Guideline for ACCESS HIV Indicators

The Access to Health Fund

February, 2019
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Acronyms

Access  The ACCESS to Health Fund
ART   Antiretroviral therapy/ treatment
ARV   Antiretroviral
DIC   Drop in centre
DHIS2 District Health Information System (DHIS2)
GFATM The Global Fund to Fight AIDS, Tuberculosis, and Malaria
IEC   Information, Education and Communication
IPs   Implementing Partners
M&E   Monitoring and Evaluation
MoHS  Ministry of Health and Sports
MSM   Men who have sex with men
NGO   Non-governmental organization
NOP   National Operational Plan
NSP   National Strategic Plan
OI    Opportunistic infections
PWID  People who inject drugs
PWUD  People who use drugs
STI   Sexually transmitted infection
TB    Tuberculosis
VCCT  Voluntary confidential counselling and testing
WHO   World Health Organization
Introduction

Four donors – Sweden, Switzerland, the United Kingdom, and the United States – are committed to continue pooling funding in 2019-2023 to increase access to quality essential health services for underserved and vulnerable people in conflict-affected areas, and to enable the health system to sustain these gains. The follow-on mechanism (henceforth, The Access to Health Fund), will be open to like-minded donors interested in joining.

The Access to Health Fund builds on four core priorities:

a. A focus on conflict-affected areas and on work with both the MoHS and EHOs;

b. A focus on equity and a rights-based approach targeting vulnerable populations;

c. A focus on supporting the delivery of an Essential Package of Health Services;

d. Strengthening the health system’s capacity to ensure sustainable essential services with a particular focus on vulnerable, underserved people in conflict-affected areas.

The Access to Health has defined a number of intervention areas:

a. Essential Health Services (Maternal, New-born and Child Health)

b. Essential Health Services (Nutrition)

c. Essential Health Services (Sexual Reproductive Health and Rights)

d. HIV/Harm Reduction

e. Tuberculosis

f. Malaria

g. Health in Prisons

h. Health Systems Strengthening
Purpose of the Guidelines

The primary purpose of this document is to provide Access to Health stakeholders with essential information on the HIV core indicators for Access to Health that were derived from the National Monitoring and Evaluation Plan on HIV and AIDS (2017-2020) 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\(^1\)

Q2: Are these indicators aligned with the National Strategy?

Yes. The Access HIV indicators were reviewed in line with National Monitoring and Evaluation Plan on HIV and AIDS (2017-2020). It should be noted that as programmatic information needs evolve, the Access to Health 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.

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 the Access to Health indicators focus on most-at-risk populations?

Myanmar has a concentrated HIV epidemic. HIV has spread rapidly in one or more populations among high-risk populations (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.

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

The Access will provide each IP with an updated HIV reporting template in excel 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 Access FMO office at +95 1 657 280-7 for further information and support.

