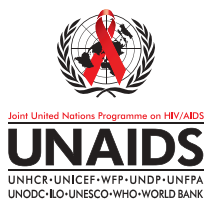


NATIONAL AIDS PROGRAMMES

A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people



A number of indicators included this guide is still being refined and tested. For updates on these indicators or for examples of tools to collect these indicators please go to the following website:
http://www.unaids.org/en/in+focus/monitoringevaluation/m_e+library.asp

WHO Library Cataloguing-in-Publication Data

World Health Organization.

National AIDS programmes : a guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people.

1.HIV infections - prevention and control 2.Acquired immunodeficiency syndrome - prevention and control 3.National health programs - organization and administration 4.Adolescent health services - organization and administration 5.Outcome and process assessment (Health care) - methods 6.Program evaluation - methods 6.Guidelines I.Title II.Title: A guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people.

ISBN 92 4 159257 5

(NLM classification: WC 503.6)

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Printed in France.

National AIDS programmes

A GUIDE TO INDICATORS FOR MONITORING AND EVALUATING NATIONAL HIV/AIDS PREVENTION PROGRAMMES FOR YOUNG PEOPLE

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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ANC	antenatal clinic
API	AIDS programme effort index
ART	antiretroviral therapy
ARV	antiretroviral
BSS	Behavioural Surveillance Surveys
CDC	United States Centers for Disease Control and Prevention
CRIS	Country Response Information System
CSW	commercial sex workers
DHS	Demographic and Health Surveys
FHI	Family Health International
FP	family planning
HIV	human immunodeficiency virus
IDU	injecting drug user (or use)
IEC	information, education, communication
M&E	monitoring and evaluation
MCH	maternal and child health
MICS	Multiple Indicator Cluster Surveys
MSM	men who have sex with men
MTCT	mother-to-child transmission (of HIV)
NAFCI	National Adolescent Friendly Clinic Initiative (South Africa)
NGO	nongovernmental organization
NIDI	Netherlands Interdisciplinary Demographic Institute
OVC	orphans and vulnerable children
PHC	primary health care
PMTCT	prevention of mother-to-child transmission (of HIV)
PSI	Population Services International
STI	sexually transmitted infection
T&C	testing and counselling (for HIV)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

CHAPTER 1

INTRODUCTION**Why focus on young people in HIV/AIDS prevention programmes?****Why is it necessary to have a separate guide to indicators for monitoring and evaluating HIV/AIDS prevention programmes that focus on young people?**

Young people are at the centre of the global HIV/AIDS pandemic*. This is true both in countries with a generalized epidemic and in those with a concentrated epidemic. Young people are at high risk of contracting HIV because, once they become sexually active, they often have several, usually consecutive, short-term sexual relationships and do not consistently use condoms. In many countries a significant proportion of young people start sexual activity before the age of 15. In some regions, intravenous drug use is spreading at an alarming rate in this age group (1). Furthermore, young people often have insufficient information and understanding about HIV/AIDS. They may not be aware of their vulnerability to it or of how best to prevent it. They also often lack access to the means to protect themselves.

In areas where HIV/AIDS is subsiding or even declining there has been a genuine commitment to HIV prevention, particularly among young people (2). Young people can make responsible decisions about their health if they are given the information, services and support necessary for adopting safe behaviours. With support, moreover, young people can help to educate other people and motivate them to make safe decisions. Working with young people represents one of our greatest hopes in the struggle against AIDS.

Significant developments have occurred during the past decade in the collection, analysis and use of data on young people and HIV/AIDS. One of the most important lessons learned has been that young people are at the centre of the global pandemic, as well as one of the greatest hopes in the struggle against this disease. In response, there have been increasing efforts to develop or tailor programmes specifically to the needs and realities of young people.

Many of these programmes have also been evaluated, and this collective experience has shown that:

- Young people do not constitute a homogeneous group, and therefore interventions should be designed for specific subgroups. This requires the data collected on young people to be disaggregated by, for instance, age, sex, school attendance and marital status.
- Data are needed that help to define and understand young people who are especially vulnerable, e.g. injecting drug users (IDUs), commercial sex workers (CSW), and men who have sex with men (MSM).
- In its cause and effect, HIV/AIDS is linked to other public health problems of young people, e.g. sexually transmitted infections (STIs), unplanned pregnancies, alcohol and substance abuse, and gender-based violence.
- There is a need for data differentiating between individual and contextual factors that increase young people's likelihood of engaging in high-risk behaviour. Increasingly, the importance of determinants (risk and protective factors) in influencing individual behaviours is recognized, and needs to be measured.

* The term "young people" encompasses ages 10-24

Therefore, a special guide is needed for monitoring and evaluating national policies and programmes for HIV prevention among young people. The present guide complements the indicators included in National AIDS programmes: a guide to monitoring and evaluation (3), by refining the indicators that have already been defined and proposing new ones that are in relatively early phases of development and use. These new indicators are included so as to ensure that policies and programmes benefit from the lessons learnt during the past decade and to provide experience of their measurement and use.

