Integrated HIV Prevention and Health Services for Key and Priority Populations (HIS-KP)

Performance Monitoring Plan (PMP)

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This document contains a detailed overview of all of the M&E activities that are carried out to measure program approach, effectiveness and results. The annexes contain a matrix of proposed project indicators.

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I. Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
CBOs	Community-based Organizations
CT	Counseling and Testing
DPS	Direcção Provincial de Saúde/ Provincial Health Directorate
DQA	Data Quality Assurance
FHI 360	Family Health International
FSW	Female Sex Worker
GAAC	Grupo de Apoio a Adesao Comunitaria/ Community Adherence Support Group
GBV	Gender-Based Violence
GRM	Government of Mozambique
HIS-KP	Integrated HIV Prevention and Health Services For Key and Priority Populations
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
IP	Implementing Partners
M&E	Monitoring and Evaluation
MER	Monitoring, Evaluation and Research
MoH	Ministry of Health
MSM	Men Who Have Sex with Men
PEPFAR	President's Emergency Plan for AIDS Relief
PMP	Performance Monitoring Plan
STI	Sexually Transmitted infection
TA	Technical Assistance
USAID	United States Agency for International Development
USG	United States Government

II. Introduction

The Integrated HIV Prevention and Health Services program aims to improve health and HIV outcomes among key and priority populations (HIS-KP). It will be implemented over five years by Family Health International (FHI 360) and its Implementing Partners (IPs). The project will reach, test, link those living with HIV to health services, and establish a system to support key and priority populations in eight provinces.

The overall goal of the project is to improve health and HIV outcomes among key and priority populations by reducing the spread of HIV and other STIs. The project will achieve this by increasing access to quality and KP-friendly community-led interventions and clinical services, ensuring strong referrals and linkages along the entire HIV cascade that reduce "loss to follow-up", and reducing social and structural barriers to services caused by stigma, prejudice, discrimination, violence, lack of legal standing, or perceived lack of freedom to associate.

FHI 360 and its partners will implement a combination approach of behavioral, biomedical and structural interventions targeted to female sex workers (FSWs) and men who have sex with men (MSM). In year two, the project will expand its reach to include prisoners and injecting drug users as additional key population groups. HIS-KP will also target priority populations (clients of sex workers, adolescent girls and young women at risk of engaging in transactional sex, and children of FSWs), to promote behaviors to prevent HIV and increase uptake of HIV clinical services. The program will build on FHI 360's experience in implementing programs targeting high-risk populations, evaluate innovative approaches to contribute to the learning agenda in the country, and focus on a community-led human rights-based approach.

HIS-KP will achieve its goal through the following intermediate results:

- R1: Increasing access to integrated and comprehensive HIV interventions and health services for key and priority populations;
- R2: Promoting an enabling environment that decreases social and structural barriers in accessing HIV and related services; and
- R3: Employing rigorous mapping, monitoring and tracking systems of services, including a mobile-based case management system, across the entire continuum of care.

HIS-KP partners believe that by providing the project's target populations with quality, friendly, linked, integrated and comprehensive community and facility-based interventions then HIV incidence can be decreased, bringing Mozambique closer to achieving an AIDS-free generation.

HIS-KP intends to increase demand, uptake and linkages to HIV and STI community and clinical services for use by key and priority populations. Outcomes from the project are: (1) improving HIV and STI related knowledge, attitudes and behaviors among key and priority populations; (2) increasing consistent use of condoms and appropriate lubricants among target populations; (3) increasing uptake of a comprehensive package of sexual health services, including screening and treatment of STIs, HIV testing and counseling (HTC), family planning and HIV/AIDS care and treatment services; (4) strengthening linkages between community and health services; (5) strengthening community-led structural interventions that address determinants of risk and reinforce risk education and resilience among key and priority populations; (6) enhancing advocacy efforts for key population access to stigma free and human rights-based approach services; (7) increasing uptake of community and facility-based care and support services such as GBV, groups of loans and savings and other support groups; (8) increasing community and facility-based referral systems; (9) and mapping hotspots.

