Guideline for 3MDG HIV Indicators

Three Millennium Development Goal Fund (3MDG)
Objective 1: Prevention of the transmission of HIV through unsafe behaviour in sexual contacts and injecting drug use

(1) Number of people who inject drugs reached with HIV prevention programmes (Outreach) (Disaggregated by sex) ................................................................. 21

(2) Number of people who inject drugs reached with HIV prevention programmes (DIC) (Disaggregated by sex) ........................................................................... 22

(3) Number of drug users reached with HIV prevention programmes (Outreach) (Disaggregated by sex) .................................................................................. 23

(4) Number of drug users reached with HIV prevention programmes (DIC) (Disaggregated by sex) ...... 24

(5) Number of prisoners reached with HIV prevention programmes (Disaggregated by sex) ............... 25

(6) Number of condoms distributed for free to people who inject drugs ........................................... 26

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(9) Number of condoms distributed for free to people living with HIV ................................. 29

(10) Number of sterile injecting equipment distributed to people who inject drugs .......................... 30

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(12) Number of people who inject drugs who received an HIV test and known the result (Disaggregate by sex) .................................................................................. 32

(13) Number of drug users who received an HIV test and known the result (Disaggregated by sex) ........................................................................................................ 33

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**Acronyms**

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<th>Description</th>
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<tr>
<td>3MDG</td>
<td>Three Millennium Development Goal Fund</td>
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<td>ART</td>
<td>Antiretroviral therapy/treatment</td>
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<td>ARV</td>
<td>Antiretroviral</td>
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<td>BSS</td>
<td>Behavioural Surveillance Survey</td>
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<td>DIC</td>
<td>Drop in centre</td>
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<td>DU</td>
<td>Drug Users</td>
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<td>EQAS</td>
<td>External Quality Assurance Scheme</td>
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<td>GFATM</td>
<td>The Global Fund to Fight AIDS, Tuberculosis, and Malaria</td>
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<td>IEC</td>
<td>Information, Education and Communication</td>
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<td>IPs</td>
<td>Implementing Partners</td>
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<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>NEQAS</td>
<td>National External Quality Assurance Scheme</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>NOP</td>
<td>National Operational Plan</td>
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<td>NSP</td>
<td>National Strategic Plan</td>
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<td>OI</td>
<td>Opportunistic infections</td>
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<td>PWID</td>
<td>People who inject drugs</td>
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<td>PWUD</td>
<td>People who use drugs</td>
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<td>STI</td>
<td>Sexually transmitted infection</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>GARPR</td>
<td>Global Aids Response Progress Reporting</td>
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<td>VCCT</td>
<td>Voluntary confidential counselling and testing</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Introduction

The overall objective of the Three Millennium Development Goal Fund (3MDG Fund) is to reduce the burden of HIV, TB and malaria in Myanmar. Within the 3MDG operational structure, the Fund Manager (FM) is responsible for monitoring and evaluating:

1) the overall progress of the national programmes and the overall situation in Myanmar for the three diseases;
2) the results, including through gender analysis and social equity analysis, of the 3MDG against its objectives and the priorities established by the Fund Board (FB). As such, it is necessary to have a clear understanding amongst all 3MDG partners what is being measured; and
3) the use of resources given to partners by the 3MDG Fund.

Purpose of the Guidelines

The primary purpose of this document is to provide 3MDG stakeholders with essential information on the HIV core indicators for 3MDG that were derived from the National Monitoring and Evaluation Plan on HIV and AIDS (2011-2015) of the National AIDS Programme. This guideline will help to promote data quality, accuracy, validity, reliability, completeness, timeliness, integrity and confidentiality of data and a clearer understanding of indicator definitions. Partners are strongly encouraged to integrate the core indicators into their ongoing monitoring and evaluation (M&E) activities where appropriate.

These indicators are designed to help partners assess the current state of their activities, their progress towards achieving their targets, and their contribution towards the national response. This guideline is designed to improve the quality and consistency of data collected at the partner level, which will enhance the accuracy of conclusions drawn when the data are aggregated.
Commonly Asked Questions

Indicators are important for two reasons. First, they can help evaluate the effectiveness of activities. Second, when data from programmes are analyzed collaboratively, the indicators can provide critical information on the effectiveness of the response at national level.

Q1: Where do we get the data for reporting?
Each indicator has a data source listed. Some examples of primary measurement tools for reporting can include:

(i) Nationally representative, population-based sample surveys;
(ii) Behavioural surveillance surveys;
(iii) Specially-designed surveys and questionnaires, including surveys of specific population groups;
(iv) Patient-tracking systems;
(v) Program monitoring reports; and,
(vi) Routine health information systems.

A tiered routine monitoring system

Q2: Are these indicators aligned with the National Strategy?

Yes. The 3MDG HIV indicators were reviewed in line with National Monitoring and Evaluation Plan on HIV and AIDS (2011-2015). It should be noted that as programmatic information needs evolve, the 3MDG will continue to periodically review its core indicators to ensure that they are aligned with national programmes and remain responsive to supplying the critical data for an effective response.

The most recent National Monitoring and Evaluation Plan on HIV and AIDS is available at http://www.myanmarhscc.org/

Q3: Which indicators do I report on and when?

IPs are expected to report on indicators as per their grant agreement and log frame. Under no circumstances should an IP try to force inappropriate data into the indicator measurement. There are other opportunities to report achievements not related to the required indicators in the narrative report. If an IP has any questions regarding reporting, they should contact the Fund Manager’s Office before submission of the report. This guideline also provides information on the frequency of reporting.

Q4: Do I need to disaggregate data by sex and age?

In general, where appropriate, all data is required to be disaggregated by sex and age. Without disaggregated data, it is difficult to monitor the breadth and depth of the response to the epidemic, access to activities, the equity of access, and the appropriateness of focusing resources and programme on specific populations.

Q5: Why do 3MDG indicators focus on most-at-risk populations?

Myanmar has a concentrated HIV epidemic\(^2\). HIV has spread rapidly in one or more populations among high-risk populations\(^3\) (sex workers, People who inject drugs and men who have sex with men); additional focused efforts must be made to collect data on each risk group. It is recognized that it is challenging to monitor trends in behaviour in high-risk populations, and it will require substantial effort to collect critical data. Since some behaviour of high-risk groups may be illegal or highly stigmatized, high-risk populations are typically marginalized and often mobile. It is therefore often very difficult to ascertain the size of these populations with any degree of precision.

Q6: Which reporting template should we use to report indicator data?

3MDG will provide each IP with an updated HIV reporting template at least one month prior to the reporting deadline. This will have agreed targets filled in and is based on the agreed log frame and grant agreement.

Please contact the 3MDG office at +95 1 657 280-7 for further information and support.

\(^2\) Concentrated epidemic: Prevalence is over 5% in subpopulations while remaining under 1% in the general population. UNAIDS Terminology Guidelines (October 2011)