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

3 National Strategic Plan for HIV/AIDS in Myanmar (2016-2020)
# Quick Reference for HIV indicators

<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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of people reached with HIV prevention programmes (Outreach and DIC) for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings</td>
<td>• Number of people from target groups reached with outreach and DIC</td>
<td>NA</td>
<td>Outreach and DIC record</td>
<td>Six monthly, Annually</td>
<td>• To ensure for no duplications and identifiability for tracking of the service reached clients</td>
</tr>
<tr>
<td>2</td>
<td>Number of condoms distributed for free for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings</td>
<td>• As it is mentioned, count only distribution to beneficiaries</td>
<td>NA</td>
<td>Condom distribution Record</td>
<td>Six monthly, yearly</td>
<td>NA</td>
</tr>
<tr>
<td>3</td>
<td>Number of sterile injecting equipment distributed to people who inject drugs</td>
<td>• As it is mentioned, count only distribution to beneficiaries</td>
<td>NA</td>
<td>Needle distribution Record</td>
<td>Six monthly, yearly</td>
<td>NA</td>
</tr>
<tr>
<td>4</td>
<td>Return rate of used injecting equipment (needle and syringe)</td>
<td>• Recollect used needles and syringes out of the distributed needles and syringes</td>
<td>• Distributed needles and syringes</td>
<td>Needle and syringes collection record</td>
<td>Six monthly, yearly</td>
<td>Access target= 80%</td>
</tr>
<tr>
<td></td>
<td>Number of PWID who accessed an NSP (Needle and Syringe exchange programme) over the specified reporting period (six monthly, cumulative annually)</td>
<td>• Number of PWID who accessed an NSP over the specified reporting period (6 months, Annually)</td>
<td>• Number of PWID reach from prevention programmes</td>
<td>Service Delivery Record/Outreach record</td>
<td>Six monthly, cumulative annually</td>
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<tr>
<td>6</td>
<td>Number of people who received an HIV test and known the result (Disaggregate by sex) for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)</td>
<td>• Number of people from target groups who had their post-test of HIV counselling after testing HIV with pre-test counselling</td>
<td>NA</td>
<td>Service Delivery Record</td>
<td>Six monthly, yearly</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Number of people who received STI treatment (Disaggregated by sex) (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)</td>
<td>• Number of people from target groups who have received STI treatment in the reporting period</td>
<td>NA</td>
<td>Service Delivery Record</td>
<td>Six monthly, yearly</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Number of people who inject drugs receiving methadone maintenance therapy</td>
<td>• Number of people who inject drugs receiving methadone maintenance therapy</td>
<td>NA</td>
<td>Service Delivery Record/ Methadone Clinic Record</td>
<td>Six monthly, yearly</td>
<td></td>
</tr>
</tbody>
</table>

Those reported in first 6 months are not reported in second six months.
The total number of individuals who have been on treatment for at least six months since initiation of
<table>
<thead>
<tr>
<th></th>
<th>Number of people who received hepatitis B virus (HBV) test for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, (iv) People in prisons and other closed settings)</th>
<th>Number of people from target groups who received an HBV test for Hepatitis B</th>
<th>NA</th>
<th>Service Delivery Record/ Clinic Record</th>
<th>Six monthly, yearly</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Number of people who were vaccinated with rapid schedule for Hepatitis B infection for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)</td>
<td>Number of people from target groups that tested negative that received HBV vaccination for Hepatitis with completed doses following WHO's recommended rapid schedule (e.g. 0, 7 and 21 days).</td>
<td>NA</td>
<td>Service Delivery Record/ Clinic Record</td>
<td>Six monthly, yearly</td>
<td>NA</td>
</tr>
<tr>
<td>10</td>
<td>Number of people who received hepatitis C virus (HCV) test for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)</td>
<td>Number of people from target groups who received an HCV test for Hepatitis C</td>
<td>NA</td>
<td>Service Delivery Record/ Clinic Record</td>
<td>Six monthly, yearly</td>
<td>NA</td>
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<tr>
<td></td>
<td>People in prisons and other closed settings</td>
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</tr>
<tr>
<td>12</td>
<td>Number of people living with HIV receiving Cotrimoxazole prophylaxis (disaggregated by sex)</td>
<td>Number of people living with HIV receiving Cotrimoxazole as prophylaxis against opportunistic infections.</td>
<td>NA</td>
<td>Service Delivery Record/ Clinic Record</td>
<td>Six monthly, yearly</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Number of peer workers trained and supported (cumulative annually)</td>
<td>Number of peer workers trained and supported</td>
<td>NA</td>
<td>IP training record</td>
<td>Six monthly, yearly</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Indicator</td>
<td>How to count and calculate (Numerator)</td>
<td>Denominator</td>
<td>Source</td>
<td>Reporting Frequency</td>
<td>Note</td>
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<td>-----</td>
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</tr>
<tr>
<td>14</td>
<td>Number of staff from Ministry of Health and Sports (MoHS), Implementing Partners (IPs), Ethnic Health Organisations (EHOs), local Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs), and volunteers who are trained in all cross-cutting themes (as part of package)</td>
<td>Number of staff from MoHS, IPs, EHOs, local NGOs and CBOs and volunteers who trained in all cross-cutting themes in a calendar year (disaggregated by sex and age).</td>
<td>NA</td>
<td>IP training records</td>
<td>Six monthly and Cumulative Annually</td>
<td>Disaggregate by sex and age</td>
</tr>
<tr>
<td>15</td>
<td>Number and percentage of feedback that was addressed by the implementing Partners in the reporting period based on the IP’s procedure (disaggregated by type of feedback)</td>
<td>Number of feedback received by implementing partners that were addressed in the reporting period based on the IP’s procedure.</td>
<td>Total number of feedback received by implementing partners through verbal and written feedback channels to provide feedback in the reporting period. (as defined in the procedure).</td>
<td>IP reports and Feedback Mechanism Records</td>
<td>Six monthly</td>
<td>NA</td>
</tr>
</tbody>
</table>
## The Access to Health: Mental Health Indicators

