

Progress Report for Children Affected by HIV/AIDS

September 2006

PREFACE

Participants at the 2004 Global Partners Forum on Orphans and Vulnerable Children identified the need for a concise way to allow stakeholders to monitor the situation facing children affected by HIV/AIDS. They specifically recommended the “initiation of a report card system that would rank donors and national governments according to their actions on children and AIDS to allow a coherent method for tracking the response with agreed upon indicators”.

Following this recommendation and the request of the Inter-Agency Task Team on children affected by HIV/AIDS, UNICEF developed the Progress Report in consultation with partners.

David Hales and Tamar Renaud led this effort, with invaluable advice from Bernard Barrere, Jane Begala, Ann Claxton, Paul DeLay, Mark Loudon, Mary Mahy, Roeland Monasch, John Stover, Miriam Temin, Festus Ukwuani, and Doug Webb.

Progress Report for Children Affected by HIV/AIDS

April 2006

The *Progress Report for Children Affected by HIV/AIDS* is a straightforward and easy-to-use tool that provides a compelling snapshot of the current state of the response to HIV/AIDS as it relates to children. The Progress Report is linked directly to key principles articulated in the Millennium Development Goals (2000), the UN Declaration of Commitment on HIV/AIDS (2001), the five year assessment of progress by the General Assembly in 2006, and the Three Ones (2004), including the use of multiple Millennium Development and UNGASS indicators.

The primary purpose of the Progress Report is to raise the profile of key issues involving children affected by HIV/AIDS among decision-makers, opinion leaders, and other key players. It is specifically designed to advance the dialogue among decision-makers. The Progress Report is built around 15 indicators drawn from *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (UNICEF 2004), the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (UNICEF 2005) and *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators* (UNAIDS 2005).

The 15 indicators in the Progress Report cover 10 categories or topic areas that were first articulated in *The Framework* and, while it is possible to debate the scope and the merits of these categories, a significant amount of time and energy was spent defining them for *The Framework*, which was validated by their use in the *Guide to Monitoring and Evaluation*. And the value of building on an existing framework – instead of creating an entirely new one – cannot be underestimated.

The amount of data available on the response as it relates to children affected by HIV/AIDS is very limited. This lack of data is a telling indication of the current state of the response. By consistently highlighting the gaps in information, the Progress Report is likely lead to improved data collection, which is a critical step in strengthening programs that benefit children affected by HIV/AIDS. In addition to promoting improvements in established data collection approaches such as Demographic and Health Surveys, Multiple Indicator Cluster Surveys and AIDS Indicator Surveys, the Progress Report can also encourage governments and NGOs to submit reliable data from smaller and/or lesser-known surveys/studies that support the 15 indicators.

Formal versions of the Progress Report are scheduled for release every two years. However, given the current data limitations and accelerating interest in programs for children affected by HIV/AIDS, it is possible that there will be more frequent, less formal updates to the Report.

The scoring system used in the Progress Report has two components: a performance score and a trend score. The performance score uses three color-coded levels: 1) GREEN - Acceptable situation and/or effective response with only minor problems; 2) YELLOW - Satisfactory situation and/or response requiring considerable improvement; and 3) RED - Inadequate situation and/or response with significant shortcomings. The trend score also uses three levels to provide directional indications: 1) the situation/response is IMPROVING; 2) the situation/response is STATIC; and 3) the situation/response is DECLINING. The use of this straightforward scoring system will enable the Progress Report to easily illustrate successes and shortcomings in the existing response without requiring interested parties to sift through dense data constructs.

Policies and strategies

One indicator

Indicator Orphans and Vulnerable Children (OVC) Policy and Planning Effort Index

Background The OVC Policy and Planning Effort Index is a cost-effective tool that was developed in 2003-04 to help measure the level of effort by government, national and international NGOs, multilateral agencies, bilateral donors and other stakeholders in response to the crisis facing children affected by HIV/AIDS in individual countries.

The Effort Index builds on the approaches for improving the response outlined in *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (2004). Specifically, it collects data in the following eight areas: 1) national situational analysis, 2) consultative process, 3) coordinating mechanism, 4) national action plans, 5) policy, 6) legislative review, 7) monitoring and evaluation and 8) resources. The Effort Index is also one of the core indicators in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (2005).

Data Limited data is available. To date, the Effort Index was completed in 36 countries in sub-Saharan Africa; data was collected in April-July 2004. It would be possible and highly beneficial to use this tool to collect data in additional non-industrialized countries on a regular basis. The value of having data from these countries is very high. (The Effort Index is a self-assessment by key stakeholders made by completing a country assessment questionnaire with 100 questions.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	RED	Improving
	Eastern and Southern Africa	RED	Improving
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights

- The overall OVC effort score for sub-Saharan Africa is 48 out of a possible 100 or 48%.
- Of the 36 countries that reported data, only two countries – Rwanda and Gambia – scored above 75%.

References

- UNICEF, 2004. National Response to Orphans and other Vulnerable Children in sub-Saharan Africa: The OVC Programme Effort Index, 2004

Education

Two indicators

Indicator **Orphan School Attendance Ratio**

Background This indicator measures the ratio of orphaned children (mother and father both dead) compared to non-orphaned children aged 10-14 who are currently attending school. Given the critical role of education in children's futures and their psychosocial development, it is necessary to understand if orphaned children are attending school.

This is one of the core indicators in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (2005). It is also one of the six Millennium Development Indicators for HIV/AIDS.

Data Limited data is available. Since 1999, surveys have captured this data in 43 countries, including 16 West and Central African countries, 19 Eastern and Southern Africa countries, one Middle East and North African country, two East Asia and Pacific countries and five Latin America and Caribbean countries. The need for data from additional countries and for more recent data from all countries is very high. (The measurement tool used to collect data for this indicator is household surveys.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	YELLOW	n.s.
	West and Central Africa	YELLOW	n.s.
	Eastern and Southern Africa	YELLOW	n.s.
	Middle East and North Africa	YELLOW	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	YELLOW	n.s.
	Latin America and Caribbean	YELLOW	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights

- In four of the 43 countries reporting data, orphans' attendance at school was greater than non-orphans; the four countries are Burkina Faso, Guinea, Guinea-Bissau and Mali.
- In 21 of the 43 countries reporting data, the ratio of orphans to non-orphans in school was .90 or higher.

