their use for programme improvement.	0 1 2	3 4	5 6

Evaluation management

Competency 3.2: Ability to manage the evaluation process including the use of evaluation findings for programme improvement.

Why it matters: Evaluations need to be designed to address priority questions about the programme to maximize their utility for programme decision making and implemented with rigour to ensure validity of the results. [*Links to HIV M&E system components 11 and 12*]

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Is knowledgeable about professional evaluation standards including ethical, confidentiality and security requirements.	0 1 2	3 4	5 6
Manages the development of the terms of reference for the evaluation in accordance to professional evaluation standards and adherence to the implementation schedule.	0 1 2	3 4	5 6
Articulates how the findings from evaluation studies can be used to improve programmes.	0 1 2	3 4	5 6

4. DATA ANALYSIS, DISSEMINATION AND USE

Data analysis

Competency 4.1: Ability to conduct and manage scientifically rigorous analyses of data relevant to the national HIV response, including national, subnational and programme level data.

Why it matters: Data consist of a large amount of facts without context. The synthesis and analysis of data brings transformation and relevance to generate information that allows understanding of the AIDS programme. [Links to HIV M&E system component 12]

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Uses methods appropriate for the analysis of quantitative and/or qualitative data and interpretation of results.	0 1 2	3 4	5 6
Develops and implements the analysis plan for routine monitoring data.	0 1 2	3 4	5 6
Is knowledgeable about the basic concepts and the role of data modelling.	0 1 2	3 4	5 6
Is knowledgeable about the basic concepts of data triangulation.	0 1 2	3 4	5 6
Manages the process of data triangulation to answer key questions about the AIDS programme.	0 1 2	3 4	5 6

Data dissemination

Competency 4.2: Ability to manage the dissemination of information in a targeted and timely manner.

Why it matters: It is an imperative for data/information to be disseminated in the appropriate format and in a timely manner to relevant decision makers. Dissemination needs to be planned for and adequate resources need to be available to ensure a systematic and effective effort. *[Links to HIV M&E system component 12]*

	Entry / Novice	Proficient / Skilled	Mastery / Expert				
Is knowledgeable about the specific data needs of key decision makers and how to respond to them.	0	1	2	3	4	5	6
Develops and implements policies and procedures for data sharing, data dissemination and feedback to relevant stakeholders (such as the surveyed population, programme managers, policy-makers, the general public) including ethical, confidentiality and security requirements.	0	1	2	3	4	5	6
Manages the production and dissemination of a variety of information products tailored to specific audiences.	0	1	2	3	4	5	6

Data use

Competency 4.3: Ability to identify, articulate and support strategic use of data for programme management and improvement.

Why it matters: The most important reason for M&E is the use of the information generated to guide policy formulation and programme management and improvement. Regular and appropriate use of information creates demand for quality data that in turn motivates and energizes M&E activities as part of the national HIV M&E system. *[Links to HIV M&E system component 12]*

	Entry / Novice	Proficient / Skilled	Mastery / Expert				
Is knowledgeable about new developments in the HIV epidemic and response and their implications for AIDS programmes.	0	1	2	3	4	5	6
Articulates the implications of findings from routine monitoring and evaluation studies and how they can be applied for programme improvement.	0	1	2	3	4	5	6

5. GENERAL MANAGEMENT

Leadership/team management

Competency 5.1: Ability to make sound decisions and lead a team to achieve results.

Why it matters: As leaders, managers carry forward the vision and mission of the organisation. The leader guides his/her unit through changes and transitions, display sound judgments combined with readiness to act in a decisive and timely fashion, and is prepared to take calculated risks and accept responsibility for the consequences. The leader also achieves results through others.

Team working recognizes that the team as a whole is greater than the sum of individual members. It encourages pooling of talents, skills and techniques, sharing of ideas, and learning from others. Team work also enhances the chances of successful completion of tasks by using combinations of expertise according to the needs of the situation. [Links to HIV M&E system components 1 and 2]

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Makes sound and timely managerial decisions that are consistent with the organisation's vision and mission.	0	1 2 3	4 5 6
Assumes responsibility and accepts accountability for decisions.	0	1 2 3	4 5 6
Builds a mutually supportive team in which all team members are motivated and encouraged to make their contribution.	0	1 2 3	4 5 6
Seeks others' views and ideas and respects their contribution.	0	1 2 3	4 5 6
Brings problems out in the open and actively seeks their resolution.	0	1 2 3	4 5 6
Provides advice in a manner that allows for mutual sharing and learning.	0	1 2 3	4 5 6

Financial resource mobilisation and financial tracking

(1) Financial resource mobilization

Competency 5.2: Ability to effectively negotiate funding for agreed-upon needs with a range of internal and external stakeholders.

