Updated Myanmar National Monitoring & Evaluation Plan

on HIV and AIDS

2011-2016

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The SI M&E TWG also provided feedback on adjustments to the monitoring and evaluation framework after the 2013 Mid-Term Review of the National Strategic Plan and its monitoring and evaluation plan.

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National AIDS Program
Department of Public Health
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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
BCC	Behavioural Change Communication
BSS	Behavioural Surveillance Survey
CBO	Community-Based Organization
CHBC	Community Home-Based Care
DIC	Drop-In Centre
DOH	Department of Health
DQA	Data Quality Assurance
DTC	Drug Treatment Centre
FSW	Female Sex Worker
GARPR	Global AIDS Response Progress Reporting
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HA	Health Assistant
HQ	Headquarters
HSS	HIV Sentinel Surveillance
IBBS	Integrated Biological and Behavioural Surveillance
IEC	Information, Education, Communication
M&E	Monitoring and Evaluation
MARPs	Most-At-Risk Populations
MCH	Maternal and Child Health
M-HSCC	Myanmar Health Sector Coordinating Committee
MOH	Ministry of Health
MSM	Men Who Have Sex With Men
NAP	National AIDS Programme

NASA	National AIDS Spending Assessment
NEQAS	National External Quality Assurance Scheme
NGO	Non-Governmental Organization
NHL	National Health Laboratory
NOP	National Operational Plan
NSP II	National Strategic Plan II (2011-2015)
OI	Opportunistic Infection
PF	Performance Framework
PLHIV	People Living with HIV
PMCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
PWID	People Who Inject Drugs
RDQA	Routine Data Quality Assessment
SI	Strategic Information
STI/STD	Sexually Transmitted Infection/Sexually Transmitted Disease
TB	Tuberculosis
TCP	100% Total Condom Promotion
TSG	Technical and Strategy Group
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme On HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT/VCCT	Voluntary Confidential Counselling and Testing
WHO	World Health Organization

1. INTRODUCTION

The national response to HIV in Myanmar is guided by the National Strategic Plan (2011-2016) and the associated Operational Plan. The National Strategic Plan (NSP) II is organised along three Strategic Priorities that outline the necessary action for a comprehensive and coordinated national response to HIV. The NSP II has as its stated aim the reduction of HIV transmission and HIV-related morbidity, mortality, disability and social and economic impact.

The Operational Plan provides agreed and prioritised guidelines regarding the programmes required to achieve the aims set in the NSP. Notably, the Operational Plan sets national targets for the collaborative effort of all stakeholders implementing HIV-related efforts. The Operational Plan also estimates the financial resources required in order to achieve the established targets.

In an assessment of M&E systems conducted in May 2010 to prepare for the implementation of the Global Fund Round 9, HIV stakeholders identified the current lack of a cohesive national M&E plan, the need to strengthen routine reporting systems and the need to develop a culture of M&E advocacy among stakeholders as the major issues to be addressed.

Monitoring and evaluation is envisaged as an integral part in implementing the NSP. To implement the NSP effectively, it is recognized that an effective and coordinated M&E system is required to monitor national programmatic inputs, outputs (coverage), outcomes (behavioural trends), impact and to evaluate the effectiveness of the NSP.

A mid-term review of the NSP II conducted in the last half of 2013 assessed the relevance, effectiveness, efficiency and sustainability of strategies and activities included in the national plan against progress made since 2010, resources available for the national response, and future opportunities and challenges. The review process generated strategic information needed to revise and re-cost the NSP II and its Operational Plan and adjust the M&E Plan. Recommended revisions to the M&E framework are reflected in this version of the national plan.

During the mid-term review, the National AIDS Programme extended the life of NSP II and subsequently the M&E Plan by one year, to end in December 2016.

Monitoring and evaluation of activities provides policy makers, implementers and donors with the information to track the epidemic and to assess the extent to which programmes are being implemented and objectives achieved. Monitoring and evaluation are required at different levels

- Monitoring of results in terms of outcomes on behaviours and impact on the epidemic
- Monitoring of inputs and outputs contributing to the programme/national response
- Evaluation of different aspects of the programme/national response

Monitoring and evaluation of the national response aims to track what is being done, and whether the response is making a difference. Surveillance, research, monitoring and evaluation all provide information to help assess trends in the epidemic. Monitoring and evaluation aim to measure the progress of HIV programme implementation and to identify problems and refine, rectify or adapt strategies. They also help to assess effectiveness, impact, cost-effectiveness and sustainability.

The goal of the National M&E Plan is to provide guidance on coordinated data collection, analysis, use and provision of information that will enable the tracking of the progress made in the national response to HIV and for sound decision-making and policies for HIV programmes. The plan will serve as a setting for coordinated M&E to ensure concerted action by Myanmar's multisectoral response to HIV. The M&E system is in line with the "Three Ones" principles, which calls for one single country level M&E system, and it links with the National Strategic Plan.

A unified national monitoring and evaluation system ensures that:

- Collection of data is based on national needs rather than those of individual donors, thus avoiding vertical and isolated initiatives;
- Higher quality, relevant, accurate and timely data are produced to provide evidence for programming;
- Data and resources are used efficiently and effectively;
- Reports to international bodies are submitted under a unified global effort;
- Transparency, coordination and communication among different groups involved in the national response to HIV are increased.

This document provides guidance for the monitoring and evaluation of the Operational Plan. It does so by:

- Providing definitions for key concepts in monitoring, evaluation and research;
- Outlining the institutional structure of the monitoring and evaluation system and data flow channels between the HIV stakeholders in Myanmar;
- Briefly describing structures used for data collection, analysis and dissemination mechanisms, to ensure consistent and coherent information is available in a timely manner to decision makers, implementers and other relevant stakeholders;
- Detailing indicator definitions for the reference of all stakeholders for their national-level reporting obligations;
- Providing the means to verify data quality;
- Describing the capacity strengthening of all stakeholders involved in the monitoring and evaluation of HIV programmes;
- Briefly describing the research agenda to strengthen the HIV-related evidence base in Myanmar;
- Proposing a costed set of activities for the implementation of the National M&E Plan.

2. KEY CONCEPTS

A number of concepts are essential to monitoring and evaluation, and brief definitions are provided below.

Data are quantitative and qualitative facts that are in raw form or unorganised.

Information is the result of processing, manipulating and organising data in a way that adds to the knowledge of the person receiving it.

Monitoring is the routine tracking and reporting of priority information about a programme/project, its inputs and intended outputs, outcomes and impacts.

Evaluation is the rigorous, scientifically-based collection of information about programme/ intervention activities, characteristics, and outcomes that determine the merit or worth of the programme/intervention. Evaluation studies provide credible information for us in improving programmes/interventions, identifying lessons learned, and informing decisions about future resource allocation.

M&E plan is a multi-year implementation strategy for the collection, analysis and use of data needed for programme/project management and accountability purposes. The plan describes the data needs linked to a specific programme/project; the M&E activities that need to be undertaken to satisfy the data needs and the specific data collection procedures and tools; the standardized indicators that need to be collected for routine monitoring and regular reporting; the components of the M&E system that need to be implemented; the roles and responsibilities of different organizations/individuals in the plan; and indicates resource requirement estimates and outlines a strategy for resource mobilization.

Note: A national HIV M&E plan is a multisectoral, 3-6 year implementation strategy, which is developed and regularly updated with the participation of a wide variety of stakeholders from national, sub-national, and service delivery levels.

M&E operational plan is an annual costed M&E plan that describes the priority M&E activities for the year and the roles and responsibilities of organizations/individuals for their implementation; the cost of each activity and the funding identified; a timeline for delivery of all products/outputs. The work plan is used for coordinating M&E activities and assessing progress of M&E implementation throughout the year.

Note: A national operational M&E work plan is an annual plan, which is developed with the participation of those stakeholders that have roles and responsibilities for the M&E activities identified in the work plan.

Surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance data can help predict future trends and target needed prevention and treatment programmes.

Sentinel surveillance is the process when data can be collected from certain sites, such as hospitals, antenatal clinics, hotspots, that are believed to be representative of the population and have the potential to serve as early warning signs (sentinels). **Integrated Biological and Behavioural Surveillance** surveys measures the prevalence of HIV in key population groups, and also data allowing to determine the risk and protective behaviours of members of those groups. Surveillance can also provide estimations of service coverage in a population.

Research is an activity that focuses primarily on hypothesis testing, aiming to contribute to generalizable knowledge. Research typically attempts to make statements about relationships among specific variables under controlled circumstances and at a given point in time.

Operational research is the systematic and objective assessment of the availability, accessibility, quality, and/or sustainability of services designed to improve service delivery. It assesses only factors that are under the control of programme/project managers, such as improving the quality of services, increasing training and supervision of staff members, and adding new service components.

Special studies are used on a one-time or infrequent basis to obtain specific programme related data and information (including qualitative data) that are not routinely collected.

Quality assurance refers to the dynamic and ongoing process of monitoring a system for reproducibility and reliability of results that permits corrective action when established criteria are not met.

Validity is the extent to which a measurement or test accurately measures what is intended to be measured.

Reliability assesses the consistency of the data collected through the repeated use of a scientific instrument or a data collection procedure used under the same conditions. Reliability is not the same as data validity; that is, a data collection method may produce consistent data but not measure what is intended to be measured.

Indicator is a quantitative or qualitative variable that provides a valid and reliable way to measure achievement, assess performance, or reflect changes connected to an intervention.

Coverage is the extent to which a programme reaches its intended target population or geographical area.

Inputs refer to financial, material and human resources invested in projects and services contributing to produce the outputs.

Outputs are the results of programme/intervention activities; the direct products or deliverables of programme/intervention activities, such as the number of HIV counselling sessions completed, the number of people served, the number of condoms distributed.

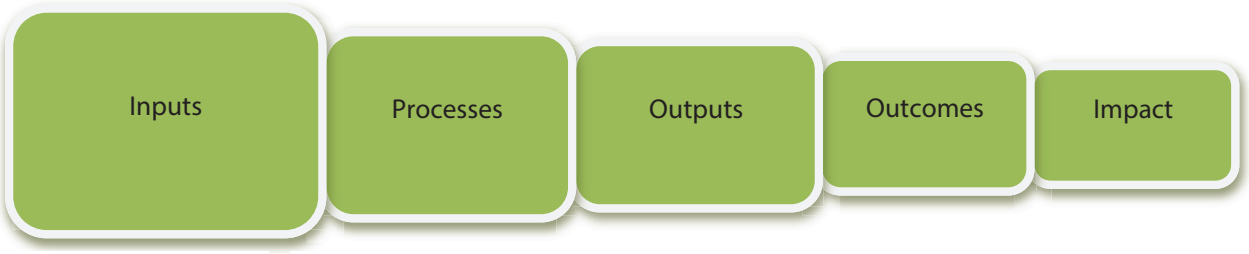
Outcomes are the short-term and medium-term effect of an intervention's outputs, such as change in knowledge, attitudes, beliefs and behaviours.

Impact is the long-term, cumulative effect of programmes/interventions over time on what they ultimately aim to change, such as a change in HIV incidence or AIDS-related morbidity and mortality.

Data **source** means the mechanism or method for collecting data, for example, routine project statistics, project progress reports, surveys, focus group discussions, observations, etc.

Data collection **instrument** means the physical tool used to collect the data, for example, checklists, record books, client cards, and questionnaires, etc.

Figure 1: Logic Model for Monitoring and Evaluation Pipeline



- Funds
- Commodities
- Equipment
- Policies, guidelines, procedures
- Personnel
- Facilities

- HIV Testing & Counselling
- Treatment services
- Home-based care
- Trainings

- Clients receiving VCCT; care services; referral
- Receiving ART
- Receiving CHBC

- Enhanced quality of life
- Improved provider's / community's attitude towards PLHIV
- Appropriate care delivery; referral; prescription

- HIV related morbidity
- Mortality/ life expectanc y
- Decreased discrimina-tion
- Restored productivity

3. NATIONAL MONITORING AND EVALUATION FRAMEWORK

The National M&E Plan was developed by the SI/M&E TWG with the involvement of many stakeholders in order to ensure the linkages to the National Strategic Plan and the interventions carried out. The national M&E Plan also adheres to international and national technical standards for HIV M&E. Regular reviewing and updating will be made in data collection whenever there are adjustments of the National Strategic Plan or when assessments on M&E systems indicate a need to strengthen its performance. This was a feature of the mid-term review process in 2013 and will also be a feature of the final evaluation, expected to be undertaken in 2016.

3.1 NATIONAL LEVEL

The oversight and coordination of the implementation of the Operational Plan, including ensuring monitoring and evaluation of the national response, has been entrusted to the Technical and Strategy Group on AIDS (TSG).

The TSG in turn reports to the Myanmar Health Sector Coordinating Committee (M-HSCC) – formerly the Myanmar Country Coordinating Mechanism (M-CCM) – chaired by the Minister of Health. The TSG is a multi-stakeholder group, uniting members from different constituencies, and meets on a regular basis to coordinate implementing partners; advise the M-HSCC on HIV-related policy issues; ensure monitoring and evaluation of the national response; monitor and support working groups on key issues; and oversee NSP implementation. The TSG comprises 11 members from government, four from United Nations agencies, seven from non-governmental organisations, one donor representative and two members who are people living with or affected by HIV. Secretariat function for the TSG is provided by UNAIDS.

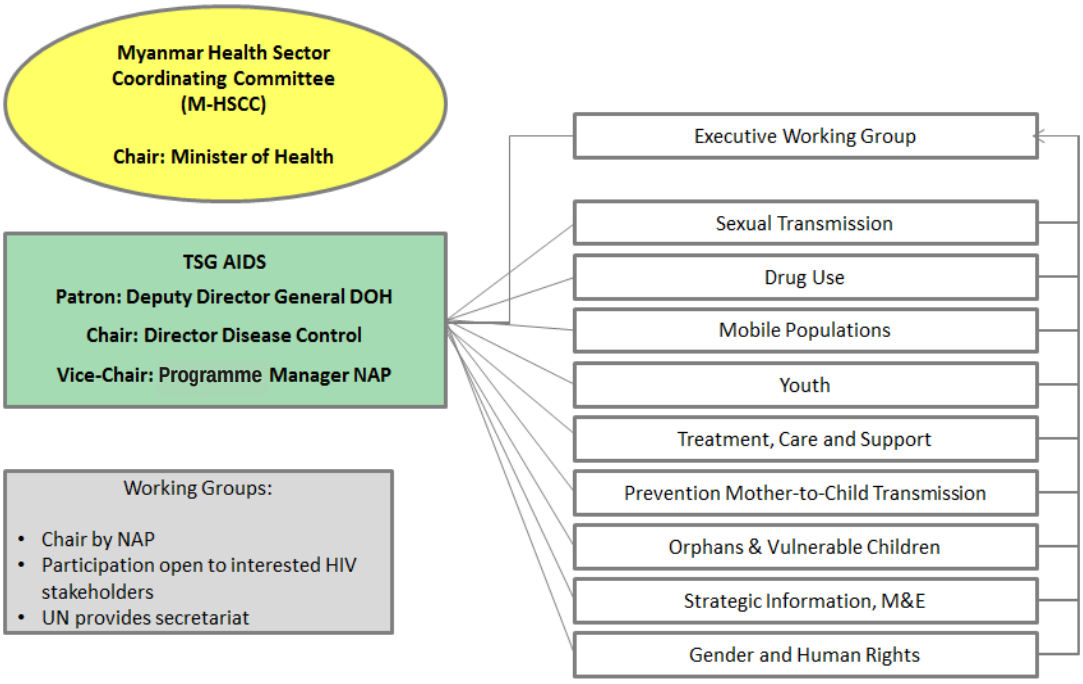
The TSG delegates technical issues to nine working groups. The working groups, which are open to all interested HIV stakeholders, ensure that consultation is inclusive and that local expertise is used. The working groups communicate findings and recommendations to the TSG for consideration in the decision-making process. The structure of the TSG and its working groups is outlined in Figure 2 below.

The National AIDS Programme (NAP) has the mandate of coordination, monitoring and evaluating the national response to HIV and AIDS in the country. NAP's M&E Unit at the central level, Nay Pyi Taw is responsible for collecting and managing data and disseminating strategic information to the stakeholders.

The M&E Unit at the central level has the responsibility to oversee the response of partners, to support the routine data collection of AIDS/STD Teams, and to establish the evaluation of programmes to observe the outcomes of programme activities. The M&E Unit of the NAP participates in the national programme review dialogues. The

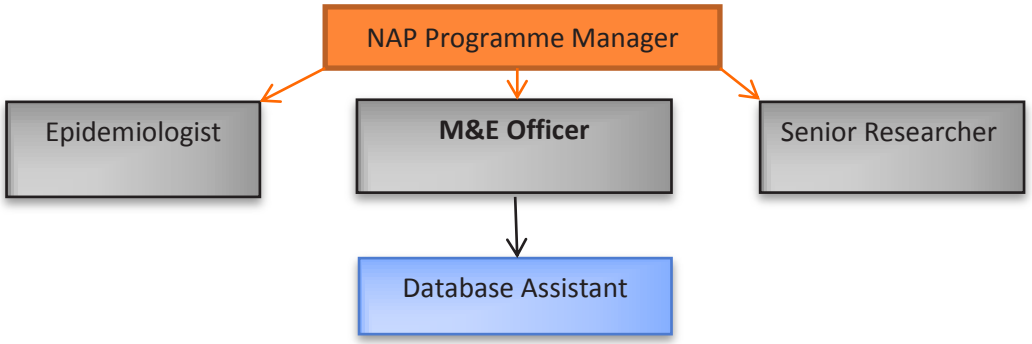
NAP will continue liaising with M&E focal points of different organizations, institutions and other ministries to have coordinated M&E activities and lead the national M&E responses to ensure a robust and effective system and avoid duplication.

Figure 2: Structure of Technical and Strategy Group (TSG AIDS)



Current structure at NAP needs more human resources to perform more effectively. Thus, progressively, the unit will be strengthened into a central technical support team with additional human resources, notably an epidemiologist and a senior researcher. Together with the existing SI/M&E TWG, NAP's M&E Unit will: i) oversee the monitoring of HIV prevention, care and treatment services, surveillance activities; ii) coordinate and guide research and evaluation studies and policy development together with relevant partners. They will also advise other institutions, agencies and units within the system in data collection and analysis of M&E data. The expanded team will be playing a leading role in strategy and policy formulation as well as in the promotion of and support to a decentralization strategy that broadens the authority and skills of sub-national level teams, specifically State/Regional offices.