M&E System Support

HIS-KP will provide a core package of M&E support to IPs to ensure they are able to meet the FHI 360 and USG M&E reporting requirements. This package will include an M&E Plan, guidance for understanding PEPFAR indicators, a data flow scheme, SOPs for understanding and use of the data collection tools and reporting data, including use and management of the HIS-KP database.

To ensure effective implementation of the M&E system, FHI 360 will conduct M&E training for IP staff to complete necessary reporting requirements. FHI 360 will routinely provide refresher trainings and mentoring to all IPs.

To monitor client referrals and flow, service delivery, and key population (KP) and priority population (PP) retention in the HIV cascade, a comprehensive case management system will be employed with a proven, easy-to-use mHealth tool for enrolling and tracking the progress of beneficiaries across community and clinical interventions. HIS-KP will simultaneously develop processes and tools to capture information about the geographical, contextual and environmental activities undertaken to support the objective of better health outcomes for key and priority populations.

Data quality assurance (DQA) and quality improvement procedures will be assured through a training to all the implementing partners using the FHI 360 standard curricula and tools for data verification and improvement (DVI) and data quality assurance (DQA). Data quality audits will be conducted on a regular basis to ensure data integrity, accuracy, completeness, consistency and reliability; and promote feedback toward a strong M&E system. The DVI process will be conducted quarterly while DQA will be conducted biannually.

Throughout its implementation, the HIS-KP project will use FHI 360's M&E System Assessment Tool (SAT link) to identify the strengths and potential weaknesses in the project's M&E system, from the project-level down to the IP level. Where weaknesses are identified, the M&E team will implement appropriate interventions to improve the M&E system.

III. Results and M&E Framework

Figure 1 illustrates how the project activities link to outcomes and then to objectives, all ultimately supporting achievement of the project goal. Figure 2, shows key indicators that will be collected and reported at each level in Figure 1.

Figure 1. Project Results Framework

Figure 2. M&E Framework showing key Indicators

IV. Purpose and Scope of M&E Plan

This Performance Monitoring Plan (PMP) provides an overview of the approach to be employed under the HIS-KP project to assess project performance by monitoring program inputs and outputs to achieve the proposed outcomes. It will provide critical information to empower technical personnel and key populations to make -informed decisions. This PMP is a dynamic tool which provides regular feedback regarding the development – direction, consistency, outputs – of the project, to offer early indications of progress and success, and to be used to identify the potential for improvement in service delivery. This PMP is a consultation document that will allow the technical project personnel to routinely assess how the project is meeting performance targets and goals. The PMP aims to identify what works and why, highlight intended and unintended results, and provide strategic lessons for the future. Data produced can be used in a results-based management system.

The Monitoring and Evaluation component of the HIS-KP project will contribute toward Government of Mozambique (GRM), USAID, HIS-KP, and other stakeholders' access to and availability of reliable and timely information for planning and decision-making. HIS-KP M&E efforts will build on and strengthen FHI 360's current M&E structure to meet the information needs of the GRM, USAID and the project.

The objectives of the M&E component of the HIS-KP project are the following:

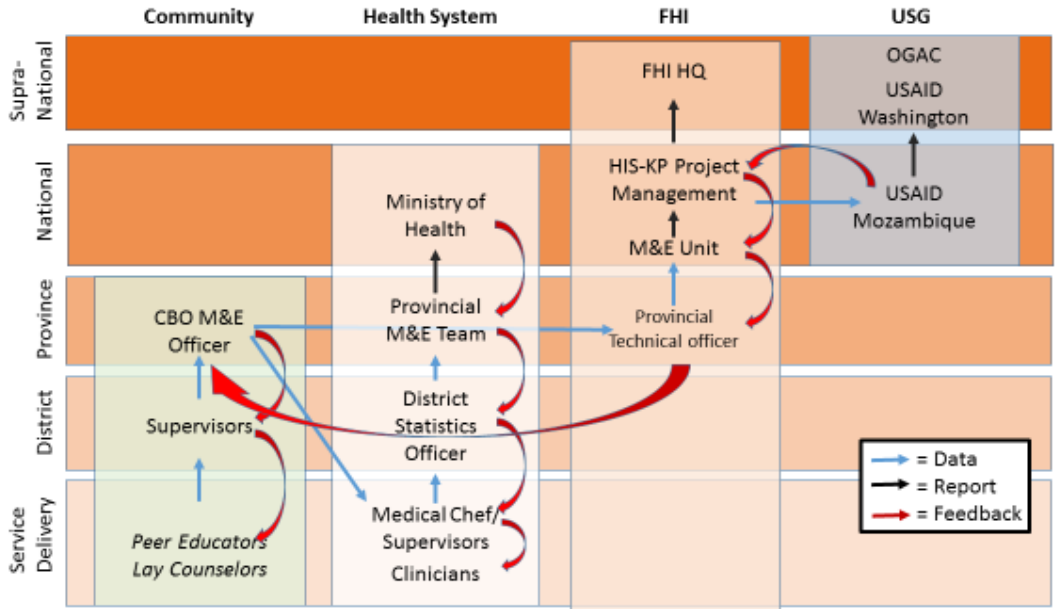
1. Strengthen the capacity of Implementing Partners at each site to collect, manage, report, and use data for better-informed decisions, and program improvement.
2. Improve the quality of HIS-KP data collected and reported by Implementing Partners.
3. Support expansion and use of affordable mhealth tools while ensuring quality of implementation and building sustainability.
4. Facilitate evidence-based, programmatic decision-making at all levels, allowing the project to improve interventions, maximize resources and ensure quality.
5. Report data that accurately reflect project performance and performance of the HIS-KP case management system in the sites supported by the project.

V. Methods

A. Flow of Routine Data

Sound and reliable information is the foundation of decision-making across the life of the project. Data about HIS-KP progress will be shared at various levels of implementation to ensure informed decision-making. The channels for sharing the information will involve a multi-directional process to ensure that full information is available where and when needed. The figure below shows the routine flow of data at community level and district/provincial systems as well as within HIS-KP and USG and between these levels. The curved arrows represent feedback from one level to another. The figure includes the flow of both data itself and data in the form of reports.

Figure 3. Routine Data Flow in HIS-KP



B. Monitoring

The PMP is the foundation for all M&E activities. HIS-KP will use PEPFAR indicators, including those defined in the Monitoring, Evaluation, and Reporting Guidance from OGAC to monitor progress toward meeting project targets. Indicators will be reported on a quarterly, semi-annual, or annual basis as appropriate.

Routine monitoring data are collected to measure two aspects of this project. The first set of routine data is focused on the outputs of HIS-KP activities. These include such indicators as the number of PE and Lay Counselors trained, and the number of MOH staff trained in KP-friendly approaches, including the number of active drop-in centers. Second, client level data are collected to measure the extent to which KP can access services at community and health facility levels, track the referrals and linkages across continuum of care, including to monitor the quality of care provided to KP (See indicators listed in the M&E Matrix in the Annex.)

Based on the model developed by previous projects such as ROADS II and LINKAGES, HIS-KP will use data from monthly case management tools as the basis for the reports to USG. The Peer Educators and Lay Counsellors will be responsible for recording their activities daily, using registers to be provided for each specific type of routine activity. Peer Educators and Lay Counselors will submit monthly data reports to their CBO M&E officers, who will provide feedback on data quality and improvement.

Because HIS-KP is dependent on the quality of the data submitted by implementing partners, HIS-KP is committed to strengthening the capacity of its partners to accurately record and report on services. This enables a focus on improving data quality, strengthening the technical capacity to provide feedback on data collection, and improved data quality assurance processes. An additional priority for the HIS-KP M&E is strengthening the capacity of both project staff and IPs to use data for decision making. HIS-KP will conduct internal data review meetings on a regular basis and support IP data review meetings, using a standardized dashboard for partners.