Why it matters: Adequate financial resources are essential to establish and maintain a comprehensive M&E approach for the AIDS programme. [Links to HIV M&E system components 1 and 6]

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Justifies and articulates the need for financial resources in line with the organisational resources and the programme's priority needs.	0 1 2	3	4 5 6

(2) Financial monitoring

Competency 5.3: Ability to identify gaps in financial monitoring policies, procedures and systems and to provide pragmatic recommendations for improvement.

Why it matters: Accurate tracking of financial resources is essential to ensure accountability to internal and external organisations providing the funding and to assess and guide evidence-based resource allocation. [Links to HIV M&E system components 5 and 7]

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Assesses the appropriateness and effectiveness of resource allocations.	0 1 2	3	4 5 6
Assesses the extent to which existing financial monitoring procedures and systems are transparent and accountable and articulates feasible enhancements.	0 1 2	3	4 5 6

Coordination and collaboration

Competency 5.4: Ability to build networks within and outside the organisation to address agreed-upon work priorities in an effective and efficient manner.

Why it matters: Within the context of limited resources and responsible management, appropriate coordination and collaboration is required to minimize duplication of effort and to draw on the strengths of other individuals/organisations to achieve the best possible products. [Links to HIV M&E system components 1 and 3]

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Inspires, influences and motivates others to engage and perform effectively towards achieving common goals.	0	1 2 3	4 5 6
Consults with relevant partners and incorporates their views in a transparent and appropriate manner.	0	1 2 3	4 5 6
Translates ideas and opportunities into realistic plans and actions with agreed-upon roles and responsibilities.	0	1 2 3	4 5 6

Negotiation

Competency 5.5: Ability to negotiate effectively to gain agreement and commitment to ideas and actions.

Why it matters: Different stakeholders have different needs and agendas. It is important to understand these and how to make best use of them in achieving common goals. [Links to HIV M&E system components 1 and 3]

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Acts quickly and decisively when needed.	0	1 2 3	4 5 6
Evaluates the implications of various options before deciding on a course of action.	0	1 2 3	4 5 6
Deals with conflict in an open and constructive manner and reaches agreements from which both sides can benefit.	0	1 2 3	4 5 6

Strategic communications

Competency 5.6: Ability to clearly articulate and communicate key messages about the work and the performance of the organisation and to respond appropriately to communications from internal and external stakeholders.

Why it matters: Communicating effectively is a key leadership competency for developing a motivating work climate. When you communicate well, you help to create a work climate that encourages the flow of ideas and conversations where people learn from one another. [Links to HIV M&E system components 1 and 6]

	Entry / Novice	Proficient / Skilled	Mastery / Expert
Develops and implements policies and procedures to ensure communications are consistently clear and effective.	0 1 2	3 4	5 6
Develops and implements policies and procedures to ensure that incoming communications are dealt with responsibly and timely.	0 1 2	3 4	5 6

SELF-ASSESSMENT FOLLOW-UP

What conclusions do you draw from the self-assessment?

[Write in key strengths and weaknesses]

What actions might you take based on your self-assessment?

[List concrete actions to be taken (short-term/long-term training; on-the-job/off-the-job training; other capacity building for specified competencies) and a timeline to improve deficient competency areas consider critical to your job performance]

Important note: As explained in the introduction, it is important that individual capacity building is embedded in a larger organisational capacity building approach. Ideally, this should include organisational support for accessing appropriate capacity building resources to address the priority individual needs.

Section 2. M&E Curriculum/Training Standards

What are the standards for M&E curricula/trainings?

The purpose of the curriculum/training standards tool (Tool 2) is:

- to provide guidance to curriculum/training developers on core issues that should be addressed in the development process and reflected in the finished product;
- to provide a tool for individuals and organisations that want to evaluate curricula/trainings before investing any time and/or resources in them.

There are five distinct standards for developing and/or evaluating all types of curricula/trainings:

1. It is **needed and useful**.
2. It has **technical merit**.
3. It is **coherent and balanced**.
4. It has been **field tested or used operationally**.
5. It incorporates **evaluation and follow-up activities**.

Each of the five standards uses a series of questions and/or statements to determine if a curriculum/training meets that standard.

How can these M&E curriculum/training standards be used?

Each of the questions/statements that define a particular standard require only a 'Yes' or 'No' response.

For *curriculum/training developers*, the objective is to answer 'Yes' to each question/statement for any newly developed curriculum/training. Any 'No' answers are an indication of a shortcoming in the value and/or quality of the curriculum/training or the processes used to ensure that value and/or quality.

