



# Draft Design and Monitoring Framework

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Project Number: 38599  
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## REG: HIV/AIDS Prevention and Capacity Development in the Pacific Project

The design and monitoring framework is a design tool for a proposed project or program. In accordance with ADB's public communications policy (2005), it is disclosed before appraisal of the project or program. The framework will be modified following appraisal, and the revised version disclosed as an appendix to the report and recommendation of the President.

**Asian Development Bank**

## DESIGN AND MONITORING FRAMEWORK

<b>Design Summary</b>	<b>Performance Targets/Indicators</b>	<b>Data Sources/Reporting Mechanisms</b>	<b>Assumptions and Risks</b>
<p><b>Impact</b> Reduction of the spread and impact of HIV/AIDS in the Pacific</p>	<p>A trend of decreased incidence of HIV by 2012</p> <p>Reduced economic and social impact of HIV/AIDS epidemic</p> <p>Reduced mortality and morbidity attributed to AIDS in the region</p>	<p>Regional MDG reports produced by UNDP</p> <p>Regional reports of UNAIDS</p> <p>Monitoring and evaluation reports of Pacific Regional Strategy on HIV/AIDS</p> <p>UNGASS reports</p>	<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• The base-line prevalence of HIV/AIDS is as low as currently believed to be or at least within a range of 10%.</li> <li>• Regional programs such as Global Fund continue to support HIV/AIDS efforts in the Pacific.</li> </ul> <p><b>Risks</b></p> <ul style="list-style-type: none"> <li>• Economic situation in PDMCs worsens and detracts attention of Governments from HIV/AIDS efforts.</li> <li>• Other health issues assume greater urgency in PDMCs and detract attention and focus of health authorities.</li> </ul>
<p><b>Outcome</b> Improved management and delivery of HIV/AIDS prevention activities in the Pacific through targeting of vulnerable populations</p>	<p>By 2009 HIV infection rates in vulnerable populations are no more than 1%</p>	<p>Regional reports of UNAIDS and WHO</p> <p>Monitoring and evaluation reports of Pacific Regional Strategy on HIV/AIDS</p> <p>UNGASS reports</p>	<p><b>Assumption</b></p> <ul style="list-style-type: none"> <li>• SPC is able to retain its HIV/AIDS staffing and expertise</li> </ul>
<p><b>Outputs</b></p> <p>1. Strengthening surveillance for HIV and STIs</p> <p>2. Community Based Response to HIV and STIs</p>	<p>National strategies and responses of all project PDMCs are modified based on results of surveillance programs.</p> <p>By 2009 condom social marketing program fully implemented in all PDMC countries</p> <p>By 2009 80% of all respondents report</p>	<p>Regional reports of UNAIDS and WHO</p> <p>UNGASS reports</p> <p>GFATM reports</p> <p>Regional reports of UNAIDS</p> <p>Monitoring and evaluation reports of Pacific Regional Strategy on HIV/AIDS</p>	<p><b>Assumptions</b></p> <ul style="list-style-type: none"> <li>• Country level capacity to undertake activities is sufficient with support provided</li> <li>• Determinants of sexual behavior outside control of project remain neutral or favorable</li> <li>• Other funding partners continue financial support for condom social marketing and BCC activities</li> <li>• Country level capacity</li> </ul>