References

- Measure/DHS, 2006. HIV/AIDS Survey Indicators Database.

Education (continued)

Two indicators

Indicator **Life-Skills-Based HIV Education in Schools**

Background This indicator measures the percentage of primary and secondary schools where life-skills-based HIV education is taught. Life-skills-based HIV education helps young people understand and assess the individual, social and environmental factors that raise and lower the risk of HIV transmission.

This is an UNGASS additional indicator included in UNAIDS's *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators* (2005).

Data Data was submitted by 21 UN Member States as part of their 2005 UNGASS reporting commitments. The 21 countries include six West and Central African countries, six Eastern and Southern Africa countries, one East Asia and Pacific country and eight Latin America and Caribbean countries. The quantity of information available on this indicator is extremely limited, which further reinforces the need to improve data collection, particularly in high prevalence countries. (The measurement tools used to collect data for this indicator are school surveys and program reports.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	RED	n.s.
	Eastern and Southern Africa	RED	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	RED	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights

- Although global performance is generally poor and seriously underreported, Mali and Dominica report that 100% of their schools have teachers who been trained in life-skills-based HIV education and have taught it during the last year.

References

- UNAIDS, 2006. Report on the Global AIDS Epidemic.

Health

Three indicators

Indicator **Prevention of Mother-to-Child Transmission: Antiretroviral Prophylaxis**

Background This indicator measures the percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission. The definition of a “full course” of antiretroviral prophylaxis will depend on the each country’s policy to reducing the risk of mother-to-child transmission and may or may not include antiretrovirals for newborn children; regardless, the data will be highly indicative of progress on national commitments to PMTCT.

This is an UNGASS indicator included in UNAIDS’s *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators* (2005).

Data The UNICEF PMTCT Report Card 2005, which collected data from 56 non-industrialized countries, is a primary source of information. The 57 countries includes 14 West and Central African countries, 16 Eastern and Southern Africa countries, one South Asia country, eight East Asia and Pacific countries, eight Latin America and Caribbean countries and nine CEE/CIS countries.

UN Member States submitted new data as part of their 2005 UNGASS reporting commitments. However, this data paralleled the findings documented in the PMTCT Report Card. It is important to note that the need for data from additional countries is high. (The measurement tool used to collect data for this indicator is facility surveys and program reports.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	RED	n.s.
	West and Central Africa	RED	n.s.
	Eastern and Southern Africa	RED	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	RED	n.s.
	East Asia and Pacific	RED	n.s.
	Latin America and Caribbean	RED	n.s.
	CEE/CIS	RED	n.s.

(n.s. = not specified due to lack of information)

Highlights

- The number/percentage of all HIV-exposed newborn babies receiving ART prophylaxis is substantially lower than the number/percentage of HIV positive pregnant women who receive ART prophylaxis.
- Although considerable improvements are necessary, the performance of countries in the CEE/CIS region is significantly better than all other regions.
- The situation for both HIV infected pregnant women and HIV-exposed newborn babies in West and Central Africa is particularly distressing with only 1.3% of HIV infected pregnant women and 0.6 percent of their babies receiving ART prophylaxis.

References

- UNICEF, 2005. PMTCT Report Card
- UNAIDS, 2006. Country Response Information System (CRIS).

Health (continued)

Three indicators

Indicator HIV Treatment for Children: Antiretroviral Combination Therapy

Background This indicator measures the percentage of children (0 through 17) receiving antiretroviral combination therapy. As the availability of treatment increases in developing countries through initiatives such as MAP and PEPFAR, it is important to track the impact on children living with HIV/AIDS and ensure that they are receiving treatment.

This is a new indicator drawn from strategies/activities outlined in *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* (2004). The language for the indicator is derived from an existing UNGASS indicator: Percentage of people with advanced HIV infection receiving antiretroviral combination therapy.

Data Very limited data is available and this indicator is not currently included in the most widely used data collection systems. It is central to the response for children affected by HIV/AIDS that steps are taken to collect accurate data on the percentage of children receiving antiretroviral combination therapy. A 2004 UNICEF/WHO Technical Consultation on paediatric ARV formulations concluded that the "lack of data hampers the ability of planning and procurement for HIV treatment and care programmes. In addition, the insufficient articulation of the burden of paediatric disease has delayed both the political and technical response, as reflected in the absence of a paediatric focus in national plans, targets and care strategies." (The measurement tool used to collect data for this indicator is program reports.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	n.s.	n.s.
	Eastern and Southern Africa	n.s.	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights • Not currently available.

References • None.

Health (continued)

Three indicators

Indicator **Young People: Knowledge about HIV Prevention**

Background This indicator measures the percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission. Rejecting major misconceptions about modes of HIV transmission is as important as correct knowledge of true modes of transmission. For example, belief that HIV is transmitted through mosquito bites can weaken motivation to adopt safer sexual behavior, while belief that HIV can be transmitted through sharing food reinforces the stigma faced by people living with AIDS.

This is an UNGASS indicator included in UNAIDS's *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators* (2005). It is also one of the six Millennium Development Indicators for HIV/AIDS.

Data Limited data is available. Since 2000, surveys have captured this data in 53 countries, including 18 West and Central African countries, 16 Eastern and Southern Africa countries, one Middle East and North African country, one South Asia country, four East Asia and Pacific countries, six Latin America and Caribbean countries and seven CEE/CIS countries. The need for data from additional countries and for more recent data from all countries is very high.

Despite the fact that UN Member States submitted new data as part of their 2005 UNGASS reporting commitments, the quantity of information was limited, further reinforcing the need to improve data collection, particularly in high prevalence countries. (The measurement tool used to collect data for this indicator is household surveys.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	RED	n.s.
	West and Central Africa	RED	n.s.
	Eastern and Southern Africa	RED	n.s.
	Middle East and North Africa	RED	n.s.
	South Asia	RED	n.s.
	East Asia and Pacific	RED	n.s.
	Latin America and Caribbean	RED	n.s.
	CEE/CIS	RED	n.s.