Figure 3: Strengthened Structure of Central M&E Unit of NAP



Existing and potential roles and responsibilities of the central M&E Unit of the NAP are listed below:

- Develop and manage a robust national M&E system;
- Act as the technical support team for national and sub-national levels on HIV M&E;
- Technical support in policy development related to HIV and short and long term strategic planning for HIV prevention, care and treatment M&E activities;
- Support NAP Programme Manager and Director of Disease Control in advocating for M&E and increased investments for M&E by national and international partners;
- Provide M&E technical assistance to State/Regional AIDS/STD Teams and promote decentralization;
- Define M&E roles and responsibilities for key partners at all levels;
- Set up clear guidelines for the development of data collection tools, indicators, data collection, collating, analyzing and managing M&E data for HIV activities nationwide;
- Promote better collaboration and coordination among agencies in all matters concerning M&E;
- Monitor and evaluate the National Strategic Plan implementation together with M&E system performance and provide high level oversight on nationwide HIV M&E activities;
- Lead, coordinate and conduct evaluation/research studies, together with State/Regional teams, and technical support from SI/M&E TWG and affiliated institutions;
- Track HIV epidemic trends, in close collaboration with State/Regional teams and the SI/M&E TWG;
- Generate routine and periodical reports (HSS, BSS/IBBS, annual progress reports, AIDS case reporting, etc.) together with State/Regional teams and relevant United Nations agencies;
- Develop data quality guidelines and outline a data quality assurance system and promote its institutionalization to national and sub-national levels and conduct data quality assurance activities regularly;
- Develop a capacity building plan for national M&E system by coordinating with multiple agencies to assess needs, gaps and available resources;
- Direct the dissemination of information on national HIV epidemic and responses to HIV stakeholders.

In order to establish an operational and effective central team, existing resources will be buttressed with additional resources. Identified required resources for the central M&E Unit in Nay Pyi Taw are listed below, though not limited to:

- Additional human resources, including at least one epidemiologist and one senior researcher;
- Terms of reference for each staff of the central M&E Unit;
- Updated software and computers, equipment, and effective internet access;
- Budget for the central team to properly implement national M&E activities and additional funding to contract external consultants when necessary;
- Training on advanced epidemiology and statistics, qualitative and quantitative analysis, survey skills, etc.;
- Training on basic epidemiology and statistics, qualitative and quantitative analysis, survey and mapping skills, data management and data auditing/information validation, policy development, advocacy, leadership, facilitation and coordination skills;
- Training on mapping skills, data management, data auditing/information validation, facilitation and coordination skills;
- Training on HIV M&E related guidelines and manuals and the development of M&E tools;
- Ongoing access to global best practices/strategies and sustained networking with international and in-country technical agencies/institutions.

3.2 STATE/REGIONAL AND DISTRICT AND TOWNSHIP LEVEL

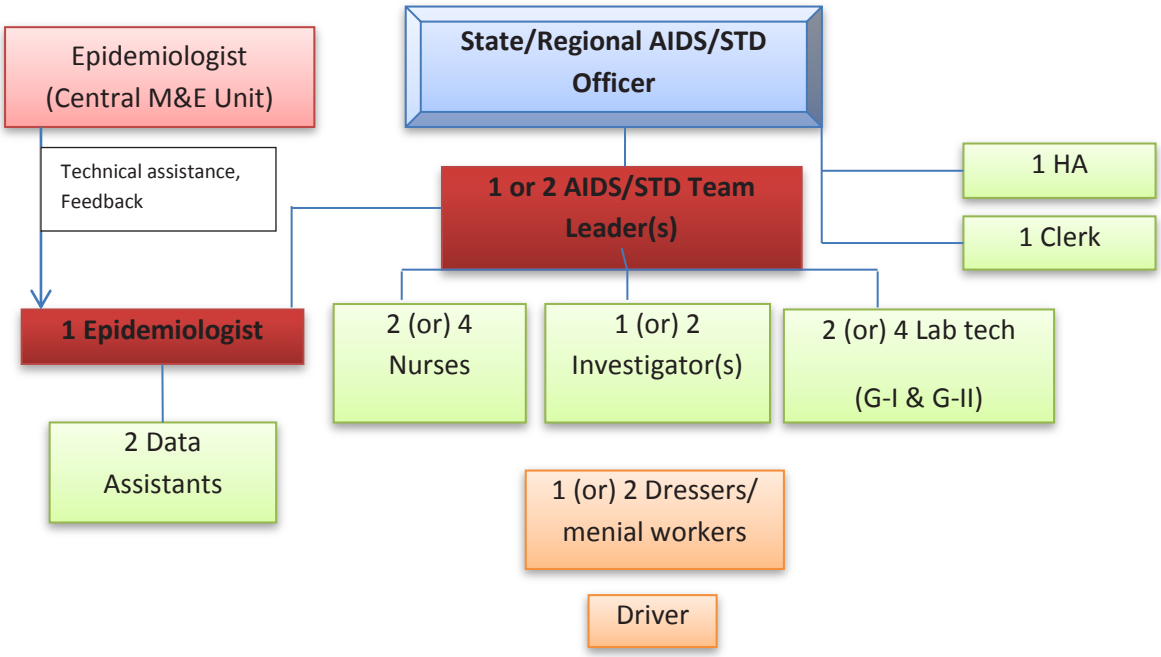
The State/Regional, District and Township AIDS committees are established with State/Regional AIDS/STD officers serving as a joint secretary. Their purpose is to coordinate the response to HIV of the public and NGO sectors at State and Regional level. The State/Regional AIDS/STD officers and Township AIDS/STD team leaders at the district/township level are responsible to lead on M&E at the corresponding levels. Seven State/Regional AIDS/STD officers and 46 AIDS/STD Teams are in place at strategic geographic locations. State/Regional AIDS/STD officers also manage the HIV commodity sub-depots. They have the responsibility of monitoring programme activities implemented by different actors including public sector, NGOs, CBOs and the private sector operating at the district and township level. They also have to report the programme activities on a regular basis to the State/Regional level and to the central M&E Unit. Where there is no AIDS/STD Teams at the township level, data must be collected from the health care providers (basic health staff) and reported through the township health structures (Township Medical Officer) to the M&E Unit of the NAP.

A structured standardized M&E reporting flow from NGOs, CBOs, private sectors, hospitals and township health offices on HIV M&E data to State/Regional AIDS/STD office or to appointed AIDS/STD team (if no State/Regional AIDS/STD office) will provide a clearly structured system.

The roles and responsibilities of State/Regional AIDS/STD offices will be further expanded in the areas of effective decentralized data management at their levels, better analysis and generation of good quality information while leading an active role in planning and oversight of HIV responses in their regions. This will also include regular supervision and feedback, increased M&E coordination and partnership with public, non-profit and private partners.

The implementation of the data flow from township-based HIV implementing partners will be carried out gradually over the coming years. Distribution of standardised reporting templates and explicit written instructions on what data are to be collected, data sources, how to collect the data, to whom and at what interval, will be led by State/Regional AIDS/STD office and township AIDS/STD Teams. State/Regional offices will hold workshops with HIV implementing partners in their regions for consistent understanding and reporting. State/Regional office teams will be fully functioning with support from the central level on equipment, staff and appropriate trainings.

Figure 4: Expanded Structure of State/Regional AIDS/STD O f ce



The expanded roles and responsibilities of State/Regional AIDS/STD office are as follows:

- Contribute and support the central M&E Unit in national M&E system establishment and implementation;
- Develop State/Regional HIV M&E activity plans and undertake the implementation;
- Act as a key player at State/Regional level to guide technically and professionally, supervise and support data collection for M&E indicators and analyse data for policy and programme planning for its own State/Region;
- Collect, analyse and manage all the HIV M&E data reported by partners implementing HIV activities in the State/Region;
- Promote better collaboration and coordination among State/Regional HIV partners to ensure their compliance in regular data reporting, reporting procedures, reporting lines and disseminated guidelines;
- Contribute towards the further development of the national HIV M&E guidelines together with central M&E Unit;
- Undertake direct surveillance to establish disease trends in its State/Region and conduct evaluation/research studies in accordance with the national research agenda;
- Institutionalize a mechanism for the timely dissemination and sharing of information in order to encourage the effective use of information by HIV partners;
- Establish a data quality assurance system internally and for data from partners in close coordination and collaboration with other State/Regional offices and HIV partners, and provide regular feedback and technical suggestions to reporting teams and organizations;
- Form and maintain a State/Regional data hub which serves as a crucial source for information pertaining to the national HIV response;
- Coordinate and – where appropriate – provide technical assistance to capacity building of the M&E system at State/Regional level.

The current State/Regional AIDS/STD office structure will need to be strengthened to be able to effectively manage these expanded responsibilities. Depending on the epidemic situation of a particular geographical area, the expanded structure will need to be adjusted. Where necessary, the contractual staff (through GFATM or other funding mechanisms) who are assigned to State/Regional AIDS/STD offices will assist on regular reporting, data entry and follow-up activities.

The following resources will be required for the implementation of an effective M&E system by the State/Regional office:

- Job descriptions;
- Adequate budget allocation of National M&E budget for sub-national offices;
- Complete and trained team, additional staff: 1 epidemiologist and 2 data assistants;
- Computers, equipment, access to email and internet;
- Access to national surveillance data and State/Regional data;
- Operational guidelines (both Myanmar and English versions) on data collection, data entry, data combination, analysis and management and reporting;
- Routine data quality assurance protocols and checklists;
- Training on leadership, management including budgeting, facilitation and coordination skills for State/Regional AIDS officers and AIDS/STD team leaders;
- Training on statistics and epidemiology, mapping, data management, survey and quantitative analysis and information/data auditing/validation for State/Regional AIDS/STD officers and AIDS/STD team leaders;
- Vehicle for monitoring, supervision and coordination at State/Regional AIDS/STD office.

At township and district level, the AIDS/STD team plays an important role to carry out HIV M&E activities. A description of the envisaged responsibilities of AIDS/STD Teams is as follows:

- Lead as focal point for HIV M&E activities at township and district levels;
- Take responsibility for accurate data collection, gathering and analysis of data, data handling and timely reporting to succeeding levels while ensuring the provision and contribution of comments and suggestions to Regional/State teams;
- Provide technical assistance and supervision of M&E activities within townships and districts to ensure regular feedback to service delivery levels;
- In a State or Region with a vacant AIDS officer post, the AIDS/STD team leader at the capital of respective State or Region is responsible for fulfilling some of the AIDS officer's responsibilities with continuous technical guidance from central M&E Unit.

Minimum resources required to support an effectively functioning AIDS/STD team are:

- Additional human resources: a data assistant;
- Access to internet, computers, equipment;
- Access to sub-national surveillance data;
- Operational guidelines (both Myanmar and English versions) on data collection, data entry, data combination, analysis and management and reporting;
- Routine data quality assurance protocols and checklists;
- Training on leadership, management including budgeting, facilitation and coordination skills;
- Training on statistics and epidemiology, mapping, data management, survey and quantitative analysis and information/data auditing/validation.

Data collection at field level requires a focal person who can collate, combine and report to the next level. The NAP will advocate and coordinate within the ministry and State/Regional Health Office to partially allocate one basic health staff as focal point during reporting cycles. The township AIDS/STD team will be required to support this staff.

3.3 NGOS, CBOS AND THE PRIVATE SECTOR LEVEL

The NGOs, CBOs and the private sector will be in-charge of monitoring, lobbying and mobilizing resources for their own HIV activities. The in-country implementing partners involved in the HIV response may develop their own M&E plans. However, it is crucial that these reported HIV data are compatible with the national HIV M&E system.

NGOs, CBOs and the private sector at the district or township level are responsible for monitoring programme activities and outputs, collecting and analysing programme data, and sharing the information to the State/Regional AIDS/STD Teams in an agreed format of routine reporting forms.

The reporting frequency from NGOs, CBOs and the private sector to the NAP will be six monthly, as this cycle is aligned to existing Global Fund reporting requirements, and also in order to practise a regular reporting system with involvement of all stakeholders. Regular flow of quality data from NGOs, CBOs and the private sector is crucially important in order to be able to consistently analyse the HIV response with a view to effective resource allocation. It is recognized that while some organizations have an adequate M&E system in place, others need to strengthen their systems.

NGOs, CBOs and the private sector will coordinate closely with State/Regional AIDS/STD offices and township AIDS/STD Teams on information sharing, and utilization of data for decision-making and planning for future programme responses. Joint monitoring will be done between non-profit, private and public sectors to avoid overlapping, duplication and to ensure complementary services at service delivery level.

3.4 DATA FLOW OF MONITORING AND EVALUATION SYSTEM

Stakeholders including AIDS/STD Teams implementing HIV programmes are expected to report regularly on program indicators that are relevant to the type of activity they are undertaking. The annual reporting forms are already established to collect the data at the field level. An overview of potential M&E data responses among HIV stakeholders is depicted in following two illustrations based on: i) the availability of a State/Regional office; and ii) the absence of a State/Regional office.

Figure 5: Overview of Potential M&E Data Responses by HIV Stakeholders

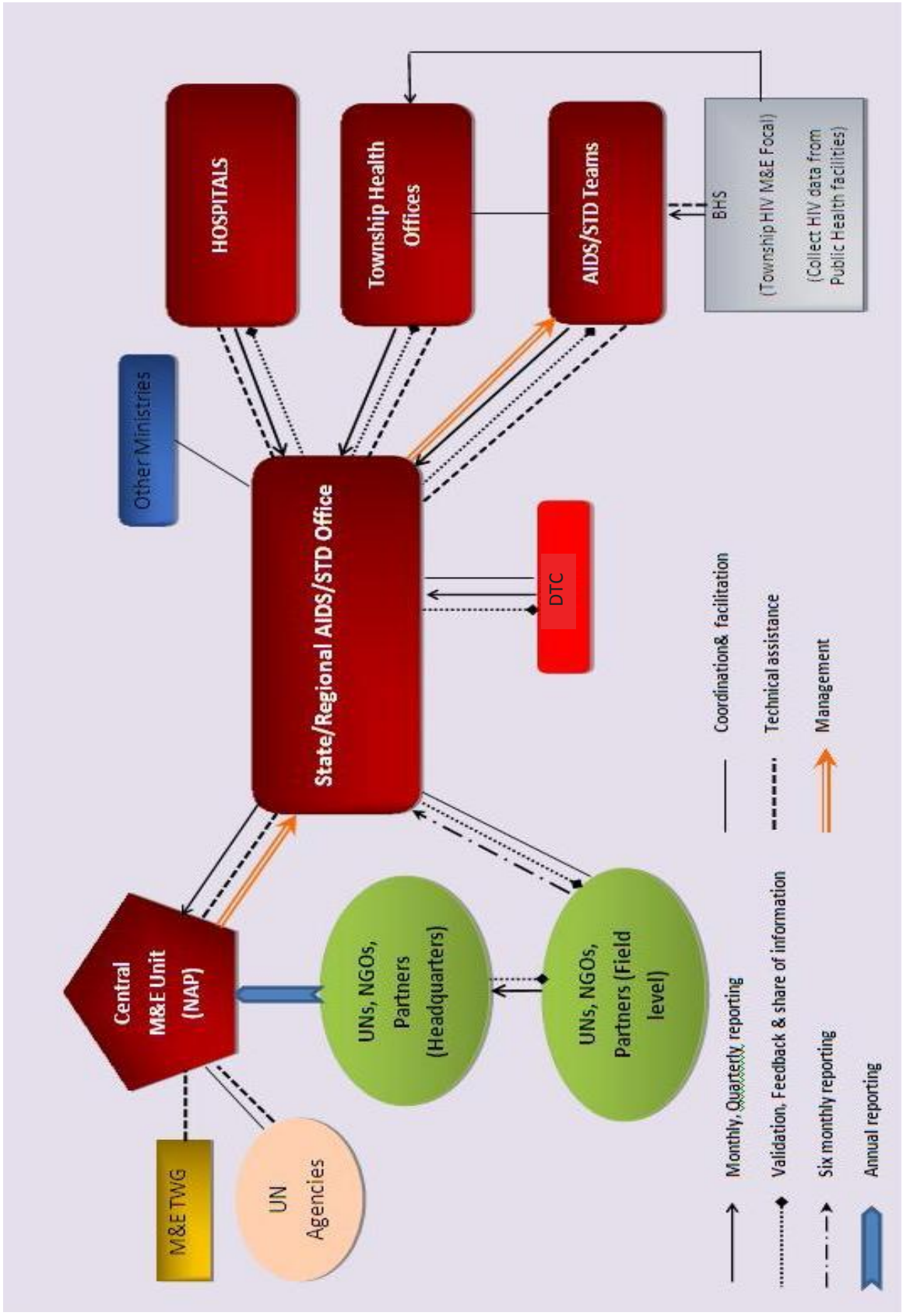
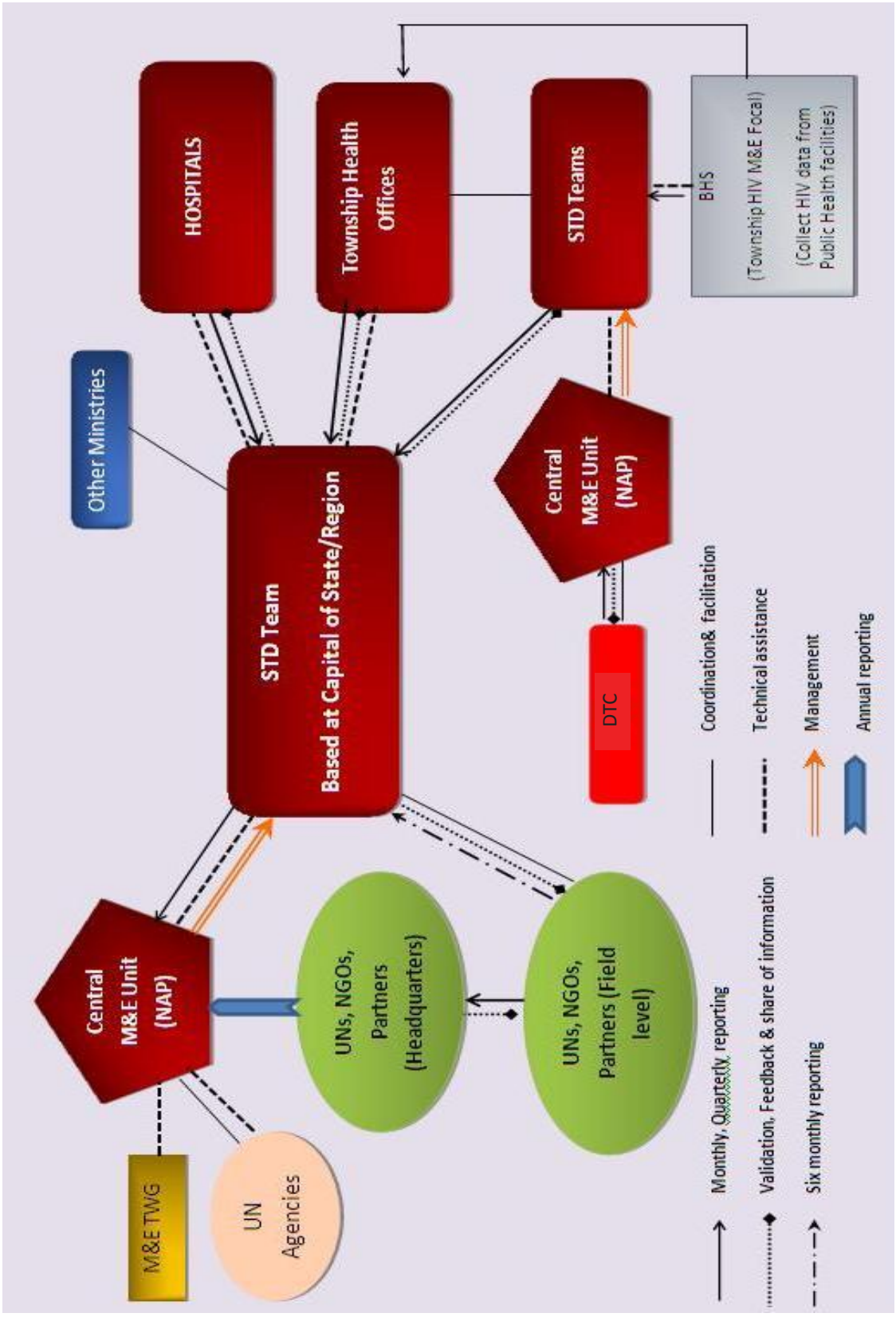


Figure 6: Overview of Potential M&E Data Responses by HIV Stakeholders (*No Regional/State AIDS Officer)



3.5 MONITORING AND EVALUATION COORDINATION, PARTNERSHIP AND ADVOCACY

The SI/M&E TWG (chaired by NAP) will coordinate with all HIV service providers in order to harmonize in-country M&E procedures and to minimize duplication. Under the guidance of the TSG, the SI/M&E TWG will identify strategies, and oversee planning and implementation of M&E measures for the national HIV response. Joint M&E activities with representatives from different organizations have already been conducted and important findings and feedback will be disseminated on a regular basis. These practices will be continued with greater involvement from State/Regional AIDS/STD offices.