\(^3\) Progress Report (2010), National Strategic Plan for HIV/ AIDS in Myanmar
<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator</th>
<th>How to count and calculate (Numerator)</th>
<th>Denominator</th>
<th>Source</th>
<th>Reporting Frequency</th>
<th>Note</th>
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<tbody>
<tr>
<td>1</td>
<td>Number of people who inject drugs reached with HIV prevention programmes (Outreach)</td>
<td>• PWID reached with outreach program only&lt;br&gt; • PWID reached with outreach program only</td>
<td>• PWID reached with outreach program only</td>
<td>Outreach record</td>
<td>Six monthly, yearly</td>
<td>• PWID reached to the DIC are not counted in Outreach&lt;br&gt; • PWID reached with outreach program only</td>
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<td>2</td>
<td>Number of people who inject drugs reached with HIV prevention programmes (DIC)</td>
<td>• PWID reached to the DIC in the reporting period</td>
<td>• PWID reached to the DIC in the reporting period</td>
<td>DIC Register</td>
<td>Six monthly, yearly</td>
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<td>3</td>
<td>Number of drug users reached with HIV prevention programmes (Outreach)</td>
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<td>• PWUD reached with outreach program only</td>
<td>Outreach record</td>
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<td>Number of prisoners reached with HIV prevention programmes</td>
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<td>Service Delivery Record</td>
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<td>6</td>
<td>Number of condoms distributed for free to people who inject drugs</td>
<td>• As it is mentioned, count only distribution to beneficiaries</td>
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<td>Condom distribution Record</td>
<td>Six monthly, yearly</td>
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<td>Number of condoms distributed for free to prisoners</td>
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<td>• Condom distribution Record</td>
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<td>9</td>
<td>Number of condoms distributed for free to people living with HIV</td>
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<td>• Condom distribution Record</td>
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<td>10</td>
<td>Number of sterile injecting equipment distributed to people who inject drugs</td>
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<td>NA</td>
<td>• Needle distribution Record</td>
<td>• Six monthly, yearly</td>
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<td>Return rate of used injecting equipment (needle and syringe)</td>
<td>• Needle of recollected needles and syringes out of the distributed needles and syringes</td>
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<td>• Needle and syringes collection record</td>
<td>• Six monthly, yearly</td>
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<td>12</td>
<td>Number of people who inject drugs who received an HIV test and known the result</td>
<td>• To count those PWID who come back for their post-test of HIV counselling after testing HIV with pre-test counselling</td>
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<td>• Service Delivery Record</td>
<td>• Six monthly, yearly</td>
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<td>14 Number of prisoners who received an HIV test and known the result</td>
<td>• To count those prisoners who come back for their post-test of HIV counselling after testing HIV with pre-test counselling</td>
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<td>15 Number of people who inject drugs who received STI treatment</td>
<td>• Number of people who inject drugs who have received STI treatment in the reporting period, those reported in first 6 months are not reported in second six months</td>
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<td>• Service Delivery Record</td>
<td>• Six monthly, yearly</td>
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<td>16 Number of drug users who received STI treatment</td>
<td>• Number of people who use drugs who have received STI treatment in the reporting period, those reported in first 6 months are not reported in second six months</td>
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<td>• Service Delivery Record</td>
<td>• Six monthly, yearly</td>
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<td>Guideline for 3MDG HIV Indicators 2015</td>
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<td>Number of prisoners who received STI treatment</td>
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<td>18</td>
<td>Number of drug users receiving methadone maintenance therapy</td>
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<td>Number of people who inject drugs who received hepatitis B virus (HBV) test</td>
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<td>(HBV) test</td>
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<td>Number of people who inject drugs who were vaccinated with rapid schedule for Hepatitis B infection</td>
<td>Number of drug users who were vaccinated with rapid schedule for Hepatitis B infection</td>
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<td>21</td>
<td>NA</td>
<td>Number of injecting drug users that tested negative that received HBV vaccination for Hepatitis B with completed doses following WHO’s recommended rapid schedule (e.g. 0, 7 and 21 days).</td>
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<td>22</td>
<td>NA</td>
<td>Number of drug users tested negative that received HBV vaccination for Hepatitis B with completed doses of WHO recommended rapid schedule (e.g. 0, 7 and 21 days).</td>
<td>NA</td>
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<td>Number of people who inject drugs who received an HCV test for Hepatitis C</td>
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<td>24</td>
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<td>Number of people living with HIV receiving</td>
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### Component 2 AEI indicators

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<th>No.</th>
<th>Indicator</th>
<th>How to count and calculate (Numerator)</th>
<th>Denominator</th>
<th>Source</th>
<th>Reporting Frequency</th>
<th>Note</th>
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<tbody>
<tr>
<td>Outcome</td>
<td>Proportion of community members reporting receiving services of ‘good’ quality or better</td>
<td>Number of community members reporting ‘good’ quality of 3MDG-supported health services.</td>
<td>Total number of community members in areas in which 3MDG supports health services providing feedback.</td>
<td>IP reports and Feedback and Response Mechanism Records</td>
<td>Annually</td>
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<td>5.1</td>
<td>Number of staff from Ministry of Health (MoH), Implementing Partners (IPs), local Non-Governmental Organisations (NGOs) and Community-Based Organisations (CBOs) (at central, regional and township level), trained in Accountability, Equity, Inclusion and Conflict Sensitivity (AEI)</td>
<td>Number of staff from MoH, IPs, local NGOs and CBOs (at central, regional and township level), trained in AEI &amp; CS in a calendar year (disaggregated by sex and age).</td>
<td>NA</td>
<td>IP training records</td>
<td>Six monthly and Annually</td>
<td>Disaggregated by sex and age</td>
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</tbody>
</table>
5.2.1 | Number and percentage of community members aware of mechanism(s) to provide feedback in 3MDG-supported areas (disaggregated by sex and age) | Number of community members from the focus group discussion who report being aware of formal mechanism(s) to provide feedback in 3MDG-supported areas at time of measurement (disaggregated by sex and age). | Total number of community members from the focus group discussion in 3MDG-supported areas (disaggregated by sex and age). | AEI & CS Assessment Tool | Annually | Disaggregated by sex and age

5.2.2 | Number and percentage of community members that use mechanism(s) to provide feedback in 3MDG-supported areas (disaggregated by sex and age) | Number of community members from the focus group discussion who use formal mechanism(s) to provide feedback in 3MDG-supported areas at time of measurement (disaggregated by sex and age). | Total number of community members from the focus group discussion in 3MDG-supported areas (disaggregated by sex and age). | AEI & CS Assessment Tool | Annually | Disaggregated by sex and age

5.2.3 | Number and percentage of feedback that were addressed by the IP in the reporting period based on the IP’s procedure (disaggregated by type of feedback) | Number of feedback received by implementing partners that were addressed in the reporting period based on the IP’s procedure. | Total number of feedback received by implementing partners through formal mechanisms to provide feedback in the reporting period. | IP reports and Feedback and Response Mechanism Records | Six Monthly | Disaggregated by type of feedback

5.3 | Number and Percentage of implementing partners with | Number of new or existing | AEI & CS Assessment Tool | Annually | Disaggregated by sex and age
<table>
<thead>
<tr>
<th>Number and proportion of women representatives attending the National Annual Review Meetings/Workshops</th>
<th>Number of women who are involved in Peer/Self-help groups or volunteer based activities in project areas.</th>
<th>Total number of people who are involved in Peer/Self-help groups or volunteer based activities in project areas.</th>
<th>Outreach worker record/volunteer training record</th>
<th>Six Monthly</th>
<th>Please provide target as % only. (Do not present absolute figure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.4</td>
<td>Number of women representatives who attend National Annual Review Meetings/Workshops</td>
<td>Total number of representatives who attend National Annual Review Meetings/Workshops</td>
<td>National Annual Review Meetings/Workshops’ participant record &amp; report</td>
<td>Annually</td>
<td>3MDG will follow up national programmes for reporting figure</td>
</tr>
<tr>
<td>5.5</td>
<td>Number and proportion of women involved in Peer/Self-help groups and community volunteer groups in project areas (cumulative figure)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Guideline for 3MDG HIV Indicators 2015

partners with improvement in their Accountability, Equity and Inclusion (AEI) and Conflict Sensitivity (CS) systems and practices

improvement in their AEI & CS systems and practices in a calendar year, measured through an AEI & CS assessment

implementing partners contracted by 3MDG who had implemented AEI & CS assessment in the previous year
# A Public Health Questions Approach to M&E

<table>
<thead>
<tr>
<th>Determining Collective Effectiveness</th>
<th>Outcomes and impacts Monitoring</th>
<th>Are Collective efforts being implemented on a large enough scale to impact the epidemic?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring and Evaluating National Programs</td>
<td>Outcomes</td>
<td>Are interventions working/making a difference?</td>
</tr>
<tr>
<td></td>
<td>Outputs</td>
<td>Are we implementing programme as planned?</td>
</tr>
<tr>
<td></td>
<td>Activities</td>
<td>What are we doing? Are we doing it correctly?</td>
</tr>
<tr>
<td>Understanding Potential Responses</td>
<td>Input</td>
<td>What interventions and resources are needed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What interventions can work (efficacy and effectiveness)? Are we doing the right things?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are the contributing factors?</td>
</tr>
<tr>
<td>Problem Identification</td>
<td></td>
<td>What is the nature and magnitude of the problem?</td>
</tr>
</tbody>
</table>

