

GARPR 2017 redesign (DRAFT)

User Experience Requirements

August 31, 2016

1. Introduction and context

We are at a pivotal moment in history, when countries are committed to ending the AIDS epidemic as a public health threat by 2030. This global goal, which is *a priori* achievable, implies a scale up in achieving specific targets by 2020, known as the “Fast Track” targets. These targets include, for example, achieving the “Three 90s” -- where 90% of HIV-positive people know their status, 90% of people knowing their status are on antiretroviral treatment (ART), and 90% of those people on ART have their viral load suppressed, preventing the virus from being passed on. Another target is to eliminate mother-to-child transmission of the virus and to ensure no babies are born HIV positive. These Fast Track targets are achievable, but it will require a concerted effort from all involved to monitor progress and adjust course rapidly. It is for this reason that UNAIDS is investing in providing a top-quality visualization tool for the National Rapporteurs in the National AIDS Commissions, in order to influence the response knowledgeably, responsibly and effectively. This document provides information about the GARPR re-design project, about the overall context or ecosystem into which it fits, provides some requirements specifications as well as the project timeline, and defines the benefits and metrics for a successful project.

2. About the GARPR re-design project

The Global AIDS Response Progress Reporting ([GARPR](#)) system is the core, global on-line tool for country reporting of data about the AIDS response. GARPR has been in production for 4 years, with the 2015 version bringing a robust and responsive platform for data entry and the 2016 (current) version providing the tools for the [latest indicator set](#). Each new version of GARPR has focused on ensuring reporting against an up-to-date, comprehensive set of indicators and on improving the speed and performance of the core tool for data entry. For 2017, an update to the core platform to reflect the new indicators is required, in addition to the visualization capability described below that is required for the national rapporteurs.

The current tool (Annex 1 - Screenshots), while comprehensive, does not have the ability to present the data being captured in a very meaningful way to the National Rapporteurs (Annex 2). The Rapporteurs are responsible for taking the data and preparing reports that will influence their country’s HIV policy and programmes based on the the data. The data must tell the right story for each rapporteur to influence national policy effectively. Ultimately, the new GARPR will support compiling the data on the AIDS response, allow analysis and visualization of the key information, and facilitate consultation on and joint understanding of progress.

Currently, developing this analysis and visual reports requires a time-intensive consultancy in each country that can often cost between USD 6,000 and 9,000 to put together. In addition, because there is no graphical feedback at the time of data entry, there is scope for errors to be introduced. With the new GARPR, national rapporteurs would have a consultation platform where key data is presented with time trends and they can produce analysis per topic (incl. adding narratives as may be required).

The successful new GARPR will:

- ✓ Enable the National AIDS Council (NAC) and rapporteurs to use their data rapidly to influence policy and programmes
- ✓ Reduce data entry errors and minimize the data entry effort of data clerks
- ✓ Reduce the cost of analytics through simplified automation and visualization.

The proposed overall approach for the GARPR re-design project, in order to minimize interdependency, risk, and cost, is to develop a separate visualization tool targeting the National Rapporteurs (see Annexes 2 & 3), which can be linked from the existing input tool. The existing tool will remain as it is (as shown in Annex 1) for the current revision. Once UNAIDS has satisfactory user feedback from that, we can look to merge the two tools (the input and visualization systems), if appropriate, in 2018.

The ultimate vision, in simple words, is to create the “Online Tax Preparation Software” equivalent for HIV monitoring & evaluation -- to make the process of data entry and visualization easy, fun and productive, while the back-end accounts for the formal indicators in the response and is updated on a yearly basis, just as the detailed tax code is updated yearly.

The new tool will need a name / brand that will resonate with the National Rapporteurs. Our working title is “GARPR dashboard”.

Options that will need to be considered based on the UX design and specification will be whether to develop custom tools, or whether an existing data visualization suite would be a better platform -- issues to consider will be overall speed to deliver the product, lowest possible maintenance requirements and whether there is an ongoing licensing requirement for the tool.

3. About the HIV / AIDS data ecosystem

There are several actors that are involved in the HIV and AIDS response data ecosystem, as well as several tools and systems at their disposal. This section provides a brief overview of this landscape for context in order to understand where GARPR and the GARPR visualization tool or “dashboard” will fit into the picture.