The National AIDS Programme will actively advocate for M&E towards donors, line ministries and within the Ministry to obtain political commitment and financial investment in M&E. Timely dissemination of progress reports, surveillance reports and other research studies will ensure that a comprehensive picture of HIV epidemic trends and updates in the national response including achievements, challenges and recommendations for action are available to policy makers, donors and implementers.

3.6 ROUTINE DATA COLLECTION SYSTEM

The routine tracking of the demand and supply of HIV services is an essential part of monitoring and evaluation of a country's HIV response. Data are gathered at service delivery level by many organizations.

Two main types of data are collected, from two broad sources. The first is programme/project routine monitoring data, and the second is data from surveys, surveillance and other research. These are described in the paragraphs that follow.

3.6.1 PROGRAMME/PROJECT BASED DATA

These data are collected from existing routine programme monitoring sources. These are primarily used to measure output, process and some coverage indicators. The responsibility for the collection of these data lies with the implementing organisations who regularly submit them to the NAP.

In existing practice, the NAP compiles data for the majority of NSP indicators annually at central level. At the end of the calendar year, the NAP Manager writes to partners in the national response to request data on programmatic achievements for the year, and provides a form to facilitate data collection.

Written guidelines and instructions on how to collect and report data are provided for consistent annual data reporting. The data collected consists of the standard indicators in the NSP. Partners return the completed form to the NAP Manager, with copy to UNAIDS. UNAIDS SI staff provides technical support as required for the data verification, compilation, aggregation and reporting.

The above mentioned routine data from implementing partners will in future be collected by State/Regional AIDS/STD offices with the support from the respective township AIDS/STD Teams. Regular coordination meetings among partners will serve as an opportunity to discuss issues of double counting and the need to harmonize monitoring and reporting approaches among partners and with township/district and State/Regional health structures.

3.6.2 SURVEYS AND SURVEILLANCE

Facility based surveys will be done by implementing partners in order to assess the quality of services and other aspects of care such as the availability basic infrastructure, equipment, drugs, test kits, equipment, client registers, and trained staff. The assessments are normally conducted through facility

inventory reviews, health worker interviews, client exit interviews, and client-provider observations. Most of these will be small-scale activities. Under the leadership of the TSG, the NAP will provide technical guidance when necessary to ensure the quality of such activities.

HIV Sentinel Surveillance (HSS) has been conducted annually since 1992 and will be undertaken every two years as of 2014. HSS serves as an important source of data for measuring HIV prevalence in different groups at higher and lower risk of infection. Data on syphilis prevalence is also collected for some sentinel populations. The sentinel populations at high risk of infection currently sampled in Myanmar for sero-surveillance are female sex workers, men who have sex with men, people who inject drug and male patients of STI clinics. Other sentinel groups include pregnant women attending antenatal care, new military recruits, blood donors and new tuberculosis patients. In HSS, minimal demographic data are collected, HIV testing is anonymous and HIV test results are not provided to participants. HSS data is published relatively quickly after the data collection which happens in the first quarter of the year. Regular updating of the HSS protocol has been done in order to ensure improvements in the quality of the data.

Behavioural Surveillance Surveys (BSS) or **Integrated Bio-behavioural Surveillance (IBBS)** surveys are carried out for specific population groups and should be regularly repeated but at much larger time intervals compared to HSS. In Myanmar, surveys of this kind have been undertaken with female sex workers, men who have sex with men, people who inject drugs, out-of-school youth (aged 15-24 years), truckers and general population. These surveys are generally planned once every 3-4 years to monitor risk and preventive behaviours, knowledge of HIV transmission and prevention, and service exposure and coverage. The most recent IBBS survey was conducted in 2014 among people who inject drugs in conjunction with population size estimations. Respondent Driven Sampling is used in these surveys to recruit survey participants. This technique has been developed in order to better sample hard-to reach and hidden populations.

In general, the primary responsibility for collection of data through HSS, BSS or IBBS is with the NAP. The central M&E Unit conducts surveillance activities together with the State/Regional AIDS/STD offices and with technical assistance as required from various partners.[1]

[1] For further information on survey methodology:

- Protocol for the Integrated Bio-behavioural Survey in People who Inject Drugs in Myanmar, National AIDS Programme, 2014.
- Protocol for a Population Size Estimates Study in People who Inject Drugs in Myanmar, National AIDS Programme, 2014.
- HIV Sentinel Surveillance Manual. National AIDS Programme, Department of Health, Myanmar. Third edition, 2007 (Myanmar and English version)
- HSS reports 2007, 2008, 2009, 2010, 2011, 2012. National AIDS Programme, Department of Health, Myanmar
- Behavioural Surveillance Survey, 2007, General Population. National AIDS Programme, Department of Health, Myanmar.
- Behavioural Surveillance Survey, 2008, Out of School Youth. National AIDS Programme, Department of Health, Myanmar.
- Behavioural Surveillance Survey, 2008, Injecting Drug Users and Female Sex Workers. National AIDS Programme, Department of Health, Myanmar.

3.6.3 RESEARCH AND SPECIAL STUDIES

Research and special studies are additional sources of information on the epidemic and the national response. Various partners carry these out. Examples of research and studies in Myanmar include population size estimations; a cohort analysis of survival in patients receiving antiretroviral therapy; an assessment of quality in STI treatment provision; drug resistance survey; etc.

Resource availability and expenditure tracking has been conducted annually by the NAP as part of the annual reporting. Partners are asked to report on expenditures against each intervention of the National Strategic Plan/Operational Plan, and to provide details of donor contributions for their activities. The data is used to analyse investment patterns and to calculate actual unit costs.

Table 1: Regulation on Reporting Time

Products	Responsible entities	Date of submission
Monthly reports on STI, VCCT, PMCT, 100% TCP, OI, awareness	AIDS/STD Teams	First week of every month (to State/Regional AIDS/STD Office)
Monthly reports on blood safety, PMCT, 100% TCP, awareness	Township Health Offices	First week of every month (to State/Regional AIDS/STD Office)
Monthly reports on blood safety, ART, PMCT, AIDS cases & deaths	Hospitals	First week of every month (to State/Regional AIDS/STD Office)
Monthly reports	Basic health staff (HIV M&E focal)	Last week of every month (to Township Health offices and AIDS/STD Teams)
Quarterly reports	State/Regional AIDS/STD Office	First week of the next quarter (Central M&E Unit)
Six-monthly reports	UN, NGOs, CBOs, private sector (Field offices)	15th July/ 15thJanuary (to State/Regional AIDS/STD office)
Annual reports	UN, NGOs, CBOs, private sector (HQ)	6 weeks after the reporting period (to Central M&E Unit)
National progress reports	Central M&E Unit	Middle of the following year (HIV stakeholders)
HSS reports	Central M&E Unit, State/Regional AIDS/STD Office and respective UN agency	January of the following year (HIV stakeholders)
BSS/IBBS reports	Central M&E Unit, State/Regional AIDS/STD Office and respective UN agency	6-9 months after data collection (HIV stakeholders)

3.6.4 INDICATORS

An indicator is a statement that describes the level of performance achieved in relation to a set of aims and/or objectives. An indicator provides evidence that a certain condition exists or certain results have or have not been achieved. Indicators enable decision-makers to assess progress towards the achievement of intended outputs, outcomes, goals and objectives.

It is important that the indicators identified in the National Strategic Plan and the National Operational Plan are understood and measured with the same understanding by all implementing partners. All indicators included in the Operational Plan of the national response to HIV are defined in Annex 1.

3.6.5 DATA STORAGE AND MANAGEMENT

A central-level depository of the final set of data aggregated from partners' reports is kept as a computer database at the NAP and at UNAIDS. Certain other data sets are maintained centrally with the support of other partners. For example, the NAP is supported by WHO for the collection of HSS data, UNAIDS and WHO for the collection of IBBS and population size estimation data and by UNICEF for the compilation of PMCT related data. At township level, a combination of computer-based and paper-based data tools are used for the recording and transmission of data. To ensure safe data storage and regularly conduct data quality assessments, electronic data back-ups should be set up at different reporting levels.

At present, in addition to the national HIV database, different partners may have their own databases. Regardless of the database status of different organizations, with some having more advanced data management systems than others, all implementing partners who are actively involved in the national response are expected to send their data to the State/Regional AIDS/STD offices of NAP on a six-monthly basis to be entered into the existing database. Careful measures will be taken with reporting partners to ensure the databases of implementing partners can be linked with and complementary to the national and sub-national databases to facilitate the data transfer.

Starting from State/Regional levels, the NAP will invest in an electronic data management system to allow for the information to be captured in a way that facilitates data verification, data sharing and data use. The NAP has produced a written manual (in both Myanmar and English version) on data collection and reporting including data entry into the electronic database system. These guidelines will need to be updated. Written guidelines on data confidentiality will need to be added highlighting the strict need for data confidentiality starting at the primary source. Moreover, written instructions on storage of data (such as for how long old records need to be kept) will be included.

State/Regional AIDS/STD officers and township teams are responsible for supervising the data management system at their respective level, while the M&E Unit at NAP in Nay Pyi Taw serves as a data hub for the planning and strategic design of HIV responses. In Myanmar, there is a national health management information system (HMIS), which provides information for management at all levels, including for planning, monitoring, evaluation and disease surveillance. However the system uses a minimum essential data set. Thus, State/Regional AIDS/STD Teams and central level still require a dedicated system to store relevant and strategic information. The HMIS has been decentralized to various levels of the health infrastructure to facilitate the completeness and validity of the data collection. Ideally, HIV and AIDS data should be integrated into the national HMIS, however challenges remain for this to happen in the intermediate term.

3.7 DATA QUALITY ASSURANCE

The availability of data that are valid, reliable, comprehensive and timely is one of the principles of a successful M&E system. Data quality assurance systems will permit managers and decision makers to assess the quality of reported data.

Monitoring data quality periodically is essential to address any obstacles hampering the production of high quality HIV programme data. Data quality can be assessed through the following elements: accuracy/validity, reliability, completeness, timeliness, integrity and confidentiality.

The NAP has put in place a formal data quality assurance (DQA) system, while some implementing partners may have established their own systems. Ensuring quality of data should be the responsibility of persons responsible for overseeing the M&E system and project managers. Key factors effecting data quality are the design of the system, reporting forms and the capacity of staff.

A DQA protocol, tools and checklist still needs to be developed, based on existing documents and international guidelines (such as the Global Fund's RDQA tool) to guide sub-national and national level staff in DQA activities that should go hand-in-hand with programme monitoring. The DQA protocol will also provide instructions on how to resolve data inconsistencies. It should be circulated at different levels to staff assigned for data collection, storage and reporting.

To be cost and time effective, the State/Divisional AIDS/STD offices and AIDS/STD Teams will check the reported data for consistency against facility-based primary records during routine regular supervision field visits. Data quality checks together with supportive supervision permit overseeing and directing the performance of HIV activities and providing an opportunity to take stock of the work and guide field staff to make improvements as required. During regular site visits, a checklist will be used to see the quality of services at service delivery points and the reliability of reported and recorded data. Supervisory teams will also review availability of data and records, their completeness, and how these are maintained.

3.8 DISSEMINATION AND STRATEGIC USE OF INFORMATION

Information gained through monitoring and evaluation has a number of strategic uses:

- Information flow back to information providers
- Improving programme planning and implementation
- Use of data for estimations of HIV prevalence, incidence and population sizes
- National strategic planning
- Estimation of resource needs
- Resource mobilisation
- Advocacy for stigma reduction
- Advocacy for provision of services for key populations at higher risk
- Formulation of research agenda, identifying needs for additional research

The key information products of the HIV monitoring and evaluation for decision making and planning are:

National annual progress report on the implementation of the National Strategic Plan. An annual progress report on the national response is produced based on a standard report format submitted by all partners implementing HIV activities. The reporting format includes the output and process indicators of the national monitoring framework that is included in the operational plan. The national progress report is a key tool to assess and document the implementation of the National Strategic Plan.

HIV Sentinel Surveillance report – HSS has been conducted annually until 2014 and will be carried out every other year in the future. The methodology has improved over time by including a larger number of sentinel sites, increasing sample sizes and by including additional population groups, notably men who have sex with men.

Behavioural Surveillance and Integrated Bio-behavioural Surveillance survey reports – BSS and IBBS should regularly be conducted among key populations, every 3-4 years, and reports of the findings published in a timely manner.

Resource mapping of expenditures on the national response to HIV, against each strategic direction in the National Strategic Plan. Since 2007, comprehensive financial data have been collected by organisation to allow analysis of resources available and spent by strategic direction and by donor type. This is currently also provided in summary form within the national annual progress report.

Reports for global initiatives – There is a need to be able to report national progress against a number of global initiatives. These currently include:

- **Global AIDS Response Progress Reports** are due every two years, but update online of data measuring global indicators is needed every year and for ART and PMCT indicators every 6 months.
- **Millennium Development Goals**: National progress is reported at intervals (every few years), towards the targets set for achievement by 2015.

To demonstrate evidence of data use, the National Strategic Plan has already explicitly specified expected outcomes on the most up to date data on the drivers of the HIV epidemic. The SI/M&E TWG will: identify country-appropriate strategies to promote data dissemination and use by ensuring ownership of data by HIV stakeholders; ensure timely dissemination of good quality data; generate appropriate information products for different users; mobilize resources for dissemination; and whenever necessary provide or outsource technical assistance for data use.

4. RESEARCH AGENDA

Information and knowledge are key to a successful response to HIV. Myanmar's response to HIV is defined in the National Strategic Plan (NSP) 2011-2015. The NSP has been revised based on an extensive mid-term review (MTR) of progress in 2013. The review has generated useful strategic information that has helped assessing progress made since the beginning of the implementation of the NSP in 2011. It also has allowed identifying and discussing gaps in the national response and formulating new aims and interventions that were missing.

There is a recognition that gaps in knowledge continue to exist and more strategic information is required to improve programmes and interventions. The SI/M&E TWG will identify the gaps relevant to the NSP and coordinate the efforts of partners who plan to conduct research studies relevant to the country's needs. It is crucial that research efforts are coordinated to avoid duplicating efforts and to ensure that study results are shared and available for use in decision-making.

Each year the central M&E Unit works with the SI/M&E TWG and partners to develop an inventory of research that is planned. This information should be kept in a more comprehensive, but simple information database that will include the inventory of HIV research and a list of researchers as well as information on available research methods and tools and research capacity building materials. There are relatively few organizations specialising in research in Myanmar, thus constraining the options for contracting out research in full or in part (i.e. data collection, data processing, etc.).

A major source of official information to inform the HIV response stems from the NAP. The NAP has conducted HSS since 1992 with an increasing number of sites and groups covered. BSS and IBBS surveys have been carried out by the NAP for selected groups. The Department of Health Planning and the Departments of Medical Research are also involved in HIV and behavioural surveillance and other research. In addition, the Institutes of Medicine and the health services of the Ministry of Defence have both produced numerous studies on HIV. Clinical research has been carried out in a number of hospitals, both of the Ministry of Health and of Defence.

Other actors have carried out less formal research with the result that there is relatively little published information available. Many organisations use findings from research for programming and strategic planning purposes, but there is no mechanism that makes results from research systematically available to all those who need them. It would be desirable to expand the accessibility to research results by encouraging partners to present their research plans to the SI/M&E TWG in order to get technical recommendations and support in disseminating research findings for use in policy and programme development.

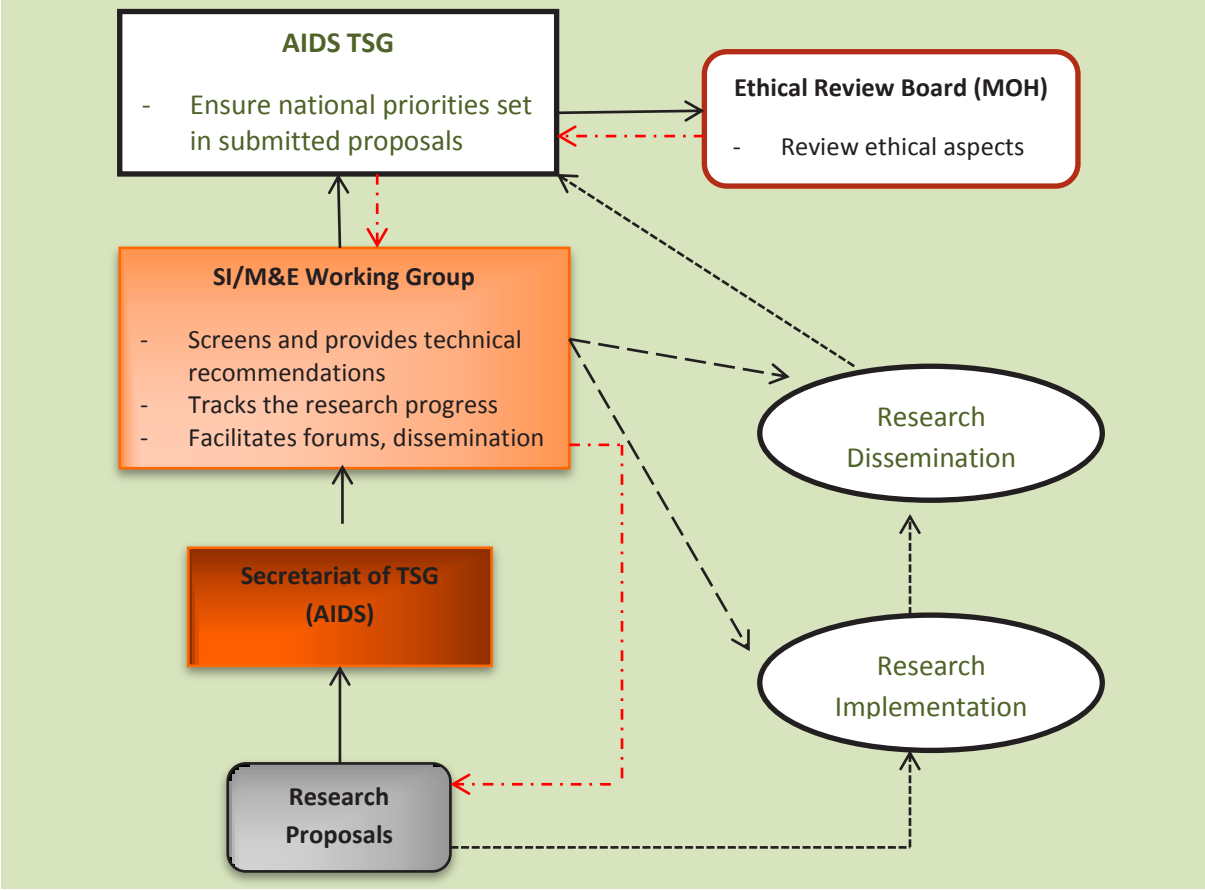
A national research agenda has been developed to facilitate the production of new knowledge on HIV and AIDS. The agenda will need to be regularly updated in order to stimulate engagement of a larger number of organizations in research projects that are deemed necessary to better understand the epidemic and the performance and impact of the national response. It is hoped that a greater involvement of partners in the definition and implementation of the national research agenda will result in the wider publication, sharing and use of research findings.

