Monitoring and Evaluation builds evidence and thus, it remains a critical tool for shaping and focusing HIV combination prevention efforts to halt the HIV epidemic.

It supports decision making with:
- **Transparency** - helps show that resources are spent on the right combination of activities
- **Accountability** – enables policy makers, planners, implementers to show results
- **Learning** – provides evidence on whether programmes have an impact
Myths abound about Monitoring, about Evaluation and about M&E systems

- **Monitoring** data is poor and hard to collect at certain levels and standardized procedures are not often easy to follow.

- **Evaluation** requires substantial money, external expertise and time.

- Establishing **M&E systems** is complicated and expensive and it takes time

→ Combination prevention cannot be monitored or evaluated – it is too complex. Are RCT easier?
**Monitoring and Evaluation of HIV Combination Prevention** is possible and a mix of Tools exist

<table>
<thead>
<tr>
<th>Monitoring</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Links prevention objectives with activities and resources</td>
<td>Analyzes why intended results were or were not achieved - Examines implementation processes</td>
</tr>
<tr>
<td>Translates objectives into performance indicators and set targets</td>
<td>Assesses specific <strong>causal contributions</strong> of activities to results-behavioural change, structural factors</td>
</tr>
<tr>
<td><strong>Routinely collects data</strong> on these indicators, compares actual results with targets</td>
<td>Explores intended and unintended results of policies and programs</td>
</tr>
<tr>
<td>Reports progress and alerts managers to problems on an on-going bases</td>
<td>Provides lessons, highlights results and offers recommendations for improvement</td>
</tr>
</tbody>
</table>

**Facilitates program adjustments as the epidemic evolves**
Evidence building Tools help demonstrate improvements in HIV Combination Prevention

- **Improve Allocative Efficiency**
  - Strengthen epidemiological intelligence through disease burden analysis, targeted surveillance, integrative synthesis studies and better prioritized strategic planning in order to improve the allocation of scarce AIDS resources, among alternative geographic, target group, disease and intervention priorities.

- **Improve Technical Efficiency**
  - Program management analysis, health systems integration studies, program expenditure tracking and cost-effectiveness research to improve the flow, and use of resources and intervention delivery options and mix in order to promote efficient resource management and program implementation.

- **Improve Sustainability**
  - Strengthen and diversify financing to ensure an efficient, effective, robustly financed AIDS program.

- **Improve Effectiveness**
  - Impact evaluation to establish what works, disseminate proven practice and improve program effectiveness.
Community Response to HIV and AIDS - Evaluation Findings Show: 1

- **Strong casual evidence** that specific community interventions can affect the course of the HIV epidemic through:
  - Increased HIV **knowledge** - Kenya, Burkina
  - increased **condom use** - Kenya, India, Zimbabwe
  - increased **HCT uptake** - Senegal, Zimbabwe, and increased access and **use of services** - Nigeria, Zimbabwe, South Africa
  - It can also increase PMTCT (Zimbabwe) and improve HIV/AIDS and health outcomes by **reducing HIV incidence** in the general population and **lowering STIs prevalence** - India
Community Response to HIV and AIDS - Evaluation Findings Show: 2

- Strong *relationship evidence* that community-based actions play a pivotal complementary role to national programs by providing services to communities which otherwise would have been left without access to services such as:
  - rural communities - Nigeria, and
  - high risk groups - India, Zimbabwe

- However, there is *mixed evidence* on social transformation outcomes – Context matters.

- Allocative and programmatic efficiencies weak.
Evaluation Methodology supports confidence on findings?

- **Multi-country:** *Eight countries*
  - Burkina Faso, India, Kenya, Lesotho, Nigeria, Senegal, South Africa, Zimbabwe

- **Mixed-method:** *Seventeen studies*
  - Country evaluations (mix of RCT, quasi-experimental and cross-sectional)
  - Analysis of funding flows and CBOs budgets
  - Qualitative analysis
  - Cross-cutting studies - triangulation

- Multi disciplinary research teams
- Consultative Process – national specialists & CSOs
What Have we Learned? Credible Evidence Supports HIV Combination Prevention and Local Responses

The Evaluation of the Community Response to HIV and AIDS provides evidence that supports these assertions:

- Evaluation of combination prevention is possible - Evidence building (M&E) Matters

- CSOs contribute to combination prevention - Strengthen M&E of Combination Prevention by involving communities

- Investments in local responses produce results – Invest in M&E mechanisms

- A mix-method approach to evaluate community results in HIV combination prevention works
Community Level Evidence Informs Decision Making for HIV Combination Prevention

THANK YOU
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Documentation at: aidsconsortium.org.uk