3.1 Key personas

The key design personas¹ are provided in Annexes 2 & 3. The National Rapporteur is the primary user

¹ All design personas in this document are completely fictitious and have been created to demonstrate the essential design

for whom this design exercise is being carried out. The National Rapporteur reports in the National AIDS Council (or National AIDS Commission - NAC), and is typically a senior official (Director level). Part of the National Rapporteur's function is to ensure that the AIDS response data is entered by the M&E officer that does the data entry, and part is to use the data from the GARPR system to prepare a report for the Director of the NAC and/or the Minister of Health in order to influence National HIV policy towards achieving the national goals. Every country will have a National Rapporteur, yet how they operate and the prevailing context, including social, economic and infrastructure, will be unique to the country and capital city in question.

3.2 Key tools

Actors in the AIDS response, including the National Rapporteurs use a variety of key tools in their work. This section provides some information on the tools provided by other national and international actors, and those provided by UNAIDS. These are all tools that the National Rapporteurs and their colleagues may interact with, so they are quite important to be aware of in terms of the information and behaviour that National Rapporteurs may be expecting from those tools which UNAIDS provides.

External tools	Description	URL
DHIS / National Health Information System	The District Health Information System (DHIS 2) is a standard tool for the management of the national health information system. It is in use in about 47 countries and is a key tool used by the National Rapporteur, the Minister of Health and NAC Directors in their day-to-day assessment of the implementation of public health programmes.	https://www.dhis2.org/ Tanzania example: https://hmisportal.moh.go.tz/hmisportal/#/home
WHO Global Health Observatory	The WHO Global Health Observatory is a comprehensive set of data on all health issues provided by the WHO. It is a go-to reference for global public health statistics and information.	http://www.who.int/gho/en/
PEPFAR Dashboard	The United States President's Emergency Plan for AIDS Relief is a major funder of the AIDS response globally. Country actors will consult the PEPFAR dashboard for information on programmes and funding for the AIDS response. PEPFAR draws its data on the epidemic and the response from UNAIDS' tools (see below).	https://data.pepfar.net/
Global Fund CCM Dashboard	The Global Fund to Fight AIDS Tuberculosis and Malaria is a major donor to countries in the AIDS response. The Global Fund works through a Country Coordinating Mechanism to provide and track country grants. UNAIDS provides technical support to countries in preparing grant proposals. The CCM has its own dashboard tool that some	http://www.theglobalfund.org/en/ccm/oversight/

characteristics for the tools. They do not represent real people, and the country chosen in each case is for example purposes only.

	countries use to track the grant implementation.	
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UNAIDS tools	Description	URL
AIDSinfo	AIDSinfo, in combination with AIDSinfo Online, is the authoritative location for UNAIDS' data on HIV and the AIDS response. It draws information from both the estimates of the epidemic (e.g. how many people living with HIV) as well as on how countries are responding to the epidemic (e.g. how many people are on treatment, condom use, etc.)	http://aidsinfo.unaids.org/
AIDSinfo Online	Provides searchable access to the data repository behind AIDSinfo.	http://www.aidsinfoonline.org/
Spectrum	Spectrum is the tool that countries use to develop estimates of indicators such as number of people infected, number of new infections, AIDS cases, AIDS-related deaths, the number of people needing ART and the number of orphans. Information is provided nationally and sub-nationally where available. The information from Spectrum feeds AIDSinfo.	http://www.unaids.org/en/data-analysis/datatools/spectrum pp
GARPR	GARPR is the tool that countries use to provide information about the AIDS response, nationally and sub-nationally where available. Screen shots are provided in Annex 1. The goal of this exercise is to design a companion product, the "GARPR dashboard" that makes visualizing the information simple, meaningful and useful. The data in GARPR feeds AIDSinfo.	https://aidsreportingtool.unaids.org/
Situation Room	UNAIDS has developed a tablet-driven platform based on the Ivedix technology that leverages the information from AIDSinfo as well as the national tools, including the DHIS, to provide a near real-time (usually monthly) visual reporting tool for district, provincial/county and national authorities to monitor the epidemic and their response. The first situation room was launched in Kenya, with plans to launch it in 6-10 more countries in 2016.	https://www.youtube.com/watch?v=YmdpujmNGLw
Key Populations Atlas	UNAIDS has just launched (in July 2016) a Key Populations Atlas to make visible the available	http://www.aidsinfoonline.org/kpatlas/#/home

	strategic information about key populations - sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners.	
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4. GARPR visualization tool UX requirements

4.1 Functional requirements

Sample extracts of the 2014 data for South Africa [is linked here](#) to get a sense of the types of data that are available following the completion of the GARPR data entry. A sample [Narrative Report for Mozambique for 2014](#), which has been developed by the country (without automation) gives a sense of the type of reporting that is required by and expected of the National Rapporteurs.