Any research on HIV and AIDS related issues needs to obtain approval by the Ethnical Review Board of the MoH in line with national guidelines. The guidelines establish that all HIV related research should:

- Be in line with the priorities of the National Strategic Plan for HIV;
- Give due ethical considerations to the study subjects and be in their best interest;
- Fully respect the particular sensitivities around the need for confidentiality regarding HIV;
- Be to the extent possible designed in a way to enable comparability with other research undertaken on the same or similar matters;
- Make use to of locally available expertise by creating partnerships and by collaborating with partners to ensure the most effective use of human and financial resources;
- Have data use and dissemination as part of the research plan – including funding for it – with the aim to make research findings available to as many interested stakeholders as possible.

The process that guides the development and approval of research is summarized below.

Figure 7: Process of Development and Approval of Research



5. CAPACITY BUILDING FOR MONITORING AND EVALUATION

Capacity building is a process for improving the ability of persons, groups, organizations or systems to meet objectives, address stakeholders' needs and, ultimately, perform better. It should be an ongoing process with defined outcomes, objectives and means to measure the performance over time. The purpose of capacity building in HIV M&E is to improve the performance of the national HIV M&E system. Thus the performance is measured by the production of timely and quality data on the HIV epidemic and the national HIV response and the use of data for evidence-informed decision making in programme planning, improvement and resource allocation.

It is the responsibility of implementing organizations to undertake thorough internal assessments of their M&E staff, to allocate resources and to develop materials to build their skills and competencies. Some training should be on basic concepts of M&E systems, development of data collection tools, data management and information technology. In addition, supervision checklists should include M&E assessments at field level.

Under the leadership and guidance of the NAP and the SI/M&E TWG as well as the TSG on AIDS, all reporting partners will receive information on the standardized reporting formats, NSP indicator definitions and associated reporting practices. National level forums through the SI/M&E TWG will provide opportunities to share experiences and learning among stakeholders. The National Operational Plan ensures the inclusion of budget projections for capacity building for M&E. United Nations agencies should mobilize resources by advocating donors on the value of M&E.

The M&E focal points at the NAP (central and State/Regional levels) will be trained on technical aspects of M&E as well as in leadership, financial management, facilitation, supervision, advocacy, team building and communication. At individual level, on-the-job trainings will be done to improve work performance.

6. MONITORING & EVALUATION IMPLEMENTATION WORKPLAN AND ESTIMATED BUDGET

Monitoring and evaluation plans must reflect financial realities. Financial and human resources determine the scope of what is possible. In order to operationalize any multi-year M&E plan, it is crucial that an annual work plan exists, which is also costed. The National Operational Plan has already forecasted M&E-related budget of the national HIV programme. A detailed calculation on advocacy, M&E training, monitoring, evaluation/research, surveillance, etc., have been included. International best practice indicates at least five per cent of total national HIV programme budget should be allocated to M&E. The detailed work plan is a yearly plan which includes specific and costed HIV M&E activities with identified funding sources as well as funding gaps.

7. APPENDIX

7.1 ANNEX1: HIV INDICATOR GUIDELINE

An indicator is a statement that describes the level of performance achieved in relation to a set of aims and/or objectives. An indicator provides evidence that a certain condition exists or certain results have or have not been achieved.

It is important that the indicators identified in the National Strategic Plan and the National Operational Plan are understood and measured in a standardized way by all implementing partners. All indicators that measure against the national response to HIV and AIDS are defined and giving details of what they measure and how to measure them. The methodologies are adhered to global technical standards and best practices. Led by the M&E TWG, the definitions are documented in an agreed manner with partners.

Indicators for Monitoring & Evaluation of National Response to HIV and AIDS

No.	Indicator	Type	Source	Description
Strategic Priority I: Prevention of the transmission of HIV through unsafe behaviour in sexual contacts and injecting drug use				
I.1 Female sex workers and their sexual partners; clients of female sex workers and their sexual partners				
1	% of female sex workers who are infected with HIV	Impact	HSS	Numerator: # of female SWs who test positive for HIV in the survey Denominator: Total # of female SWs tested for HIV in the survey
2	% of clients of female sex workers who are infected with HIV	Impact	HSS	Numerator: # of male patients seeking treatment at STI clinics who test positive for HIV in the survey Denominator: Total # of male patients seeking treatment at STI clinics and tested for HIV in the survey
3	% of female sex workers who used condom at last sex	Outcome	BSS	Numerator: # of female SWs respondents who reported condom use with most recent client at last sex Denominator: Total # of female SWs respondents surveyed

No.	Indicator	Type	Source	Description
4	% of female sex workers reached with HIV prevention programmes	Coverage	BSS	Numerator: # of female SWs respondents who replied "yes" to the following two questions: 1. "Do you know where you can go if you wish to receive an HIV test?" 2. "In the last 12 months, have you been given condoms (e.g., through an outreach service, drop-in centre or sexual health clinic)? " Denominator: Total # of female SWs respondents surveyed
5	% of female sex workers who received an HIV test in the last 12 months and who know the result	Coverage	BSS	Numerator: # of female SWs respondents who reported to have been tested for HIV the last 12 months preceding the survey and who know the test results Denominator: Total # of female SWs respondents surveyed
6	Number of female sex workers reached with HIV prevention programmes	Coverage	Programme	Numerator: # of female SWs who have been reached at least once by HIV prevention services through interventions during the last 12 months Denominator: not required
7	Number of clients of female sex workers reached with HIV prevention programmes	Coverage	Programme	Numerator: # of clients of female SWs who have been reached at least once by HIV prevention services through interventions during the last 12 months Denominator: not required
8	Number of regular sexual partners of sex workers reached with HIV prevention programmes	Coverage	Programme	Numerator: # of regular sexual partners of SWs who have been reached at least once by HIV prevention services through interventions during the last 12 months Denominator: not required
I.2 Men who have sex with men, male sex workers and their clients and the sexual partners of all groups				
9	% of men who have sex with men who are infected with HIV	Impact	HSS	Numerator: # of MSM who test positive for HIV in the survey Denominator: Total # of MSM tested for HIV in the survey

No.	Indicator	Type	Source	Description
10	% of men who have sex with men who used condom at last sex	Outcome	IBBS	Numerator: # of men respondents who reported condom use the last time they had anal sex with a male partner Denominator: Total # of men respondents in the survey who reported having anal sex with a male partner in the last six months
11	% of men who have sex with men reached with HIV prevention programmes	Coverage	IBBS	Numerator: # of MSM who replied "yes" to the following two questions: 1. Do you know where you can go if you wish to receive an HIV test? 2. In the last 12 months, have you been given condoms (e.g., through an outreach service, drop-in centre or sexual health clinic)? Denominator: Total #of MSM respondents surveyed
12	% of men who have sex with men who received an HIV test in the last 12 months and who know the result	Coverage	IBBS	Numerator: # of MSM respondents who reported to have been tested for HIV in the last 12 months preceding the survey and who know the test results Denominator: Total # of MSM respondents surveyed
13	Number of men who have sex with men reached with HIV prevention programmes	Coverage	Programme	Numerator: # of MSM who have been reached at least once by HIV prevention services through interventions during the last 12 months Denominator: Not required
14	Number of female sexual partners of men who have sex with men reached with HIV prevention programmes	Coverage	Programme	Numerator: # of female sexual partners of MSM who have been reached at least once by HIV prevention services through interventions during the last 12 months Denominator: Not required
I.3 People who inject drugs, drug users and their sexual partners				
15	% of people who inject drugs who are infected with HIV	Impact	HSS	Numerator: # of PWID who test positive for HIV in the survey Denominator: Total # of PWID tested for HIV in the survey

No.	Indicator	Type	Source	Description
16	% of people who inject drugs who used sterile needles and syringes at last injection	Outcome	BSS	Numerator: #of PWID respondents who reported the use of sterile injecting equipment at the last time they injected drugs Denominator: Total # of PWID respondents surveyed
17	% of people who inject drugs who used condom at last sex	Outcome	BSS	Numerator: #of PWID respondents who reported condom use during the last sexual intercourse Denominator: Total #of PWID respondents who reported having sexual intercourse in the last six months
18	% of people who inject drugs reached with HIV prevention programmes	Coverage	BSS	Numerator: # of PWID respondents who replied "yes" to the following three questions: 1. Do you know where you can go if you wish to receive an HIV test? 2. In the last 12 months, have you been given condoms (e.g. ,through an outreach service, drop-in centre or sexual health clinic)? 3. In the last 12 months, have you been given sterile needles and syringes (e.g., by an outreach worker, a peer educator or from a drop-in centre, needle exchange programme)? Denominator: Total # of PWIDs respondents surveyed
19	% of people who inject drugs who received an HIV test in the last 12 months and who know the result	Coverage	BSS	Numerator: #of PWID respondents who reported to have been tested in the last 12 months preceding the survey and who know the test results Denominator: Total #of PWID respondents surveyed
20	Number of people who inject drugs reached with HIV prevention programmes (Outreach)	Coverage	Programme	Numerator: #of PWID who have been reached at least once by HIV prevention services through interventions (outreach) during the last 12 months Denominator: Not required

No.	Indicator	Type	Source	Description
21	Number of people who inject drugs reached with HIV prevention programmes (DIC)	Coverage	Programme	Numerator: #of PWID who have been reached at least once by HIV prevention services through interventions (DIC) during the last 12 months Denominator: Not required
22	Number of sterile injecting equipment distributed to people who inject drugs in the last 12 months	Output	Programme	Numerator: # of sets of sterile injection equipment (needle and syringe) distributed to people who inject drugs in the last 12 months Denominator: Not required
23	Number of sterile injecting equipment returned from people who inject drugs in the last 12 months	Output	Programme	Numerator: # of sets of sterile injection equipment (needle and syringe) returned from people who inject drugs in the last 12 months Denominator: Not required
24	Number of drug users receiving methadone maintenance therapy	Output	Programme	Numerator: # of drug users receiving methadone maintenance therapy Denominator: Not required
25	Number of regular sexual partners of PWID reached with HIV prevention programmes	Output	Programme	Numerator: # of regular sexual partners of PWID who have been reached at least once by HIV prevention services through intervention during the last 12 months Denominator: Not required
I.4 Prison and rehabilitation facility population				
26	Number of prisoners reached with HIV prevention programmes	Output	Programme	Numerator: # of prisoners who have been reached at least once by HIV prevention services through intervention during the last 12 months Denominator: Not required
I.5 Mobile and migrant populations and communities affected by population movement				
27	Number of mobile and migrant population reached with HIV prevention programmes	Output/Coverage	Programme	Numerator: # of mobile and migrant populations who have been reached at least once by HIV prevention services through intervention during the last 12 months Denominator: Not required

No.	Indicator	Type	Source	Description
I.6 Uniformed services personnel				
28	Number of uniformed services personnel reached with HIV prevention programmes	Output/Coverage	Programme	Numerator: # of uniformed services personnel who have been reached at least once by HIV prevention services through intervention during the last 12 months Denominator: Not required
I.7 Young People				
29	% of young people aged 15-24 who are infected with HIV (Pregnant women 15-24)	Impact	HSS	Numerator: # of antenatal clinic attendees (aged 15–24) who test positive for HIV Denominator: Total # of antenatal clinic attendees (aged 15–24) surveyed
30	% of young people who used condom at last sex	Outcome	BSS	Numerator: # of young people aged 15-24 (disaggregated by sex) respondents who reported condom use during last sexual intercourse with a non-regular partner Denominator: Total # of young people aged 15-24 (disaggregated by sex) respondents who had sexual intercourse during the last 12 months with a non-regular partner
31	Number of out-of-school youth reached with HIV prevention programmes	Output/Coverage	Programme	Numerator: # of out of school young women and men (aged 15-24 years) who have been reached at least once by HIV prevention services through intervention during the last 12 months Denominator: Not required
I.8 Workplace				
32	Number of people in workplace reached with HIV prevention programmes	Output	Programme	Numerator: # of out of school young women and men (aged 15-24 years) who have been reached at least once by HIV prevention services through intervention during the last 12 months Denominator: Not required
I.9 Cross cutting interventions				
33	% of pregnant women attending ANC who are infected with HIV	Impact	HSS	Numerator: # of antenatal clinic attendees who test positive for HIV Denominator: Total # of antenatal clinic attendees surveyed

No.	Indicator	Type	Source	Description
34	Number of people who received STI treatment in the last 12 months	Output/Coverage	Programme	Numerator: # of people who have received STI treatment in the last 12 months Denominator: Not required
35	Number of people who received an HIV test in the last 12 months and who know the result	Output/Coverage	Programme	Numerator: # of people who have received an HIV test and know the result in the last 12 months Denominator: Not required
36	Number of condoms distributed for free	Output	Programme	Numerator: # of male and female condoms distributed free-of-charge Denominator: Not required
37	Number of condoms sold through social marketing	Output	Programme	Numerator: # of male and female condoms sold through social marketing Denominator: Not required
Strategic Priority II: Provision of a comprehensive continuum of care for people living with HIV				
II.1 VCCT, ART, community-based care, hospitals for adults and children				
38	% of adults and children with HIV known to be on treatment 12 months after initiation of ART	Impact	Programme	Numerator: # of adults and children who are known to be alive and on treatment at 12 months after initiating ART Denominator: Total # of adults and children on ART who initiated ART in the 12 months prior to the beginning of the reporting period (including those who have died, those who have stopped ART, and those lost to follow-up)
39	% of adults and children with HIV known to be on treatment 24 months after initiation of ART	Impact	Programme	Numerator: # of adults and children who are known to be alive and on treatment at 24 months after initiating ART Denominator: Total # of adults and children on ART who initiated ART in the 24 months prior to the beginning of the reporting period (including those who have died, those who have stopped ART, and those lost to follow-up)
40	% of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	Impact	Programme	Numerator: # of adults and children with HIV infection who received ART and were started on TB treatment within the reporting year Denominator: # of TB cases in PLHIV

No.	Indicator	Type	Source	Description
41	% of adults and children newly enrolled in HIV care starting Isoniazid Preventive Therapy	Impact	Programme	Numerator: # of adults and children newly enrolled in HIV care who also started Isoniazid Preventive Therapy during the reporting period Denominator: # of adults and children newly enrolled in HIV care during the reporting period
42	% of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	Impact	Programme	Numerator: # of adults and children in HIV care, who had their TB status assessed and recorded during their last visit Denominator: # of adults and children in HIV care in the reporting period
43	Number of adults with advanced HIV infection receiving antiretroviral therapy	Coverage	Programme	Numerator: # of adults (above 15 years of age) with advanced HIV infection receiving antiretroviral therapy at the end of reporting period Denominator: Not required
44	Number of children in need provided with ART	Coverage	Programme	Numerator: # of children under the age of 15 with advanced HIV infection receiving antiretroviral therapy at the end of reporting period Denominator: Not required
45	Number of people living with HIV receiving Cotrimoxazole prophylaxis who are not on ART	Output	Programme	Numerator: # of PLHIV receiving Cotrimoxazole as prophylaxis against opportunistic infections who are not on ART Denominator: Not required
46	Number of HIV infected patients with incident TB diagnosed and started on TB treatment during the reporting period	Output	Programme	Numerator: # of patients with advanced HIV infection who are receiving antiretroviral therapy and started TB treatment during the reporting period Denominator: Not required
II.2 PMTCT and reproductive health				
47	% of infants born to HIV-infected mothers who are infected	Impact	Modelling	Numerator: # of infants (born to HIV-infected women) who are infected with HIV Denominator: Estimated # of HIV-infected pregnant women

No.	Indicator	Type	Source	Description
48	% of pregnant women who are infected with HIV	Impact	Modelling	Numerator: # of pregnant women (15-49 years) who tested positive for HIV in the survey Denominator: Total # of pregnant women (15-49 years) tested for HIV in the survey
49	Number of pregnant women attending antenatal care services at PMCT sites who received HIV pre-test counselling	Coverage	Programme	Numerator: # of pregnant woman attending antenatal care services who have received HIV pre-test counselling in the last 12 months Denominator: Not required
50	Number of pregnant women attending antenatal care services at PMCT sites who received HIV testing	Coverage	Programme	Numerator: # of pregnant woman attending antenatal care services who have received HIV testing in the last 12 months Denominator: Not required
51	Number of pregnant women attending antenatal care services who received HIV test result with post-test counselling	Coverage	Programme	Numerator: # of pregnant women who have received HIV test result with post-test counselling in the last 12 months Denominator: Not required
52	Number of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission	Coverage	Programme	Numerator: # of HIV-positive pregnant women who received antiretroviral medicines in the last 12 months by regimen Denominator: Not required
Strategic Priority III: Mitigation of the impact of HIV on people living with HIV and their families				
III.1 Psychological, economic and nutritional support for people living with HIV and their families				
53	Number of people receiving community home based care	Output/Coverage	Programme	Numerator: # of PLHIV who receive at least one of the services of basic home base care package of support at least once during the last 12 months Denominator: Not required
54	Number of people living with HIV associated with self-help groups	Coverage	Programme	Numerator: # of PLHIV who are associated with self-help groups Denominator: Not required
III.2 Orphans and Vulnerable Children Infected and Affected by HIV				

No.	Indicator	Type	Source	Description
55	Number of orphans and vulnerable children affected by HIV receiving package of support	Output	Programme	Numerator: # of orphans and vulnerable children affected by HIV who received at least one of six types of support in the last 12 months Denominator: Not required
IV: Cross cutting interventions				
56	Participation of HIV testing laboratories in national quality control	Output	Programme	Numerator: # of HIV testing laboratories that participated in NEQAS for quality assurance of HIV serology in the last year Denominator: Total # of HIV testing laboratories in the last year
57	Donated blood units screened for HIV	Coverage	Programme	Numerator: # of donated blood units screened for HIV in a blood bank or blood screening laboratories in a quality assured manner during the last 12 months Denominator: Total # of blood units donated during the last 12 months

Strategic priority 1

I. 1 Female sex workers and their sexual partners; clients of female sex workers and their sexual partners

Definition of population	Sex worker: A person who sells sexual services in exchange for money or in kind. Client of sex workers: A person who purchases (with money or in kind) sexual services from a sex worker. Sexual partners: Spouse and any other sexual partner
HIV prevention package of services	• HIV prevention education - peer education, outreach, facility-based • Condom (male or female) provision and promotion • Screening, diagnosis and treatment of sexually transmitted infections (STI) • Voluntary confidential counselling and HIV testing