The Third One: Monitoring and Evaluation of HIV Programs  
John Puvimanasinghe, Wayne Gill and Eduard Beck
Reporting flow for Component 2 (HIV/AIDS)

There is 3MDG bulletin produced for reporting to MoH.
**3MDG HIV Indicators**

**INDICATOR REFERENCE**

**Goal:** Reduction in HIV burden in areas and populations supported by 3MDG

**Impact**
- Overall HIV prevalence
- HIV prevalence among people who inject drugs (disaggregated by sex) in programme areas

**Purpose:** Increase access to and availability of HIV intervention for population & areas not readily covered by the Global Fund

**Objective 1:** Prevention of the transmission of HIV through unsafe behaviour in sexual contacts and injecting drug use

<table>
<thead>
<tr>
<th>Output</th>
<th>BCC and other health promotion activities</th>
<th>Number of people who inject drugs reached with HIV prevention programmes (Outreach)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>BCC and other health promotion activities</td>
<td>Number of people who inject drugs reached with HIV prevention programmes (DIC)</td>
</tr>
<tr>
<td>Output</td>
<td>BCC and other health promotion activities</td>
<td>Number of drug users reached with HIV prevention programmes (Outreach)</td>
</tr>
<tr>
<td>Output</td>
<td>BCC and other health promotion activities</td>
<td>Number of drug users reached with HIV prevention programmes (DIC)</td>
</tr>
<tr>
<td>Output</td>
<td>BCC and other health promotion activities</td>
<td>Number of prisoners reached with HIV prevention programmes</td>
</tr>
<tr>
<td>Output</td>
<td>Condom, Needle &amp; Syringe distribution</td>
<td>Number of condoms distributed for free to people who inject drugs</td>
</tr>
<tr>
<td>Output</td>
<td>Condom, Needle &amp; Syringe distribution</td>
<td>Number of condoms distributed for free to drug users</td>
</tr>
<tr>
<td>Output</td>
<td>Condom, Needle &amp; Syringe distribution</td>
<td>Number of condoms distributed for free to prisoners</td>
</tr>
<tr>
<td>Output</td>
<td>Condom, Needle &amp; Syringe distribution</td>
<td>Number of condoms distributed for free to people living with HIV</td>
</tr>
<tr>
<td>Output</td>
<td>Condom, Needle &amp; Syringe distribution</td>
<td>Number of sterile injecting equipment distributed to people who inject drugs</td>
</tr>
<tr>
<td>Output</td>
<td>VCCT</td>
<td>Number of people who inject drugs who received an HIV test and known the result</td>
</tr>
<tr>
<td>Output</td>
<td>VCCT</td>
<td>Number of drug users who received an HIV test and known the result</td>
</tr>
<tr>
<td>--------</td>
<td>-----</td>
<td>------------------------------------------------------------------</td>
</tr>
<tr>
<td>Output</td>
<td>VCCT</td>
<td>Number of prisoners who received an HIV test and known the result</td>
</tr>
<tr>
<td>Output</td>
<td>STI</td>
<td>Number of people who inject drugs who received STI treatment</td>
</tr>
<tr>
<td>Output</td>
<td>STI</td>
<td>Number of drug users who received STI treatment</td>
</tr>
<tr>
<td>Output</td>
<td>STI</td>
<td>Number of prisoners who received STI treatment</td>
</tr>
<tr>
<td>Output</td>
<td>MMT</td>
<td>Number of drug users receiving methadone maintenance therapy</td>
</tr>
<tr>
<td>Output</td>
<td>HBV testing</td>
<td>Number of people who inject drugs who received hepatitis B virus (HBV) test</td>
</tr>
<tr>
<td>Output</td>
<td>HBV testing</td>
<td>Number of drug users who received hepatitis B virus (HBV) test</td>
</tr>
<tr>
<td>Output</td>
<td>HBV Vaccination</td>
<td>Number of people who inject drugs who were vaccinated with rapid schedule for Hepatitis B infection</td>
</tr>
<tr>
<td>Output</td>
<td>HBV Vaccination</td>
<td>Number of drug users who were vaccinated with rapid schedule for Hepatitis B infection</td>
</tr>
<tr>
<td>Output</td>
<td>HCV testing</td>
<td>Number of people who inject drugs who received hepatitis C virus (HCV) test</td>
</tr>
</tbody>
</table>

**Objective 2: Provision of a comprehensive Continuum of Care for people living with HIV**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>% of people who inject drugs receiving HIV treatment services in programmes areas (disaggregated by sex)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>Cotri-prophylaxis Number of people living with HIV receiving Cotrimoxazole prophylaxis who are not on ART (disaggregated by sex)</td>
</tr>
</tbody>
</table>

**AEI Indicators**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>AEI</th>
<th>Proportion of community members reporting receiving services of 'good' quality or better</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output</td>
<td>AEI</td>
<td>Number of staff from Ministry of Health (MoH), Implementing Partners (IPs), local Non-Governmental Organisations (NGOs) and Community-Based Organisations (CBOs) (at central, regional and township level), trained in Accountability, Equity, Inclusion and Conflict Sensitivity (AEI &amp; CS)</td>
</tr>
<tr>
<td>Output</td>
<td>AEI</td>
<td>Number and percentage of community members aware of mechanism(s) to provide feedback in 3MDG-supported areas (disaggregated by sex and age)</td>
</tr>
<tr>
<td>Output</td>
<td>AEI</td>
<td>Number and percentage of community members that use mechanism(s) to provide feedback in 3MDG-supported areas (disaggregated by sex and age)</td>
</tr>
<tr>
<td>Output</td>
<td>AEI</td>
<td>Number and percentage of feedback that were addressed by the IP in the reporting period based on the IP’s procedure (disaggregated by type of feedback)</td>
</tr>
<tr>
<td>Output</td>
<td>AEI</td>
<td>Number and Percentage of implementing partners with improvement in their Accountability, Equity and Inclusion (AEI) and Conflict Sensitivity (CS) systems and practices</td>
</tr>
<tr>
<td>--------</td>
<td>-----</td>
<td>--------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Output</td>
<td>AEI</td>
<td>Number and proportion of women representatives attending the National Annual Review Meetings/Workshops</td>
</tr>
<tr>
<td>Output</td>
<td>AEI</td>
<td>Number and proportion of women involved in Peer/Self-help groups and community volunteer groups in project areas (cumulative figure)</td>
</tr>
<tr>
<td>Output</td>
<td>AEI</td>
<td>Proportion of community members reporting receiving services of 'good' quality or better</td>
</tr>
</tbody>
</table>
Objective 1: Prevention of the transmission of HIV through unsafe behaviour in sexual contacts and injecting drug use

(1). Number of people who inject drugs reached with HIV prevention programmes (Outreach) (Disaggregated by sex)

Definition of population: People who inject drugs: A person who has injected a non-medically prescribed substance at least once in the past 12 months.

Description: Number of people who inject drugs who have been reached at least once by a targeted HIV prevention intervention through outreach during the last 12 months (6 month and yearly output for calendar year) disaggregated by sex.

Purpose: To assess the coverage of HIV prevention interventions for people who inject drugs.

Numerator: The number of people who inject drugs who have been reached at least once by HIV prevention services through interventions (outreach) during the last 12 months (6 month and yearly output for calendar year).

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 injecting drug users (such as the provision of sterile needles and syringes and disinfection), primary health care.

People who inject drugs who have been to Drop-in-centres (DIC) are EXCLUDED.

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.

Reporting frequency: Six monthly, Annually

Data source: Programmatic monitoring and service-provider records

Additional information:
- Similar to National M&E Plan indicator 20: Number of people who inject drugs / drug users reached with HIV prevention programmes (Outreach)
(2). Number of people who inject drugs reached with HIV prevention programmes (DIC)  
(Disaggregated by sex)

**Definition of population:** People who inject drugs: A person who has injected a non-medically prescribed substance at least once in the past 12 months.