For each indicator, there are two key questions: (1) is the indicator / topic relevant and (2) are new data available. In addition, there is essential information on the tools and source of the data. We would like to support the national rapporteurs in building a visual report for the relevant topics.

We would love to see tiles where the rapporteurs could select the relevant graphics (there are 9 core topics in total; we envisage one page per topic plus a cover page) and then visualize graphically where they are on 3 axes: resources / inputs, process & outputs, and outcome & impact. If we take the example of Injecting Drug Users, the inputs would be the number of clean needles distributed, the amount (the country has) spent on the needles and whether there are punitive laws for drug use in the country, the output would number of people who used clean needles, and the impact would be the % of injecting drug users who are HIV infected. In addition, the rapporteur needs to be able to add some explanatory narrative to each topic in the report.

Each page would need the following functionality:

- navigation to & from the page;
- standard charts for each topic,
- the ability to add narrative and decide if it should be published;
- a default published report for the GARPR web site,
- the ability for the national rapporteur to select and highlight specific graphs or information into a shorter report;
- the ability to export to PDF and/or powerpoint and/or google slides.

What we have in mind (this is not a design, just our concept sketch!) looks something like this:

ENVIRONMENT "RESOURCES"		PROCESS/OUTPUTS	CARVE IT OUTCOME/IMPACT	NARRAT
? IDUs \$ LAWS ?	# NEEDLES DISTRIB.	# USE OF NEEDLES ← DISTRIB. PROG. DATA 	% OF IDUs INFECTED 	
	000 			
2	STIGMA & DISCRIMINATIONS <ul style="list-style-type: none"> - GRINDER? / HORNET - STIGMA INDEX - FACILITIES - iMONITOR 			
10				

The National Rapporteur also needs to be able to deliver presentations, so extracting this information into a slide deck, document and PDF formats are required.

In addition, the National Rapporteur needs to be able to publish a report to the UNAIDS GARPR site.

The interface shall be available in four languages: English, French, Spanish and Russian

4.2 Non-functional requirements

- The visualization tool needs to work where there are bad internet connections
- Logging in / levels of access will be managed by the current GARPR tool.

5. Timeline

The design and development phase of the GARPR dashboard project is sandwiched between two phases of an annual timeline that governs global reporting on AIDS. The first phase, in progress now, is to define the indicators and the data entry forms. The development of the new tool must imperatively be completed and ready for launch at the end of 2016. The data collection for 2016 data then begins in January and runs through the end of March, followed by a data validation and the preparation of the 2017 Global Report from UNAIDS.

We therefore need to have the UX design completed as soon as possible in September in order to be able to complete the development of the tool (including any procurements of technology or services) by the end of the year.

6. Recap of the expected benefits

A successful project will deliver a new tool that will set the stage to enable and empower the National Rapporteurs to carry out their functions in terms of data analysis and relaying the key messages to decision makers in a timely way based on the investment made by each country in the GARPR reporting. In addition, there will be a material benefit in reducing the cost of consultancies associated with the current method of national data analysis and report preparation from what is now provided in GARPR.

Through an innovation lens, by taking a whole new view on the design aspect of data entry and visualization, UNAIDS seeks to transform the way national reporting is done and to set the stage for greater simplification, transparency and impact from the monitoring and evaluation work carried out in HIV and related sectors.

7. Product evaluation

In terms of evaluation, the goal would be to have positive feedback -- qualitative and quantitative -- from the National Rapporteurs. An evaluation questionnaire could be set-up following the design phase to make sure the needs of the National Rapporteurs are genuinely met by the tool. A pilot phase is foreseen in late November / early December as a final beta-test period.

If metrics exist on the current cost of contracts to develop reports for what is provided from GARPR, then a reduction in this cost should also be measurable as a result of the project.

Finally, as a secondary benefit, the positive feedback from data-entry officers would be ideal if the tool does support them in providing better data and with more efficient validation. This could serve as a benchmark for considering a future merged version of the GARPR and the GARPR visualization tools.