1. Percentage of female sex workers who are infected with HIV Impact Indicator	
Description	HIV prevalence among sex workers
Purpose	To assess progress on reducing HIV infection among sex workers
Numerator	Number of female sex workers who test positive for HIV in sentinel surveillance
Denominator	Total number of female sex workers tested for HIV in sentinel surveillance
Method of measurement	It is calculated using data from HIV tests conducted among female sex workers in the sentinel sites
Data collection frequency	Every two years
Data source	HSS conducted by the NAP
Limitations	HSS is conducted in only a limited number of sites and may not be representative of other geographical areas HSS is based on a facility-based sample
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations who are HIV-infected • GFATM (PF impact indicator 1): target group not exactly the same: "Percentage of sex workers that are infected with HIV"

2. Percentage of clients of female sex workers who are infected with HIV Impact Indicator	
Description	HIV prevalence among clients of sex workers, using male patients seeking treatment at STI clinics as a proxy for this group
Purpose	To assess progress on reducing HIV infection among clients of sex workers
Numerator	Number of male patients seeking treatment at STI clinics who test positive for HIV in sentinel surveillance
Denominator	Total number of male patients seeking treatment at STI clinics and tested for HIV in sentinel surveillance
Method of measurement	It is calculated using data from HIV tests conducted among male patients seeking STI treatment at STI clinics in the sentinel sites
Data collection frequency	Every two years
Data source	HSS conducted by the NAP
Limitations	HSS is conducted in only a limited number of sites and may not be representative of other geographical areas HSS is based on a facility-based sample
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations who are HIV-infected

3. Percentage of female sex workers who used condom at last sex Outcome Indicator	
Description	Percentage of female sex workers who reported condom use with their most recent client at last sex
Purpose	To assess progress in preventing exposure to HIV among female sex workers through unprotected sex with clients
Numerator	Number of female sex worker respondents who reported condom use with most recent client at last sex
Denominator	Total number of female sex worker who responded to question
Method of measurement	This indicator is calculated using data from BSS; respondents are asked the following question: "Did you use a condom with your most recent client at last sex?"
Data collection frequency	Every 3-4 years
Data source	BSS or IBBS for female sex workers conducted by the NAP
Limitations	Asking whether a condom was used with the most recent client may overestimate the level of consistent condom use, but the trend in condom use with most recent client will still reflect the trend in consistent condom use BSS is conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of female and male sex workers reporting the use of a condom during their last sexual intercourse • GFATM (PF outcome indicator 1): Percentage of female sex workers reporting the use of a condom with their most recent client

4. Percentage of female sex workers reached with HIV prevention programmes Coverage Indicator	
Description	Percentage of female sex workers who have been reached by at least one HIV prevention programme during the last 12 months
Purpose	To assess the coverage of HIV prevention interventions for female sex workers
Numerator	Number of female sex worker respondents who replied "yes" to the following two questions (below)
Denominator	Total number of female sex worker respondents surveyed
Method of measurement	This indicator is calculated using data from BSS; respondents are asked the following questions: 1. "Do you know where you can go if you wish to receive an HIV test?" 2. "In the last 12 months, have you been given condoms (e.g., through an outreach service, drop-in centre or sexual health clinic)? "
Data collection frequency	Every 3-4 years
Data source	BSS or IBBS for sex workers conducted by the NAP
Limitations	BSS is conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations reached with HIV prevention programmes

5. Percentage of female sex workers who received an HIV test in the last 12 months and who know the result **Coverage Indicator**	
Description	Percentage of female sex workers who received an HIV test in the last 12 months and know the result
Purpose	To assess progress made in promoting and in providing access to HIV testing and counselling for most-at-risk populations
Numerator	Number of female sex workers respondents who reported to have been tested for HIV in the last 12 months preceding the survey and who know the test results
Denominator	Total number of female sex worker respondents surveyed
Method of measurement	This indicator is calculated using data from BSS/IBBS; respondents are asked the following questions: • Have you ever had an HIV test in the last 12 months? I don't want to know the result of your test, I just want to know if you have been tested • The last time you were tested, did you get the result? I don't want to know the result of your test, I just want to know if you got the result
Data collection frequency	Every 3-4 years
Data source	BSS or IBBS for sex workers conducted by the NAP
Limitations	BSS and IBBS are conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their result

6. Number of female sex workers reached with HIV prevention programmes Coverage Indicator	
Description	Number of female sex workers who have been reached at least once by a targeted HIV prevention intervention during the last 12 months
Purpose	To assess the coverage in implementing HIV prevention interventions for female sex workers
Numerator	Number of female sex workers who have been reached at least once by HIV prevention services through interventions during the last 12 months
Denominator	Not required
Method of measurement	This indicator is calculated using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment Female sex workers who are reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education/BCC, STI treatment, VCT Data are collected for female sex workers reached in each township in order to map the coverage and geographical distribution of prevention interventions Female sex workers reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will NOT be counted **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Only individuals who have been reached from 1 January to 31 December of the same year should be counted. **Only the first contact is counted in a calendar year to ensure that the total number of individuals is recorded.**
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Multiple counting can occur in townships where more than one service provider is operating. Mobility of sex workers may also result in double counting across townships
Further information	This indicator is included in: • GFATM (PF indicator 1.4): Number of sex workers reached by package of prevention services including BCC and STI prevention / treatment (it measures only female sex workers)

7. Number of clients of female sex workers reached with HIV prevention programmes Coverage Indicator	
Description	Number of clients of female sex workers who have been reached at least once by a targeted HIV prevention intervention during the last 12 months
Purpose	To assess the coverage in implementing HIV prevention interventions for clients of female sex workers
Numerator	Number of clients of female sex workers who have been reached at least once by HIV prevention services through interventions during the last 12 months
Denominator	Not required
Method of measurement	This indicator is calculated using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment Clients of female sex workers who are reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education, STI treatment, VCT Data are collected for clients of female sex workers reached in each township in order to map the coverage and geographical distribution of prevention interventions Clients of female sex workers reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will NOT be counted. **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Only individuals who have been reached from 1 January to 31 December of the same year should be counted. **Only the first contact is counted in a calendar year to ensure that the total number of individuals is recorded.**
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Multiple counting can occur in townships where more than one service provider is operating.
Further information	This indicator is not included in GARPR or GFATM indicators.

8. Number of regular sexual partners of sex workers reached with HIV prevention programmes Coverage Indicator	
Description	Number of regular sexual partners of sex workers who have been reached at least once by a targeted HIV prevention intervention during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions for regular sexual partners of sex workers
Numerator	Number of regular sexual partners of sex workers who have been reached at least once by HIV prevention services through interventions during the last 12 months
Denominator	Not required
Method of measurement	The indicator is calculated using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment Regular sexual partners of sex workers who are reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education, STI treatment, VCT Data are collected for regular sexual partners of sex workers reached in each township in order to map the coverage and geographical distribution of prevention interventions Regular sexual partners of sex workers reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will NOT be counted. **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Only individuals who have been reached from 1 January to 31 December of the same year should be counted. **Only the first contact is counted in a year to ensure that the total number of individuals is recorded.**
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Multiple counting can occur in townships where more than one service provider is operating
Further information	This indicator is not included in GARPR, GFATM or Universal Access indicators

I. 2 Men who have sex with men, male sex workers and their clients and the sexual partners of all groups

Definition of population	Men who have sex with men: a public health term used to define male-to-male sexual behaviours and practices. This term is regardless of social or gender identity, motivation for engaging in sex, or identification with any particular "community". Female sexual partners of men who have sex with men: wives and any other female sexual partners
HIV prevention package of services	• HIV prevention education – peer education, outreach, facility-based • Condom provision and promotion • Screening, diagnosis and treatment of sexually transmitted infections (STI) • Voluntary confidential counselling and HIV testing

9. Percentage of men who have sex with men who are infected with HIV Impact Indicator	
Description	HIV prevalence among men who have sex with men
Purpose	To assess progress on reducing HIV infection among men who have sex with men
Numerator	Number of men who have sex with men who test positive for HIV in sentinel surveillance
Denominator	Total number of men who have sex with men tested for HIV in sentinel surveillance
Method of measurement	It is calculated using data from HIV tests conducted among men who have sex with men in sentinel sites
Data collection frequency	Every two years
Data source	HSS conducted by the NAP
Limitations	HSS is conducted in only a limited number of sites and may not be representative of other geographical areas HSS is conducted facility-based
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations who are HIV-infected • GFATM (PF impact indicator 2): same wording

10. Percentage of men who have sex with men who used condom at last sex Outcome Indicator	
Description	Percentage of men who reported condom use the last time they had anal sex with a male partner
Purpose	To assess progress in preventing exposure to HIV among men who have sex with men through unprotected sex with a male partner
Numerator	Number of male respondents who reported condom use the last time they had anal sex with a male partner
Denominator	Total number of male respondents in the survey who reported having anal sex with a male partner in the last six months
Method of measurement	This indicator is calculated using data from IBSS; respondents are asked the following questions: • Did you have anal sex with a male partner in the last six months? If yes: • Did you use a condom the last time you had anal sex with a male partner? • Disaggregated by age group (<25, 25+)
Data collection frequency	Every 3-4 years
Data source	IBBS survey of men who have sex with men conducted by the NAP
Limitations	Asking whether a condom was used in most recent sexual act may overestimate the level of consistent condom use May introduce self-reported bias IBBS is conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner • GFATM (PF outcome indicator 2): wording is slightly different: “Percentage of men reporting the use of a condom at the last time they had anal sex with a male partner”

11. Percentage of men who have sex with men reached with HIV prevention programmes **Coverage Indicator**	
Description	Percentage of men who have sex with men who have been reached by at least one HIV prevention programme during the last 12 months
Purpose	To assess the coverage of HIV prevention interventions for men who have sex with men
Numerator	Number of men who have sex with men respondents who replied "yes" to the following two questions (below)
Denominator	Total number of men who have sex with men respondents surveyed
Method of measurement	This indicator is calculated using data from IBSS; respondents are asked the following questions: 1. Do you know where you can go if you wish to receive an HIV test? 2. In the last 12 months, have you been given condoms (e.g., through an outreach service, drop-in centre or sexual health clinic)?
Data collection frequency	Every 3-4 years
Data source	IBBS survey of men who have sex with men conducted by the NAP
Limitations	IBBS is conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations reached with HIV prevention programmes

12. Percentage of men who have sex with men who received an HIV test in the last 12 months and who know the result **Coverage Indicator**	
Description	Percentage of men who have sex with men who received an HIV test in the last 12 months and know the result
Purpose	To assess progress made in promoting and in providing access to HIV testing and counselling for most-at-risk populations
Numerator	Number of men who have sex with men respondents who reported to have been tested for HIV in the last 12 months preceding the survey and who know the test results
Denominator	Total number of men who have sex with men respondents surveyed
Method of measurement	This indicator is calculated using data from IBSS; respondents are asked the following questions: • Have you ever had an HIV test in the last 12 months? I don't want to know the result of your test, I just want to know if you have been tested • The last time you were tested, did you get the result? I don't want to know the result of your test, I just want to know if you got the result
Data collection frequency	Every 3-4 years
Data source	IBBS of men who have sex with men, conducted by the National AIDS Programme
Limitations	IBBS is conducted in only a limited number of sites and may not be completely representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their result

13. Number of men who have sex with men reached with HIV prevention programmes Coverage Indicator	
Description	Number of men who have sex with men who have been reached at least once by a targeted HIV prevention intervention during the last 12 months
Purpose	To assess the coverage of HIV prevention interventions for men who have sex with men
Numerator	Number of men who have sex with men who have been reached at least once by HIV prevention services through interventions during the last 12 months
Denominator	Not required
Method of measurement	This indicator is calculated using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment Men who have sex with men who are reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education, STI treatment, VCT Data are collected for men who have sex with men reached in each township in order to map the coverage and geographical distribution of prevention interventions Men who have sex with men reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will NOT be counted. **Counts should be of individuals, not number of contacts.** Actual results are head counts rather than frequency of visits for the same client. Only individuals who have been reached from 1 January to 31 December of the same year should be counted. **Only the first contact is counted in a calendar year to ensure that the total number of individuals is recorded.**
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Multiple counting can occur in townships where more than one service provider is operating
Further information	This indicator is included in: • GFATM (PF indicator 2.1): Number of MSM reached by package of prevention services including BCC and STI prevention / treatment

14. Number of female sexual partners of men who have sex with men reached with HIV prevention programmes **Coverage Indicator**	
Description	Number of female sexual partners of men who have sex with men who have been reached at least once by a targeted HIV prevention intervention during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions for female sexual partners of men who have sex with men.
Numerator	Number of female sexual partners of men who have sex with men who have been reached at least once by HIV prevention services through interventions during the last 12 months
Denominator	Not required
Method of measurement	This indicator is calculated using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment Female sexual partners of men who have sex with men who are reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education, STI treatment, VCT Data are collected for female sexual partners of men who have sex with men reached in each township in order to map the coverage and geographical distribution of prevention interventions Female sexual partners of men who have sex with men reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will NOT be counted. **Counts should be of individuals, not number of contacts.** Actual results are head counts rather than frequency of visits for the same client. Only individuals who have been reached from 1 January to 31 December of the same year should be counted. **Only the first contact is counted in a calendar year to ensure that the total number of individuals is recorded.**
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Multiple counting can occur in townships where more than one service provider is operating
Further information	This indicator is not included in GARPR or GFATM

I. 3 People who inject drugs, drug users and their sexual partners

Definition of population	People who inject drugs (PWID): A person who has injected a non-medically-prescribed substance at least once in the past 12 months Drug user (DU): A person who has used a non-medically-prescribed substance at least once in the past 12 months Sexual partners: Spouse and any other sexual partner
HIV prevention package of services	• HIV prevention education – peer education, outreach, facility-based (e.g. drop-in centre) • Condom provision and promotion • Screening, diagnosis and treatment of sexually transmitted infections (STI) • Voluntary confidential counselling and HIV testing • Drug dependency treatment • Substitution therapy • Safer injection practices for people who inject drugs (such as the provision of sterile needles and syringes and disinfection)

15. Percentage of people who inject drugs (PWID) who are infected with HIV **Impact Indicator**	
Description	HIV prevalence among people who inject drugs
Purpose	To assess progress on reducing HIV infection among people who inject drugs
Numerator	Number of people who inject drugs who test positive for HIV in the survey
Denominator	Total number of people who inject drugs tested for HIV in the survey
Method of measurement	It is calculated using data from HIV tests conducted among people who inject drugs in sentinel sites.
Data collection frequency	Every two years
Data source	HSS conducted by the NAP
Limitations	HSS is conducted in only a limited number of sites and may not be representative of other geographical areas HSS is conducted using facility-based sample Sampling a hidden population engaging in an illegal activity presents a challenge
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations who are HIV-infected • GFATM (PF impact indicator 3): same indicator

16. Percentage of people who inject drugs who used sterile needles and syringes at last injection Outcome Indicator	
Description	Percentage of people who inject drugs who reported the use of sterile injecting equipment (needle and syringe) at the last time they injected
Purpose	To assess progress in preventing HIV transmission associated with injecting drug use
Numerator	Number of people who inject drugs respondents who reported the use of sterile injecting equipment at the last time they injected drugs
Denominator	Total number of people who inject drugs respondents surveyed
Method of measurement	This indicator is calculated using data from BSS; people who inject drugs are asked the following questions: • Have you injected drugs at any time in the last month? • If yes: The last time you injected drugs, did you use a sterile needle and syringe? • Disaggregated by age group (<25, 25+)
Data collection frequency	Every 3-4 years
Data source	BSS/IBBS conducted by the NAP
Limitations	BSS/IBBS are conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected • GFATM (PF outcome indicator 3): Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected, (nearly same wording, same definition)

17. Percentage of people who inject drugs who used condom at last sex **Outcome Indicator**	
Description	Percentage of people who inject drugs who reported condom use during the last sexual intercourse. This may be disaggregated by regular partner, non-regular partners and paid sexual partners.
Purpose	To assess progress in preventing exposure to HIV among people who inject drugs through unprotected sex
Numerator	Number of people who inject drugs respondents who reported condom use during the last sexual intercourse
Denominator	Total number of people who inject drugs respondents who reported having sexual intercourse in the last six months

Method of measurement	This indicator is calculated using data from BSS; respondents are asked the following questions:
	• Have you had sexual intercourse in the last six months? If yes:
	• Did you use a condom when you last had sexual intercourse?
	  ○ with your regular partner?
	  ○ with a non-regular partner?
	  ○ with a paid partner?
	• Disaggregated by age group (<25, 25+)

Data collection frequency	Every 3-4 years
Data source	IBBS of people who inject drugs conducted by the NAP
Limitations	Asking whether a condom was used in most recent sexual act may overestimate the level of consistent condom use, but the trend in condom use in most recent sexual act will still reflect the trend in consistent condom use IBBS is conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of IDUs reporting the use of a condom the last time they had sexual intercourse

18. Percentage of people who inject drugs reached with HIV prevention programmes Coverage Indicator	
Description	Percentage of people who inject drugs who have been reached by at least one HIV prevention programme during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions for people who inject drugs, in order to prevent the spread of HIV among this population as well as into the general population
Numerator	Number of people who inject drugs respondents who replied "yes" to the following three questions (see below)
Denominator	Total number of people who inject drugs respondents surveyed
Method of measurement	This indicator is calculated using data from BSS; respondents are asked the following questions: 1. Do you know where you can go if you wish to receive an HIV test? 2. In the last 12 months, have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)? 3. In the last 12 months, have you been given sterile needles and syringes (eg. by an outreach worker, a peer educator or from a drop-in centre, needle exchange programme)?
Data collection frequency	Every 4-5 years
Data source	IBBS of people who inject drugs conducted by the NAP
Limitations	BSS is conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations reached with HIV prevention interventions

19. Percentage of people who inject drugs who received an HIV test in the last 12 months and who know the result **Coverage Indicator**	
Description	Percentage of people who inject drugs who received an HIV test in the last 12 months and know the result
Purpose	To assess progress made in promoting and in providing access to HIV testing and counselling for most-at-risk populations
Numerator	Number of people who inject drugs respondents who reported to have been tested in the last 12 months preceding the survey and who know the test results
Denominator	Total number of people who inject drugs respondents surveyed
Method of measurement	This indicator is calculated using data from BSS; respondents are asked the following questions: • Have you ever had an HIV test in the last 12 months? I don't want to know the result of your test, I just want to know if you have been tested. • The last time you were tested, did you get the result? I don't want to know the result of your test, I just want to know if you got the result.
Data collection frequency	Every 3-4 years
Data source	IBBS conducted by the NAP
Limitations	IBBS is conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their results

20. Number of people who inject drugs /drug users reached with HIV prevention programmes (Outreach) **Coverage Indicator**	
Description	Number of people who inject drugs/drug users who have been reached at least once by a targeted HIV prevention intervention through outreach during the last 12 months
Purpose	To assess the coverage of HIV prevention interventions for people who inject drugs/drug users
Numerator	The number of people who inject drugs/drug users who have been reached at least once by HIV prevention services through interventions (outreach) during the last 12 months
Denominator	Not required
Method of measurement	This indicator is calculated using the records of harm reduction programmes providing services through outreach including: BCC/health education, sexually transmitted infection screening and/or treatment, HIV counselling and testing, drug dependency treatment, substitution therapy and safer injection practices for people who inject drugs (such as the provision of sterile needles and syringes and disinfection), primary health care. Data are collected for people who inject drugs/drug users reached in each township in order to map the coverage and geographical distribution of prevention interventions. People who inject drugs/drug users who have been to DIC are **EXCLUDED.** People who inject drugs/drug users reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will **NOT** be counted. **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Count individuals who have been reached from 1 January to 31 December of the same year. **Only the first contact is counted in a year to ensure that the total number of individuals is recorded.** Disaggregate by people who inject drugs and drug users and by sex
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Only individuals who access services through drop-in centres are reliably counted
Further information	This indicator is included in: • GFATM (PF indicator 3.1): Number of injecting drug users reached with HIV prevention programme through outreach interventions