**Description:** Number of people who inject drugs who have been reached at least once by a targeted HIV prevention intervention through drop-in-centres (DIC) during the last 12 months (6 month and yearly output for calendar year)

**Purpose:** To assess progress in implementing HIV prevention interventions for people who inject drugs

**Numerator:** Number of people who inject drugs who have been reached at least once by HIV prevention services through interventions (DIC) during the last 12 months (6 month and yearly output for calendar year)

**Denominator:** Not required

**Method of measurement:** This indicator 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 injecting drug users (such as the provision of sterile needles and syringes and disinfection), primary health care.

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. 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 in a year to ensure that the total number of individuals is recorded.

**Reporting 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

**Additional information:**
This indicator is included in:
- GFATM (PF indicator): Number of injecting drug users reached with harm reduction programme in drop-in centres
- Similar to National M&E Plan indicator 21: Number of people who inject drugs/ drug users reached with HIV prevention programmes (DIC)
(3). Number of drug users reached with HIV prevention programmes (Outreach) (Disaggregated by sex)

**Definition of population:** Drug user (PWUD): A person who has used a non-medically-prescribed substance at least once in the past 12 months

**Description:** Number of people who are drug users who have been reached at least once by a targeted HIV prevention intervention through outreach during the last 12 months (6 month and yearly output for calendar year)

**Purpose:** To assess the coverage of HIV prevention interventions for people who are drug users

**Numerator:** The number of people who are drug users who have been reached at least once by HIV prevention services through interventions (outreach) during the last 12 months (6 month and yearly output for calendar year).

**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 primary health care.

People who are drug users who have been to DIC are **EXCLUDED**.

People who are 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.**

**Reporting frequency:** Six monthly, Annually

**Data source:** Programmatic monitoring and service-provider records

**Additional information:**
This indicator is
- Similar to National M&E Plan indicator 20: Number of people who inject drugs / drug users reached with HIV prevention programmes (Outreach)
(4). Number of drug users reached with HIV prevention programmes (DIC) (Disaggregated by sex)

**Definition of population:** Drug user (PWUD): A person who has used a non-medically-prescribed substance at least once in the past 12 months

**Description:** Number of people who are drug users who have been reached at least once by a targeted HIV prevention intervention through DIC during the last 12 months (6 month and yearly output for calendar year)

**Purpose:** To assess progress in implementing HIV prevention interventions for people who are drug users

**Numerator:** Number of people who are drug users who have been reached at least once by HIV prevention services through interventions (DIC) during the last 12 months (6 month and yearly output for calendar year).

**Denominator:** Not required

**Method of measurement:** This indicator 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, primary health care. People who are 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.**

**Reporting 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

**Additional information:**
- Similar to National M&E Plan indicator 21: Number of people who inject drugs/ drug users reached with HIV prevention programmes (DIC)
(5). Number of prisoners reached with HIV prevention programmes (Disaggregated by sex)

**Description:** Number of prisoners who have been reached by at least one HIV prevention intervention during the last 12 months (6 month and yearly output for calendar year)

**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 interventions during the last 12 months (6 month and yearly output for calendar year)

**Denominator:** Not required

**Method of measurement:** This indicator is calculated using the records of programmes providing services including: health education; 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 and voluntary confidential counselling and testing.

**Counts should be of individuals, not number of contacts.** Actual results are head counts rather than frequency of visits for the same client.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programmatic monitoring and service-provider records

**Limitations:** Limited access to prisoners.

**Additional information:**
This indicator is not included in GARPR, GFATM and Universal Access indicators.
- Similar to National M&E Plan indicator 25: Number of prisoners reached with HIV prevention programmes
(6). Number of condoms distributed for free to people who inject drugs

**Definition of population:** People who inject drugs: A person who has injected a non-medically prescribed substance at least once in the past 12 months.

**Description:** The total number of condoms distributed for free to people who inject drugs

**Purpose:** To monitor the number of condoms distributed to people who inject drugs free-of-charge to give an indication of how widely available condoms are

**Numerator:** Number of condoms distributed for free-of-charge to people who inject drugs

**Denominator:** Not required

**Method of measurement:**
This indicator measures male and female condoms distributed to end users; people who inject drugs.

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. Other channels include: mass media events and condom boxes for target population/ dispensaries that are intended for use by the target populations.

- Do not count condoms from other funding source.
- Partners who supply condoms to other organizations for distribution need to report those condoms separately to avoid double counting

**Reporting frequency:** Six monthly, Annually

**Data source:** Condom distribution records

**Limitations:** It is important to verify that condoms distributed from warehouses/storage are not being double counted if also counted as distributed to end users.

**Additional information:**
This indicator is included in:
- GFATM (PF indicator): Numbers condoms distributed free of charge to Most at Risk Populations (MSMs, Sex Workers, PWIDs)

This indicator is:
- Similar to National M&E Plan indicator 34: Number of condoms distributed for free
(7). Number of condoms distributed for free to drug users

**Definition of population:** Drug user (PWUD): A person who has used a non-medically-prescribed substance at least once in the past 12 months.

**Description:** The total number of condoms distributed for free to drug users.

**Purpose:** To monitor the number of condoms distributed free-of-charge to drug users to give an indication of how widely available condoms are.

**Numerator:** Number of condoms distributed to drug users free-of-charge.

**Denominator:** Not required

**Method of measurement:**
This indicator measures male and female condoms distributed to end users; drug 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. Other channels include: mass media events and condom boxes for target population/dispensaries that are intended for use by the target populations.

- Do not count condoms from other funding source.
- Partners who supply condoms to other organizations for distribution need to report those condoms separately to avoid double counting.

**Reporting frequency:** Six monthly, Annually

**Data source:** Condon distribution records

**Limitations:** It is important to verify that condoms distributed from warehouses/storage are not being double counted if also counted as distributed to end user.

**Additional information:**
This indicator is included in:
- GFATM (PF indicator): Numbers condoms distributed free of charge to most at Risk Populations (MSMs, Sex Workers, and PWIDs)
- Similar to National M&E Plan indicator 34: Number of condoms distributed for free
(8). Number of condoms distributed for free to prisoners

**Description:** The total number of condoms distributed to prisoners for free

**Purpose:** To monitor the number of condoms distributed free-of-charge to prisoners to give an indication of how widely available condoms are.

**Numerator:** Number of condoms distributed to prisoners for free-of-charge.

**Denominator:** Not required

**Method of measurement:**
This indicator measures male and female condoms distributed to end users; prisoners.

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. Other channels include: condom boxes for target population/dispensaries that are intended for use by the target populations.

- Do not count condoms from other funding source.
- Partners who supply condoms to other organizations for distribution need to report those condoms separately to avoid double counting.

**Reporting frequency:** Six monthly, Annually

**Data source:** Condom distribution records

**Limitations:** It is important to verify that condoms distributed from warehouses/storage are not being double counted if also counted as distributed to end users.

**Additional information:**
This indicator is:
- Similar to National M&E Plan indicator 34: Number of condoms distributed for free
(9). Number of condoms distributed for free to people living with HIV

Description: The total number of condoms distributed to people living with HIV for free.

Purpose: To monitor the number of condoms distributed free-of-charge to people living with HIV to give an indication of how widely available condoms are.

Numerator: Number of condoms distributed to people living with HIV free-of-charge

Denominator: Not required

Method of measurement:
This indicator measures male and female condoms distributed to end users; people living with HIV.

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. Other channels include: mass media events and condom boxes for target population/dispensaries that are intended for use by the target populations.

- Do not count condoms from other funding source.
- Partners who supply condoms to other organizations for distribution need to report those condoms separately to avoid double counting

Reporting frequency: Six monthly, Annually

Data source: Condom distribution records

Limitations: Important to verify that condoms distributed from warehouses/storages are not being double counted if also counted as distributed to end user.

Additional information:
This indicator is:
- Similar to National M&E Plan indicator 34: Number of condoms distributed for free
(10). **Number of sterile injecting equipment distributed to people who inject drugs**

**Definition of population:** People who inject drugs: A person who has injected a non-medically prescribed substance at least once in the past 12 months.

**Description:** Number of sets of sterile injecting equipment (needle and syringe) distributed to people who inject drugs in the last 12 months (6 month and yearly output for calendar year).