Annex 1: Screen shots of the current GARPR tool

Home page



The screenshot shows the home page of the GARPR Online Reporting Tool. At the top left is the UNAIDS logo, followed by the title "GARPR Online Reporting Tool". On the top right, it says "Welcome, Simat", "Last login: May 25, 2016, 4:19 p.m.", and "Version: Release 2.2.2.38". Below this is a navigation bar with links for "Home", "Indicator List", "Monitoring", "My Account", and "Logout". The main content area features logos for UNAIDS, the World Health Organization, and UNICEF. The heading "Welcome to GARPR Online Reporting Tool!" is followed by a paragraph explaining that the tool is used for reporting on the Global AIDS epidemic and Universal Access in the Health Sector. It includes links for "Guidelines: Global AIDS Response Progress Reporting", instructions for "New user?" (register) and "Returning user?" (login), and a link to the "Indicator list". A section titled "Acronyms:" lists "GARPR" as Global AIDS Response Progress Reporting, "UA" as Universal Access, and "DD" as Dublin Declaration.

Indicator list

Home **Indicator List** Monitoring ▾ My Account Logout





















MOZ - Mozambique

Indicator list - Mozambique

Reporting year:

Filter by:


 [Print all to PDF](#)

- I. Narrative Report and Cover Sheet (GARPR) 
- A. HIV prevention among general population
 - 1.1 Young People: knowledge about HIV prevention (GARPR) 
 - 1.2 Young people: sex before the age of 15 (GARPR) 
 - 1.3 Multiple sexual partnerships (GARPR) 
 - 1.4 Condom use at last sex among people with multiple sexual partnerships (GARPR) 
 - 1.5 People living with HIV who know their status (GARPR, UA, DD) 
 - 1.6 HIV prevalence from antenatal clinics by age group (GARPR) 
 - 1.20 HIV incidence rate (GARPR) 
 - 1.22 Male circumcision, prevalence (GARPR, UA) 
 - 1.23 Annual number of men voluntarily circumcised (GARPR, UA) 
- B. Key populations
 - 2.1 Size estimations for key populations (GARPR) 
 - a) Sex workers (GARPR) 
 - 2.2. Sex workers: condom use  (GARPR, UA, DD)
 - 2.3. HIV testing in sex workers  (GARPR, UA, DD)
 - 2.4. HIV prevalence in sex workers  (GARPR, UA, DD)
 - b) Men who have sex with men (GARPR) 
 - 2.5. Men who have sex with men: condom use  (GARPR, UA, DD)
 - 2.6. HIV testing in men who have sex with men  (GARPR, UA, DD)
 - 2.7. HIV prevalence in men who have sex with men  (GARPR, UA, DD)
 - c) People who inject drugs (GARPR) 

- c) **People who inject drugs** (GARPR) 
 - 2.8. **Needles and syringes per person who inject drugs**  (GARPR, UA, DD)
 - 2.9. **People who inject drugs: condom use**  (GARPR, UA)
 - 2.10. **People who inject drugs: safe injecting practices**  (GARPR, UA)
 - 2.11. **HIV testing in people who inject drugs**  (GARPR, UA, DD)
 - 2.12. **HIV prevalence in people who inject drugs**  (GARPR, UA, DD)
 - 2.13. **Opioid substitution therapy coverage**  (UA, DD)
- d) **Inmates/detainees** (GARPR) 
 - 2.14. **HIV prevalence in inmates/detainees**  (GARPR)
- e) **Transgender people** (GARPR) 
 - 2.15. **HIV prevalence in transgender people**  (GARPR)
- C. **Prevention of mother-to-child transmission (PMTCT)**
 - 3.1 **Prevention of mother-to-child transmission** (GARPR, UA) 
 - 3.2 **Early infant diagnosis** (GARPR, UA) 
 - 3.3 **Mother-to-child transmission of HIV** (GARPR, UA) 
 - 3.3a **Programme-level mother-to-child transmission of HIV** (UA) 
 - 3.4 **PMTCT testing coverage** (UA) 
 - 3.5 **Testing coverage of pregnant women's partners** (UA) 
 - 3.7 **Coverage of infant ARV prophylaxis** (UA) 
 - 3.9 **Cotrimoxazole (CTX) prophylaxis coverage** (UA) 
- D. **Treatment**
 - 4.1 **HIV treatment: antiretroviral therapy** (GARPR, UA, DD) 
 - 4.2 **Twelve-month retention on antiretroviral therapy** (GARPR, UA, DD) 
 - 4.2a **Twenty-four-month retention on antiretroviral therapy** (UA) 
 - 4.2b **Sixty-month retention on antiretroviral therapy** (UA) 
 - 4.3 **HIV care coverage** (GARPR, UA) 
 - 4.4 **Antiretroviral medicines (ARVs) stock-outs** (UA) 
 - 4.5 **Late HIV diagnoses** (UA) 
 - 4.6 **Viral load suppression** (GARPR, UA, DD) 
 - 4.7 **AIDS-related deaths** (GARPR, UA, DD) 
- E. **AIDS spending**
 - 6.1 **AIDS spending** (GARPR) 
- F. **Gender**
 - 7.1 **Prevalence of recent intimate partner violence** (GARPR) 
- G. **Stigma and discrimination**
 - 8.1 **Discriminatory attitudes towards people living with HIV** (GARPR) 
- H. **Health systems integration**
 - 10.2 **External economic support to the poorest households** (GARPR) 
- I. **HIV and other diseases**
 - a). **Tuberculosis**
 - 11.1. **Co-management of tuberculosis and HIV treatment**  (GARPR, UA)
 - 11.2. **Proportion of people living with HIV newly enrolled in HIV care with active tuberculosis (TB) disease**  (UA)
 - 11.3. **Proportion of people living with HIV newly enrolled in HIV care started on tuberculosis (TB) preventive therapy**  (UA)
 - b). **Hepatitis**