21. Number of people who inject drugs/drug users reached with HIV prevention programmes (DIC) **Coverage Indicator**	
Description	Number of people who inject drugs/drug users who have been reached at least once by a targeted HIV prevention intervention through DIC during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions for people who inject drugs/drug users
Numerator	Number of people who inject drugs/drug users who have been reached at least once by HIV prevention services through interventions (DIC) during the last 12 months
Denominator	Not required
Method of measurement	It is calculated using the records of harm reduction programmes providing services through DIC including: BCC/health education, sexually transmitted infection screening and/or treatment, HIV counselling and testing, drug dependency treatment, substitution therapy and safer injection practices for people who inject drugs (such as the provision of sterile needles and syringes and disinfection), primary health care. Data are collected for people who inject drugs/drug users reached in each township in order to map the coverage and geographical distribution of prevention interventions People who inject drugs/drug users reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will NOT be counted. **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Drop-in centres count individuals who come to the drop-in centre from 1 January to 31 December of the same year. **Only the first visit is counted to ensure that the total number of individuals is recorded.** Disaggregate by people who inject drugs and drug users Disaggregate by sex
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Only individuals who access services through drop-in centres are reliably counted
Further information	This indicator is included in: • GFATM (PF indicator 3.1): Number of injecting drug users reached with harm reduction programme in drop-in centres

22. Number of sterile injecting equipment distributed to people who inject drugs in the last 12 months **Output Indicator**	
Description	Number of sets of sterile injecting equipment (needle and syringe) distributed to people who inject drugs in the last 12 months
Purpose	To assess progress made in provision of sterile injecting equipment to reduce the risk of HIV transmission through injecting drug use
Numerator	Number of sets of sterile injection equipment (needle and syringe) distributed to people who inject drugs in the last 12 months
Denominator	Not applicable
Method of measurement	This output indicator is measured through programme reports; total number of sets of sterile injection equipment (needle and syringe) distributed to people who inject drugs in drop-in centres or through outreach projects in the last year
Data collection frequency	Six monthly, annually
Data source	Programme monitoring and service provider records
Limitations	Needle and syringe distribution serves only as a proxy for use of non-contaminated injecting equipment, and is not indicative of injecting behaviour change/use of sterile injecting equipment for injection
Further information	This indicator is not included in GARPR or GFATM indicators

23. Number of sterile injecting equipment returned from people who inject drugs in the last 12 months **Output Indicator**	
Description	Number of sterile injecting equipment returned from people who inject drugs in the last 12 months
Purpose	To assess progress made in collection of used injecting equipment to reduce the risk of HIV transmission through injecting drug use
Numerator	Number of sets of sterile injection equipment (needle and syringe) returned from people who inject drugs in the last 12 months
Denominator	Not applicable
Method of measurement	This output indicator is measured through programme reports; total number of sets of sterile injection equipment (needle and syringe) returned from people who inject drugs in drop-in centres or through outreach projects in the last year
Data collection frequency	Six monthly, annually
Data source	Programme monitoring and service provider records
Limitations	Needle and syringe return serves only as a proxy for use of non-contaminated injecting equipment, and is not indicative of injecting behaviour change/use of sterile injecting equipment for injection
Further information	This indicator is not included in GARPR or GFATM indicators

24. Number of drug users receiving methadone maintenance therapy **Output Indicator**	
Description	Number of people receiving methadone maintenance therapy on the last day of the reporting period
Purpose	To assess progress made in provision of methadone maintenance therapy as an alternative to injecting opiate drugs
Numerator	Number of drug users receiving methadone maintenance therapy
Denominator	Not required
Method of measurement	This output indicator is measured through programme report from service providers, based on patient records and other related sources The numerator is generated by counting the total number of individuals who have been on treatment for at least three months since initiation of MMT at any point in time within the reporting period Adults who initiated or transferred-in during the reporting period should be counted only if they have been on treatment for at least three months after initiation prior to the end of the reporting period Clients who are no longer on the patient list (died, transferred, etc.) or did not manifest at the MMT official distribution point for 5 days or more without having a valid dispensation from the treating physician are excluded from the numerator Non-cumulative figure Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	Programme registers, clients record, drug log book/dispensary records
Limitations	Does not capture overall enrolment and drop-out during the reporting period
Further information	This indicator is included in: • GFATM (PF indicator 3.2): Number of people currently on methadone maintenance therapy

25. Number of regular sexual partners of people who inject drugs (PWID) reached with HIV prevention programmes **Coverage Indicator**	
Description	Number of sexual partners of people who inject drugs who have been reached at least once by a targeted HIV prevention intervention during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions for sexual partners of people who inject drugs
Numerator	Number of regular sexual partners of people who inject drugs who have been reached at least once by HIV prevention services through intervention during the last 12 months
Denominator	Not required
Method of measurement	This indicator is calculated using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment Sexual partners of people who inject drugs who are reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education, STI treatment, VCT Data are collected for sexual partners of people who inject drugs reached in each township in order to map the coverage and geographical distribution of prevention interventions Sexual partners of people who inject drugs reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will NOT be counted **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Count individuals who have been reached from 1 January to 31 December of the same year. **Only the first contact is counted in a year to ensure that the total number of individuals is recorded.**
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Multiple counting can occur in townships where more than one service provider is operating
Further information	This indicator is not included in GARPR or GFATM indicators

I. 4 Prison or rehabilitation facility population

Definition of population	Men, women and children institutionalized within: 1. Prison facilities (those convicted and those under trial; including children who have come into contact with the law or who are residing with their mothers) 2. Police lock ups and other areas of temporary custody (including those in police stations, remand centres, and those detained for other temporary purposes) 3. Juvenile detention centres (including Department of Social Welfare training schools) 4. Rehabilitation centres for sex workers
Package of services	• HIV prevention education – health education, facility-based • Condom provision and promotion • Screening, diagnosis and treatment of sexually transmitted infections (STI) • Voluntary confidential counselling and HIV testing

26. Number of prisoners reached with HIV prevention programmes **Output Indicator**	
Description	Number of prisoners who have been reached by at least one HIV prevention intervention during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions for persons in confined settings, who may engage in behaviours that have a higher risk of exposure to HIV
Numerator	Number of prisoners who have been reached at least once by HIV prevention services through intervention during the last 12 months
Denominator	Not required
Method of measurement	It is calculated using the records of programmes providing services including: health education; exposure to targeted media; sexually transmitted infection screening and/or treatment Institutionalized individuals who are reached for the first time within a calendar year with HIV intervention such as health education, STI treatment, VCT **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Limited access to prisoners
Further information	This indicator is not included in GARPR or GFATM indicators

I. 5 Mobile and migrant populations and communities affected by population movement

Definition of population	Migrant (internal and external): A person, or the family member of a person who has left his/her home place, seasonally or temporarily, to be engaged in a remunerated activity in another part of the country or in another country. Migrants who have left their home and resettled permanently in another part of the country or in another country are excluded from this definition. Mobile person: A person who, regardless of the nature of his/her activity (professional, studies, business), makes frequent/periodic trips from one place to another requiring at least one overnight stay away from home, or moves from place to place. Mobile population reached include seafarers, formal and informal workers, cross-border migrants, truckers, railways workers, workers from inland water transport, traders, construction workers, workers in mining and agricultural sites. Migration-impacted communities: A community that is impacted (positively or negatively) by mobility and/or migration either because it is the home place which migrants/mobile leave and eventually come back to (source community), or because migrants/mobile pass though it when they travel (transit community), or because it is the final destination for migrants, the place where they settle temporarily (destination community).
Package of services	• HIV prevention education – peer education, facility-based • Condom provision and promotion • Screening, diagnosis and treatment of sexually transmitted infections (STI) • Voluntary confidential counselling and HIV testing

27. Number of mobile and migrant population reached with HIV prevention programmes **Output/Coverage Indicator**	
Description	Number of mobile population who have been reached by at least one HIV prevention intervention during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions for mobile and migrant populations, who may as a result of mobility be harder to reach, or who may engage in behaviours that have a higher risk of exposure to HIV
Numerator	Number of mobile and migrant populations who have been reached at least once by HIV prevention services during the last 12 months
Denominator	Not required
Method of measurement	Calculate using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment Mobile population who are reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education, STI treatment, VCT Data are collected for mobile population reached in each township in order to map the coverage and geographical distribution of prevention interventions Mobile population reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will not be counted **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Multiple counting can occur in townships where more than one service provider is operating, or when individuals move to other townships No denominator is available to provide an indication of coverage Service providers report on mobile populations/workplace/out-of-school youth without clear definitions; potential for overlap
Further information	This indicator is not included in GARPR or GFATM indicators

I. 6 Uniformed services personnel

Definition of population	Uniformed services personnel: The National Strategic Plan defines this group as including the military, police, prison staff, Bureau of Special Investigation, immigration, fire brigade, customs, other special forces in border areas and some civilians (e.g. working for the military in accounting and factories). Family members are included.
Package of services	• HIV prevention education • Condom provision and promotion • Screening, diagnosis and treatment of sexually transmitted infections (STI) • Voluntary confidential counselling and HIV testing

28. Number of uniformed services personnel reached with HIV prevention programmes **Output/Coverage Indicator**	
Description	Number of uniformed services personnel who have been reached by at least one HIV prevention programme during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions for uniformed services personnel
Numerator	Number of uniformed services personnel who have been reached at least once by HIV prevention services through intervention during the last 12 months
Denominator	Not required
Method of measurement	Calculate using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment Uniformed services personnel reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education, STI treatment, VCT Data are collected for uniformed services personnel reached in each township in order to map the coverage and geographical distribution of prevention interventions Uniformed services personnel reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will not be counted **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	No denominator is readily available to provide an indication of coverage
Further information	This indicator is not included in GARPR or GFATM indicators

I. 7 Young people

Definition of population	Young women and men aged 15-24 years
Package of services	• HIV prevention education • Condom provision and promotion • Screening, diagnosis and treatment of sexually transmitted infections (STI) • Voluntary confidential counselling and HIV testing

29. Percentage of young people aged 15-24 who are infected with HIV (pregnant women aged 15-24) **Impact Indicator**	
Description	Percentage of antenatal clinic attendees (aged 15-24) who test positive for HIV, as a proxy for HIV prevalence among young people, although only females are included
Purpose	To assess progress on reducing HIV infection among the young people
Numerator	Number of antenatal clinic attendees (aged 15–24) who test positive for HIV
Denominator	Total number of antenatal clinic attendees (aged 15–24) surveyed
Method of measurement	The indicator is calculated using data from pregnant women attending antenatal clinics in HIV sentinel surveillance sites
Data collection frequency	Annually
Data source	HSS conducted by the NAP
Limitations	Pregnant women are used as proxy for female general population but this involves an overestimate because they are sexually active, hence more likely than sexually inactive females to get infected with HIV No males are included
Further information	This indicator is included in: • GARPR: Percentage of young women and men aged 15-24 who are infected with HIV

30. Percentage of young people who used condom at last sex **Outcome Indicator**	
Description	Percentage of young people aged 15-24 who reported condom use during last sexual intercourse with a non-regular sexual partner
Purpose	To assess progress in preventing exposure to HIV among young people through unprotected sex
Numerator	Number of young people aged 15-24 (disaggregated by sex) respondents who reported condom use during last sexual intercourse with a non-regular partner
Denominator	Total number of young people aged 15-24 (disaggregated by sex) respondents who had sexual intercourse during the last 12 months with a non-regular partner
Method of measurement	Higher risk sexual intercourse is defined as sexual intercourse with a sex worker or a casual partner This indicator is calculated using data from BSS; survey respondents aged 15-24 years are asked whether they have commenced sexual activity. Those who report sexual activity are then asked the following questions: 1. In the last 12 months, have you had sexual intercourse with a non-regular partner who was neither your spouse nor someone you were living with? 2. If the answer to question 1 is “yes”: How many non-regular partners have you had sex with in the 12 months? 3. If the answer to question 1 is “yes”: Did you (or your partner) use a condom the last time you last had sex with your most recent non-regular partner? Disaggregated by sex
Data collection frequency	Every 3-4 years
Data source	BSS of out-of-school youth conducted by the NAP
Limitations	The number of young women engaged in higher risk sexual activity in the past 12 months is lower than young men (less than 1%), and so reporting condom use at last higher risk sexual intercourse for young women is a challenge BSS is conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is not included in GARPR or GFATM indicators

31. Number of out-of-school youth reached with HIV prevention programmes **Output/Coverage Indicator**	
Description	Number of out-of-school young women and men (aged 15-24 years) that have been reached by at least one HIV prevention intervention during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions for out-of-school young people
Numerator	Number of out-of-school young women and men (aged 15-24 years) who have been reached at least once by HIV prevention services through intervention during the last 12 months
Denominator	Not required
Method of measurement	Calculate using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment Young people reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education, STI treatment, VCT Data are collected for young people reached in each township in order to map the coverage and geographical distribution of prevention interventions Young people reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will not be counted Out-of-school youth include school drop-outs from primary school, those who have never been to school, street children, mobile youth, and young people in informal workforce **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	No denominator is available to provide an indication of coverage Definition of out-of-school youth continues to be under discussion and remains to be more clearly defined
Further information	This indicator is not included in GARPR or GFATM indicators

I.8 Workplace

Definition of population	Target population is employees of formal and informal workplaces and their families. Priority businesses are those with large workforces, businesses linked to mobile populations, and businesses related to sex work. People have been reached through workplace interventions including factories, mining, construction, seafaring, truck drivers, entertainment businesses, karaoke bars, guest houses, golf courses, etc.
Package of services	• HIV prevention education, including peer education • Condom provision and promotion • Screening, diagnosis and treatment of sexually transmitted infections (STI) • Voluntary confidential counselling and HIV testing

32. Number of people in workplace reached with HIV prevention programmes **Output Indicator**	
Description	Number of people who have been reached by at least one HIV prevention programme in the workplace during the last 12 months
Purpose	To assess progress in implementing HIV prevention interventions in the workplace
Numerator	Number of people in workplace who have been reached at least once by HIV prevention services through intervention during the last 12 months
Denominator	Not required
Method of measurement	Calculate using the records of programmes providing services including: outreach or peer education; and sexually transmitted infection screening and/or treatment People in workplace reached for the first time within a calendar year through outreach intervention or through a Health Centre or DIC with HIV intervention such as health education, STI treatment, VCT Data are collected for people in the workplace reached in each township in order to map the coverage and geographical distribution of prevention interventions People in the workplace reached through mass media or any general HIV events – such as an exhibition, general health talks or IEC distribution – will not be counted **Counts should be of individuals, not number of contacts**. Actual results are head counts rather than frequency of visits for the same client. Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	No denominator is available to provide an indication of coverage Overlapping of recording with mobile and migrant population and youths
Further information	This indicator is not included in GARPR or GFATM indicators

I.9 Cross cutting interventions

33. Percentage of pregnant women who are infected with HIV **Impact Indicator**	
Description	HIV prevalence among pregnant woman (15-49 years) attending antenatal clinics
Purpose	To assess progress on reducing HIV prevalence among pregnant women aged 15 to 49 years
Numerator	Number of pregnant women (15-49 years) who tested positive for HIV in the survey
Denominator	Total number of pregnant women (15-49 years) tested for HIV in the survey
Method of measurement	This indicator is calculated using data from HIV tests conducted among pregnant women attending antenatal clinics in HIV sentinel surveillance sites
Data collection frequency	Annually
Data source	HSS conducted by the NAP
Limitations	HSS is conducted in only a limited number of sites and may not be representative of other geographical areas
Further information	This indicator is included in: • GFATM: different wording, Percentage of women attending ANC services who are HIV positive

34. Number of people who received STI treatment in the last 12 months **Output/Coverage Indicator**	
Description	Number of people who have received STI treatment in the last 12 months
Purpose	To assess progress made in reducing HIV transmission risk behaviour and to use this information as a proxy to plan and make decisions on how well a certain target population is being reached with HIV prevention messages.
Numerator	Number of people who have received STI treatment in the last 12 months
Denominator	Not required
Method of measurement	It is collected from programmatic monitoring and reporting from service providers Count the number of *non-duplicated* individuals treated for an STI during the reporting period. But do **NOT** count the number of treatments or consultations Disaggregate by sex Disaggregate by target population (FSW, clients of FSW, MSM, PWID, regular partners of MARPs, prisoners)
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service-provider records
Limitations	Over reporting by multiple counting of STI episodes
Further information	This indicator is not included in GARPR or GFATM indicators

35. Number of people who received an HIV test in the last 12 months and who know the result **Output/Coverage Indicator**	
Description	Number of people who received an HIV test in the last 12 months and know the result
Purpose	To assess progress made in promoting and in providing access to HIV testing and counselling and uptake of the service
Numerator	Number of people who have received an HIV test and know the result in the last 12 months
Denominator	Not required
Method of measurement	It is calculated using programmatic monitoring and reporting from service providers. Count the number of people who have been recorded as received pre-test counselling, tested for HIV and received the test results with post-test counselling in the last 12 months Disaggregate by sex Disaggregate by target population (FSW, clients of FSW, MSM, PWID, regular partners of MARPs)
Data collection frequency	Six monthly, annually
Data source	Programme monitoring and service delivery reports
Limitations	VCCT reports do not distinguish people getting tested more than once in the same year and hence there is a possibility of over-reporting The indicator does not ascertain whether adequate referral is being provided to those who were tested or receiving follow-up services
Further information	This indicator is included in: • GARPR: Percentage of most-at-risk populations who received an HIV test in the last 12 months and who know their result

36. Number of condoms distributed for free **Output Indicator**	
Description	The total number of condoms (male and female) distributed for free
Purpose	To monitor the number of condoms distributed free-of-charge to give an indication of how widely available condoms are
Numerator	Number of male and female condoms distributed for free-of-charge
Denominator	Not required
Method of measurement	It can be calculated by counting the aggregate of: • The total number of **male and female** condoms provided free of charge through the public sector • The total number of **male and female** condoms distributed by other partners (NGOs) • This indicator measures male and female condoms distributed to end-users. However, **when it is not possible to count condoms directly distributed to end-users** (i.e high risk groups contacted through outreach), this indicator will also include the number of condoms distributed through other channels when direct distribution figures cannot be calculated. Other channels include: mass media events, condom boxes/dispensaries, condoms distributed from storage/warehouses) that are intended for use by the target populations. • Disaggregated by target groups (FSW, MSM, PWID, clients of SW, others)
Data collection frequency	Six monthly, annually
Data source	Combination of the following sources: • Condom records from the National AIDS Programme • NGO distribution based on operational records/inventory • Partners who supply condoms to other organizations for distribution need to report those condoms separately to avoid double counting • Procurement records to validate data
Limitations	Important to verify that condoms distributed from warehouses/storage are not double counted if also accounted as distributed to end user
Further information	This indicator is included in: • GFATM (PF indicator 1.2): Numbers condoms distributed free of charge to Most at Risk Populations (MSM, Sex Workers, IDUs) (similar wording but NAP does not include target groups)