(n.s. = not specified due to lack of information)

Highlights

- The percentage of females aged 15-24 who both correctly identified ways of preventing the sexual transmission of HIV and who rejected major misconceptions about HIV transmission exceed 50% in only one country with 53 countries reporting data disaggregated by gender.

References

- UNAIDS, 2006. Country Response Information System (CRIS).
- Measure/DHS, 2006. HIV/AIDS Survey Indicators Database.

Nutrition

One indicator

Indicator **Food Security**

Background This indicator measures the ratio of food insecure households with children affected by HIV/AIDS compared to households without children affected by HIV/AIDS. The link between HIV/AIDS and food insecurity is well established, including how HIV/AIDS within a household can lead to food insecurity and how food insecurity accelerates the impact of HIV/AIDS on households and individuals within those households. This indicator measures the food security of the household as a whole as opposed to the food security status of the children.

This is one of the additional indicators in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS (2005)*.

Data Very limited data is available and this indicator is not currently included in the most widely used data collection systems. The lack of data on food security has a negative impact on the ability of organizations and individuals to understand the breadth and depth of the problem and to implement appropriate solutions. (The measurement tool used to collect data for this indicator is household surveys.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	n.s.	n.s.
	Eastern and Southern Africa	n.s.	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights

- Not currently available.

References

- None.

Psychosocial Support

One indicator

Indicator **Emotional and/or Psychological Support**

Background This indicator measures the percentage of children affected by HIV/AIDS (ages 0 through 17) receiving external emotional and/or psychological support. External support is defined as free help coming from a source other than friends, family or neighbors, unless they are working for a community-based group or organization.

Although this is a new indicator, it is a simple modification of an existing one. This modified indicator focuses on one category of external support – emotional/psychological – that is part of the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (2005). The new/modified indicator is also similar to an UNGASS indicator included in UNAIDS's *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators* (2005).

Data Very little data is currently available. Data was submitted by only eight UN Member States as part of their 2005 UNGASS reporting commitments. The eight countries include three West and Central African countries and five Eastern and Southern Africa countries. The quantity of information available on this indicator is extremely limited, which further reinforces the need to improve data collection, particularly in high prevalence countries. (The measurement tool used to collect data for this indicator is household surveys.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	RED	n.s.
	Eastern and Southern Africa	RED	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights

- None of the eight countries reporting data reaches more than 25% of its orphans and vulnerable children with external support. Three of them reach fewer than 10%. (It is important to note that the UNGASS data does not disaggregate by emotional and/or psychological support; consequently, it is very likely that the percentage of orphans and vulnerable children reach specifically with this type of external support is lower than the overall figure.)

References

- UNAIDS, 2006. Report on the Global AIDS Epidemic.

Household Capacity

Two indicators

Indicator **Basic Material Needs**

Background This indicator measures the ratio of OVC versus non-OVC who have three minimum basic material needs for personal care. The basic material needs in this indicator are generally considered to be a blanket, shoes and two sets of clothes. This list may differ from country to country. However, the basic intent of the indicator is the same in all countries: to assess the capacity of families to provide basic material needs for children under their care.

This is one of the core indicators in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (2005).

Data Very limited data is available and this indicator is not currently included in the most widely used data collection systems. Given general concerns about the quality of life facing large numbers of children affected by HIV/AIDS, the lack of data on the provision of basic material needs minimizes the problem and reduces the likelihood of effectively addressing it. (The measurement tool used to collect data for this indicator is household surveys.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	n.s.	n.s.
	Eastern and Southern Africa	n.s.	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights • Not currently available.

References • None.

Household Capacity (continued)

Two indicators

Indicator **Social Security**

Background This indicator measures the availability of cash grants from government to families caring for orphans and vulnerable children. Although this indicator does not specifically address payments for children affected by HIV/AIDS, it does capture data on a population that will include many children affected by the epidemic. In the future, a more precise indicator may be developed; for example, an indicator measuring the percentage of families caring for children affected by HIV/AIDS that receive special payments from the government.

This is a new indicator that will use data collected as part of a coverage survey on orphans and vulnerable children being conducted in 40 countries by Futures Group in the second quarter of 2006. This survey will build on lessons learned from a previous survey, which was documented in the publication, "Coverage of Selected Services for HIV/AIDS Prevention, Care and Support in Low and Middle Income Countries in 2003."

Data Data on 40 countries will be available when the coverage survey is completed. It would be possible and beneficial to use this tool to collect data in additional non-industrialized countries on a regular basis. The value of having data from these countries is very high. Currently, the coverage survey is not conducted on regular basis, which raises the issue of how to ensure that this valuable data is collected at reasonable intervals. (The measurement tool used to collect data for this indicator is targeted surveys of government ministries and non-governmental organizations.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	n.s.	n.s.
	Eastern and Southern Africa	n.s.	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights • Not currently available.

References • Futures Group, 2006, Orphans and Vulnerable Children Coverage Survey.

Community Capacity

Two indicators

Indicator External Support for Children Affected by HIV/AIDS

Background This indicator measures the percentage of orphans and vulnerable children aged under 18 living in households where a basic external support package has been received. This support can come in the form of medical support, school-related assistance, emotional/psychological support and other social support, including socioeconomic support and/or instrumental support such as household assistance, childcare and legal services.

This is one of the core indicators in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (2005). It is also an UNGASS indicator included in UNAIDS's *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on Construction of Core Indicators* (2005).

Data Very little data is currently available. UN Member States submitted new data as part of their 2005 UNGASS reporting commitments. However, the quantity of information is very limited, further reinforcing the need to improve data collection, particularly in high prevalence countries. (The measurement tool used to collect data for this indicator is household surveys.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	RED	n.s.
	Eastern and Southern Africa	RED	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights

- Not currently available.