- b). Hepatitis
 - 11.4. Hepatitis B testing (UA)
 - 11.5. Proportion of HIV-HBV co-infected persons currently on combined treatment (UA)
 - 11.6. Hepatitis C testing (UA)
 - 11.7. Proportion of persons diagnosed with HIV-HCV infection started on HCV treatment during a specified time frame (e.g. 12 months) (UA)
- c). Sexually Transmitted Infections (STIs)
 - 11.8. Syphilis testing in pregnant women (UA)
 - 11.9. Syphilis rates among antenatal care attendees (UA)
 - 11.10. Syphilis treatment coverage among syphilis positive antenatal care attendees (UA)
 - 11.11. Congenital syphilis rate (live births and stillbirth) (UA)
 - 11.12. Men with urethral discharge (UA)
 - 11.13. Genital ulcer disease in adults (UA)
- II. Policy and Programmatic Questions
 - A HIV testing services (UA)
 - B Antiretroviral Therapy (UA)
 - C Prevention of Mother-to-Child Transmission (UA)
 - D Sexually Transmitted Infections (STI) (UA)
 - E Key populations (UA)
 - F Male circumcision (UA)
 - G PrEP and PEP (UA)
 - H Surveillance (UA)
 - I Monitoring and evaluation (UA)
 - J HIV Drug Resistance (UA)
 - K Toxicity Monitoring Surveillance (UA)
 - L Strategic planning and review (UA)
 - M Reproductive Health and Research (UA)
- III. WHO/AIDS Medicines and Diagnostics Survey on the use of ARV medicines and laboratory technologies and implementation of WHO Related Guidelines
 - 0 Header (UA)

Data entry screen for indicator 3.1 Prevention of mother-to-child-transmission


GARPR Online Reporting Tool

Welcome, Sima!
 Last login: May 25, 2016, 4:19 p.m.
 Version: Release 2.2.2.38

Home
Indicator List
Monitoring ▾
My Account
Logout

3.1. Prevention of mother-to-child transmission - Mozambique - 2015

Percentage of HIV-positive pregnant women who received antiretroviral medicine (ARV) to reduce the risk of mother-to-child transmission
Please provide city-specific data for this indicator
[Full definition](#)

Reporting year: 2011 2012 2013 2014-sem1 2014 **2015**

is indicator/topic relevant? No Yes

Are new data available? (Please do not repeat data that was reported in a prior year) No Yes

Data measurement tool / source: Numerator from ANC/PMT ▾

Other measurement tool / source:

The coverage of PMTCT is probably overestimated since there are well known problems with quality of data for the numerator, e.g. double counting.

Additional information related to entered data. e.g. reference to primary data source, methodological concerns:

Number of HIV-positive pregnant women Already on ART before the current pregnancy: problems with data quality

 Number of HIV-positive pregnant women who receive Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B): not applicable since the country is rolling out Option B+

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source:

Data collection period From: To:

	Data value
Percentage (%) Percentage of HIV-positive pregnant women who received antiretroviral medicine (ARV) to reduce the risk of mother-to-child transmission <input type="text"/>	<input type="text"/>
Numerator Number of HIV-positive pregnant women who delivered and received ARVs during the past 12 months to reduce the risk of mother-to-child transmission during pregnancy and delivery.	99823
1. Newly initiated on antiretroviral therapy during the current pregnancy	60422
2. Already on antiretroviral therapy before the current pregnancy	30895
3. Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B)	<input type="text"/>
4. Maternal AZT (prophylaxis component during pregnancy and delivery of WHO Option A or WHO 2006 guidelines)	8506
5. Single dose nevirapine (with or without tail) only <i>Please note that the final published value for PMTCT coverage will not include single dose nevirapine. However, this data is collected in the reporting tool during the phase out period.</i>	<input type="text"/>
6. Other (please comment: e.g. specify regimen, uncategorized, etc.) <i>In the Comment Box, for the women reported as receiving an "Other" regimen, please describe the ARV regimen(s) and the number of women receiving each regimen category.</i>	<input type="text"/>
If disaggregations 1 and 2 are not available, please provide the total number of pregnant women on Lifelong antiretroviral therapy	<input type="text"/>
Denominator Estimated number of HIV-positive pregnant women who delivered within the past 12 months	<input type="text"/>

Denominator

 Estimated number of HIV-positive pregnant women who delivered within the past 12 months

Take denominator from the final Spectrum file

If you respond "Yes", you will not be required to enter a denominator and percentage because UNAIDS will use the data from your country's final Spectrum file.

 Yes
 No

For the women reported as receiving an "Other" regimen, please describe the ARV regimen(s) and the number of women receiving each regimen category.

Sub-national data

Please enter the breakdown per region below. [Add as many as needed]

Sub-national region	Percentage (%)	Total number of HIV+ pregnant women who delivered and received ARV drugs	1. newly initiated on ART during the current pregnancy	2. already on ART before the current pregnancy	3. Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B)	4. Maternal AZT (prophylaxis component during pregnancy and delivery of WHO Option A or WHO 2006 guidelines)	5. Single dose nevirapine (with or without tail) ONLY	6. Other	If disaggregations 1 and 2 are not available, please provide the total number of pregnant women on Lifelong ART	Denominator
NIASSA	<input type="text"/>	2935	1479	914	<input type="text"/>	542	56	<input type="text"/>	<input type="text"/>	
CABO DELGADO	<input type="text"/>	6881	4470	1680	<input type="text"/>	731	15	<input type="text"/>	<input type="text"/>	
NAMPULA	<input type="text"/>	10272	7092	2151	<input type="text"/>	1029	60	<input type="text"/>	<input type="text"/>	
ZAMBEZIA	<input type="text"/>	18231	11340	5346	<input type="text"/>	1545	69	<input type="text"/>	<input type="text"/>	
TETE	<input type="text"/>	6098	3304	2484	<input type="text"/>	310	0	<input type="text"/>	<input type="text"/>	

MANICA		7629	4737	2599		293	39			
SOFALA		12123	7341	3117		1665	229			
INHAMBANE		4980	2757	1304		919	78			
GAZA		10455	5940	4213		302	7			
MAPUTO PROVIN		11270	6191	4119		960	18			
MAPUTO CIDADE		8949	5771	2968		210	34			

Alternatively, you may [download this template](#), fill in the columns, and upload using the "Add File" button.

City-specific data

Please provide information for the capital city of the country as well as one or two other key cities of high epidemiological relevance.

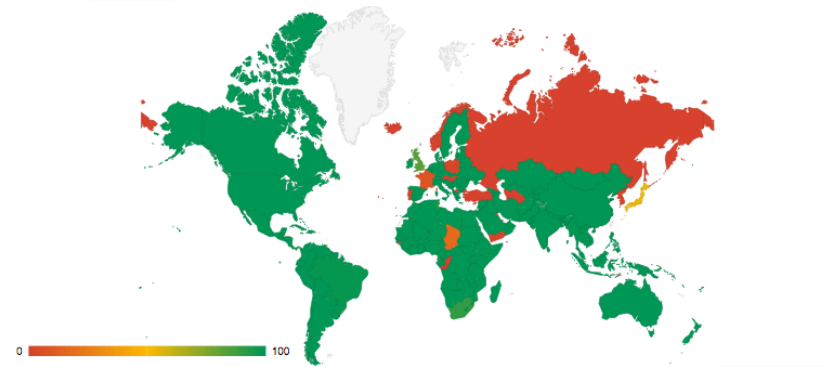
City	Percentage (%)	Total number of HIV+ pregnant women who delivered and received ARV drugs	1. newly initiated on ART during the current pregnancy	2. already on ART before the current pregnancy	3. Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B)	4. Maternal AZT (prophylaxis component during pregnancy and delivery of WHO Option A or WHO 2006 guidelines)	5. Single dose nevirapine (with or without tail) ONLY	6. Other	If disaggregations 1 and 2 are not available, please provide the total number of pregnant women on Lifelong ART	Denominator
M		8949	5771	2968		210	34			