For *curriculum/training users*, the objective is to identify curricula/trainings with the greatest number of 'Yes' answers to the various questions/statements, knowing that few available curricula/trainings will receive a 'Yes' answer to *all* the questions. With existing curricula/trainings, the standards can help identify the relative strengths and weaknesses of different curricula/trainings, enabling users to select those curricula/trainings that best match their needs.

For *both developers and users of M&E curricula/trainings*, it is important to note that the standards were designed to apply to all types of M&E curricula and trainings.

UNAIDS is interested in receiving feedback on the utility of this Standards Tool. For more information on how to provide feedback please contact UNAIDS at www.unaids.org, Response Monitoring and Analysis (RMA) Team

Tool 2: M&E Curriculum/Training Standards Assessment Tool

STANDARD 1: THE CURRICULUM/TRAINING IS NEEDED AND USEFUL

Why is Standard 1 important? As efforts intensify to improve and increase the capacity of M&E professionals globally, it is essential to focus on curricula/trainings that are needed and useful.

	Assessment Criteria	To fully meet Standard 1, each of the questions (1.1 - 1.9) must be answered with "Yes".
1.1	Is there evidence the curriculum/ training is needed and useful at national, subnational and/or service delivery levels?	1.1 There is a recognized gap in valuable knowledge, skills and/or competencies among M&E professionals at national and/or subnational levels and/or service delivery levels, which would be filled by this curriculum/training. (Yes / No)
1.2 1.3 1.4	Is the content of the curriculum/ training available from other curricula and/or training resources?	1.2 The knowledge, skills and/or competencies that would be acquired through this curriculum/training are <i>not</i> readily available from other curricula and/or training resources. (Yes / No) 1.3 Other opportunities to acquire this knowledge, skills and/or competencies are <i>not</i> readily available to M&E professionals at national, subnational and/or service delivery level. (Yes / No) 1.4 If the knowledge, skills and/or competences are readily available through other curricula and/or training resources, the content of the new curriculum/ training is a meaningful and measurable improvement on what is already available. (Yes / No)
1.5 1.6	Who would benefit from completing the curriculum/ training?	1.5 The curriculum/training clearly specifies the primary beneficiaries. (Yes / No) 1.6 The primary beneficiaries of the curriculum/training are individuals with a substantive role in the management and/or operations of key components of the M&E system at national, subnational and/or service delivery level. (Yes / No)
1.7	How would they benefit from completing the curriculum/ training?	1.7 Knowledge, skills and/or competencies acquired through the curriculum/training are directly relevant to the work of the primary beneficiaries. (Yes / No)
1.8	What effect would the curriculum/ training have on performance?	1.8 Knowledge, skills and/or competencies acquired through the curriculum/training are essential for improving the performance of the primary beneficiaries. (Yes / No)
1.9	Is the curriculum/ training consistent with internationally agreed, core principles for HIV M&E?	1.9 The curriculum/training is consistent with internationally agreed, core principles for HIV M&E, including for example, frameworks and terminology endorsed by the M&E Reference Group or MERG. (Yes / No)

STANDARD 2: THE CURRICULUM/TRAINING HAS TECHNICAL MERIT

Why is Standard 2 important? The foundation of any high-quality curriculum/training is its adherence to sound and proven principles and practices that are relevant to measurable improvements in the performance of curriculum/training users.

	Assessment Criteria	To fully meet Standard 2, each of the questions (2.1 - 2.10) must be answered with "Yes".
2.1	Does the curriculum/training explicitly address one or more of the core M&E competencies?	2.1 The curriculum/training explicitly addresses one or more of the essential M&E competencies for the target group.* (Yes / No)
2.2	Does the curriculum/training have clear and measurable learning objectives?	2.2 The curriculum/training has teachable, measurable and attainable learning objectives. In addition, learning objectives should: (1) communicate clear expectations to the trainees; (2) focus on aspects of learning recognized by the M&E profession as essential for a knowledgeable M&E practitioner; (3) be specific enough to measure the quality of the instruction and the knowledge/skills transfer. (Yes / No)
2.3	Does the curriculum/training have clear and direct links to M&E practice?	2.3 The curriculum/training has clear and direct links to M&E practice, including specific examples, case studies and/or exercises that highlight these links. (Yes / No)
2.4 2.5 2.6	Does the curriculum/training include relevant and useful supporting materials?	2.4 The curriculum/training includes relevant and useful supporting materials for trainers that help ensure consistent and effective delivery of the curriculum/training. (Yes / No) 2.5 The supporting materials are adequate to prepare and guide professional trainers to teach the curriculum/training, including trainers who may not have expertise in M&E; for example a detailed trainers'/facilitators' manual. (Yes / No) 2.6 The curriculum/training includes relevant and useful supporting materials for trainees that strengthen the overall learning experience (e.g., reading assignments, handouts, job aids)? (Yes / No)
2.7	Does the curriculum/training incorporate accepted adult-learning principles?	2.7 The curriculum/training incorporates accepted adult-learning principles.** (Yes / No)
2.8 2.9 2.10	Has the curriculum/training been peer-reviewed?	This curriculum/training has been reviewed by: 2.8 People with expertise in the relevant content area, including, where appropriate, people with expertise in the local situation who can review the accuracy of any adaptation of the curriculum/training. (Yes / No) 2.9 People with expertise in the development of curricula/trainings and their ability to produce the desired results. (Yes / No) 2.10 People with expertise in the value and impact of training on M&E capacity building. (Yes / No)