Main reasons for the present guide

- To provide guidance, through selection of indicators, for monitoring and evaluating policies and programmes for HIV prevention among young people.
- To tailor existing widely-used indicators and methods so that they are relevant to national programmes for HIV prevention among young people.
- To introduce new measures specific to the determinants (risk factors and protective factors) which influence vulnerability and risk behaviours.

For whom is this guide intended?

This guide is intended for use by programme managers at the national level, particularly managers of national AIDS programmes. It may also be useful for programme managers and planners at subnational levels who seek to align their measurement efforts with national ones.

What does the guide contain?

This guide identifies a set of indicators, methods for measuring them, and their strengths and limitations. Their purpose is to help national AIDS programme managers in planning and monitoring HIV prevention programmes for young people. The indicators are organized into four chapters in accordance with a logic model linking programmatic action to expected outcomes and, ultimately, to epidemiological impact. The chapters cover the following categories of indicators:

programmatic;
determinants (risk factors and protective factors);
behavioural outcomes;
impact.

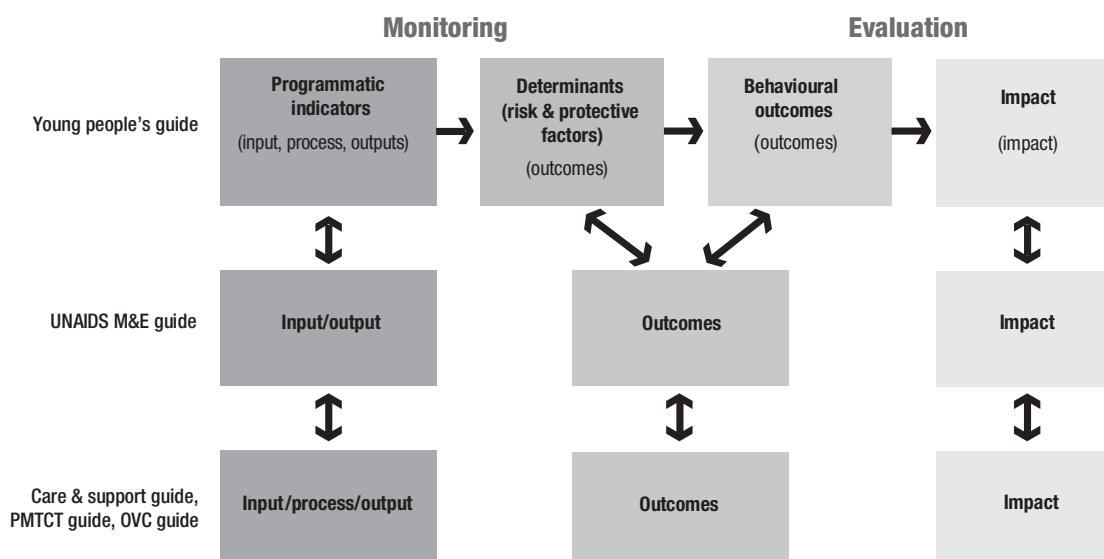
This model is closely linked to the established model of programme monitoring and evaluation, which classifies indicators into categories of input, output, outcome and impact.

For a programme to achieve its goals, inputs such as money and staff time must result in outputs such as new or improved services, trained staff and information materials. If these outputs are well designed and reach the populations for which they are intended, the programme is likely to have positive outcomes, e.g. increased condom use or reduced needle-sharing among drug injectors. These positive outcomes should lead to changes in the impact of the programme, measured as fewer new cases of STIs and HIV infection (3).

The main difference in the present guide is that the outcomes considered are split up into the risk and protective factors and the behavioural outcomes. The category of outcomes is thus elaborated in accordance with the different effects a programme may have (i.e. targeting individual behaviour or the determinants of that behaviour). This is based on more than a decade of research and programme evaluation demonstrating that changes in adolescent behaviour are influenced by various factors,

including individual knowledge and attitudes, relationships with parents and peers, schools, economic status, faith beliefs and the prevailing social norms. Some of these factors help us to understand the context in which young people live and make decisions; others help to guide our programmatic focus. It is therefore important to measure them and to track trends in key indicators relating to these areas at the national level.

A diagrammatic representation of this model and its relationship to the other UNAIDS M&E guides is given below.



This structure gives programme managers a classification system for organizing priority indicators and recognizing areas of imbalance in the planning and monitoring of HIV/AIDS prevention programmes for young people.

Further details are given below concerning the categories of the indicators contained in this guide.

Programmatic indicators

These indicators can be used to assess the essential components of HIV/AIDS prevention interventions for young people at the national level, and can often be used to track changes over

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