Monitoring / Data entry progress

Data Entry Progress


Reporting year:

Filter by:



Country	Data entry progress: (%)	Blank	Edited	Request for change	Under revision	Published
002 - Kosovo	100.00	0	0	0	0	80
AFG - Afghanistan	100.00	0	0	0	13	67
AGO - Angola	100.00	0	0	0	9	71
AIA - Anguilla	0.00	80	0	0	0	0
ALB - Albania	100.00	0	0	0	9	71
AND - Andorra	0.00	80	0	0	0	0
ARE - United Arab Emirates	100.00	0	0	0	6	74
ARG - Argentina	100.00	0	0	0	3	77
ARM - Armenia	100.00	0	0	0	6	74
ATG - Antigua and Barbuda	100.00	0	0	0	8	72

“My Account” screen

 **GARPR Online Reporting Tool**

Welcome, Sima
Last login: May 25, 2016, 4:19 p.m.
Version: Release 2.2.2.38

Home Indicator List Monitoring - **My Account** Logout


My account:

First name	<input type="text" value="Sima"/>
Last name	<input type="text" value="Newell"/>
E-mail address	<input type="text" value="newells@unaid.org"/>
Job title	<input type="text" value="Senior Advisor, Strategic Information Innovation"/>
Language	<input type="text" value="English"/>
Organization	<input type="text" value="UNAIDS - UNAIDS"/>
Requested region	<input type="text" value=""/>
Requested country	<input type="text" value=""/>
Requested role	<input type="text" value="Region viewer"/>

[Change your password](#)

Annex 2 : Sample Design Persona for National Rapporteur


All design personas in this document are completely fictitious and have been created to demonstrate the essential design characteristics for the tools. They do not represent real people, the specifics of their needs and calendars will vary from location to location, and the country chosen is for example purposes only.

Persona		
<h1>National Rapporteur</h1>		
	Name	Maureen Job Title: Director of HIV Monitoring & Evaluation Nationality: Country in East & Southern Africa Gender: Female Age: 38
	From UNAIDS, uses primarily:	GARPR dashboard Preferred technology & data source Preferred technologies: Laptop (quite a bit of powerpoint), mobile phone, tablet Preferred data source: National data (incl. DHIS)
Calendar / Time requirements		
<ul style="list-style-type: none"> → Jan to Mar: quality check and oversight of Harold's data entry work → Once a year, looks at the summary & overall trends; needs accurate annual cumulative numbers / estimates → Uses GARPR reports annually to facilitate dialogue with Donors and across ministries → Prepares briefs for George when and as required (weekly or daily + big updates around release of UNAIDS reports) → Conducts monthly field visits to sites based on the briefs and information to identify areas for response improvement. → Prepares presentations and would need to pull images and graphics into her slide decks → Gathers some of the data off-line (e.g. in Excel) during site visits in updates to the previous year's information, and then gives it to Harold for re-entry into GARPR. 		
Resume and Goals		
Education: Masters in Public Health Immediate goals: Maureen loves her job and is passionate about ending the HIV epidemic in her country. She wishes that the tools she had were easier and that more people in her team could have access to the tablet that George has. When she visits field sites, she tries to find the right balance of understanding the pressures, but also pushing the teams to do a better and more timely job in reporting. She is frustrated that there is such a short deadline for reporting every year for GARPR. She wishes she could have better tools to analyse the data and present recommendations to George. Mid to longer-term objective: Maureen plans to continue her career in public health. One day, she would like to return to Academia and perhaps get a teaching position at the university. She balances her family with work pretty well as her relatives help with her children. Other characteristics: Mainly works in the NAC office. Frustrated because there are power outages and she constantly needs to make sure her work is saved. When she visits sites, she only has her phone; she would like a tablet to be able to see and enter information from her visits. Right now, she brings paper dossiers with her.		

Annex 3 : Related design personas

The following design personas are related to the primary persona, Maureen, who will be the main user for the GARPR visualization platform.

All design personas in this document are completely fictitious and have been created to demonstrate the essential design characteristics for the tools. They do not represent real people, the specifics of their needs and calendars will vary from location to location, and the country chosen is for example purposes only.