References

- UNAIDS, 2006. Country Response Information System (CRIS).

Community Capacity (continued)

Two indicators

Indicator Non-Institutional Care

Background This indicator measures the availability of functioning, adoptive, foster and other types of non-institutional care mechanisms in place in communities for children without caregivers, which has become particularly urgent in communities with large and growing orphan populations. This type of care may be required for some children who are unable to access family-based care within their own communities, even on a temporary basis.

This is a new indicator drawn from strategies/activities outlined in *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* (2004). This indicator should be considered to be “under development,” with ongoing work to define key terminologies and standards.

Data Very limited data is available and this indicator is not currently included in the most widely used data collection systems. However, data supporting this indicator is critical to an understanding of community capacity, particularly in high prevalence countries where families may not be able to bring additional children into their extended households. (The measurement tools used to collect data for this indicator are household surveys and program reports.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	n.s.	n.s.
	Eastern and Southern Africa	n.s.	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights

- Not currently available.

References

- None.

Resources

One indicator

Indicator **Program Funding for Children Affected by HIV/AIDS**

Background This indicator measures funding for programs for children affected by HIV/AIDS including the expenses, transfers and investments to provide PMTCT, ARV treatment, education, health care support, family/home support, community support, administrative support, etc. It uses relevant data collected by different resource tracking tools to estimate the funding at the national level for these programs in aggregate.

This is a new indicator that uses data collected by the National AIDS Spending Assessment (NASA), which is itself a new tool in the final stages of development by UNAIDS. The NASA is designed to measure HIV/AIDS funding across a national response, including funding for programs for children affected by HIV/AIDS. The National AIDS Spending Assessment is based on and is consistent with standardized methods, definitions and accounting rules of globally available and internationally accepted systems, including the System for National Accounts (SNA), National Health Accounts (NHA) and National AIDS Accounts (NAA).

This indicator will also incorporate data from other resource tracking mechanisms such as the refined orphan and vulnerable children cost model developed by Futures Group to monitor expenditures line by line against the budgets for National Plans of Action.

Data Very limited data is available. Different resource tracking tools are currently being fine-tuned and tested. Additional data will be available during 2006. However, it is likely that the quantity of information will be very limited, further reinforcing the need to improve data collection, particularly in high prevalence countries. (The measurement tools used to collect resource data are government records, NGO surveys, household surveys and program reports.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	n.s.	n.s.
	Eastern and Southern Africa	n.s.	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights • Not currently available.

References • UNAIDS, 2006, National AIDS Spending Assessments.

Protection

One indicator

Indicator **Stigma and Discrimination**

Background This indicator measures the percentage of people expressing accepting attitudes towards people with HIV, of all people surveyed aged 15-49. Stigma and discrimination undermine support to children affected by HIV/AIDS; for example, studies have found that families cut themselves off from social support networks in order to avoid stigma and discrimination.

This is one of the additional indicators in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by HIV/AIDS* (2005).

Data Limited data is available. Since 2000, surveys have captured this data in only seven countries, including three West and Central African countries and four Eastern and Southern Africa countries. The need for data from additional countries and for more recent data from all countries is very high. (The measurement tool used to collect data for this indicator is household surveys.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	RED	n.s.
	Eastern and Southern Africa	YELLOW	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights

- Although stigma and discrimination is a serious problem in surveyed countries, accepting attitudes towards people with HIV are significantly higher among men than among women.

References

- Measure/DHS, 2006. HIV/AIDS Survey Indicators Database.

Institutional care and shelter

One indicator

Indicator Institutional Care and Shelter

Background This indicator measures the percentage of children affected by HIV/AIDS (ages 0 through 17) living in institutional facilities. It is based on the principle that children are placed in institutional care only when no better placement options are possible, and only on an interim basis until a family or community placement can be made. This indicator is a valuable counterpoint to the indicator for non-institutional care also included in the Progress Report.

This is a new indicator drawn from strategies/activities outlined in *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV/AIDS* (2004). This indicator should be considered to be “under development,” with ongoing work to define key terminologies and standards.

Data Very limited data is available and this indicator is not currently included in the most widely used data collection systems. Similar to the data collected for the indicator on non-institutional care, data supporting this indicator can provide valuable insight into community capacity to care for children affected by HIV/AIDS, particularly in high prevalence countries where families may not be able to bring additional children into their extended households. (The measurement tools used to collect data for this indicator are facility surveys and program reports.)

Scoring	<u>Location</u>	<u>Performance</u>	<u>Trend</u>
	Global	n.s.	n.s.
	West and Central Africa	n.s.	n.s.
	Eastern and Southern Africa	n.s.	n.s.
	Middle East and North Africa	n.s.	n.s.
	South Asia	n.s.	n.s.
	East Asia and Pacific	n.s.	n.s.
	Latin America and Caribbean	n.s.	n.s.
	CEE/CIS	n.s.	n.s.

(n.s. = not specified due to lack of information)

Highlights

- Not currently available.

References

- None.

Annex A

OVC Policy and Planning Effort Index

Region	Country	Total OVC Index Score	Source	Year
West and Central Africa (23 countries)	Benin	35	OVC Effort Index	2004
	Burkina Faso	52	OVC Effort Index	2004
	Cameroon	27	OVC Effort Index	2004
	Cape Verde	22	OVC Effort Index	2004
	Central African Republic	47	OVC Effort Index	2004
	Chad	26	OVC Effort Index	2004
	Congo	44	OVC Effort Index	2004
	Congo (DRC)	48	OVC Effort Index	2004
	Côte d'Ivoire	68	OVC Effort Index	2004
	Equatorial Guinea	14	OVC Effort Index	2004
	Gabon	45	OVC Effort Index	2004
	Gambia	77	OVC Effort Index	2004
	Ghana	72	OVC Effort Index	2004
	Guinea	63	OVC Effort Index	2004
	Guinea-Bissau	26	OVC Effort Index	2004
	Liberia	64	OVC Effort Index	2004
	Mali	28	OVC Effort Index	2004
	Mauritania	38	OVC Effort Index	2004
	Niger	39	OVC Effort Index	2004
	Nigeria	46	OVC Effort Index	2004
	Senegal	25	OVC Effort Index	2004
	Sierra Leone	31	OVC Effort Index	2004
	Togo	40	OVC Effort Index	2004
Eastern and Southern Africa (13 countries)	Burundi	59	OVC Effort Index	2004
	Ethiopia	57	OVC Effort Index	2004
	Lesotho	38	OVC Effort Index	2004
	Malawi	49	OVC Effort Index	2004
	Mozambique	41	OVC Effort Index	2004
	Namibia	73	OVC Effort Index	2004
	Rwanda	79	OVC Effort Index	2004
	South Africa	69	OVC Effort Index	2004
	Swaziland	72	OVC Effort Index	2004
	Tanzania	55	OVC Effort Index	2004
	Uganda	65	OVC Effort Index	2004
	Zambia	29	OVC Effort Index	2004
	Zimbabwe	63	OVC Effort Index	2004
Global	36 countries reporting			