STANDARD 3: THE CURRICULUM/TRAINING IS COHERENT AND BALANCED

Why is Standard 3 important? An effective curriculum/training should be logically consistent and it should include different perspectives. This will help ensure that curriculum/training users get a cohesive and unprejudiced perspective on the topic. In addition, a coherent and balanced approach to the learning objectives will help ensure that they are fully met.

	Assessment Criteria	To fully meet Standard 3, each of the questions (3.1 - 3.4) must be answered with "Yes".
3.1 3.2	Does the curriculum/training provide a coherent and balanced perspective on the topic area?	3.1 The curriculum/training provides a logically consistent perspective on the topic area. (Yes / No) 3.2 The curriculum/training provides a balanced perspective on the topic area, including, for example, different approaches to a situation that are equally valid or the legitimate points of view on a topic held by various stakeholders. (Yes / No)
3.3 3.4	Is the curriculum/training structured to deliver the results (e.g., the knowledge, skills and/or competencies) it promises?	3.3 The curriculum/training includes a mix of activities that is appropriate to effectively meet the learning objectives. (Yes / No) 3.4 The curriculum/training is of sufficient duration to effectively meet the learning objectives. (Yes / No)

STANDARD 4: THE CURRICULUM/TRAINING HAS BEEN FIELD TESTED OR USED OPERATIONALLY

Why is Standard 4 important? Field testing or operational use that has been carefully monitored provides invaluable insights into the quality and efficacy of a curriculum/training. Incorporating lessons learned from field testing and operational use are essential to maintain the quality and relevance of a curriculum/training.

	Assessment Criteria	To fully meet Standard 4, each of the questions (4.1 - 4.4) must be answered with "Yes".
4.1	To what extent has the curriculum/ training been field tested or used operationally?	4.1 The curriculum/training has been field-tested or used operationally with key constituents in a sufficient number of countries and/or settings with similar M&E systems and/or similar M&E challenges to determine its value. (Yes / No)
4.2	Has the performance of the curriculum/training in the field been regularly reviewed?	4.2 The curriculum/training is or will be part of a system of periodic review designed to ensure its continuing quality and relevance. (Yes / No)
4.3 4.4	Have findings from any field testing and/or operational use been incorporated into revisions of the curriculum/ training?	4.3 Policies and procedures exist to incorporate findings from field testing and/or operational use into revisions of the curriculum/ training. (Yes / No) 4.4 Findings from field testing and/or operational use have been incorporated into revisions of the curriculum/training. (Yes / No)

STANDARD 5: THE CURRICULUM/TRAINING INCORPORATES FOLLOW-UP AND EVALUATION ACTIVITIES

Why is Standard 5 important? Follow-up and evaluation activities are important for ensuring the quality, efficacy and continuing relevance of the curriculum/training. Follow-up activities are also essential for extending the impact from the classroom into the workplace.

	Assessment Criteria	To fully meet Standard 5, each of the questions (5.1 - 5.6) must be answered with "Yes".
5.1 5.2	Does the curriculum/training include follow-up activities to facilitate the post-training application of new knowledge, skills and/or competencies by trainees?	5.1 The curriculum/training includes at least one formal, follow-up activity to facilitate the post-training application of new knowledge, skills and/or competencies (e.g., mentoring, on-site technical assistance, support for developing personal and/or institutional action plans). (Yes / No) 5.2 Any formal, follow-up activity includes an opportunity for trainees to independently evaluate the value and quality of that activity. (Yes / No)
5.3 5.4 5.5	Does the curriculum/training include evaluation activities for trainees?	5.3 The curriculum/training includes at least one formal activity for trainees to independently evaluate the curriculum/training <i>immediately after completion</i> of the curriculum/training. This should measure if trainees are satisfied with the curriculum/training and whether it improved their knowledge, skills and/or competencies as per the specific learning objectives of the curriculum/training. (Yes / No) 5.4 The curriculum includes at least one formal activity for trainees to independently evaluate the curriculum/training <i>at an intermediate-term point after completion</i> of the curriculum/training. This should determine if the specific knowledge, skills and/or competencies were successfully transferred from the curriculum/training setting to practical applications in the trainee's regular work. (Yes / No) 5.5 The curriculum/training includes at least one formal activity for trainees to independently evaluate the curriculum/training <i>at a longer-term point after completion</i> . This should assess the impact of the curriculum/training on measurable performance results in the workplace. (Yes / No)
5.6	Have findings from follow-up and/or evaluation activities been incorporated into revisions of the curriculum/training?	5.6 Policies and procedures exist to incorporate findings from follow-up and/or evaluation activities into revisions of the curriculum/training. (Yes / No)