Persona		
<h1>NAC Director</h1>		
	Name <h2>George</h2>	Job Title: National AIDS Coordinator Gender: Male Age: 47 Nationality: Country in East & Southern Africa
	From UNAIDS, uses primarily: <h2>Situation Room</h2>	Preferred technology & data source Preferred technologies: Tablet, mobile phone, computer Preferred data source: National data (incl. DHIS) Tools needed: GARPR, Situation Room
Calendar / Time requirements <ul style="list-style-type: none"> → Jan-Mar: ensures his staff send the GARPR data to UNAIDS → His staff that also enter Spectrum data (national prevalence estimates) → After new UNAIDS report comes out, looks at new data on Zambia to see the results. → Otherwise, uses national health information system data to prepare his briefs; these can be for national, bilateral or multilateral meetings. → Follows the CCM/ Global Fund financing cycle → October-November: prepares WAD events, with his team. May coordinate with UNAIDS Country Office for some of the events. → WAD (Dec 1): participates in national WAD programme / celebrations. Ideally, makes a speech that shows good fast-track progress. Highlights funding requirements and gaps. 		
Resume and Goals Education: Masters in Development Economics Immediate goals: <ul style="list-style-type: none"> George needs to secure the funding he knows is needed to meet the country Fast Track Objective. He is concerned about a recent outbreak of Malaria and that that could shift the position of the MoH in the country. He needs the right information in his hands to make the decisions he needs in terms of priorities and trade-offs and any emerging trends. Mid to longer-term objective: <ul style="list-style-type: none"> George is committed to the AIDS response, but is also quite ambitious. In the next 5-10 years George would like to be a Minister (e.g. Minister of Health or Minister of the Economy). He would also consider a senior international position, ideally linked to the AIDS response and/or to Economics. Other characteristics: <ul style="list-style-type: none"> Spends a lot of time in his vehicle, or in meetings. Maureen prepares his substantive reports, and she's quite efficient, so he doesn't always understand why it takes her so long to prepare him the information he needs. 		

Persona

NAC Data Entry Officer


Name

Harold

Job Title: **Junior M&E Officer**

Gender: **Male**

Age: **36**

Nationality: **Country in East & Southern Africa**

From UNAIDS, uses prima...

GARPR

Preferred technology & data source

Preferred technologies:

Computer (a lot of Excel), personal mobile phone

Preferred data source: **National data (incl. DHIS)**

Tools needed: **DHIS, all country data sources, GARPR, AIDSinfo**

Calendar / Time requirements

→ Jan to Mar: enters data for GARPR reporting

→ Uses multiple data sources, timing of work is according to the data collection of the different projects

→ All year on a regular basis, coordinates with the districts to follow their HIV data entry into DHIS

Resume and Goals

Education: **Bachelors in Public Health**

Immediate goals:

Harold has a stable job and a respectable position. He gets frustrated at all the forms that have to be filled out and would like to see better how all his work is put to use.

He supports Maureen's work, preparing her trips and highlighting some of the issues that are coming up in the country

Mid to longer-term objective:

Harold does not want to rock the boat and tries to deliver good work. He would like to keep a respectable government position. He feels that working on HIV gives purpose in his day-to-day functions.

Other characteristics:

Mainly works in the NAC office. Frustrated because there are power outages and he constantly needs to make sure his data is saved.

Persona

MoH M&E Director


Name

Aadi

Job Title: **Director, Monitoring and Evaluation**

Gender: **Male**

Age: **40**

Nationality: **Country in Asia**

From UNAIDS, uses primarily:

**GARPR
dashboard,
Situation
Room**

Preferred technology & data source

Preferred technologies: **Tablet, mobile phone, computer**

Preferred data source:

National health information system & related tools (HMIS, LMIS, others)

Tools needed: **DHIS, WHO GHO, AIDSinfo, GARPR dashboard**

Calendar / Time requirements

- Things are very busy from November to March as all the reporting is due for WHO, UNAIDS, UNICEF and others
- Global Fund CCM meeting also requires preparation
- His boss, the Deputy MoH, requires last-minute reports on many different topics in preparation for meetings

Resume and Goals

Education: **Masters in Public Health**

Immediate goals:

Aadi is ambitious and wants to show results from the new HMIS approach he is taking.

He pushes his team hard to get all the information into the systems and to extract reports. He would like to have faster, more accurate reports for his review and to present to the Deputy Minister of Health at their next meeting.

Mid to longer-term objective:

Aadi would like to become Deputy Minister of Health. He is preparing his campaign in this regard, and seeks positive publicity.

Aadi sees the HIV fast track as a potential lever to get where he wishes to go as it is clear he can show results. He would like to focus more on HIV & TB as that could be real benefit in his country

Other characteristics: **Mainly works in MoH office. Frustrated at finding errors in the information. Avoids bad press.**