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator Description</th>
<th>Indicator Description</th>
<th>Reporting Requirement</th>
<th>Programme Monitoring and Training Records</th>
<th>Reporting Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Number of medical doctors trained and provide services for mental health</td>
<td>Number of health care providers; medical doctors trained on mental health (mhGAP) and provide services for mental health</td>
<td>Not required</td>
<td>Programme monitoring and training records</td>
<td>Six monthly, (Cumulative)</td>
</tr>
<tr>
<td>19</td>
<td>Number of people from target groups who received assessment for mental health</td>
<td>Number of people from target groups who received assessment for mental health</td>
<td>Not required</td>
<td>Programme monitoring and training records</td>
<td>Six monthly, (Cumulative)</td>
</tr>
<tr>
<td>20</td>
<td>Number of people from target groups who received psychosocial interventions and pharmacological interventions for mental health</td>
<td>Number of people from target groups who received assessment for mental health</td>
<td>Not required</td>
<td>Programme monitoring and training records</td>
<td>Six monthly, (Cumulative)</td>
</tr>
</tbody>
</table>
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>
</tbody>
</table>

**Understanding Potential Responses**

<table>
<thead>
<tr>
<th>Input</th>
<th>What interventions and resources are needed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Needs, Resource, and Response Analysis: Input Monitoring</td>
</tr>
<tr>
<td></td>
<td>What interventions can work (efficacy and effectiveness)? Are we doing the right things?</td>
</tr>
<tr>
<td></td>
<td>Special Studies; Operations Research; Formative Research; Research Synthesis</td>
</tr>
<tr>
<td></td>
<td>What are the contributing factors?</td>
</tr>
<tr>
<td></td>
<td>Determinants Research; Analytic Epidemiology</td>
</tr>
</tbody>
</table>

**Problem Identification**

<table>
<thead>
<tr>
<th>What is the nature and magnitude of the problem?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Situational Analysis</td>
</tr>
</tbody>
</table>

The Third One: Monitoring and Evaluation of HIV Programs John Puvimanasinghe, Wayne Gill and Eduard Beck
The ACCESS Progress report will be produced for reporting to MoHS.
## The Access to Health: HIV Indicators

<table>
<thead>
<tr>
<th>INDICATOR REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> Reduction in HIV burden in areas and populations supported by the Access to Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact</th>
<th>Number of new infections per 1,000 susceptible people who inject drugs population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>HIV prevalence among people who inject drugs</td>
</tr>
<tr>
<td>Outcome</td>
<td>Percentage of people who inject drugs who received an HIV test and known the result</td>
</tr>
<tr>
<td>Outcome</td>
<td>Percentage of PWID tested who have a positive result</td>
</tr>
<tr>
<td>Outcome</td>
<td>Percentage of people who inject drugs reporting use of sterile injecting equipment the last time they injected</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Objective 1: Prevention of the transmission of HIV through unsafe behaviour in sexual contacts and injecting drug use</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Output</td>
</tr>
<tr>
<td>2 Output</td>
</tr>
<tr>
<td>3 Output</td>
</tr>
<tr>
<td>4 Output</td>
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<tr>
<td>5 Output</td>
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<td>6 Output</td>
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<td>7 Output</td>
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<td>8 Output</td>
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<tr>
<td>9 Output</td>
</tr>
<tr>
<td>10 Output</td>
</tr>
<tr>
<td>11 Output</td>
</tr>
</tbody>
</table>

Number of people reached with HIV prevention programmes for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings.