C. Data Sources

- ***Routine project data*** — HIS-KP Peer Educators collect data on services provided using standardized tools and processes. These data capture both service delivery data and referrals between the community and health facilities. Partners enter individual-level data directly into a HIS-KP project database. The HIS-KP M&E team is responsible for validating the information submitted by IPs and giving feedback to them to ensure that corrections are made when needed. By the time the data reaches the HIS-KP M&E unit, they will have already passed through several levels of verification supported by HIS-KP. The M&E team is responsible for validating the information at each level and giving feedback to the IP staff to ensure that corrections are made throughout the system.

- ***Micro-planning and mhealth tracking system –*** Peer Educators will use micro-planning[1] exercise to ensure coverage of KP networks in target areas and for consistent contact with existing beneficiaries. A mobile device-based case management tool with GPS functionality will complement micro-planning maps and allow community contacts and contact follow-up to be mapped, aiding in preventing loss to follow-up in the Continuum of Care. The mobile device-based case management will be based on a Unique Identifier Code (UIC) that will facilitate the patient's tracking process. Data from microplanning and mobile-based tracking system will be available from a mhealth system that will be developed and supported by HIS-KP.

- ***Mapping and population size estimation*** – FHI 360 and implementing partners will identify project Implementation Zones (IZs), including FSW "hotspots" so that interventions are geographically efficient. In provinces where mapping information from LINKAGES or other sources exists, the project will build upon identified IZs and FSW "hotspots." Niassa will be the only new province in the project. A smaller scale mapping and size estimate exercise will take place to have a rough estimate of the coverage of MSM and FSW. These data will be crucial to refine the targets including targeting efforts where there is a potential for project effectiveness.

- ***Routine technical assistance process data*** — The HIS-KP technical team will be responsible for routine data processing and capacity strengthening. Routine trainings, TA visits, supervisory visits, etc.., will be carried out. Training data will be reported to the provincial technical officers for entry into the TraiNet database used by all USG training partners every quarter.

D. Quality Assurance and Quality Improvement Procedures

High quality data are essential to credibly measure performance and to have confidence in decisions made based on these data. HIS-KP monitoring processes will be built upon quality data. To meet this objective, the project will continually work closely with its IPs to ensure that quality data is provided, the key dimensions of quality being, the validity, reliability, completeness, precision, timeliness, integrity and confidentiality of data. Data quality assessments will be performed regularly (on a quarterly basis) for key indicators using FHI 360's Participatory Data Verification and Improvement Tool (DVI) which incorporates both data quality assessment and the development of data improvement plans. These plans engage technical and M&E staff to ensure a consistent approach is applied to address potential issues identified from data capture through reporting. By working with

[1] Micro-planning is used by peer education approach to map local resources and make physical plans to describe the planned outreach activities and follow-up contacts during a week. Micro-Planning allows Peer Educators to manage their activities and caseloads, to locate additional resources that may be helpful to clients, and to provide a monitoring record of progress toward their weekly goals.

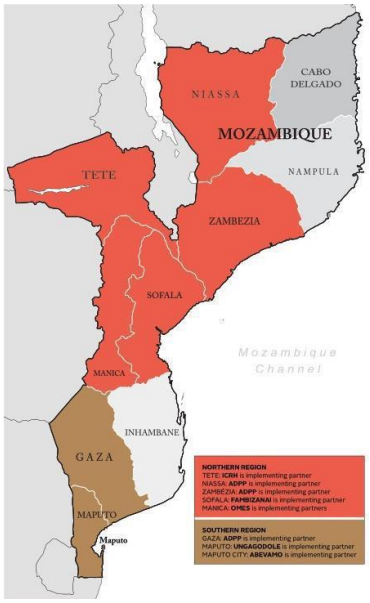
frontline personnel, the DVI tool provides a valuable tool for encouraging and assuring data quality by implementing partners.

E. Data Storage and Management

HIS-KP will use electronic data capture tools and systems to the extent possible. While there is a plan to set up a mobile-based data collection, initially HIS-KP will use an electronic database based on paper-based tools to track project performance. The project will develop SOPs for data collection, management, storage and reporting. After piloting the mhealth system it will replace the paper-based system. HIS-KP has planned to implement this in year two of project implementation.