**Purpose:** To assess progress made in the 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 (6 month and yearly output for calendar year)

**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

**Reporting 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

**Additional information:**
This indicator is included in:

- National M&E Plan indicator 22: Number of sterile injecting equipment distributed to people who inject drugs in the last 12 months
- GARPR 2013 Indicator 2.1: Number of needles and syringes distributed person who injects drugs per year by needle and syringe programmes
(11). Return rate of used injecting equipment (needle and syringe)

**Definition of population:** People who inject drugs: A person who has injected a non-medically prescribed substance at least once in the past 12 months.

**Description:** Rate of return of used injecting equipment (needle and syringe) distributed to people who inject drugs during the reporting period

**Purpose:** To promote and ensure safe disposal of used needles as well as to ensure that the circulation of the used needles and syringes for injecting is minimized

**Numerator:** Number of used injecting equipment (needle and syringe) distributed to people who inject drugs that were recollected during the reporting period

**Denominator:** Number of sterile injecting equipment distributed to people who inject drugs during the reporting period

**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 and number of recollected from people who inject drugs by peers and outreach workers

**Reporting frequency:** Six monthly, Annually

**Data source:** Programme monitoring and service provider distribution and recollection 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.

**Additional information:**
### (12). Number of people who inject drugs who received an HIV test and known the result (Disaggregate by sex)

**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.

**Description:** Number of people who inject drugs who received an HIV test in the last 12 months and know the result (6 month and yearly output for calendar year).

**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 who have been tested in the last 12 months and who know the test results (6 month and yearly output for calendar year)

**Denominator:** Not required

**Method of measurement:** This indicator is calculated using programmatic monitoring and reporting from service providers. Count the number of people who have been recorded as receiving pre-test counselling who are tested for HIV and who received the test results with post-test counselling in the last 12 months.

Count the number of non-duplicated individuals who received an HIV test and know the results during the reporting period.

**DO NOT** count the number of consultations or number of tests.

**Reporting 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 provide information on whether adequate referral is being provided to those who were tested or receiving follow up service.

**Additional information:**
This indicator is similar to:
- GARPR 2013 indicator 2.4: Percentage of people who inject drugs who received an HIV test in the past 12 months and know their results
- Universal Access 2012: Number of women and men aged 15 and older who received HIV testing and counselling in the last 12 months and know their results
- National M&E Plan indicator 33: Number of people who received an HIV test in the last 12 months and who know the result
(13). Number of drug users who received an HIV test and known the result (Disaggregated by sex)

**Definition of population:** Drug user (PWUD): A person who has used a non-medically-prescribed substance at least once in the past 12 months.

**Description:** Number of people who are drug users who received an HIV test in the last 12 months and know the result (6 month and yearly output for calendar year).

**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 are drug users who have been tested in the last 12 months and who know the test results (6 month and yearly output for calendar year)

**Denominator:** Not required

**Method of measurement:** This indicator 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.

Count the number of non-duplicated individuals who received an HIV test and know the result during the reporting period.

**DO NOT** count the number of consultations or number of tests.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programmatic monitoring and service-provider records

**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 provide information on whether adequate referral is being provided to those who were tested or receiving follow up service.

**Additional information:**
This indicator is similar to:
- Universal Access 2012: Indicator 1.16: Number of women and men aged 15 and older who received HIV testing and counselling in the last 12 months and know their results
- National M&E Plan indicator 33: Number of people who received an HIV test in the last 12 months and who know the result
(14). **Number of prisoners who received an HIV test and known the result (Disaggregated by sex)**

**Description:** Number of prisoners who received an HIV test in the last 12 months and know the result (6 month and yearly output for calendar year)

**Purpose:** To assess progress made in promoting and in providing access to HIV testing and counselling for most at risk populations

**Numerator:** Number of prisoners who have been tested in the last 12 months and who know the test results (6 month and yearly output for calendar year)

**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.

Count the number of *non-duplicated* individuals who received an HIV test and known the result during the reporting period.

**DO NOT** count the number of consultations or number of tests.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programmatic monitoring and service-provider records

**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 provide information on whether adequate referral is being provided to those who were tested or receiving follow up service.

**Additional information:**
This indicator is similar to:
- Universal Access 2012: Indicator 1.16: Number of women and men aged 15 and older who received HIV testing and counselling in the last 12 months and know their results
- National M&E Plan indicator 33: Number of people who received an HIV test in the last 12 months and who know the result
(15). Number of people who inject drugs who received STI treatment (Disaggregated by sex)

**Definition of population:** People who inject drugs: A person who has injected a non-medically prescribed substance at least once in the past 12 months.

**Description:** Number of people who inject drugs who received STI treatment in the last 12 months (6 month and yearly output for calendar year).

**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: people who inject drugs is being reached with HIV prevention messages.

**Numerator:** Number of people who inject drugs who have received STI treatment in the last 12 months (6 month and yearly output for calendar year)

**Denominator:** Not required

**Method of measurement:** This indicator 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.

**DO NOT** count the number of treatments or consultations.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programmatic monitoring and service-provider records

**Limitations:** Over reporting by counting STI episodes.

**Additional information:**
- National M&E Plan indicator 32: Number of people who received STI treatment in the last 12 months
| (16). Number of drug users who received STI treatment (Disaggregated by sex) |

**Definition of population:** Drug user (PWUD): A person who has used a non-medically-prescribed substance at least once in the past 12 months.

**Description:** Number of drug users who have received STI treatment in the last 12 months (6 month and yearly output for calendar year).

**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; drug users are being reached with HIV prevention messages.

**Numerator:** Number of drug users who have received STI treatment in the last 12 months (6 month and yearly output for calendar year)

**Denominator:** Not required

**Method of measurement:** This indicator 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.

**DO NOT** count the number of treatments or consultations.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programmatic monitoring and service-provider records

**Limitations:** Over reporting by counting STI episodes.

**Additional information:**
This indicator is not included in GARPR, GFATM and Universal Access indicators.
- National M&E Plan indicator 32: Number of people who received STI treatment in the last 12 months
(17). **Number of prisoners who received STI treatment (Disaggregated by sex)**

**Description:** Number of prisoners who have received STI treatment in the last 12 months (6 month and yearly output for calendar year).

**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, prisoners are being reached with HIV prevention messages.

**Numerator:** Number of prisoners who have received STI treatment in the last 12 months (6 month and yearly output for calendar year)

**Denominator:** Not required

**Method of measurement:** This indicator 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. DO NOT count the number of treatments or consultations.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programmatic monitoring and service-provider records

**Limitations:** Over reporting by counting STI episodes

**Additional information:**
This indicator is not included in UNGASS, GFATM and Universal Access indicators.
- National M&E Plan indicator 32: Number of people who received STI treatment in the last 12 months
Number of drug users receiving methadone maintenance therapy

**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 (Disaggregated by sex)

**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. (Additionally, please report individuals who are on treatment for at least six months in comment column during reporting.)

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.

Disaggregated by sex

**Reporting frequency:** Six monthly, Annually (Cumulative)

**Data source:** Program registers, clients record, drug log book/dispensary records

**Limitations:** Does not capture overall enrolment and drop-out during the reporting period

**Additional information:** GFATM (PF indicator) Individuals receiving OST who received treatment for at least 6 months (# & %)
- National M&E Plan indicator 23: Number of drug users receiving methadone maintenance therapy
### (19). Number of people who inject drugs who received hepatitis B virus (HBV) test

**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.

**Description:** Number of people who inject drugs who received an HBV test for Hepatitis in the last 12 months (6 month and yearly output for calendar year).

**Purpose:** To assess progress made in promoting and in providing access to HBV testing for people who inject drugs.

**Numerator:** Number of people who inject drugs who received an HBV test for Hepatitis in the last 12 months (6 month and yearly output for calendar year).

**Denominator:** Not required

**Method of measurement:** This indicator is calculated using programmatic monitoring and reporting from service providers.

Count the number of *non-duplicated* individuals who were received an HBV test in the last 12 months (during the reporting period) from the intervention program.

**DO NOT** count the number of consultations or number of tests.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programme monitoring and service delivery reports

**Limitations:** HBV testing reports do not distinguish people getting tested more than once in the same year but reporting requested with number of PWID test.
(20). Number of drug users who received hepatitis B virus (HBV) test

Definition of population: Drug user (PWUD): A person who has used a non-medically-prescribed substance at least once in the past 12 months.