Number of condoms distributed for free for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings.

Number of sterile injecting equipment distributed to people who inject drugs.

Return rate of used injecting equipment (needle and syringe).

Number of PWID who accessed an NSP (Needle and Syringe exchange programme) over the specified reporting period (cumulative annually).

Number of people who received an HIV test and known the result (Disaggregate by sex) for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings.

Number of people who received STI treatment (Disaggregated by sex) ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings).

Number of people who inject drugs receiving methadone maintenance therapy.

Number of people who received hepatitis B virus (HBV) test for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, (iv) People in prisons and other closed settings.

Number of people who were vaccinated with rapid schedule for Hepatitis B infection for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings.

Number of people who received hepatitis C virus (HCV) test for (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and
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>12 Output</td>
<td>Cotri-prophylaxis Number of people living with HIV receiving Cotrimoxazole prophylaxis (disaggregated by sex)</td>
</tr>
<tr>
<td>13 Output</td>
<td>Empowerment of peer workers Number of peer workers trained and supported (cumulative annually)</td>
</tr>
</tbody>
</table>

Cross-cutting Indicators

<table>
<thead>
<tr>
<th>Output</th>
<th>Community System Strengthening Number of staff from Ministry of Health and Sports (MoHS), Implementing Partners (IPs), Ethnic Health Organisations (EHOs), local Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs), and volunteers who are trained in all cross-cutting themes (as part of package)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Output</td>
<td>Community System Strengthening Number and percentage of feedback that were addressed by the Implementing Partners (IPs) in the reporting period based on the IP’s procedure (disaggregated by type of feedback)</td>
</tr>
<tr>
<td>16 Output</td>
<td>Mental Health Number of medical doctors trained and provide services for mental health</td>
</tr>
<tr>
<td>17 Output</td>
<td>Mental Health Number of people from target groups who received assessment for mental health</td>
</tr>
<tr>
<td>18 Output</td>
<td>Mental Health Number of people from target groups who received psychosocial interventions and pharmacological interventions for mental health</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 reached with HIV prevention programmes (Disaggregated by sex) for ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)

Definition of population:
People who inject drugs (PWID) are people who inject psychotropic (or psychoactive) drugs, including, but not limited to, opioids, amphetamine-type stimulants, cocaine, hypno-sedatives and hallucinogens. In Myanmar, heroin is the drug of choice for PWID, Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes. People who use drugs (PWUD): A person who has used a non-medically-prescribed substance at least once in the past 12 months
Sexual partners: Spouse and any other sexual partners

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 have been reached at least once by minimum package of HIV prevention services through interventions through outreach and DIC during the last 12 months (6 month and yearly output for calendar year). (Disaggregated by sex, services reach (outreach & DIC)) for ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)

Denominator: Not required

Method of measurement: This indicator is calculated using the records of harm reduction programmes providing services through outreach and DIC including:
- HIV prevention education – peer education, outreach, facility-based (e.g. drop-in centre)
- Condom provision and promotion
- Screening, diagnosis and treatment of sexually transmitted infections (STI/STD)
- HIV counselling and testing
- Substitution therapy
- Safer injection practices for people who inject drugs (such as the provision of sterile needles and syringes and disinfection)
- Linkage to care and treatment

Data are collected for people ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, (iv) People in prisons and other closed settings) reached in each township in order to map the coverage and geographical distribution of prevention interventions.
People who inject drugs who have been reached and reported should not be counted again during calendar year. People 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. However, priority reporting is given to service utilization at the DIC. Only classification of data between Outreach and DIC is allowed.