Orphan School Attendance Ratio

Region	Country	Ratio of orphans to non-orphans who are in school – mother and father both dead	Source	Year
West and Central Africa (16 countries)	Burkina Faso	1.09	DHS	2003
	Cameroon	0.99	DHS	2004
	Central African Republic	0.91	MICS	2000
	Congo (DRC)	0.72	MICS	2000
	Côte d'Ivoire	0.83	MICS	2000
	Equatorial Guinea	0.95	MICS	2000
	Gabon	0.98	DHS	2001
	Gambia	0.85	MICS	2000
	Ghana	0.79	DHS	2003
	Guinea	1.13	DHS	1999
	Guinea-Bissau	1.03	MICS	2000
	Mali	1.04	DHS	2001
	Nigeria	0.64	DHS	2003
	Senegal	0.74	MICS	2000
	Sierra Leone	0.71	MICS	2000
	Togo	0.96	MICS	2000
Eastern and	Angola	0.90	MICS	2000

Southern Africa (19 countries)	Botswana	0.99	Census	2001
	Burundi	0.70	MICS	2000
	Comoros	0.59	MICS	2000
	Eritrea	0.83	DHS	2002
	Ethiopia	0.60	DHS	2000
	Kenya	0.95	DHS	2003
	Lesotho	0.87	MICS	2000
	Malawi	0.93	DHS	2000
	Madagascar	0.76	DHS	2003
	Mozambique	0.80	DHS	2003
	Namibia	0.92	DHS	2001
	Rwanda	0.80	MICS	2000
	Somalia	0.65	MICS	2000
	Swaziland	0.91	MICS	2000
	Tanzania	0.82	AI5	2003
Uganda	0.95	DHS	2000	
Zambia	0.92	SBS	2003	
Zimbabwe	0.98	Census	2002	
Middle East and North Africa (1 country)	Sudan	0.96	MICS	2000
East Asia and Pacific (2 countries)	Cambodia	0.71	DHS	2000
	Indonesia	0.82	DHS	2002
Latin America and Caribbean (5 countries)	Dominican Republic	0.96	DHS	2002
	Guatemala	0.98	DHS	1999
	Haiti	0.87	DHS	2000
	Peru	0.85	DHS	2000
	Suriname	0.89	MICS	2000
Global	43 countries reporting			

Prevention of Mother-to-Child Transmission: Antiretroviral Prophylaxis

Region	Country	Percentage of HIV-infected pregnant women receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission	Source	Year
West and Central Africa (14 countries)	Burkina Faso	2.9	PMTCT RC	2005
	Cameroon	10.5	PMTCT RC	2005
	Central African Republic	1.2	PMTCT RC	2005
	Congo	3.3	PMTCT RC	2005
	Congo (DRC)	0.8	PMTCT RC	2005
	Ghana	0.8	PMTCT RC	2005
	Guinea	1.3	PMTCT RC	2005
	Liberia	0.0	PMTCT RC	2005
	Mali	0.8	PMTCT RC	2005
	Nigeria	0.1	PMTCT RC	2005
	Sao Tome	2.7	PMTCT RC	2005
	Senegal	0.0	PMTCT RC	2005
	Sierra Leone	0.4	PMTCT RC	2005
Togo	1.8	PMTCT RC	2005	
Eastern and Southern Africa (16 countries)	Botswana	50.4	PMTCT RC	2005
	Burundi	1.7	PMTCT RC	2005
	Eritrea	1.2	PMTCT RC	2005
	Ethiopia	1.0	PMTCT RC	2005
	Kenya	20.2	PMTCT RC	2005
	Lesotho	4.4	PMTCT RC	2005
	Malawi	3.4	PMTCT RC	2005
	Mozambique	3.2	PMTCT RC	2005
	Namibia	6.3	PMTCT RC	2005
	Rwanda	20.5	PMTCT RC	2005
	South Africa	22.1	PMTCT RC	2005
	Swaziland	4.1	PMTCT RC	2005
	Tanzania	0.0	PMTCT RC	2005
	Uganda	12.1	PMTCT RC	2005
	Zambia	16.0	PMTCT RC	2005
Zimbabwe	5.1	PMTCT RC	2005	

South Asia (1 country)	India	3.6	PMTCT RC	2005
East Asia and Pacific (8 countries)	Cambodia	3.6	PMTCT RC	2005
	China	1.8	PMTCT RC	2005
	Indonesia	1.3	PMTCT RC	2005
	Lao	5.4	PMTCT RC	2005
	Malaysia	25.9	PMTCT RC	2005
	Myanmar	4.7	PMTCT RC	2005
	PNG	4.5	PMTCT RC	2005
	Thailand	59.3	PMTCT RC	2005
Latin America and Caribbean (8 countries)	Brazil	49.2	PMTCT RC	2005
	Dominican Republic	25.6	PMTCT RC	2005
	Guatemala	0.4	PMTCT RC	2005
	Guyana	16.6	PMTCT RC	2005
	Haiti	5.6	PMTCT RC	2005
	Jamaica	89.7	PMTCT RC	2005
	Peru	8.6	PMTCT RC	2005
	Suriname	2.6	PMTCT RC	2005
CEE/CIS (9 countries)	Belarus	35.0	PMTCT RC	2005
	Georgia	77.8	PMTCT RC	2005
	Kazakhstan	13.7	PMTCT RC	2005
	Moldova	83.8	PMTCT RC	2005
	Romania	52.5	PMTCT RC	2005
	Russian Federation	87.5	PMTCT RC	2005
	Serbia	12.1	PMTCT RC	2005
	Ukraine	87.0	PMTCT RC	2005
	Uzbekistan	0.0	PMTCT RC	2005
Global	56 countries reporting			