37. Number of condoms sold through social marketing **Output Indicator**	
Description	The total number of condoms (male and female) sold through social marketing
Purpose	To monitor the quantity of condoms sold through social marketing, to give an indication of how widely available condoms are
Numerator	Number of male and female condoms sold through social marketing
Denominator	Not required
Method of measurement	It can be calculated by using programme monitoring reports on condom sale figures
Data collection frequency	Six monthly, annually
Data source	Combination of the following sources: • Partners who specify the number sold • Partners who supply condoms to other organizations for distribution need to report those condoms separately to avoid double counting
Limitations	PSI sales figures reflect the number of condoms distributed for sale and are believed to somewhat overestimate the actual sale of condoms through social marketing Condoms distributed or sold may be used for birth spacing and not primarily for HIV prevention No possibility to disaggregate by target group. It is difficult to determine if condoms have been finally bought by specific target populations.
Further information	This indicator is included in: • GFATM: Numbers condoms distributed through social marketing

Strategic Priority II: Provision of a comprehensive continuum of care for people living with HIV

II. 1 VCCT, ART, community-based care, hospitals for adults and children

Target population	People living with HIV, and affected children, families and communities
Package of services	• Voluntary confidential counselling and HIV testing • Antiretroviral treatment • Prophylaxis for HIV-related opportunistic infections • Screening, diagnosis and treatment of opportunistic infections • Screening, diagnosis and treatment of tuberculosis • Community and home-based care

38. Percentage of adults and children with HIV known to be on treatment 12 months after initiation of ART **Impact Indicator**	
Description	Percentage of adults and children who are known to be on treatment 12 months after initiation of antiretroviral therapy
Purpose	To assess the increasing survival of progress among infected adults and children by maintaining them on antiretroviral therapy
Numerator	Number of adults and children who are known to be alive and on treatment at 12 months after initiating ART
Denominator	Total number of adults and children on ART who initiated ART in the 12 months prior to the beginning of the reporting period (including those who have died, those who have stopped ART, and those lost to follow-up)
Method of measurement	It is calculated through retrospective cohort analysis using data from the patient databases at ART sites The numerator requires that adult and child patients must be alive and on antiretroviral therapy at 12 months after their initiation of treatment For a comprehensive understanding of survival, the following data must be collected: ▪ Number of adults and children in the antiretroviral therapy start-up groups initiating antiretroviral therapy at 12 months prior to the end of the reporting period; ▪ Number of adults and children still alive and on antiretroviral therapy at 12 months after initiating treatment. The numerator does not require patients to have been on antiretroviral therapy continuously for the 12-month period. Patients who may have missed one or two appointments or drug pick-ups, and temporarily stopped treatment during the 12 months since initiating treatment but are recorded as still being on treatment at month 12 are included in the numerator. Conversely, those patients who have died, stopped treatment or transferred out or been lost to follow-up at 12 months since starting treatment are not included in the numerator. For example; Those patients who started antiretroviral therapy in May 2005, if at any point during the period May 2005 to May 2006 these patients die, are lost to follow-up (and do not return), or transferred out, or stop treatment (and do not restart), then at month 12 (May 2006), they are not on antiretroviral therapy, and not included in the numerator.

	For the denominator: For example, for the reporting period 1 January to 31 December 2014, this will include all patients who started antiretroviral therapy during the 12-month period from 1 January to 31 December 2013. This includes all patients, both those on antiretroviral therapy as well as those who are dead, have stopped treatment or are lost to follow-up at month 12. However, exclude patients that transferred out during the time period.
Data collection frequency	Continuously (prospective cohort analysis)
Data source	ART registers/databases, cohort analysis tools
Limitations	At the moment, ART cohort data analysis is in the early stages. However, all ART sites will be able to report cohort data in the future.
Further information	This indicator is included in: • GARPR: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy • GFATM (PF impact indicator 4): Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy (same indicator)

39. Percentage of adults and children with HIV known to be on treatment 24 months after initiation of ART **Impact Indicator**	
Description	Percentage of adults and children who are known to be on treatment 24 months after initiation of antiretroviral therapy
Purpose	To assess progress in increasing survival among infected adults and children by maintaining them on antiretroviral therapy
Numerator	Number of adults and children who are known to be alive and on treatment at 24 months after initiating ART
Denominator	Total number of adults and children on ART who initiated ART in the 24 months prior to the beginning of the reporting period (including those who have died, those who have stopped ART, and those lost to follow-up)
Method of measurement	It is calculated through retrospective cohort analysis using data from the patient databases at ART sites The numerator requires that adult and child patients must be alive and on antiretroviral therapy at 24 months after their initiation of treatment For a comprehensive understanding of survival, the following data must be collected: ▪ Number of adults and children in the antiretroviral therapy start-up groups initiating antiretroviral therapy at 24 months prior to the end of the reporting period; ▪ Number of adults and children still alive and on antiretroviral therapy at 24 months after initiating treatment. The numerator does not require patients to have been on antiretroviral therapy continuously for the 24-month period. Patients who may have missed one or two appointments or drug pick-ups, and temporarily stopped treatment during the 24 months since initiating treatment but are recorded as still being on treatment at month 24 are included in the numerator. Conversely, those patients who have died, stopped treatment or transferred out or been lost to follow-up at 24 months since starting treatment are not included in the numerator. For example: Those patients who started antiretroviral therapy in May 2012, if at any point during the period May 2012 to May 2014 these patients die, are lost to follow-up (and do not return), or transferred out, or stop treatment (and do not restart), then at month 24 (May 2014), they are not on antiretroviral therapy, and not included in the numerator.

	For the denominator: For example, for the reporting period 1 January to 31 December 2014, this will include all patients who started antiretroviral therapy during the 24-month period from 1 January to 31 December 2012. This includes all patients, both those on antiretroviral therapy as well as those who are dead, have stopped treatment or are lost to follow-up at month 24. However exclude patients that transferred out during the time period.
Data collection frequency	Continuously (prospective cohort analysis)
Data source	ART registers/databases, cohort analysis tools
Limitations	At the moment, ART cohort data analysis is in the early stages. However, all ART sites will be able to report cohort data in the future.
Further information	This indicator is included in: • GARPR: Percentage of adults and children with HIV known to be on treatment 24 months after initiation of antiretroviral therapy

40. Percentage of estimated HIV-positive incident TB cases who received treatment for TB and HIV Output Indicator	
Description	The percentage of HIV-positive incident TB patients who received antiretroviral therapy and who were concurrently started on TB treatment during the reporting period
Purpose	To assess progress in detecting and treating TB in people living with HIV
Numerator	Number of patients with advanced HIV infection who are receiving antiretroviral therapy and started TB treatment during the reporting period
Denominator	Estimated number of incident TB cases among PLHIV
Method of measurement	Data for this indicator is collected from TB screening and ART registers and HIV Care White Card Disaggregated by sex; adults/children
Data collection frequency	Monthly
Data source	National Tuberculosis Programme, National AIDS Programme
Limitations	Due to the dual infection, both NTP and NAP collect the data and produce a joint quarterly report at township level.
Further information	This indicator is included in: • GARPR: (Indicator 5.1) Co-management of tuberculosis and HIV treatment

41. Percentage of adults and children newly enrolled in HIV care starting isoniazid Preventive Therapy **Output Indicator**	
Description	The percentage of adults and children newly-enrolled in HIV care who started on treatment for latent TB infection with Isoniazid Preventive Therapy (IPT)
Purpose	To assess progress made in TB/HIV collaborative activities aimed at increasing the detection and treatment of TB among HIV-positive patients
Numerator	Number of adults and children newly enrolled in HIV care (pre-ART and ART) who also start Isoniazid Preventive Therapy treatment during the reporting period
Denominator	Estimated number of adults and children newly enrolled in HIV care during the reporting period
Method of measurement	Data for this indicator can be collected using programme records aggregated from facility registers such as TB registers, HIV testing and counselling registers and ART registers Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	National Tuberculosis Programme, Dual TB and ART providing health services
Limitations	Due to the dual infection, the system of registration is sometimes complicated; TB registry links to ART referral, ART register
Further information	

42. Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit **Output Indicator**	
Description	Number of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit
Purpose	To assess progress made in TB/HIV collaborative activities aimed at increasing the number of people living with HIV that are screened for TB at diagnosis and at follow-up visits using their last visit as proxy measure
Numerator	Number of adults and children enrolled in HIV care who had their TB status assessed and recorded during their last visit
Denominator	Number of adults and children enrolled in HIV care in the reporting period
Method of measurement	Data for this indicator can be collected using programme records aggregated from facility registers such as TB registers, HIV testing and counselling registers and ART registers Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	National Tuberculosis Programme, Dual TB and ART providing health services
Limitations	Due to the dual infection, the system of registration is sometimes complicated; TB registry links to ART referral, ART register
Further information	

43. Number of adults with advanced HIV infection receiving antiretroviral therapy Coverage Indicator	
Description	Number of adults (15 years of age and above) with advanced HIV infection receiving antiretroviral therapy
Purpose	To assess progress towards providing antiretroviral therapy to all adults with advanced HIV infection (i.e. all adults in need of antiretroviral therapy)
Numerator	Number of adults (15 years of age and above) with advanced HIV infection receiving antiretroviral therapy at the end of reporting period
Denominator	Not required
Method of measurement	It is calculated by counting the number of adults (15 years of age and above) who are currently on the antiretroviral therapy at the end of the reporting period in accordance with nationally approved treatment protocol, disaggregated by sex Cumulative figure at the end of the reporting period Patients who **died**, **stopped ART**, **transferred out or are lost to follow-up** (patient does not show up for 2 months from previous appointment date) are EXCLUDED from the numerator For example, for a patient who is provided with a 2-month supply of ARVs at 1st January 2014, his or her next appointment date will be 1st March 2014. But if he/she does not come until 1st May 2014, he/she should be considered as lost to follow-up HIV-positive pregnant women who are eligible for and on antiretroviral drugs for their own treatment are included in this indicator but ARV taken only for the purpose of prevention of mother-to-child transmission and post-exposure prophylaxis are not included in this indicator
Data collection frequency	Six monthly, annually
Data source	Facility ART registers/databases, programme monitoring tools, drug supply management systems
Limitations	It does not measure the cost, quality and effectiveness of treatment provided or distinguish between different forms of ART
Further information	This indicator in included in: • GARPR: Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy • GFATM: Number of adults and children with advanced HIV infection currently receiving antiretroviral therapy (GFATM SRs to provide disaggregated data: Adults and children)

44. Number of children in need provided with antiretroviral therapy **Coverage Indicator**	
Description	Number of children under the age of 15 with advanced HIV infection receiving antiretroviral therapy
Purpose	To assess progress towards providing antiretroviral therapy to all children with advanced HIV infection (i.e. all children in need of antiretroviral therapy)
Numerator	Number of children under the age of 15 with advanced HIV infection receiving antiretroviral therapy at the end of reporting period
Denominator	Not required
Method of measurement	This indicator is calculated by counting the number of children (under 15 years of age) with advanced HIV infection who are currently receiving ART at the end of the reporting period in accordance with nationally approved treatment protocol, disaggregated by sex Cumulative figure at the end of the reporting period Patients who **died**, **stopped ART**, **transferred out or are lost to follow-up** (patient does not show up for 2 months from next appointment date) are EXCLUDED in the numerator For example, for a patient who is provided with 2-month supply of ARVs at 1st January 2014, his or her next appointment date will be 1st March 2014. But if he/she does not come until 1st May 2014, he/she should be considered as a lost to follow-up.
Data collection frequency	Six monthly, annually
Data source	Facility ART registers/databases, programme monitoring tools, drug supply management systems
Limitations	It does not measure the cost, quality and effectiveness of treatment provided or distinguish between different forms of ART
Further information	This indicator in included in: • GARPR: Percentage of adults and children with advanced HIV infection receiving antiretroviral therapy • GFATM: Number of people with HIV receiving ART (GFATM SRs to provide disaggregated data: adults and children)

45. Number of people living with HIV receiving cotrimoxazole prophylaxis who are not on ART Output Indicator	
Description	The number of people living with HIV receiving cotrimoxazole as prophylaxis against opportunistic infections who are not on ART
Purpose	To assess the need for cotrimoxazole prophylaxis in a year and to estimate the number of people living with HIV who will need ART in the future
Numerator	Number of people living with HIV receiving cotrimoxazole as prophylaxis against opportunistic infections who are not on ART
Denominator	Not required
Method of measurement	This indicator is calculated using patient registers as facilities for counting non-duplicated individuals receiving cotrimoxazole as prophylaxis against opportunistic infections, who are not on ART Cumulative figure at the end of the reporting period and disaggregated by sex Provision of cotrimoxazole for treatment of episodes of HIV-related infections are NOT included
Data collection frequency	Six monthly, annually
Data source	Routine programme monitoring records
Limitations	It does not capture the client adherence to prescribed therapy or interruptions in drug availability
Further information	

46. Number of HIV infected patients with incident TB diagnosed and started on TB treatment during the reporting period **Output Indicator**	
Description	Number of HIV-infected patients on ART with incident TB diagnosed and started on TB treatment during the reporting period
Purpose	To assess progress made in TB/HIV collaborative activities aimed at increasing the detection and treatment of TB among HIV-positive patients
Numerator	Number of patients with advanced HIV infection who are receiving antiretroviral therapy and have started TB treatment during the reporting period
Denominator	Not required
Method of measurement	Data for this indicator can be collected using programme records aggregated from facility registers such as TB registers, HIV testing and counselling registers and ART registers Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	National Tuberculosis Programme, Dual TB and ART providing health services
Limitations	Due to the dual infection, the system of registration is sometimes complicated; TB registry links to ART referral, ART register
Further information	

II. 2 PMCT and reproductive health

Target population	Men and women 15 to 49 years of age
Package of services	• Prevention of mother-to-child transmission of HIV • STI screening and treatment • Reproductive health services (family planning and antenatal) • Voluntary confidential counselling and HIV testing • Antiretroviral treatment

47. Percentage of infants born to HIV infected mothers who are infected **Impact Indicator**	
Description	The percentage of infants (born to HIV-infected women) who are HIV infected
Purpose	To assess progress made towards eliminating mother-to-child transmission of HIV
Numerator	Number of infants (born to HIV-infected women) who are HIV-infected
Denominator	Estimated number of HIV-infected pregnant women
Method of measurement	The indicator can be calculated by Spectrum (commonly used for HIV projection) modelling based on programme coverage and efficacy studies. Thus the following data are needed to calculate it: "number of HIV-infected mothers who received antiretroviral drugs to reduce the risk of mother to child transmission", in addition to the detailed information of type of the treatment regimens: 1) Prophylactic regimens using combination of 2 ARV drugs 2) Prophylactic regimens using combination of 3 ARV drugs 3) ART for HIV infected pregnant women who are eligible for ART and additional factors that distribute the transmission of HIV rate such as feeding practices: • Exclusive breastfeeding • Replacement feeding • Mixed feeding
Data collection frequency	Annually
Data source	National AIDS Programme/UNAIDS modelling (Spectrum)
Limitations	May not reflect overall trends in mother-to-child transmission of HIV when: • Underestimation of true rates of mother-to-child transmission if long periods of breastfeeding are common • Overestimation of true rates if wide practice of other forms of prevention of mother-to-child transmission of HIV (e.g. caesarean section)
Further information	This indicator in included in: • GARPR: Percentage of infants born to HIV-infected mothers who are infected

48. Percentage of pregnant women who are infected with HIV **Impact Indicator**	
Description	HIV prevalence among pregnant women (15-49 years) attending antenatal clinics
Purpose	To assess progress on reducing HIV prevalence among pregnant women of 15 to 49 years old
Numerator	Number of pregnant women (15-49 years) who tested positive for HIV in the survey
Denominator	Total number of pregnant women (15-49 years) tested for HIV in the survey
Method of measurement	This indicator is calculated using data from HIV tests conducted among pregnant women attending antenatal clinics in HIV Sentinel Surveillance sites
Data collection frequency	Every two years
Data source	HSS conducted by the NA P
Limitations	HSS is conducted in only a limited number of sites and may not be completely representative of other geographical areas
Further information	This indicator is included in: • GFATM: (different wording) Percentage of women attending ANC services who are HIV-positive

49. Number of pregnant women attending antenatal care services at PMCT sites who received HIV pre-test counselling **Coverage Indicator**	
Description	Number of pregnant women attending antenatal care services at PMCT sites who received HIV pre-test counselling in the last 12 months
Purpose	To assess progress made in promoting HIV counselling and testing for pregnant women, and progress made in the uptake of HIV counselling at PMCT sites
Numerator	Number of pregnant woman attending antenatal care services who have received HIV pre-test counselling in the last 12 months
Denominator	Not required
Method of measurement	The indicator is calculated using programmatic monitoring records compiled from facility registers and client records at PMCT sites Count the number of pregnant women who attended antenatal care services at a PMCT site, who received HIV pre-test counselling in the last year
Data collection frequency	Six monthly, annually
Data source	Programme monitoring reports of PMCT providing services
Limitations	This indicator is limited to pregnant women who attend antenatal care services at a PMCT site, which excludes the majority of the women who attend antenatal care at health facilities that do not provide PMCT This does not measure the quality of counselling
Further information	This indicator is not included in GARPR or GFATM indicators

50. Number of pregnant women attending antenatal care services who received HIV testing Coverage Indicator	
Description	Number of pregnant women attending antenatal care services at PMCT sites who received HIV testing in the last 12 months
Purpose	To assess progress made in promoting HIV counselling and testing for pregnant women, and progress made in the uptake of HIV testing at PMCT sites
Numerator	Number of pregnant woman attending antenatal care services who have received HIV testing in the last 12 months
Denominator	Not required
Method of measurement	The indicator is calculated using programmatic monitoring records compiled from facility registers and client records at PMCT sites Count the number of pregnant women attending antenatal care services at a PMCT site, who received HIV testing in the last year
Data collection frequency	Six monthly, annually
Data source	Programme monitoring reports of PMCT-providing services
Limitations	This indicator is limited to pregnant women who attend antenatal care services at a PMCT site, which excludes the majority of the women who attend antenatal care at health facilities that do not provide PMCT Pregnant woman attends the MCH clinics at many times, thus, the risk of double counting as she could be tested multiple times or re-tested in another facility This does not measure the quality of counselling
Further information	This indicator is not included in GARPR or GFATM indicators

51. Number of pregnant women attending antenatal care services who received HIV test result with post-test counselling **Coverage Indicator**	
Description	Number of pregnant women attending antenatal care services who received their HIV test results with post-test counselling in the last 12 months
Purpose	To assess progress made in promoting and providing access to HIV counselling and testing for pregnant women that attend antenatal care services
Numerator	Number of pregnant women who have received HIV test result with post-test counselling in the last 12 months
Denominator	Not required
Method of measurement	The indicator is calculated using programmatic monitoring records compiled from facility registers and client records at PMCT sites Count both the number of pregnant women attending antenatal care services at a PMCT site who received HIV test result and post-test counselling in the last year, and the number of women with HIV positive infection attending antenatal care for a new pregnancy in the last year
Data collection frequency	Six monthly, annually
Data source	Programme monitoring reports of PMCT-providing services
Limitations	This indicator is limited to pregnant women who attend antenatal care services at a PMCT site, which excludes the majority of the women who attend antenatal care at health facilities that do not provide PMCT This does not measure the quality of services
Further information	This indicator is included in: • GFATM (PF indicator 4.1): (wording is slightly different) Number of pregnant women who were tested for HIV and know their result

52. Number of HIV positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission **Coverage Indicator**	
Description	Number of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission in the last 12 months
Purpose	To assess progress made in preventing mother-to-child transmission of HIV
Numerator	Number of HIV-positive pregnant women who received antiretroviral drugs in the last 12 months by regimen
Denominator	Not required
Method of measurement	It can be collected from programmatic monitoring records compiled from patient records and facility registers at PMCT sites Antiretroviral drugs can be provided to HIV-infected women to prevent mother-to-child transmission – during pregnancy, at labour, and shortly after delivery – across a number of services, including ANC, labour and delivery and care and treatment. Women who have reached the advanced stages of HIV disease require a combination of antiretroviral drugs for their own health. This treatment, which must be taken every day for the rest of a woman's life, is also highly effective at preventing mother-to-child transmission (PMTCT). Numerator data can be disaggregated by type of regimen: • The number of HIV-infected pregnant women who received a prophylactic regiment of a two drug combination regimen of antiretrovirals to reduce the risk of mother-to-child transmission; • The number of HIV-infected pregnant women who received a prophylactic regimen of a triple drug combination regimen of antiretrovirals to reduce the risk of mother-to-child transmission; • The number of HIV-positive pregnant women eligible for treatment who have received ART.
Data collection frequency	Six monthly, annually
Data source	Programme monitoring reports of PMCT providing services
Limitations	It only indicates the ARV dispensing but not consumption, hence it is not possible to determine the adherence to the ARV regimen. Denominator is based on the estimates if reporting in percentage.