Reporting frequency: Six monthly, (Cumulative) Annually
Data source: Programmatic monitoring and service-provider records

Additional information:
- Indicator 25: Number of regular sexual partners of people who inject drugs (PWID) reached with HIV prevention programmes
- Indicator 26: Number of people in prisons and other closed settings reached with HIV prevention programmes
(2). Number of condoms distributed for free ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)

Description: The total number of condoms distributed for free

Purpose: To monitor the number of condoms distributed to people from target groups free-of-charge

Numerator: Number of condoms distributed for free-of-charge

Denominator: Not required

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

However, **when it is not possible to count condoms directly distributed to end users** (i.e. high risk groups contacted through outreach), this indicator will also include the number of condoms distributed through other channels. 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)
- Similar to National M&E Plan indicator 35: Number of condoms distributed for free
- WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users: Cdm.C.1a: Total number of condoms distributed by NSPs, drug treatment service sites (including OST) and other services targeting PWID during the specified reporting period (e.g. last 12, 6 or 3 months)
Number of sterile injecting equipment distributed to people who inject drugs

**Definition of population:** People who inject drugs: People who inject drugs (PWID) are people who inject psychotropic (or psychoactive) drugs, including, but not limited to, opioids, amphetamine-type stimulants, cocaine, hypnosedatives and hallucinogens. In Myanmar, heroin is the drug of choice for PWID. Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes.

**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

**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 21: Number of sterile needles-syringes distributed (per person) to people who inject drugs in the reporting period
- GFATM: Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs
- Global Indicators: Needle-syringes distributed per person who injects drugs
- WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users: NSP.C.1a: Total number of needles syringes distributed by NSPs in the last 12 months
(4). Return rate of used injecting equipment (needle and syringe)

**Definition of population:** People who inject drugs: People who inject drugs (PWID) are people who inject psychotropic (or psychoactive) drugs, including, but not limited to, opioids, amphetamine-type stimulants, cocaine, hypnotic-sedatives and hallucinogens. In Myanmar, heroin is the drug of choice for PWID. Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes.

**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 in DIC or through outreach (outside of DIC).

**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:**
- *Access to Health* had proposed minimum 80% return rate for all harm reduction partners.
(5). Number of PWID who accessed an NSP (Needle and Syringe exchange programme) over the specified reporting period (six monthly, cumulative annually)

**Description:** Number of PWID who accessed an NSP (Needle and Syringe exchange programme) over the specified reporting period (cumulative annually)

**Numerator:** Number of PWID who accessed an NSP (Needle and Syringe exchange programme) over the specified reporting period (cumulative annually) (6 months, Annually)

**Denominator:** Number of PWID reached from prevention programmes

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

**Reporting frequency:** Six monthly, Annually

**Data source:** Programme records

**Additional Information:** Despite there is no target set for this indicator, implementing partners have to report this indicator from service implementation record figures.
(6). Number of people who received an HIV test and known the result (Disaggregate by sex) for ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)

Disaggregation of the service reach: ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, (iv) People in prisons and other closed settings) (v) general community

Description: Number of people 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 did not previously know themselves to be HIV-positive) 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:
- National M&E Plan indicator 19: Percentage of people who inject drugs who received an HIV test in the last 12 months and who know the result
- GARPR/GAM: Percentage of a key population who know their HIV status
WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users: HTC.C.1a: Number of PWID tested for HIV during the specified reporting period (e.g. last 12, 6 or 3 months) by NSPs, drug treatment services, or other services targeting PWID (including mobile or outreach services)
(7). Number of people who received STI treatment (Disaggregated by sex) (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings

**Description:** Number of people 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; (i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings) is being reached with HIV prevention messages.