Young People: Knowledge about HIV Prevention

Region	Country	Percentage of young people aged 15-24 who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission		Source	Year
		Female	Male		
West and Central Africa (18 countries)	Benin	8	14	DHS	2001
	Burkina Faso	15	23	DHS	2003
	Cameroon	27	34	DHS	2004
	Central African Republic	5	--	MICS	2000
	Chad	8	21	DHS	2004
	Côte d'Ivoire	16	--	MICS	2000
	Equatorial Guinea	4	--	MICS	2000
	Gabon	24	22	DHS	2000
	Gambia	15	--	MICS	2000
	Ghana	38	44	DHS	2003
	Guinea-Bissau	8	--	MICS	2000
	Mali	9	15	DHS	2001
	Niger	5	--	MICS	2000
	Nigeria	18	21	DHS	2003
	Sao Tome and Principe	11	--	MICS	2000
Senegal	13	--	MICS	2000	
Sierra Leone	16	--	MICS	2000	
	Togo	20	--	MICS	2000
Eastern and Southern Africa (19 countries)	Angola	35	43	UNGASS	2005
	Botswana	40	33	BAIS	2001
	Burundi	24	--	MICS	2000
	Comoros	10	--	MICS	2000
	Eritrea	37	--	DHS	2002
	Kenya	34	47	DHS	2003
	Lesotho	18	--	MICS	2000
	Madagascar	19	16	DHS	2003
	Malawi	36	24	UNGASS	2005
	Mozambique	20	33	DHS	2003

	Namibia	31	41	DHS	2000
	Rwanda	23	20	DHS	2000
	Somalia	8	13	UNGASS	2005
	South Africa	20	--	UNGASS	2003
	Swaziland	27	--	MICS	2000
	Tanzania	44	49	AIS	2003
	Uganda	28	40	DHS	2000
	Zambia	31	33	DHS	2001
	Zimbabwe	54	56	UNGASS	2005
Middle East and North Africa (1 country)	Morocco	12	--	DHS	2003
South Asia (1 country)	India	21	17	BSS	2001
East Asia and Pacific (4 countries)	Cambodia	37	--	DHS	2000
	Indonesia	7	--	MICS	2000
	Mongolia	5	2	UNGASS	2005
	Viet Nam	42	50	DHS	2005
Latin America and Caribbean (9 countries)	Barbados	1*	1*	UNGASS	2005
	Bolivia	--	18	DHS	2003
	Brazil	58**	58**		
	Cuba	52	--	MICS	2000
	Dominican Republic	33	--	UNGASS	2003
	Guyana	36	--	MICS	2000
	Haiti	15	28	DHS	2000
	Suriname	27	--	MICS	2000
	Trinidad & Tobago	33	--	MICS	2000
CEE/CIS (8 countries)	Albania	0	--	MICS	2000
	Armenia	7	8	DHS	2000
	Azerbaijan	2	--	MICS	2000
	Moldova, Republic of	19	--	MICS	2000
	Russian Federation	48***	48***	UNGASS	2005
	Tajikistan	1	--	MICS	2000
	Turkmenistan	3	--	DHS	2000
	Uzbekistan	8	7	DHS	2002
Global	60 countries reporting				

* Figure is not disaggregated by gender; 1% of young women and men (aged 15-24) combined.

** Figure is not disaggregated by gender; 58% of young women and men (aged 15-24) combined.

*** Figure is not disaggregated by gender; 48% of young women and men (aged 15-24) combined.

External Support for Children Affected by HIV/AIDS

Region	Country	Percentage of orphaned and vulnerable children whose households receive free basic external support in caring for the child.	Source	Year
West and Central Africa (3 countries)	Chad	0.52	UNGASS	2005
	Congo (DRC)	2	UNGASS	2005
	Togo	10	UNGASS	2000
Eastern and Southern Africa (4 countries)	Kenya	10	UNGASS	2003
	Lesotho	25	UNGASS	2000
	Madagascar	12.5/7.4	UNGASS	2003
	Zambia	13.4	UNGASS	2003
Global	7 countries reporting			

Stigma and Discrimination

Region	Country	Accepting attitudes towards those living with HIV; composite of 4 components.		Source	Year
		Female	Male		
West and Central Africa (3 countries)	Cameroon	9	18	DHS	2004
	Ghana	8	14	DHS	2003
	Nigeria	3	7	DHS	2003
Eastern and Southern Africa (4 countries)	Kenya	27	39	DHS	2003
	Mozambique	8	16	DHS	2003
	Tanzania	27	37	AIS	2003
	Zambia	24	--	SBS	2003
Global	7 countries reporting				

Annex B.

Notes on the Methodology

Introduction

The methodology underlying the *Progress Report for Children Affected by HIV/AIDS* was designed to make it a versatile and easy-to-use tool that provides a compelling snapshot of the current state of the response to HIV/AIDS as it relates to children, both affected and infected. The methodology reflects the input provided by a range of technical experts since the 2004 Global Partners' Forum on Orphans and Vulnerable Children; however, it does differ from the approach envisioned in an internal UNICEF report from June 2005. The revised methodology focuses more on an overview of the response designed to engage an audience of decision-makers, opinion leaders and other key players at the national, regional and global levels; it also provides a gateway to more detailed information about the response for organizations and individuals – such as program planners and M&E officers – who are interested in specific issues.