Footnotes

* Essential competencies are different for different target groups. See Section 1 for the set of essential competencies for M&E Leadership positions.

** Theories of learning provide a starting point for principles of teaching. Any curriculum or training course has views of learning built into it and any teaching plan is based upon a view of how people learn. There are different models of adult learning—developed and tested in a variety of fields, and appropriate to different situations. Characteristics of learning that have been identified as ‘distinctive’ to adults are:

1. Adults have their own motivations for learning. Learners build on their existing knowledge and experience;
2. Adults have a drive towards self-direction and towards becoming autonomous learners. Learning is initiated by the learner;
3. Adults have the ability to learn about their own learning processes. They are able to learn how to learn;
4. Learning is a characteristic of all real-life activities, in which people take on different roles and participate in different ways. People learn by engaging in practice and participate in different ways.
5. Adults reflect and build on their experience. Reflective learning is generated when people encounter problems and issues in their real lives and think about ways of resolving them;
6. Reflective learning is unique to each person, since it arises out of the complexities of their own experience. A great deal of learning is incidental and idiosyncratically related to the learner; it cannot be planned in advance.
7. Reflective learning enables people to reorganize their experience and ‘see’ situations in new ways. In this way, adult learning is potentially transformative, both personally and socially.

[from: Tusting K, Barton D. Models of adult learning: a literature review. National Research and Development Centre for Adult Literacy and Numeracy (NRDC). Leicester: National Institute of Adult Continuing Education (England and Wales), 2008.]

For more information regarding the principles of adult learning and effective professional development, see for example: <http://www.nsd.c.org>, the website of the National Staff Development Council.

References

- Gagnè R. (1985). *The Conditions of Learning and the Theory of Instruction* (4th edition). New York: Holt, Rinehart, and Winston.
- Ghere G, King J, Stevahn L, Minnema J (2006). A professional development unit for reflecting on program evaluator competencies. *American Journal of Evaluation*, 27(1):108-123.
- Goodman R; Speers M; McLeroy K; Fawcett S; Kegler M; Parker E et al. (1998). Identifying and defining the dimensions of community capacity to provide a basis for measurement. *Health Educ Behav* 25(3):258-278.
- Horton D et al. (2003). Evaluating capacity development. Experiences from Research and Development Organisations around the World, IDRC. http://www.idrc.ca/en/ev-31556-201-1-DO_TOPIC.html, accessed 13 February 2009.
- LaFond A, Brown L (2003). *A guide to monitoring and evaluation of capacity building interventions in the health sector in developing countries* (MEASURE Evaluation Manual Series No. 7). Carolina Population Center, University of North Carolina at Chapel Hill.
- Merrill D (2002). First principles of instruction. *Educational Technology Research and Development*, 50(3). 43-59.
- Richards J (2001). *Curriculum development in language teaching*. Cambridge: Cambridge University Press, p.2.
- Teo C, Gay R (2006). A Knowledge-Driven Model to Personalize E-Learning. *ACM Journal of Educational Resources in Computing* 6.1: 1-15.
- UNAIDS (2008a). *Organizing Framework for a Functional National HIV Monitoring and Evaluation System*. Geneva: UNAIDS.
- UNAIDS (2008b). *Report on the global AIDS epidemic*. Geneva: UNAIDS.
- UNAIDS (2008c). *Glossary of Monitoring and Evaluation Terms*. Geneva: UNAIDS.
- UNAIDS (2010). *Guidance on Capacity Building for HIV Monitoring and Evaluation*. Geneva: UNAIDS.
- Zarrabain M (2003). The e-Learning Market: It's About the Learner, Not the Instructor! *eLearn Magazine*, 9/5/2003.

Appendix 1: M&E Glossary

Data auditing — is the process of verifying the completeness and accuracy of reported aggregate HIV programme data. This typically requires field visits to organisations that reported the data in order to check these data against client or other programmatic records.