**Numerator:** Number of people ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings) 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 similar to:
- National M&E Plan indicator 34: Number of people who received STD treatment in the reporting period
- WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users: HTC STI.C.1a: Total number of PWID screened or treated for STIs at NSP sites, drug treatment service sites (including OST) and other service targeting PWID during the specified reporting period (e.g. last 12, 6 or 3 months)
**Number of people who inject drugs 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 opiates

**Numerator:** Number of people who inject drugs receiving methadone maintenance therapy at the end of the reporting period (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 are currently on MMT at any point in time within the reporting period.

Adults who initiated or transferred-in during the reporting period should be counted if they are still on treatment at that specified date.

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.

Additional data request from ACCESS: the total number of individuals who have been on treatment for at least six months since initiation of MMT (to report in explanation column).

Disaggregated by sex

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

**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:**
- National M&E Plan indicator 23: Number and percentage of people who inject drugs receiving methadone maintenance therapy
- GARPR/GAM: Percentage of people who inject drugs receiving opioid substitution therapy
- WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users: OST.C.1b: Number of PWID on OST at a specified date or over the specified reporting period (e.g. last 12, 6 or 3 months)
(9). Number of people who received hepatitis B virus (HBV) test for ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, (iv) People in prisons and other closed settings)

Description: Number of people ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, (iv) People in prisons and other closed settings (v) general community) 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 ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, (iv) People in prisons and other closed settings (v) general community) 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 test for individual.
Number of people who were vaccinated with rapid schedule for Hepatitis B infection for ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)

**Description:** Number of people ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, (iv) People in prisons and other closed settings (v) general community) who 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 ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, (iv) People in prisons and other closed settings)

**Numerator:** Number of people ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings 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

**Additional information:**
- WHO, UNODC, UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users: Hep.C.1a: Total number of PWID receiving HBV vaccination provided by NSPs, drug treatment services and other services targeting PWID, including mobile or outreach services, during the specified reporting period (e.g. last 12, 6 or 3 months)
(11). Number of people who received hepatitis C virus (HCV) test for ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)

Description: Number of people ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings) 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 ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings)

Numerator: Number of people ((i) People who inject drug (PWID), (ii) regular sexual partners of people who inject drugs (PWID), (iii) People who use drug, and (iv) People in prisons and other closed settings) 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
Objective 2: Provision of a comprehensive Continuum of Care for people living with HIV

(12). Number of people living with HIV receiving Cotrimoxazole prophylaxis (Disaggregated by sex)

Description: The number of people living with HIV receiving cotrimoxazole as prophylaxis against opportunistic infections.

Purpose: To assess the need for cotrimoxazole prophylaxis in a year for prophylaxis against opportunistic infections among PLHIV

Numerator: Number of people living with HIV receiving cotrimoxazole as prophylaxis against opportunistic infections.

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. Cumulative figure at the end of the reporting period and disaggregate by sex. Provision of cotrimoxazole for treatment of episodes of HIV related infections

Reporting frequency: Six monthly, (Cumulative) Annually

Data source: Routine programme monitoring records

Limitations: This indicator does not capture client adherence to prescribed therapy or interruptions in drug availability.
(13). Number of peer workers trained and supported (cumulative annually)

**Description:** Number of peer workers who have trained and supported for HIV prevention and care activities

**Purpose:** To empower the peer workers

**Numerator:** Number of peer workers who have trained and supported

**Denominator:** Not required

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

Peers must be trained and supported (supported is defined as given the resources required to perform their duties, which will include needle collection boxes and tools, travel allowance, health promotion materials and HIV prevention supplies).

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

**Data source:** Programme monitoring and training records

**Example of trained and supported peer/ volunteer counting**

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th># peer/ Volunteer (T+S) Jan-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>A (T+S)</td>
<td>A (T+S)</td>
<td>A (T+S)</td>
<td>A (T+S)</td>
<td>A (T+S)</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td>B (T+S)</td>
<td>B (T+S)</td>
<td>B (T)</td>
<td>B (T)</td>
<td>B (T)</td>
<td>Don’t count</td>
<td></td>
</tr>
<tr>
<td>C (T)</td>
<td>C (T+S)</td>
<td>C (T+S)</td>
<td>C (T+S)</td>
<td>C (T+S)</td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Count</td>
<td></td>
</tr>
<tr>
<td>D(T+S)</td>
<td>D(T+S)</td>
<td>D(T+S)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A, B,C... = Represent name of peer/ volunteer
T= Trained S= Support