Description: Number of drug users who received an HBV test in the last 12 months (6 month and yearly output for calendar year).

Purpose: To assess progress made in promoting and in providing access to HBV testing for drug user population.

Numerator: Number of drug users who received an HBV test for Hepatitis in the last 12 months (6 month and yearly output for calendar year).

Denominator: Not required

Method of measurement: This indicator is calculated using programmatic monitoring and reporting from service providers.

Count the number of non-duplicated individuals who received an HBV test in the last 12 months (during the reporting period) from the intervention program.

DO NOT count the number of consultations or number of tests.

Reporting frequency: Six monthly, Annually

Data source: Programme monitoring and service delivery reports

Limitations: HBV testing reports do not distinguish people getting tested more than once in the same year but reporting requested with number of PWUD test.
(21). Number of people who inject drugs who were vaccinated with rapid schedule for Hepatitis B infection

**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.

**Description:** Number of people who inject drugs tested negative who were received HBV vaccination for Hepatitis in the last 12 months (6 month and yearly output for calendar year).

**Purpose:** To assess progress made in promoting and in providing access to HBV vaccination for people who inject drugs

**Numerator:** Number of people who inject drugs tested negative who were received HBV vaccination for Hepatitis in the last 12 months (6 month and yearly output for calendar year).

**Denominator:** Not required

**Method of measurement:** This indicator is calculated using programmatic monitoring and reporting from service providers. Count the number of people who have been recorded as receiving all doses of HBV vaccination from the intervention program with completed doses of WHO recommended rapid schedule (e.g 0, 7 and 21 days).

Count the number of *non-duplicated* individuals who were received an HBV vaccination in the last 12 months (during the reporting period).

**DO NOT** count the number of consultations or number of vaccines used.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programme monitoring and service delivery reports
(22). Number of drug users who were vaccinated with rapid schedule for Hepatitis B infection

**Definition of population:** Drug user (PWUD): A person who has used a non-medically-prescribed substance at least once in the past 12 months.

**Description:** Number of drug users tested negative who were received HBV vaccination for Hepatitis in the last 12 months (6 month and yearly output for calendar year).

**Purpose:** To assess progress made in promoting and in providing access to HBV vaccination for drug user population

**Numerator:** Number of drug users tested negative who were received HBV vaccination for Hepatitis in the last 12 months (6 month and yearly output for calendar year).

**Denominator:** Not required

**Method of measurement:** This indicator is calculated using programmatic monitoring and reporting from service providers. Count the number of people who have been recorded as receiving all doses of HBV vaccination from the intervention program with completed doses of WHO recommended rapid schedule (e.g 0, 7 and 21 days).

Count the number of *non-duplicated* individuals who were received an HBV vaccination in the last 12 months (during the reporting period).

**DO NOT** count the number of consultations or number of vaccines used.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programme monitoring and service delivery reports
(23). **Number of people who inject drugs who received hepatitis C virus (HCV) test**

**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.

**Description:** Number of people who inject drugs who received an HCV test for Hepatitis in the last 12 months (6 month and yearly output for calendar year).

**Purpose:** To assess progress made in promoting and in providing access to HCV testing for people who inject drugs

**Numerator:** Number of people who inject drugs who received an HCV test for Hepatitis in the last 12 months (6 month and yearly output for calendar year).

**Denominator:** Not required

**Method of measurement:** This indicator is calculated using programmatic monitoring and reporting from service providers.

Count the number of *non-duplicated* individuals who were received an HCV test in the last 12 months (during the reporting period) from the intervention program.

**DO NOT** count the number of consultations or number of tests.

**Reporting frequency:** Six monthly, Annually

**Data source:** Programme monitoring and service delivery reports

**Limitations:** HCV testing reports do not distinguish people getting tested more than once in the same year but reporting requested with number of PWID test.
Objective 2: Provision of a comprehensive Continuum of Care for people living with HIV

(24). Number of people living with HIV receiving Cotrimoxazole prophylaxis who are not on ART (Disaggregated by sex)

**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 at 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 disaggregate by sex.

Provision of cotrimoxazole for treatment of episodes of HIV related infections are NOT included

**Reporting frequency:** Six monthly, Annually

**Data source:** Routine programme monitoring records

**Limitations:** This indicator does not capture client adherence to prescribed therapy or interruptions in drug availability.

**Additional information:**
- Universal Access 2012: Indicator 4.6: Percentage of adults and children enrolled in HIV care and eligible for co-trimoxazole (CTX) prophylaxis (according to national guidelines) currently receiving CTX prophylaxis
- National M&E Plan indicator 40: Number of people living with HIV receiving cotrimoxazole prophylaxis who are not on ART
Separate page intentionally

To remove AEI indicator number from above (use original AEI indicator number)
### 3MDG AEI Indicators and Definitions for C2 Partners

#### Outcome Indicator

<table>
<thead>
<tr>
<th>(25). Outcome: Proportion of community members reporting receiving services of ‘good’ quality or better.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
</tr>
<tr>
<td><strong>Data Sources</strong></td>
</tr>
<tr>
<td><strong>Reporting Frequency</strong></td>
</tr>
</tbody>
</table>

**What it measures:** Community member’s perception of the quality of 3MDG-supported health services. *Community members* are defined as people living within the 3MDG supported project areas. They are main users of the feedback mechanisms. In 2015 a survey will not be conducted to collect this data, therefore, the number of documented feedback will be the proxy for community members (denominator). This is due to ensuring confidentiality and building trust in the feedback mechanisms during the start-up phase. The numerator will be the number of documented feedback that report services of ‘good’ quality or better.

**Good** is defined as any positive experience/satisfaction related to the perception of quality of service received by the community member. For the purpose of this initiative, the focus is on the users’ perception of quality which includes but is not limited to the following elements: location and condition of facilities, availability of appropriate drug supplies and equipment, appropriately skilled health workers, good interpersonal relationships, appropriate and timely services, and a well-functioning referral system.

**Quality** of healthcare is defined as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

3MDG supported health services are defined as health services which are 1) directly delivered by 3MDG’s implementing partners and/or their sub-grantees; or 2) delivered in health facilities which are technically and/or financially supported by 3MDG, its implementing partners and/or their sub-grantees.

In the future, 3MDG will develop systems to measure community satisfaction of 3MDG supported services in a more robust manner. In 2015, the focus will be on establishing feedback mechanisms and ensuring access and understanding of the use of feedback by all partners in 3MDG programme areas.

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4 Institute of Medecine, [www.iom.edu](http://www.iom.edu) [accessed on August 11, 2014].
### Output Indicator

| **5.1 Number of staff from Ministry of Health (MoH), Implementing Partners (IPs), local Non-Governmental Organisations (NGOs) and Community-Based Organisations (CBOs) (at central, regional and township level), trained in Accountability, Equity, Inclusion and Conflict Sensitivity (AEI & CS)** |
| Definition | The number of staff from MOH, IPs, local NGOs and CBOs at central, regional and township level receiving AEI-CS related trainings conducted by IP and 3MDG resource persons disaggregated by sex and age. |
| Numerator | Number of staff from MoH, IPs, local NGOs and CBOs (at central, regional and township level), trained in AEI & CS in a calendar year (disaggregated by sex and age). |
| Denominator | N/A |
| Data Sources | IP training records. |
| Reporting Frequency | Six monthly and Annually |

**What it measures:** The number of staff from MOH, IPs, local NGOs and CBOs at central, regional and township level receiving AEI & CS related training conducted.

Trained is defined as attendance at an AEI-CS-related training or workshop. Trainings are disaggregated into the following categories (i) Basic training, (ii) refresher training and (iii) Training of Trainers and to avoid double counting, all data will be captured using standardized tools. For AEI training, specific attendance sheets capturing above information have to be used.

Only those staff that attend the entire training, refresher training or training of trainers will be counted as trained. Training/workshop reports should include documentation of overall satisfaction of training/workshop given, including lessons learnt for improving upon training/workshop methods.