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<p>3. Targeted interventions for vulnerable groups</p> <p>4. Project management</p>	<p>having used a condom during last sexual encounter with non-cohabiting partner from estimated base level in 2006.</p> <p>By 2009 reduce prevalence of STI infections to less than 10% among antenatal population.</p> <p>By 2009 80% of vulnerable populations have access to HIV education to acquire the necessary skills to reduce their vulnerability to HIV infection (baseline to be established in 2006).</p> <p>Project milestones are achieved.</p>	<p>UNGASS reports</p> <p>GFATM reports</p> <p>Regional reports of UNAIDS</p> <p>Monitoring and evaluation reports of Pacific Regional Strategy on HIV/AIDS</p> <p>UNGASS reports</p> <p>GFATM reports</p> <p>Project reports</p>	<p>to undertake activities is sufficient with support provided</p> <ul style="list-style-type: none"> <li>Country level capacity to undertake activities is sufficient with support provided</li> <li>SPC has capacity to maintain focus on HIV/AIDS activities</li> </ul>
<p><b>Activities with Milestones</b></p> <p><b>1. Strengthening surveillance for HIV and STIs.</b></p> <p>1.1 Establish Regional Surveillance Data Warehouse (by 2<sup>nd</sup> quarter of 2008)</p> <p>1.2 Conduct vulnerability mapping study to identify vulnerable populations (by 2<sup>nd</sup> quarter of 2007)</p> <p>1.3 Expand second generation HIV surveillance survey program (by 4<sup>th</sup> quarter of 2008)</p> <p>1.4 Expand routine surveillance capacity (by 4<sup>th</sup> quarter of 2008)</p> <p>1.5 Design and deliver specific surveillance programs for identified groups (by 2<sup>nd</sup> quarter of 2010)</p> <p>1.6 Improve country level laboratory capacity (by 2<sup>nd</sup> quarter of 2009)</p> <p><b>2. Community Based Response to HIV and STIs</b></p> <p>2.1 Condom Social Marketing Program (by 2<sup>nd</sup> quarter of 2010)</p> <p>2.1.1 Conduct research into condom packaging and branding</p> <p>2.1.2 Develop HIV/AIDS information, education and communication (IEC) materials</p> <p>2.1.3 Design and deliver peer education training and workshop program</p> <p>2.1.4 Design and deliver condom distribution program</p> <p>2.2 Behavior Change Communication (BCC) Program (by 1<sup>st</sup> quarter of 2010)</p> <p>2.2.1 Develop tailored BCC information, education and communication (IEC) materials</p> <p>2.2.2 Design &amp; deliver BCC programs</p>			<p><b>Inputs</b></p> <p>ADB \$1.820 million</p> <p>ADB \$2.929 million</p>

Design Summary	Performance Targets/Indicators	Data Sources/Reporting Mechanisms	Assumptions and Risks
2.3 STI Services (by 4 <sup>th</sup> quarter of 2008) 2.3.1 Provide training for local health care workers in STI treatment and care 2.3.2 Provide equipment and materials to STI treatment facilities 2.3.3 Develop STI information, education and communication (IEC) materials			ADB \$1.086 million
<b>3. Targeted interventions for vulnerable groups</b>			
3.1 Establishment of seafarer/community drop-in centers (by 3 <sup>rd</sup> quarter of 2007) 3.2 Develop targeted information, education and communication (IEC) materials for vulnerable groups (by 1 <sup>st</sup> quarter of 2008) 3.3 Conduct training for NGOs working with vulnerable groups (by 3 <sup>rd</sup> quarter of 2008) 3.4 Training for maritime schools (by 2 <sup>nd</sup> quarter of 2010) 3.5 Provide livelihood skill training for positive people (by 2 <sup>nd</sup> quarter of 2010) 3.6 Provide ARVs for positive people (by 3 <sup>rd</sup> quarter of 2009)			ADB \$1.640 million  plus ADB \$0.525 million in contingencies
<b>4. Project management</b>			
4.1 Manage the project (by 3 <sup>rd</sup> quarter of 2010) 4.2 Conduct baseline monitoring (by 3 <sup>rd</sup> quarter of 2010) 4.3 Monitor and evaluate project progress and outputs (by 3 <sup>rd</sup> quarter of 2010)			

ADB = Asian Development Bank, BCC = behavior change communication, GFATM = Global Fund to fight AIDS, Malaria and Tuberculosis, HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome, IEC = information, education and communication, MDG = millennium development goals, NGO = nongovernment organization, PDMC = Pacific developing member country, SPC = Secretariat of the Pacific Community, STI = sexually transmitted infection, UNAIDS = Joint United Nations Programme on HIV/AIDS, UNDP = United Nations Development Programme, UNGASS = United Nations General Assembly Special Session, WHO = World Health Organization.