The fundamental logic behind the development of the Progress Report has been consistent since the initial recommendation was made at the 2004 Global Partners' Forum. The Progress Report has generally been positioned as a tool to help mobilize and track national/global action and resource commitments on behalf of children and AIDS. The structure of the Report outlined in this document is closer to the "report card" format, which was recommended at the Global Partners' Forum, without relying on the Forum's recommended use of letter grades to indicate current performance.

Background

A proposed methodology for the Progress Report was published in draft form in 2005. This reflected input from and discussions with a range of experts from earlier in the year, including a technical meeting and a teleconference with members of the Inter-Agency Task Team on Children Affected by HIV/AIDS in May. The methodology identified a set of data collection tools to measure effort, resource allocations, coverage and impact. Specific tools included: 1) the *Orphans and Vulnerable Children Policy and Planning Effort Index*, which is a core indicator in the *Guide to Monitoring and Evaluation of the National Response for Children Orphaned and Made Vulnerable by AIDS* ("Guide to Monitoring and Evaluation"); 2) a coverage survey – *Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries in 2003* – produced under the auspices of the POLICY Project; 3) the UNAIDS publication, *Progress Report on the Global Response to the HIV/AIDS Epidemic, 2003*; and 4) various surveys, including MICS (Multiple Indicator Cluster Surveys), DHS (Demographic and Health Surveys) and AIS (AIDS Indicator Surveys). Resource tracking data and additional information on the state of the situation of orphans and vulnerable children and the state of the response, drawn from a literature review, were also positioned as data collection tools underpinning the methodology.

As work continued on the Progress Report, it became clear that the Report risked becoming unnecessarily complicated. While the fundamental methodology was sound (i.e., the use of various existing data sources), the proposed breakdown of the Report into discrete sections based on data sources reduced its value as an integrated, readily accessible and easily usable "report card" that reflected progress – or the lack of progress – in the national/global response. If the Progress Report was going to be a useful tool for mobilizing and tracking national/global action and resource commitments, it should highlight an integrated set of indicative issues; it should focus its attention on a sub-set of issues that would resonate with decision-makers and opinion leaders.

It also became clear that the Progress Report was not meshing with existing perspectives on the issue of children affected by HIV/AIDS. In fact, a review indicated that the structure of the Progress Report risked "reinventing the wheel" more than it was building on existing/valuable paradigms. And there was concern that the Progress Report was becoming a stand-alone piece, which was not linked to existing positions and perspectives found in documents such as the *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* ("The Framework")¹ or the *Guide to Monitoring and Evaluation*. There should be no doubt that the Progress Report will supplement these documents, not replace them.

¹ *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, UNICEF and Expert Working Group of the Global Partners Forum for Orphans and Vulnerable Children, 2004.

Building on Existing/Valuable Paradigms

A challenge in structuring a persuasive Progress Report is categorizing the findings. As mentioned above, the categories or sections of the Report have, to date, been defined by data sources or data collection tools. For example, the section on government effort was based on data from the Orphans and Vulnerable Children Policy and Planning Effort Index; the section on coverage was based on data from the Orphans and Vulnerable Children coverage survey. While the logic of this structure is obvious, it does not allow critical data to be presented in an integrated or summary format that can easily demonstrate the breadth and depth of the current response. Equally important, this structure does not build on any existing categories for classifying data already in use by UNICEF and its partners.

The Framework, however, does include a set of ten domains (i.e., categories) for national level indicators that can and should provide a solid structure for the Progress Report. The same ten domains/categories are also used in the *Guide to Monitoring and Evaluation*. These domains/categories are: 1) policies and strategies, 2) education, 3) health, 4) nutrition, 5) psychosocial support, 6) family capacity, 7) community capacity, 8) resources, 9) protection and 10) institutional care and shelter. While it is possible to debate the scope and the merits of these categories, it should be noted that a significant amount of time and energy was spent defining them for *The Framework*, which was underscored by their use in the *Guide to Monitoring and Evaluation*. And the value of building on an existing platform – instead of creating a new one – should not be underestimated.

Given that the ten domains were a valid structure for the Report, the next step was to identify key data points within each category that are relevant to the national/global response. In keeping with the aim to build on existing efforts, a review of current and applicable documentation, including key activities from *The Framework*, indicators from the *Guide to Monitoring and Evaluation*, UNGASS indicators, UNAID's new National AIDS Spending Assessment (NASA) and questions for the upcoming Orphans and Vulnerable Children coverage survey, led to the development of a list of 70 indicators across the ten categories. It was important to aggregate indicators from a range of sources because no one source covered all of the issues relevant to the Progress Report. For example, the *Guide to Monitoring and Evaluation*, as comprehensive as it is, does not include indicators of key issues such as resource commitments, children receiving ARVs or children receiving psychosocial support.

70 indicators are too many for a versatile, easy-to-use Progress Report, particularly when many of those indicators are not supported by data. Consequently, a team selected 15 of these indicators from across the ten categories as the backbone of the Progress Report; see Figure 1 below. The criteria used for selecting the 15 indicators included the importance of having at least one indicator in each of the ten categories, the value of limiting the total number (and a recognition that 15 may be too many), the advantage of drawing from different data sources and the plan to add or drop indicators from the core list as the response unfolds. There was also an underlying assumption that the Progress Report is a starting point – for discussion, debate, advocacy, action, further investigation – and not an end in itself.

Data for the 15 core indicators will be collected from multiple sources, including MICS, DHS, AIDS Information Survey, the RAAAP and RAAAP² exercises, the Orphans and Vulnerable Children coverage survey and the UNAIDS Progress Report on the Global Response to the HIV/AIDS Epidemic, 2005. Reliable data is not currently available for all of the core indicators. For example, data on food security (Indicator #7) is extremely limited. However, a lack of current data should not disqualify an indicator from the core list. It would be misleading if only indicators with adequate and reliable data were included; the fact that critical indicators of the response are unsupported by data does not undermine the value of those indicators. For example, a paradox of the HIV/AIDS response as it relates to children is the disconnect between the number of indicators and the amount of data available for those indicators; there is little or no reliable data for most of the 70 existing indicators. In addition, including an indicator without significant supporting data raises the profile of that issue and makes it more likely that relevant data will be collected in the future.