Training is defined as an organized activity aimed at imparting information and/or instruction to improve the recipient’s performance or to help him or her attain a required level of knowledge or skill.

Workshop is defined as a class or seminar in which the participants work individually and/or in groups to solve actual work-related tasks to gain hands-on experience.

Age is defined 15-24 (youth), 25-59 (adult), 60 and over as senior/pensioner. These categories are defined using the most recent information from the 2014 census and existing pension laws. These definitions are subject to change.
### Output Indicator

<table>
<thead>
<tr>
<th>(27).</th>
<th>5.2.1 Number and percentage of community members aware of mechanism(s) to provide feedback in 3MDG-supported areas (disaggregated by sex and age)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Percentage of community members in focus group discussion sessions who are aware of formal mechanism(s) to provide feedback in 3MDG-supported areas at the time of measurement. (disaggregated by sex and age).</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Number of community members from the focus group discussion who report being aware of formal mechanism(s) to provide feedback in 3MDG-supported areas at time of measurement (disaggregated by sex and age).</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Total number of community members from the focus group discussion in 3MDG-supported areas (disaggregated by sex and age).</td>
</tr>
<tr>
<td><strong>Data Sources</strong></td>
<td>AEI &amp; CS Assessment Tool</td>
</tr>
<tr>
<td><strong>Reporting Frequency</strong></td>
<td>Annually</td>
</tr>
</tbody>
</table>

**What it measures:** The extent to which community members are aware of the feedback mechanism(s) of implementing partners funded by 3MDG.

Community members are defined as people living within the 3MDG supported project areas. They are main users of the feedback mechanisms.

Mechanisms to provide feedback are defined as the formal method(s) that implementing partners utilise to collect feedback from the communities in which they work to better understand their programs and projects from community members’ perspectives. These mechanisms give the implementing partners information to adjust their programs and projects to best meet individual and community needs. Examples include suggestions boxes, focus group discussions, community meetings, directly in-person at the organisation, through health staff, workshops, providing ready to post envelopes etc.

Feedback refers to opinions, concerns, suggestions and advice of anyone affected by the IP to improve any aspect in the interaction between themselves and the IP. This interaction can relate to decision-making processes, operations, standards of technical performance, communications or any other aspect in the IP’s work. Feedback also refers to the specific grievance of anyone who has been negatively affected by the IP or who believes that the IP has failed to meet a stated commitment. This commitment can relate to a project plan, beneficiary criteria, an activity schedule, a standard of technical performance, an organizational value, a legal requirement, staff performance or behavior, or any other point.

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6 Definition adapted from HAP, The Guide to the HAP Standard, Published by Oxfam GB, 2008.
AEI & CS Assessments are defined as the process of assessing an organisation's AEI & CS-related policies, systems and practices using the AEI & CS Assessment Tool. The process entails interviews with the implementing partner's management team, staff, communities, partners and other key external stakeholders, and is led by an external organisation or the implementing partner itself.

Sampled: As part of the AEI & CS assessment process, community members will be chosen to participate in focus group discussions concerning their experiences and perceptions about an implementing partner’s AEI & CS practices.

Limitation: Data collection will be done at Focus Group Discussion Session and this may not reflect all community levels.
Output Indicator

(28).  5.2.2 Number and percentage of community members that use mechanism(s) to provide feedback in 3MDG-supported areas (disaggregated by sex and age)

<table>
<thead>
<tr>
<th>Definition</th>
<th>Percentage of community members in focus group discussions that use formal mechanism(s) to provide feedback in 3MDG-supported areas at the time of measurement (disaggregated by sex and age).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of community members from the focus group discussion who use formal mechanism(s) to provide feedback in 3MDG-supported areas at time of measurement (disaggregated by sex and age).</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of community members from the focus group discussion in 3MDG-supported areas (disaggregated by sex and age).</td>
</tr>
<tr>
<td>Data Sources</td>
<td>AEI &amp; CS Assessment Tool</td>
</tr>
<tr>
<td>Reporting Frequency</td>
<td>Annually</td>
</tr>
</tbody>
</table>

**What it measures**: the extent to which community members that use the feedback mechanism(s) of implementing partners funded by 3MDG. This indicator will only be collected from 2016 as systems and process will be developed in 2015 to address data collection.

Community members are defined as people living within the 3MDG supported project areas. They are main users of the feedback mechanisms.

Mechanisms to provide feedback are defined as the formal method(s) that implementing partners utilise to collect feedback from the communities in which they work to better understand their programs and projects from community members’ perspectives. These mechanisms give the implementing partners information to adjust their programs and projects to best meet individual and community needs. Examples include suggestions boxes, focus group discussions, community meetings, directly in-person at the organisation, through health staff, workshops, providing ready to post envelopes etc.

Feedback refers to opinions, concerns, suggestions and advice of anyone affected by the IP to improve any aspect in the interaction between themselves and the IP. This interaction can relate to decision-making processes, operations, standards of technical performance, communications or any other aspect in the IP’s work. Feedback also refers to the specific grievance of anyone who has been negatively affected by the IP or who believes that the IP has failed to meet a stated commitment. This commitment can relate to a project plan, beneficiary criteria, an activity schedule, a standard of technical performance, an organizational value, a legal requirement, staff performance or behavior, or any other point.

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8 Definition adapted from HAP, The Guide to the HAP Standard, Published by Oxfam GB, 2008.
AEI & CS Assessments are defined as the process of assessing an organisation's AEI & CS-related policies, systems and practices using the AEI & CS Assessment Tool. The process entails interviews with the implementing partner's management team, staff, communities, partners and other key external stakeholders, and is led an external organisation or the implementing partner itself.

Sampled: As part of the AEI & CS assessment process, community members will be chosen to participate in focus group discussions concerning their experiences and perceptions about an implementing partner’s AEI & CS practice.

Limitation: Data collection will be done at Focus Group Discussion Session and this may not reflect all community levels.
### Output Indicator

#### 5.2.3 Number and percentage of feedback that were addressed by the IP in the reporting period based on the IP’s procedure (disaggregated by type of feedback)

<table>
<thead>
<tr>
<th>Definition</th>
<th>Number and percentage of feedback addressed in the reporting period based on the IP’s procedure, disaggregated by type of feedback (as defined in the procedure).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of feedback received by implementing partners that were addressed in the reporting period based on the IP’s procedure.</td>
</tr>
<tr>
<td>Denominator</td>
<td>Total number of feedback received by implementing partners through formal mechanisms to provide feedback in the reporting period.</td>
</tr>
<tr>
<td>Data Sources</td>
<td>IP reports and Feedback and Response Mechanism Records</td>
</tr>
<tr>
<td>Reporting Frequency</td>
<td>Six Monthly</td>
</tr>
</tbody>
</table>

**What it measures:** the extent to which feedback received by the IP through formal mechanisms is addressed by the IP based on a procedure that follows good practice.

Feedback refers to opinions, concerns, suggestions and advice of anyone affected by the IP to improve any aspect in the interaction between themselves and the IP. This interaction can relate to decision-making processes, operations, standards of technical performance, communications or any other aspect in the IP’s work. Feedback also refers to the specific grievance of anyone who has been negatively affected by the IP or who believes that the IP has failed to meet a stated commitment. This commitment can relate to a project plan, beneficiary criteria, an activity schedule, a standard of technical performance, an organizational value, a legal requirement, staff performance or behavior, or any other point.⁹

Mechanisms to provide feedback are defined as the formal method(s) that implementing partners utilise to collect feedback from the communities in which they work to better understand their programs and projects from community members’ perspectives. These mechanisms give the implementing partners information to adjust their programs and projects to best meet individual and community needs.¹⁰ Examples include suggestions boxes, focus group discussions, community meetings, directly in-person at the organisation, through health staff, workshops, providing ready to post envelopes etc.

Addressed means that the IP has fully followed the procedure (see below) and decided that no further action can or will be taken in relation to the feedback.

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⁹ Definition adapted from HAP, The Guide to the HAP Standard, Published by Oxfam GB, 2008.

Procedure refers to a specified series of actions defined by the IP based on the context and taking into account good practice, through which the IP processes feedback and ensures that feedback is reviewed and acted upon. The procedure clarifies the purpose and limitations of feedback, how feedback can be raised, types of feedback and steps to be taken in order to decide if the feedback requires any action and/or a response to the feedback provider, the response timeframe for communicating with the feedback provider, etc.