Evaluation — the rigorous, scientifically-based collection and analysis of information about programme/ intervention activities, characteristics, and outcomes that determine the merit or worth of the programme/ intervention. Evaluation studies provide credible information for use in improving programmes/ interventions, identifying lessons learned, and informing decisions about future resource allocation. Types of evaluation studies include process evaluation, operations research, outcome and impact evaluation, different types of economic evaluation etc.

Indicator — a quantitative or qualitative variable that provides a valid and reliable way to measure achievement, assess performance, or reflect changes connected to a programme/ intervention.

Note: Single indicators are limited in their utility for understanding programme effects (i.e., what is working or is not working, and why?). Indicator data should be collected and interpreted as part of a set of indicators. Indicator sets alone can not determine the effectiveness of a programme or collection of programmes; for this, evaluation designs are necessary.

Monitoring — routine tracking and reporting of priority information about a programme/ project, its inputs and intended outputs, outcomes and impacts.

M&E plan — a multi-year implementation strategy for the collection, analysis and use of data needed for programme/project management and accountability purposes. The plan describes the data needs linked to a specific programme/project; the M&E activities that need to be undertaken to satisfy the data needs and the specific data collection procedures and tools; the standardized indicators that need to be collected for routine monitoring and regular reporting; the components of the M&E system that need to be implemented and the roles and responsibilities of different organisations/individuals in their implementation; how data will be used for programme/project management and accountability purposes. The plan indicates resource requirement estimates and outlines a strategy for resource mobilization.

Note: A national HIV M&E plan is a multi-sectoral, 3-5 year implementation strategy which is developed and regularly updated with the participation of a wide variety of stakeholders from national, subnational, and service delivery levels.

M&E work plan — an annual costed M&E plan that describes the priority M&E activities for the year and the roles and responsibilities of organisations/individuals for their implementation; the cost of each activity and the funding identified; a timeline for delivery of all products/outputs. The work plan is used for coordinating M&E activities and assessing progress of M&E implementation throughout the year.

Note: A national HIV M&E work plan is an annual plan which is developed with the participation of those stakeholders that have roles and responsibilities for the M&E activities identified in the work plan.

National evaluation agenda — is a comprehensive and standards-based approach to identifying, developing and implementing HIV evaluations and using the findings for improving programmes. A national evaluation agenda contains the following elements: a national HIV evaluation strategy; a process and supportive infrastructure for identifying and prioritizing evaluation gaps; a prioritized list of evaluation questions linked to the National AIDS Strategic Plan; a dissemination and data use strategy; a costed operational plan.

National HIV M&E system — refers to the national, subnational and service delivery levels of the M&E system.

Objective — a statement of a desired programme/intervention result that meets the criteria of being specific, measurable, achievable, realistic, and time-phased (SMART).

Population-based survey — a type of survey which is statistically representative of the target population, such as the AIDS Indicator Survey (AIS), the Demographic and Health Survey (DHS).

Prevalence — the total number of persons living with a specific disease or condition at a given time.

Programme logic model (also referred to as programme impact pathway) — management tool used to improve the design of programmes/interventions. It involves identifying strategic elements (inputs, outputs, activities, outcomes, impact) and their causal relationships, indicators, and the assumptions of risks that may influence success and failure. It thus facilitates planning, execution, and monitoring and evaluation of a programme/intervention.

Qualitative data — data collected using qualitative methods, such as interviews, focus groups, observation, and key informant interviews. Qualitative data can provide an understanding of social situations and interaction, as well as people's values, perceptions, motivations, and reactions. Qualitative data are generally expressed in narrative form, pictures or objects (i.e., not numerically). Note: The aim of a qualitative study is to provide a complete, detailed description.

Quality assurance — planned and systematic processes concerned with assessing and improving the merit or worth of a programme/intervention or its compliance with given standards. Note: Examples of quality assurance activities include appraisal, results-based management reviews, evaluations.

Quantitative data — data collected using quantitative methods, such as surveys. Quantitative data are measured on a numerical scale, can be analysed using statistical methods, and can be displayed using tables, charts, histograms and graphs. Note: The aim of a quantitative study is to classify features, count them, and construct statistical models in an attempt to explain what is observed.

Second-generation surveillance — HIV surveillance that not only tracks HIV prevalence but also uses additional sources of data to increase the understanding of observed trends in the epidemic over time. It includes biological surveillance of HIV and other sexually transmitted infections as well as systematic surveillance of the behaviours that spread them.

Sentinel surveillance — ongoing, systematic collection and analysis of data from certain sites (e.g., hospitals, health centres, antenatal clinics) selected for their geographic location, medical specialty, and populations served, and considered to have the potential to provide an early indication of changes in the level of a disease.