² RAAAP (The Rapid Assessment, Analysis and Action Planning Process) and RAAAP² collected data on the national response for orphans and vulnerable children in 34 countries in sub-Saharan Africa. The data provided a “snapshot” of government, non-government, and community activities, an analysis of the policy environment and a review of other factors influencing program effectiveness and future scale up in each country.

Figure 1

Policies and strategies

1. Policy and Planning Effort Index

Education

2. Orphan school attendance ratio
3. Percentage of schools with teachers who have been trained in life-skills-based HIV education and who taught it during the last academic year

Health

4. Prevention of mother-to-child transmission
5. Percentage of children on ARVs
6. Percentage of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission

Nutrition

7. Food security

Psychosocial support

8. Percentage of children receiving psychosocial support

Household capacity

9. Basic material needs
10. Access to social security programs

Community capacity

11. External support for children affected by HIV/AIDS
12. Functioning adoptive, foster and other types of non-institutional care mechanisms in place in communities

Resources

13. Percentage of total HIV/AIDS funding dedicated to children's programming

Protection

14. Stigma and discrimination

Institutional care and shelter

15. Percentage of children in institutional facilities

The Report could be published more frequently than the bi-annual schedule envisioned. In fact, it could be updated whenever new data is available that changes the scores of any of the indicators. For example, regular updates could be made on a web-based version of the Progress Report that is supplemented with press announcements to enhance the dissemination of the information. More frequent, web-based updates do not, however, diminish the value of the release of more complete/formal versions of the Report every two years or the value of more in-depth analysis of available data every two to four years.

It is important that the processes involved in the release of any version of the Progress Report are not so cumbersome that they limit the ability of the Report to highlight current information. This will require that a point person or small working group is tasked with regularly consulting with international and national organizations – in both the public and private sectors – with knowledge of new/emerging data that is relevant to the Report. This same person/group should also have the ability to manage any updates to the Progress Report, up to and including the timely release of the updates.

Scoring/Ranking

Although the letter-grade format of a traditional school report card has been discussed and rejected on several occasions during the development process of the Progress Report, there is a need for a universal, easy-to-understand scoring system to indicate the state of the response relative to each of the core indicators. Ideally, this system would show the current status as well as the trend (i.e., illustrating whether the situation is improving, deteriorating or staying the same).

The scoring system has two components: a performance score and a trend score. The performance score uses three color-coded levels: 1) GREEN - Acceptable situation and/or effective response with only minor problems; 2) YELLOW - Satisfactory situation and/or response requiring considerable improvement; and 3) RED - Inadequate situation and/or response with significant shortcomings. The trend score also uses three levels to provide directional indications: 1) the situation/response is IMPROVING; 2) the situation/response is STATIC; and 3) the situation/response is DECLINING. The use of this simple and easily understood scoring system will enable the Progress Report to highlight successes and shortcomings in the existing response without requiring interested parties to sift through dense data constructs.

It is important to note that the scoring system can be highly subjective, particularly given the limited data available on the core indicators. However, with proper checks and balances, the subjective nature of the

scoring should not diminish the accuracy or the value of the Progress Report. In fact, the uncomplicated and transparent structure of the system helps ensure that the performance and the trend scores reflect the underlying data.

In the last technical meeting, held in May 2005, a decision was made to only include data in the Progress Report from countries with an HIV prevalence of 5% or higher. However, as the structure of the Report has evolved, the decision to exclude data from low prevalence countries should be re-examined. Including data from all non-industrialized countries, regardless of their prevalence rate, will yield a broader, more accurate picture of the current state of the response. It will serve as a reminder to low prevalence countries that children should not be marginalized in their responses even if the total number affected is small. It will also allow data from large countries with lower prevalence rates but high numbers of infected and affected adults and children to be included in the Report.

This more expansive approach gives scores for each of the 15 core indicators on a global basis and for each of seven regions: West and Central Africa, Eastern and Southern Africa, Middle East and North Africa, South Asia, East Asia and Pacific, Latin America and Caribbean and CEE/CIS. (Excepting the split of Sub-Saharan Africa into two regions, this regional breakdown matches the one used in UNICEF's *The State of the World's Children 2006*.)

Country scores will appear in an annex. In keeping with the long-standing recommendation of the technical experts involved in the development of the Progress Report, countries will not be ranked. However, examples of exceptional performance and/or best practices could be highlighted in order to provide additional insights for individual indicators. Where warranted, significant gaps or failures – including but not limited to the lack of data on critical indicators – could also be highlighted.

Additional Indicators

There are certainly indicators, which are not part of the Progress Report, that are valuable; however, it would be a mistake to include them as additional indicators in the Report because they would distract from the core set. However, it may be possible to reference other indicators in the Report as points of interest for national-level agencies and organizations responsible for the monitoring and evaluation of specific components of the response. In addition, the various indicators related to the National AIDS Spending Assessment will certainly be raised with national governments as part of UNAID's ongoing efforts. In order to maintain the focus and integrity of the Progress Report, the temptation to expand the number of indicators should be resisted. It would be preferable to periodically revise the list of core indicators as necessary to ensure that the Report remains relevant.

Conclusion

The Progress Report is best positioned as a starting point – for discussion, debate, advocacy, action, further investigation – and not as an end in itself. The Report is a snapshot of the current state of the response as it relates to children and, as such, its power comes from its currency and its ability to call attention to an integrated set of issues in a persuasive and easy-to-understand format. The Report brings together data and insights from across the response, while also serving as a gateway to the more detailed reports, which provide more information about specific areas of the response. In addition, the Report will be able to track trends as it is updated over time.

By using a straightforward scoring system, the Progress Report can dramatically illustrate the serious shortcomings in the existing response without requiring decision-makers, opinion leaders and other interested parties to sift through dense data constructs. At its best, the Progress Report offers a compelling and dynamic perspective on the response that highlights key issues and prompts much-needed actions.