Types of feedback are categorized as Suggestion, (+) Positive Feedback, Concern, (-) Negative Feedback, Question and Others.

<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>5.3 Number and Percentage of implementing partners with improvement in their Accountability, Equity and Inclusion (AEI) and Conflict Sensitivity (CS) systems and practices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Percentage of implementing partners with improvement in their AEI &amp; CS systems and practices in a calendar year, as measured through an AEI &amp; CS assessment.</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Number of implementing partners with improvement in their AEI &amp; CS systems and practices in a calendar year, measured through an AEI &amp; CS assessment</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Number of new or existing implementing partners contracted by 3MDG who had implemented AEI &amp; CS assessment in the previous year</td>
</tr>
<tr>
<td><strong>Data Sources</strong></td>
<td>AEI &amp; CS Assessment Tool</td>
</tr>
<tr>
<td><strong>Reporting Frequency</strong></td>
<td>Annually</td>
</tr>
</tbody>
</table>

**What it measures:** The proportion of implementing partners that have taken practical steps and improved their organizational AEI & CS systems and practices.

Implementing partners are defined as organizations that have received grants from 3MDG to design, implement or deliver MNCH, HIV, TB or Malaria-related project, programs or services under Components 1 or 2 of the 3MDG program.

Improvement is defined as any increase in total score (percentage) on the AEI & CS Assessment Tool.

AEI & CS systems are comprised of the following elements:

1. Dedicated and capacitated staff with clear roles and responsibilities

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11 Categories are adapted from 3DF Community Feedback Mechanism Report Template
2. **Funding** for development and implementation of AEI & CS systems and practices
3. Organizational **policies** and strategic plans for addressing AEI & CS needs/issues
4. Specific operating **procedures** or guidelines around AEI & CS issues or practices e.g. client complaints, stakeholder participation in service delivery
5. **Tools** that support AEI & CS policy and procedure operationalization
6. **Information systems** that support addressing AEI & CS needs, feedback, learning and performance improvement

**Practice** is defined as the actual application of AEI & CS concepts, theories and systems.

**AEI & CS Assessments** are defined as the process of assessing an organisation's AEI & CS-related policies, systems and practices using the AEI & CS Assessment Tool. The process entails interviews with the implementing partner's management team, staff, communities, partners and other key external stakeholders, and is led by an external organisation or the implementing partner itself.
(31). 5.4 Number and proportion of women representatives attending the National Annual Review Meetings/Workshops

| Definition | Proportion of women representatives attending annual National Annual Review Meetings/Workshops |
| Denominator | Total number of representatives who attend National Annual Review Meetings/Workshops |
| Data sources | National Annual Review Meetings/Workshops’ participant record & report |
| Reporting frequency | Annually |

**What it measures:** This indicator assesses the representation of women in the National Annual Review Meetings/Workshops, which is organized by the Ministry of Health HIV, TB and Malaria programmes to review progress in disease control and to offer guidance on future HIV, TB and Malaria control directions and efforts so that they have an opportunity to influence the needs in accordance with specific disease situation or prevalence.

This indicator information will be collected for Component 2 HIV/TB/Malaria Programme.

Representatives are defined as persons chosen (through appointment, election or self-selection) to act and speak on behalf of a wider group at the National Annual Review Meetings/Workshops for HIV/TB/Malaria.

Attending is defined as having been recorded as present on the National Annual Review Meetings/Workshop’s attendance sheet for the duration of the workshop.
### Output indicator

<table>
<thead>
<tr>
<th>(32).</th>
<th>5.5 Number and proportion of women involved in Peer/Self-help groups and community volunteer groups in project areas (cumulative figure)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Number of women who are involved in Peer-based/Self-help group-formed activities or community based volunteer activities in project areas.</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Number of women who are involved in Peer/Self-help groups or volunteer based activities in project areas.</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Total number of people who are involved in Peer/Self-help groups or volunteer based activities in project areas.</td>
</tr>
<tr>
<td><strong>Data sources</strong></td>
<td>Outreach worker record/volunteer training record</td>
</tr>
<tr>
<td><strong>Reporting frequency</strong></td>
<td>Six monthly</td>
</tr>
</tbody>
</table>

**What it measures:** This indicator measures the involvement of women in the Peer (excluding staff) /Self-help groups and community volunteers in HIV Harm Reduction, Tuberculosis and Malaria projects. Increased active participation by women may strengthen effective communication such as same sex discussions, to meet the service needs of women beneficiaries.

1. **Self-help groups** also called mutual help or mutual aid groups are composed of peers who share a similar mental, emotional, or physical problem or who are interested in a focal issue, such as education or parenting\(^{12}\).
2. **Peer/Self-help group** are the groups in which participants support each other in recovering or maintaining recovery from drug dependence or disease in HIV\(^{13}\).

**Note:** women’s involvement in volunteer groups is already captured in the existing 3MDG indicators for MDR TB and Malaria. HIV Harm Reduction and TB ACF partners will be requested to report this indicator.


\(^{13}\) WHO, UNODC, UNAIDS Technical Guide: For countries to set Targets For Universal Access to HIV Prevention, Treatment and Care for Injecting Drug Users, 2012 Revision
<table>
<thead>
<tr>
<th>Accountability, Equity and Social Inclusion Glossary of Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsibility</strong></td>
</tr>
<tr>
<td>• Practice good governance and accountability</td>
</tr>
<tr>
<td>• Keep commitments to the people who use health services</td>
</tr>
<tr>
<td>• Listen (and respond to) the voices of people</td>
</tr>
<tr>
<td>• Empower and inform users of the health system</td>
</tr>
<tr>
<td><strong>Fairness (Equity)</strong></td>
</tr>
<tr>
<td>• Being fair and just to all people who use the health system.</td>
</tr>
<tr>
<td>• Recognising that people are different and need different support to ensure their rights are recognised.</td>
</tr>
<tr>
<td><strong>Gender Equity</strong></td>
</tr>
<tr>
<td>• Being fair to women and men.</td>
</tr>
<tr>
<td>• Taking specific actions to address historical and social discrimination and disadvantages in Myanmar that prevent women and men from otherwise operating as equals.</td>
</tr>
<tr>
<td><strong>Health Equity</strong></td>
</tr>
<tr>
<td>• All people have the opportunity to have the highest level of health.</td>
</tr>
<tr>
<td>• Understanding the different barriers to health that people face and working to address them.</td>
</tr>
<tr>
<td>• All people can access quality health care regardless of their socio-economic position, including age, disability, gender or other circumstances.</td>
</tr>
<tr>
<td>• Ensuring that health policies and services respond to the specific needs of different groups of people.</td>
</tr>
<tr>
<td><strong>Inclusion</strong></td>
</tr>
<tr>
<td>• Involves all people in decisions that affect their health.</td>
</tr>
<tr>
<td>• Understanding diverse experiences and preferences, and enabling people from many different circumstances (e.g. cultural, linguistic and geographic) to participate in health care planning.</td>
</tr>
<tr>
<td>• Mutual respect, tolerance and making all people feel valued.</td>
</tr>
<tr>
<td>• Ensuring that all voices are considered in decision-making processes.</td>
</tr>
<tr>
<td><strong>Empowerment</strong></td>
</tr>
<tr>
<td>• People – both men women and men – taking control over their lives.</td>
</tr>
<tr>
<td>• People setting their own agendas, gaining skills, building self-confidence, solving problems, and developing self-reliance.14</td>
</tr>
<tr>
<td>• Supporting efforts by communities to carry out collective actions.</td>
</tr>
<tr>
<td>• Building confident and informed users of the health system.</td>
</tr>
<tr>
<td>• Creating ownership.</td>
</tr>
<tr>
<td><strong>Conflict Sensitivity</strong></td>
</tr>
<tr>
<td>• Capacity of an organisation to understand the context in which it operates, how its activities influence that context and vice-versa, and to act upon that understanding to maximise positive impacts and avoid negative ones (“do no harm”).</td>
</tr>
</tbody>
</table>