Further information	This indicator is in included in: • GARPR: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission • GFATM (PF indicator 4.2): (same wording) Number of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission

Strategic Priority III: Mitigation of the impact of HIV on people living with HIV and their families

III. 1 Psychological, economic and nutritional support

Target population	People living with HIV, their families and communities
Package of services	Package of support includes; • Health care • Psychological and social support • Food support • Material or financial support

53. Number of people receiving community home based care **Output/Coverage Indicator**	
Description	Number of PLHIV who receive community home-based care at least once during the last 12 months
Purpose	To assess progress towards ensuring community and home-based care and support for people living with HIV and their families
Numerator	Number of people living with HIV who receive at least one of the services of basic home-based care package of support at least once during the last 12 months
Denominator	Not required
Method of measurement	It is calculated by counting the non-duplicated number of PLHIV who receive care or support in their home Programmatic monitoring and reporting of numbers of individuals receiving at least one of the services of the basic home-based care package of support in the home Package of support includes: • Health care • Psychological and social support • Food support • Material or financial support HBC includes not only medical support but also community home based care. Some people may benefit from one or more services and services are not limited to PLHIV but also to their family members. However ONLY non-duplicated number of PLHIV will be counted. **Counts should be of individuals, not number of visits to a household**. Actual results per quarter are head counts rather than frequency of visits to the same household. In order to assess the unmet needs for ART services, this indicator will only measure PLHIV who are not under ART. Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	Programme monitoring and service delivery reports
Limitations	This indicator currently lacks a clearly measurable definition, in particular what is meant by “package of support” should be better defined
Further information	This indicator is included in: • GFATM: Number of people receiving Community Home-Based Care

54. Number of people living with HIV associated with self-help groups Coverage Indicator	
Description	Number of people living with HIV who are associated with self-help groups
Purpose	To assess progress made in the coverage of and access to support groups for people living with HIV
Numerator	Number of people living with HIV who are associated with self-help groups
Denominator	Not required
Method of measurement	This indicator is collected by using programmatic monitoring and reporting by the partners providing self-help group support Count only the number of people living with HIV who are associated with self-help groups, disaggregated by sex, but not non-infected family members Self-help groups report the number of people living with HIV members, through NGO and group networks to the National AIDS Programme
Data collection frequency	Six monthly, annually
Data source	Records and reports from National AIDS Programme, NGOs providing self-help group support
Limitations	There are potential concerns regarding the accuracy of the number of people involved. Newly joined members are included, but it is not clear whether reports account for support group members that moved, stopped participating, or died. Some double counting is possible if people access more than one group, and some groups may report on non-infected family members participating
Further information	This indicator is not included in GARPR or GFATM indicators

III. 2 Orphans and vulnerable children

Target population	Orphans and vulnerable children (OVC), their families and communities
Package of services	Package of support includes: • Health care • Food support • School support • Emotional/psychological support • Shelter • Vocational support

Orphans are children who are infected with HIV or who have lost one or both parents due to AIDS. Orphan due to AIDS causes can themselves be HIV positive or negative.

Vulnerable children are children infected or affected and whose parents are still alive (one or both parents infected). Other vulnerable children include children of sex workers and drug users because they have particular difficulties.

55. Number of orphans and vulnerable children affected and not affected by HIV receiving package of support **Output Indicator**	
Description	Number of orphans and vulnerable children affected and not affected by HIV receiving package of support in the last 12 months
Purpose	To assess progress made in providing support to orphans and vulnerable children aged 0 to 17 years affected and not affected by HIV, and households that care for them
Numerator	Number of orphans and vulnerable children affected and not affected by HIV who received at least one of six types of support in the last 12 months
Denominator	Not required
Method of measurement	This indicator is collected using programmatic monitoring and reporting by partners providing services for orphaned and vulnerable children, and households that care for them. Count the number orphaned and vulnerable children aged 0 to 17 years that received the minimum package of support listed below Orphans can have lost one or both parents Definition of minimum package of support (one of six support components): • Health care • Food support • School support • Emotional/psychological support • Shelter • Vocational support Disaggregated by sex
Data collection frequency	Six monthly, annually
Data source	Programmatic monitoring and service delivery reports
Limitations	Combined support to AIDS orphans or non AIDS orphans
Further information	This indicator is included in: • GARPR: Percentage of orphaned and vulnerable children aged 0–17 whose households received free basic external support in caring for the child

IV. Cross cutting interventions

56. Participation of HIV testing laboratories in national quality assurance system **Output Indicator**	
Description	Percentage of all HIV testing laboratories that participated in NEQAS for HIV serology in the last year
Purpose	To assess the coverage of HIV testing laboratories participating in NEQAS for quality assurance of HIV serology
Numerator	Number of HIV testing laboratories that participated in NEQAS for quality assurance of HIV serology in the last year
Denominator	Total number of HIV testing laboratories in the last year
Method of measurement	The indicator is calculated by counting the HIV testing laboratories (including private and NGO laboratories) which had returned the immunoassay result reports to the NHL in the last 12 months. To monitor the quality of HIV testing in the country, National Health Laboratory distributes known HIV status sample to participating HIV test laboratories twice a year. The quality of laboratories is assessed against routine strategy.
Data collection frequency	Annually
Data source	National Health Laboratory NEQAS records including NGO laboratories which participated
Limitations	The NEQAS system started only relatively recently and not all laboratories are participating yet
Further information	This indicator is not included in GARPR or GFATM indicators

57. Donated blood units screened for HIV Coverage indicator	
Description	Percentage of donated blood units screened for HIV in a quality assured manner
Purpose	To assess progress made in ensuring a safe blood supply
Numerator	Number of donated blood units screened for HIV in a blood bank or blood screening laboratories in a quality assured manner during the last 12 months
Denominator	Total number of blood units donated during the last 12 months
Method of measurement	This indicator is calculated by getting information on the total number of donated blood units in the country in a given year and detailed data for each blood bank and blood screening laboratories. Quality assured manner means the quality performed by screening laboratories/centres must follow written standard operating procedure and participate in the national external quality assurance scheme (NEQAS).
Data collection frequency	Annually
Data source	Routine reports and records of blood safety programme
Limitations	Currently does not include blood donations in private medical facilities
Further information	This indicator is included in: • GARPR: Percentage of donated blood units screened for HIV in a quality assured manner

7.2 ANNEX 2: NATIONAL LEVEL REPORTING TEMPLATE

The complete reporting format is available in electronic form from the National AIDS Programme. Below is the list of indicators that need to be reported by township.

Sr. No	Indicators list
1.1	Number of female sex workers reached with HIV prevention programmes
1.2	Number of clients of female sex workers reached with HIV prevention programmes
1.3	Number of regular sexual partners of sex workers and clients reached with HIV prevention programmes
1.4	Number of men who have sex with men reached with HIV prevention programmes
1.5	Number of female sexual partners of men who have sex with men reached with HIV prevention programmes
1.6	Number of people who inject drugs / drug users reached with HIV prevention programmes (Outreach)
1.7	Number of people who inject drugs/ drug users reached with HIV prevention programmes (DIC)
1.8	Number of drug users receiving methadone maintenance therapy
1.9	Number of regular sexual partners of people who inject drugs (PWIDs) reached with HIV prevention programmes
1.10	Number of prisoners reached with HIV prevention programmes
1.11	Number of mobile and migrant population reached with HIV prevention programmes
1.12	Number of uniformed services personnel reached with HIV prevention programmes
1.13	Number of Out-of-school youth reached with HIV prevention programmes
1.14	Number of people in work place reached with HIV prevention programmes
2.1	Number of people who received STI treatment in the last 12 months
2.2	Number of people who received an HIV test in the last 12 months and who know the result
2.3	Number of condoms distributed for free
2.4	Number of condoms sold through social marketing
2.5	Number of sterile injecting equipment distributed to people who inject drugs in the last 12 months
2.6	Number of sterile injecting equipment returned from people who inject drugs in the last 12 months
3.1	Number of adults with advanced HIV infection receiving antiretroviral therapy
3.2	Number of children in need provided with antiretroviral therapy
3.3	Number of people living with HIV receiving cotrimoxazole prophylaxis who are not on ART

3.4	Number of HIV-infected patients with incident TB diagnosed and started on TB treatment during the reporting period.
3.5	Number of incident TB cases among PLHIV
3.6	Number of adults and children newly enrolled in HIV care (pre-ART and ART) who also start isoniazid preventive therapy treatment during the reporting period
3.7	Number of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit
3.8	Number of pregnant women attending ante-natal care services at PMCT sites who received HIV pre-test counselling
3.9	Number of pregnant women attending ante-natal care services who received HIV testing
3.10	Number of pregnant women attending ante-natal care services who received HIV test result with post-test counselling
3.11	Number of HIV positive pregnant women who received antiretrovirals to reduce the risk of mother to child transmission
4.1	Number of people receiving community home based care
4.2	Number of people living with HIV associated with self- help groups
4.3	Number of orphans and vulnerable children affected by HIV receiving package of support

7.3 ANNEX 3: SAMPLE TEMPLATES OF DATA QUALITY ASSESSMENT AND VERIFICATION

Checklist: Data Management and Reporting System

Name of Site (Organization/ Department/ Service Delivery Point) Visited

Date

Areas	List	Yes/No	Comment
M&E Structures, Functions and Capabilities	Key M&E and data management staff identified with clearly assigned responsibilities		
	Majority of key M&E and data management staff received required training		
Indicator definitions and reporting guidelines	Operational indicator definitions meeting relevant standards that are systematically followed by all service		
	Program/Project clearly documented (in writing) what is reported to who, and how and when reporting is required		
Data collection and reporting forms and tools	Standard data collection and reporting forms are in place and are systematically used		
	Data recorded with sufficient precision/detail to measure relevant indicators		
	Data maintained in accordance with international or national confidentiality guidelines		
	Source documents kept and made available in accordance with written policy		
Data Management and Processes	Clear documentation of collection, aggregation and manipulation steps existed		
	Data quality challenges identified and mechanisms are in place to address them		
	Existence of clearly defined and followed procedures to identify and reconcile discrepancies in report		
	Existence of clearly defined and followed procedures to periodically verify source data		
Links with National Reporting	Data collection and reporting system of the program/ project link to the National Reporting System		

DATA VERIFICATION FORM

Name of Site (Organization/ Department/ Service Delivery Point) Visited	Date

Level of Site Visited	Name of Indicator
Primary level / Service Delivery Areas	
Intermediate aggregation level	
Central level	

Reporting period

Aggregation Checking

Name of Primary Data Source	Reported result to Intermediate/ next aggregation level A	Verified number or percentage from primary data source B	Percentage verified/ Discrepancy B/A	Reasons for Discrepancies (in any)

Intermediate level data source	Reported result from primary level C	Reported data to next level/ Central level D	Percentage verified/ Discrepancy D/C	Reasons for Discrepancies (in any)

Cross Checking

First Data source	Verified Number A	Second Data Source	Verified Number B	Verified Discrepancy A-B	Reasons for Discrepancies (in any)

Spot Checking

List of documents reviewed or Number of beneficiaries interviewed	Comments

Rating

7.4 ANNEX 4: Indicator Framework on Routine Data and Population Based Data Collection at National level

Indicators	Reporting frequency	Sources	Responsible Entities
Impact			
% of female sex workers who are infected with HIV	Every 2 years	HSS	NAP, WHO
% of clients of female sex workers who are infected with HIV	Every 2 years	HSS	NAP, WHO
% of men who have sex with men who are infected with HIV	Every 2 years	HSS	NAP, WHO
% of people who inject drugs who are infected with HIV	Every 2 years	HSS	NAP, WHO
% of young people aged 15-24 who are infected with HIV (pregnant women 15-24)	Every 2 years	HSS	NAP, WHO
% of adults and children with HIV known to be on treatment 12 months after initiation of ART	Annually	Cohort database	NAP, WHO
% of adults and children with HIV known to be on treatment 24 months after initiation of ART	Annually	Cohort database	NAP, WHO
% of infants born to HIV-infected mothers who are infected	Annually	Spectrum	M&E TWG
% of pregnant women who are infected with HIV	Every 2 years	HSS	NAP, WHO
Outcome			
% of female sex workers who used condom at last sex	Every 3-4 years	IBBS	NAP, WHO
% of men who have sex with men who used condom at last sex	Every 3-4 years	IBBS	NAP, WHO
% of people who inject drugs who used sterile needles and syringes at last injection	Every 3-4 years	IBBS	NAP, WHO
% of people who inject drugs who used condom at last sex	Every 3-4 years	IBBS	NAP, WHO
% of young people who used condom at last sex	Every 3-4 years	IBBS	NAP, WHO
Coverage/output			
% of female sex workers reached with HIV prevention programmes	Every 3-4 years	IBBS	NAP, WHO
% of female sex workers who received an HIV test in the last 12 months and who know the result	Every 3-4 years	IBBS	NAP, WHO
Number of female sex workers reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of clients of female sex workers reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners

Indicators	Reporting frequency	Sources	Responsible Entities
Number of regular sexual partners of sex workers and clients reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
% of men who have sex with men reached with HIV prevention programmes	Every 3-4 years	IBBS	NAP, WHO
% of men who have sex with men who received an HIV test in the last 12 months and who know the result	Every 3-4 years	IBBS	NAP, WHO
Number of men who have sex with men reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of female sexual partners of men who have sex with men reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
% of people who inject drugs reached with HIV prevention programmes	Every 3-4 years	IBBS	NAP, WHO
% of people who inject drugs who received an HIV test in the last 12 months and who know the result	Every 3-4 years	IBBS	NAP, WHO
Number of people who inject drugs / drug users reached with HIV prevention programmes (Outreach)	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of people who inject drugs / drug users reached with HIV prevention programmes (DIC)	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of sterile injecting equipment distributed to people who inject drugs in the last 12 months	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of sterile injecting equipment returned from people who inject drugs in the last 12 months[i]	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of drug users receiving methadone maintenance therapy	6 monthly, Annually	Methadone programme registers, clients records, drug supply management records	NAP, DTC
Number of regular sexual partners of PWID reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of prisoners reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of mobile and migrant population reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners

Indicators	Reporting frequency	Sources	Responsible Entities
Number of uniformed services personnel reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of out-of-school youth reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of people in workplace reached with HIV prevention programmes	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of people who received STI treatment in the last 12 months	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of people who received an HIV test in the last 12 months and who know the result	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of condoms distributed for free	6 monthly, Annually	Condom distribution, procurement and sale reports	NAP, All partners
Number of condoms sold through social marketing	6 monthly, Annually	Condom sale reports	NAP, PSI
Number of adults with advanced HIV infection receiving antiretroviral therapy	6 monthly, Annually	Facility ART registers / databases, drug supply management records	Hospitals, NAP, All partners
Number of children in need provided with ART	6 monthly, Annually	Facility ART registers / databases, drug supply management systems	Hospitals, NAP, All partners
Number of people living with HIV receiving cotrimoxazole prophylaxis who are not on ART	6 monthly, Annually	Programme monitoring / service delivery reports	Hospitals, NAP, All partners
% of estimated HIV-positive incident TB cases that received treatment for both TB and HIV [i]	6 monthly, Annually	Programme monitoring / service delivery reports	NTP, NAP, All partners
% of adults and children newly enrolled in HIV care starting Isoniazid Preventive Therapy [i]	6 monthly, Annually	Programme monitoring / service delivery reports	NTP, NAP, All partners
% of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit [i]	6 monthly, Annually	Programme monitoring / service delivery reports	NTP, NAP, All partners
Number of TB patients who are tested positive for HIV and have started ART during the reporting period	6 monthly, Annually	NTP , Dual TB and ART providing health services	NTP, NAP, All partners

Indicators	Reporting frequency	Sources	Responsible Entities
Number of pregnant women attending antenatal care services at PMCT sites who received HIV pre-test counselling	6 monthly, Annually	Programme monitoring reports of PMCT providing services	NAP, All partners, UNFPA, UNICEF
Number of pregnant women attending antenatal care services who received HIV testing[ii]	6 monthly, Annually	Programme monitoring reports of PMCT providing services	NAP, All partners, UNFPA, UNICEF
Number of pregnant women attending antenatal care services who received HIV test result with post-test counselling[iii]	6 monthly, Annually	Programme monitoring reports of PMCT providing services	NAP, All partners, UNFPA, UNICEF
Number of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission	6 monthly, Annually	Programme monitoring reports of PMCT providing services	NAP, All partners UNFPA, UNICEF
Number of people receiving community home based care	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners
Number of people living with HIV associated with self-help groups	6 monthly, Annually	Records and reports from NAP, NGOs providing self-help group support	NAP, All partners
Number of orphans and vulnerable children affected by HIV receiving package of support	6 monthly, Annually	Programme monitoring / service delivery reports	NAP, All partners, WHO
Participation of HIV testing laboratories in national external quality assurance system	Annual	National Health Laboratory NEQAS records	NHL, NAP, WHO
Donated blood units screened for HIV	Annual	National Health Laboratory NEQAS records	NHL, NAP, WHO

[i] A new indicator added to the national HIV indicator guidelines in 2014 (5 May) through the M&E Working Group.
[ii] A new indicator added to the national HIV indicator guideline in 2011 (28 October), through M&E Working Group.
[iii] In national HIV indicator guideline in 2011 (28 October), through M&E working group, this indicator wording is slightly revised. In NSP and NOP, it is worded as "Number of pregnant women attending antenatal care services who received HIV testing and test result with post-test counseling".