F. Geographic Information System (GIS)

HIS-KP will use GIS to create thematic maps that enable visualization of project coverage, HIV prevalence by site, distribution of hotspots by site, coverage of health facilities that provide KP-friendly services, KP access to HTC services, etc. Use of GIS will enhance identification of where there is sufficient coverage and/or gaps in coverage. Maps will be generated using information down to the district level, to enable interpretation and use by key populations, provinces and nationally. Additionally, these maps will be used to support the micro-planning exercise to be conducted with PE, and monitor coverage of KP size and available services.



GIS will be used to inform program planning and improvements at the outset of the project, and to inform the scale-up of services across sites. The Map illustrates the HIS-KP coverage by region (northern region in red and southern in brown).

G. Implementation Research

Also, HIS-KP will conduct a study to estimate the size of both MSM and FSWs in new provinces not covered by the PLACE study. Additionally, case studies will be conducted when necessary to aide in understanding the KP social networks, including barriers for effective health care seeking by KP. HIS-KP will evaluate performance and results throughout the life cycle of project combining a range of quantitative and qualitative approaches to collect success stories. Other research needs and priorities will be determined through a stakeholder consultation in year two.

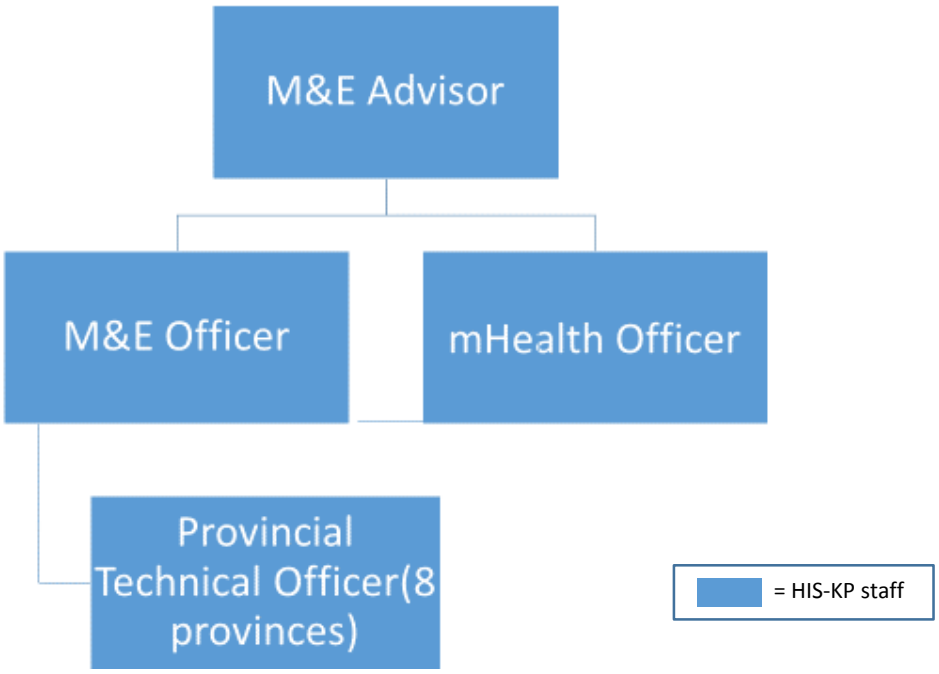
VI. M&E Staffing Plan

The HIS-KP M&E team is composed of a central M&E team that provides core functions supporting Implementing Partners M&E teams in each site. The central M&E team comprises of the M&E Advisor who provides overall leadership and management, M&E Officer who is responsible for managing the IP M&E Officers to ensuring a smooth and functioning project M&E system, and one mHealth officer who is responsible to manage the mHealth system, including the client case management. This team will work closely with the project management team to ensure that the M&E systems meets project needs.