**Additional information:** For HIV/ Harm Reduction interventions, Outreach workers numbers for specific operation township will also need to report in the comment.
The Access to Health: Cross-cutting Indicators

Output Indicator

14. (5.1) Number of staff from Ministry of Health and Sports (MoHS), Implementing Partners (IPs), Ethnic Health Organisations (EHOs), local Non-Governmental Organisations (NGOs), Community-Based Organisations (CBOs), and volunteers who are trained in all cross-cutting themes (as part of package)

<table>
<thead>
<tr>
<th>Definition</th>
<th>The number of staff from MoHS, IPs, EHOs, local NGOs, CBOs and volunteers trained in all cross-cutting themes conducted by IP and Access to Health Fund resource persons disaggregated by sex and age.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numerator</td>
<td>Number of staff from MoHS, IPs, EHOs, local NGOs and CBOs and volunteers who trained in all cross-cutting themes in a calendar year (disaggregated by sex and age).</td>
</tr>
<tr>
<td>Denominator</td>
<td>N/A</td>
</tr>
<tr>
<td>Data Sources</td>
<td>IP training records.</td>
</tr>
<tr>
<td>Reporting Frequency</td>
<td>Six monthly, and Cumulative Annually</td>
</tr>
</tbody>
</table>

**What it measures:** The number of staff from MoHS, IPs, EHOs, local NGOs, CBOs and volunteers receiving all cross-cutting themes training conducted.

Trained is defined as attendance at a cross-cutting theme-related training or workshop. The themes include (i) gender mainstreaming and social inclusion, (ii) prevention of sexual exploitation, harassment and abuse (SEA and SHA), (iii) disability inclusion, (iv) accountability and responsiveness (Community Feedback Mechanism), (v) emergency preparedness and response for disaster risk reduction, and (vi) conflict sensitivity. For cross-cutting related trainings, specific training attendance tracking sheet capturing above information should use.

Only those staff and volunteers who attend the **entire training at least one day based on training curriculum** will be counted as trained. Half day sharing session should not be counted as training. Training/workshop reports should include documentation of overall satisfaction of training/workshop given, including lessons learnt for improving upon training/workshop methods and action plan of the participants.
**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>(15)</th>
<th>(5.2) Number and percentage of feedback that were addressed by the Implementing Partners (IPs) in the reporting period based on the IP’s procedure (disaggregated by type of feedback)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>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).</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Number of feedback received by IPs that were addressed in the reporting period based on the IP’s procedure (except positive feedback).</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Total number of feedback received by IPs through verbal and written feedback channels to provide feedback in the reporting period. (as defined in the procedure) (except positive feedback).</td>
</tr>
<tr>
<td><strong>Data Sources</strong></td>
<td>IP reports and Feedback Mechanism Records</td>
</tr>
<tr>
<td><strong>Reporting Frequency</strong></td>
<td>Six Monthly and Annually</td>
</tr>
</tbody>
</table>

**What it measures:** the extent to which feedback received by the IP through verbal and written feedback channels those are addressed by the IP based on a procedure that follows good practice.

Feedback refers to opinions, concerns, suggestions, questions, and complaints 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 aspects 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.⁴

Mechanisms to provide feedback are defined as verbal and written feedback communication tools that IPs utilise to collect feedback from the communities and give response in which they work to better understand their programs and projects from community members' perspectives. These mechanisms give the IPs information to adjust their programs and projects to best meet individual and community needs.⁵

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⁴ Definition adapted from HAP, The Guide to the HAP Standard, Published by Oxfam GB, 2008.

Examples of feedback channel includes but is not limited to outreach sessions, community engagement meetings, focus group discussions, quarterly rural health centre meetings, feedback forms, ready to post envelopes, in person direct feedback at the organisation and at the field through health staff, field focal, and volunteers, 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.