Supportive supervision — refers to overseeing and directing the performance of others and transferring the knowledge, attitudes and skills that are essential for successful M&E of HIV activities. It offers an opportunity to take stock of the work that has been done; critically reflect on it; provide feedback to local staff; and, where appropriate, provide specific guidance to make improvements.

Target — the objective a programme/intervention is working towards, expressed as a measurable value; the desired value for an indicator at a particular point in time.

[Source: UNAIDS. *Glossary of Monitoring and Evaluation Terms*. Geneva: UNAIDS, 2008c]

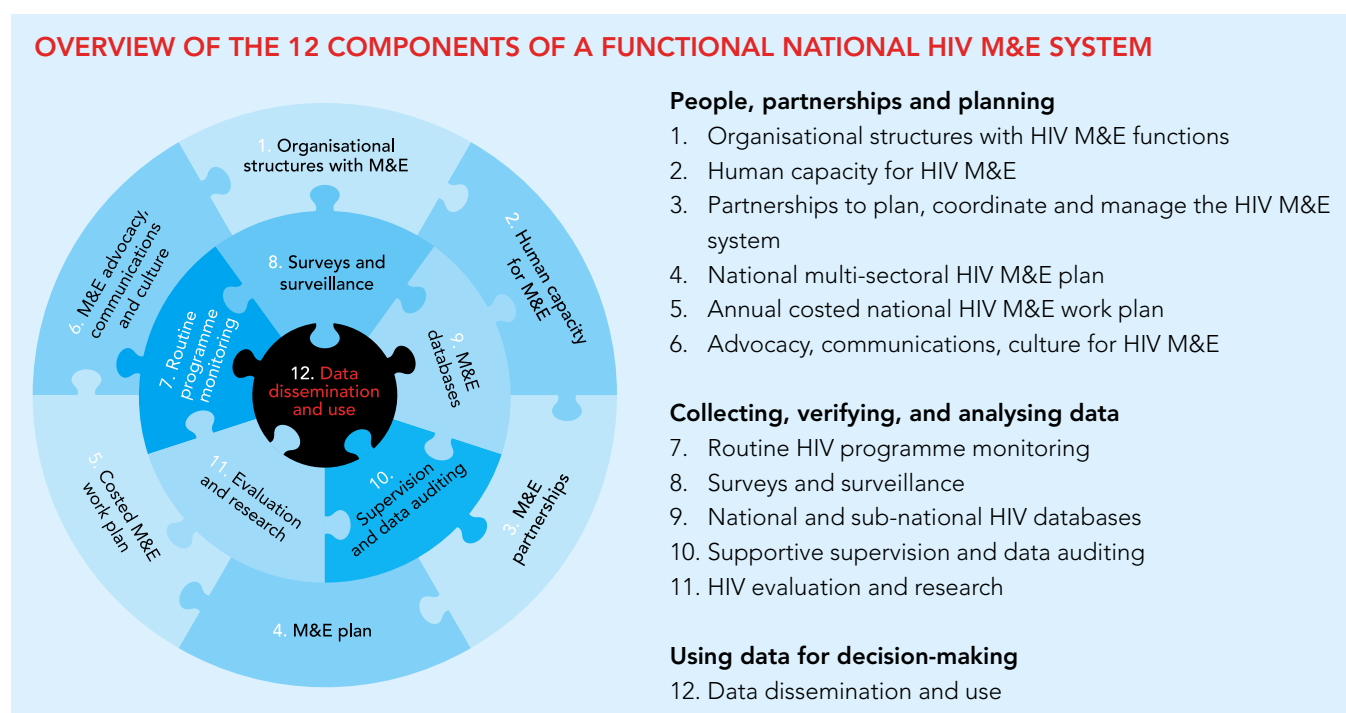
Appendix 2: Organizing Framework for a Functional National HIV M&E System

The *Organizing Framework for a Functional National HIV Monitoring and Evaluation System* (UNAIDS 2008a) is an important reference for building the capacity in HIV M&E. The Organizing Framework describes the 12 main components of a multi-sectoral HIV M&E system; it defines an overall performance goal for each component; and it identifies expected results if the component is functioning well.

In a functional HIV M&E system, each of the 12 components is present and working at an acceptable level to produce a basic set of results:

- The outer ring of the *Framework* represents the human resources, partnerships and planning required to support data collection and data use. It includes individuals, organisations, functions/actions and the organisational culture that are fundamental to improving and sustaining the performance of an M&E system.
- The middle ring of the *Framework* focuses on the mechanisms through which data are collected, verified and transformed into useful information.
- The centre of the *Framework* represents the primary purpose of the M&E system: using data for decision-making. It is important to remember that collecting data, which are not used, wastes valuable time and resources.