There are no HIS-KP M&E staff at provincial level, but the M&E activities will be coordinated by the HIS-KP provincial Technical Officers (eight provincial technical officers - one per province) who will be

trained and supported by the M&E team. Each Implementing Partner will employ an M&E officer who will be responsible for managing the M&E activities at IP level.

Figure 4. M&E Staffing Structure



VII. Confidentiality of Data

All data will be held with the utmost security and confidentiality. Project M&E staff and Implementing Partners with access to individual data will be required to sign a data confidentiality agreement. Manual data collection instruments will be stored in the contracted IPs office, and data sets will be maintained on password protected computers. Any electronic database will be accessible to staff members based on data use needs and geographic location. All staff will be trained on the issues of data confidentiality and will be provided with SOPs.

For research activities, PHSC approval and Mozambican Bioethics approval will be obtained prior to enrolling any participants and the voluntary informed consent of participants will be obtained. Data will be stored in secure offices in FHI 360 Maputo for five years.

VIII. Use of M&E Data

Monitoring efforts will be used to learn and plan, not just to measure accomplishments. HIS-KP will review progress and achievements bi-annually to make adjustments in the current or subsequent year's work plan. An important step in that review and adjustment will be to identify and share lessons learned, best practices and drivers of success. Sharing and application of M&E results is essential to develop partner capacity, understand the reach of activities, maintain accountability and continually improve. At provincial level, the project performance will be shared and discussed at quarterly meetings with local implementing partner organizations, including project management team. The M&E team will train and support the implementing partners to perform basic data analyses and interpretations in order to inform decision-making on effective service delivery and project improvement. They will also be supported in how to use data for advocacy in building the case for needed services for KPs. The project will develop a documentation, data use, and dissemination plan for sharing results, achievements and lessons learned.

IX. Annexes

Performance Indicator Matrix (COP16)

The following matrix presents the core project indicators that will be used to report on performance over the life of the project. It specifies the targets per province, the data sources, the periodicity of data collection and the person responsible for reporting the data. It also includes additional indicators that highlight key activities not represented in the MER indicators. Indicator Reference Sheets for each indicator provide more detailed information on the definitions, data sources, and data flow.

Key Indicators	2016 Target (unless otherwise noted)	Data Sources and Methods	Periodicity of reporting	Responsible
Cross-cutting Outcomes[2]				
IR 1: Access to integrated and comprehensive HIV interventions and health services for key and other priority populations is increased				
1.1: Coverage of Comprehensive Community-Led Interventions Improved				
Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population (KP_PREV)	**FSW** **MSM** **12,295** **6671** G:392 184 M: 1,232 561 MC: 1,837 952 MP: 2,817 1912 N: 788 524 S: 2,920 1078 T: 1,129 703 Z: 1,180 757	PE forms/records	Semiannual	M&E Officer
Number of the priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake (PP_PREV)	**TBD**	PE forms/records	Semiannual	M&E Officer

[2] We have not included % PLHIV know their status in the PMP as this is modeled rather than reported.

Key Indicators	2016 Target (unless otherwise noted)	Data Sources and Methods	Periodicity of reporting	Responsible
Number of individuals from KP who received HIV Testing Services (HTS) and received their test results (HTS_TST)	**FSW** **MSM** G: **7,381** **4,002** 235 110 M: 743 337 MC: 1,102 571 MP: 1,690 1,147 N: 473 314 S: 1,752 647 T: 678 422 Z: 708 454	Community HTS record book	Quarterly	M&E Officer
# of individuals from priority populations and Number of individuals who received HIV Testing Services (HTS) and received their test results (HTS_TST)	**TBD**	Community HTS record book	Quarterly	M&E Officer
% of peer educator positions filled by trained peer educators	TBD	Project reports	Annual	KP advisor
% of lay counselor positions filled by trained lay counselors	TBD	Project reports	Annual	KP advisor
1.2: Provision of Quality, Appropriate and Respectful Clinical Services Ensured				
# of KPs newly enrolled on antiretroviral therapy (ART) (TX_NEW)	**80% of KP diagnosed with HIV**	Facility ART registers	Quarterly	M&E Officers
# of KP currently receiving antiretroviral therapy (ART) (TX_CURR)	**90% of KP diagnosed with HIV**	Facility ART registers	Quarterly	M&E Officers
Number of HIV-positive KPs receiving care and support outside of the health facility	**TBD**	CBO reports	Semiannual	M&E Officers