The *Organizing Framework* helps planners focus their efforts to build M&E capacity. For example, it distinguishes capacity building for systems from capacity building for people. It also uses a 'systems thinking approach' to M&E, which allows stakeholders to gain insights into the whole system and understand the linkages and interactions between specific system components.



[Source: UNAIDS. *Organizing Framework for a Functional National HIV Monitoring and Evaluation System*. Geneva: UNAIDS, 2008a]

List of ALL MERG Documents 2007-2009

- 1. A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations (2007):**
Provides an overview of M&E methods and approaches for most at-risk populations; it covers the use of strategic information for programme planning, M&E. Its focus is on the M&E of targeted HIV prevention programmeM&E. Its focus is on the M&E of targeted HIV prevention programme
- 2. Additional Recommended Indicators. Addendum to UNGASS Monitoring the Declaration of Commitment on HIV/AIDS, Guidelines on Construction of Core Indicators (2008):** Presents the 40 core national indicators that provide minimum necessary information for national-level monitoring of the HIV epidemic and response, and to provide detailed specifications and guidance on the 15 indicators recommended in addition to the 25 UNGASS indicators
- 3. Organizing Framework for a Functional National HIV M&E System (2008):** This framework describes 12 main M&E system components and defines a performance goal and results for each component. The framework helps countries to define an agreed set of national performance objectives and measures for the HIV M&E system and to guide strategies for building capacity, where needed, to reach these objectives.
- 4. Glossary of M&E Terminology (2008):** contains an alphabetical listing of M&E terms and their definitions often with more in-depth explanations than would customarily be provided by dictionary definitions. The Glossary will facilitate and improve dialogue and understanding among all those who are involved in M&E of development activities. It should also serve as a valuable reference guide in M&E training. The selection of terms and their definitions in the attached glossary have been carefully discussed and endorsed by the Global UNAIDS Monitoring and Evaluation Reference Group (MERG)
- 5. Indicator Standards and Assessment Tool (2009):** consists of a set of agreed indicator standards that are relevant at the national level for program managers and service providers, who need to select, revise and use indicators to monitor, manage and implement their country's response to the epidemic effectively monitor. This will ensure that indicators provide decision-makers and key stakeholders with useful, feasible and relevant information. An additional aim is to reduce the burden of global reporting on countries by harmonising global level indicators across multilateral and bilateral organisations
- 6. Planning Tool for Developing a Digital Library of M&E Resources (2009):** A Planning Tool to help assure that users of a digital library can successfully locate resources and can make informed decisions regarding the quality of the materials. The Planning Tool has two purposes: 1) To provide guidance to current owners and future developers of a digital library on the range of issues to be addressed in usability and user-friendliness of the library and 2) To provide a list of questions to help organizations brainstorm if they can and should invest their resources in developing a digital library
- 7. Guidance HIV Monitoring and Evaluation Capacity-building (2009):** provides practical advice for national AIDS programmes that are planning and implementing capacity building activities as part of their effort to develop a unified and effective national HIV monitoring and evaluation (M&E) system. The Guidance is relevant to the wide range of individuals and organisations involved in the national HIV M&E system; it is particularly relevant for the health sector, given its central role in M&E of HIV.
- 8. 12 Components Monitoring and Evaluation System Assessment – Guidelines to support preparation, implementation and follow-up activities (2009):** These Guidelines provide information on the preparation for and implementation of an assessment of the national HIV monitoring and evaluation (M&E) system. It also includes key steps to take after an assessment to facilitate implementation of M&E system strengthening activities. The Guidelines are built around the 12 main components of the HIV M&E system, which define the Organizing Framework for a Functional National HIV Monitoring and Evaluation System (UNAIDS, 2008). Consequently, the Guidelines also focus on using the 12 Components Monitoring and Evaluation System Strengthening Tool (Geneva: UNAIDS, 2009a) to ensure a comprehensive and successful assessment.
- 9. 12 Components Monitoring and Evaluation System Strengthening Tool (2009):** Is a tool is for assessing how well each of the 12 components of a national HIV M&E system is functioning. The tool facilitates the identification of strengths and weaknesses in the national HIV M&E system and the prioritization of system strengthening activities.
- 10. Guidelines for Developing Terms of Reference for Prevention Evaluation (2009):** The Guidelines aim to foster a systematic approach to the evaluation of prevention programs by focusing on an often overlooked yet critical step in evaluation planning: the preparation of terms of reference (TOR). It can be used to facilitate the planning of evaluations for HIV prevention, discussions on the design of these evaluations, and the drafting of TOR to guide such assessments. It is intended for use by anyone who prepares or reviews TOR for evaluations of HIV and AIDS prevention programs and projects.



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