Key Indicators	2016 Target (unless otherwise noted)	Data Sources and Methods	Periodicity of reporting	Responsible
# of health facilities offering KP-friendly services	**8** G:1 M: 1 MC: 1 MP: 1 N: 1 S: 1 T: 1 Z: 1	Project reports	Annual	M&E Officers/ KP adviser
# of key population screened for STIs	TBD	Facility OPD registers	Semiannual	M&E officers
# of drop-in centers established and supported	3	Project reports	Annual	M&E officers
# of service outlets providing HTS	12	Project reports	Annual	M&E officers
# of male condoms distributed	TBD	CBO reports	Annual	M&E officers
# of female condoms distributed	TBD	CBO reports	Annual	M&E officers
# of lubricants distributed	TBD	CBO reports	Annual	M&E officers
1.3: Linkages between Community and Health Services Strengthened				
# of completed referrals of KP to HTS by peer educators	**FSW** **MSM** **7,295** **3,887** G:235 120 M: 725 365 MC: 1,100 590 MP: 1,731 1,013 N: 482 308 S: 1,601 663 T: 704 410 Z: 717 418	Referral Form, PE records	Semiannual	M&E Officers
# of completed HIV care and treatment referrals of KP to health facilities by lay counselors	80% of KP diagnosed with HIV	Referral Form, Community HTS register	Semiannual	M&E Officers
# of completed referrals of positive KP to support groups by peer navigators	TBD	Referral Form, Peer navigator reports	Semiannual	M&E Officers
IR 2: Enabling environment that addresses social and structural barriers in accessing HIV and related services for key and priority populations promoted				
2.1: Community-led Structural Interventions that Address Determinants of Risk and Reinforce Risk Education and Resilience among Key and Priority Populations Strengthened				
# of GBV committee created and supported	8	Project reports	Annual	KP advisor

Key Indicators	2016 Target (unless otherwise noted)	Data Sources and Methods	Periodicity of reporting	Responsible
# of individuals trained in GBV prevention	200	Project reports	Annual	KP advisor
# of people participating in GBV activities	300	Project reports	Annual	KP advisor
Number of people receiving post-gender based violence (GBV) clinical care based on the minimum package (GEND_GBV)	TBD	Facility OPD registers	Annual	KP advisor
2.2 Enhance Advocacy Efforts for Key Population Access to Stigma Free and Human Rights-based Approach Services				
# of advocacy associations and joint movements created to seek advances in human, sexual and reproductive rights	TBD	Project reports	Annual	KP advisor
# of leaders who champion the rights of KP to access health care and other supportive services	TBD	Project reports	Annual	KP advisor
# of police officers working in hotspots trained in human rights and KP-friendly approaches	36	Project reports	Annual	KP advisor
# of health facilities with KP-friendly services available	8	Project reports	Annual	KP advisor
IR 3: Mapping, monitoring and tracking systems of services offered to key populations across the continuum of care strengthened				
3.1: Inform Program Standards and Operation with Effective Management Tools allowing Data Use at all Levels of the Program				
# of hotspots mapped	TBD	Project reports		M&E officers
# of sites with KP size estimates	3	Project reports	Annual	M&E officers
% of KP and PP known to be on treatment 12 months after initiation of antiretroviral therapy (TX_RET)	TBD	mHealth Patient tracking system	Annual	M&E officers
# of health worker full-time equivalents who are working on any HIV-related activities i.e. prevention, treatment and other HIV support and are receiving any type of support from PEPFAR at facility and sites, community sites, and at the above-site level (HRH_CURR)	TBD	Project reports	Annual	M&E officers