**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. The procedure needs to be documented and should be available on request.

If the feedback does not require any further action to be taken (e.g., positive feedback/thank you letter), it is necessary to record but no need to include in the calculation of percentage of feedback addressed.

**Types of feedback** are categorized as Suggestion, Positive Feedback, Negative Feedback, and Others.

- **Suggestion:** It refers to an idea, plan or action that is suggested to your organization, project activities and services.
- **Positive Feedback:** It includes a positive statement of opinion about your organization, project activities and services, etc. Thank you feedback from communities should not be counted in the list of feedback addressed by IPs.
- **Negative Feedback:** It includes an expression of dissatisfaction, complaint or harassment relating to your organization, staff, project activities, services, etc.
- **Others:** It includes issues such as questions and concerns which are not relevant to describe in the categories mentioned above.

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6 Categories are adapted from 3MDG-Health for All Reporting Template
(16). Operational definitions of Access to Health Fund for Disability

Rights of Persons with Disability Law, Myanmar, 2015:

“A person with disabilities refers to a person who is suffering from one or more long term physical, visual, speech, hearing, intellectual, psychological, mental, or sensory impairment, whether innate or not.”

“Disability refers to not being able to fully participate in the society due to physical, mental, or any other form of hindrances.”

UNCRPD, 2006:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

“Disability is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.”

Note: The term “long term impairment” is exceptional for people who inject drug/use drug (PWID/PWUD) suffering from acute or chronic mental health problems.

Washington Group Short Set Questions will be used to identify the person with disability and explained in the cross-cutting themes training. For reference, the Washington Group on Disability Statistics (2016), Short Set of Questions on Disability (PDF version) can be downloaded in this link


Number of persons with disability who receive the project services needs to be reported. The suggested indicators to report disability disaggregation are as follow.

MNCH

- Output 1.2.1 Number and percentage of appropriate EmOC referrals supported - Total
- Output 1.2.2 Number of appropriate EmOC referrals supported - hard to reach areas
- Output 1.2.3 Number of ECC referrals supported - Total
- Output 1.2.4 Number of ECC referrals supported - hard to reach areas
SRHR

- Output 3.2  Number of women received family planning service with SRHR information.
- Output 5.2  Number of women 30-49 who have been screened at least once for cervical cancer

TB

- Number of notified cases of all forms of TB (Disaggregated by sex)

Malaria

- Number of people with confirmed P.f malaria (by sex and age group) treated with chloroquine (plus primaquine)
- Number of people with confirmed P.v malaria (by sex and age group) treated with (plus primaquine)

IP needs to take record the achievement data related to disability in the above indicators. The disability identification will be according to the Washington Group questions.
(17). Operational definitions for women representatives at decision-making positions (for Health for All narrative report)

1) Number of women representatives at decision-making positions in village track/village health committee
2) Number of women representatives at decision making positions in peer groups/self-help groups

“Women representatives in decision-making” mean number of women in health decision-making positions at community level, such as leader/chairperson, secretary, and treasurer in related health committees or volunteer groups, those have more decision making authority than other ordinary members. The ordinary female members of the health committees or volunteer groups will not be counted as women in decision-making positions.

Representatives in the respective health committee or volunteer group should be elected by community to voice up and facilitate in addressing the health needs of the entire village with the help of health service providers.

Note: The achievements related with women representatives in decision making have to be reported in Health for All Narrative report. Therefore, IP needs to take record the relevant activities and achievements.
| Accountability                                                                 | • Accountability means using power responsibly. It means listening (and responding) to the voices of people, and keeping your commitments to others.  
|                                                                             | • In the context of accountability and health services, this refers to the commitments of health service providers (public and private) to all the people of Myanmar regardless of gender, ethnicity, religion, age or health status.  
|                                                                             | • Accountability also means building empowered, informed and capable communities and health system users. |
| Fairness (Equity)                                                           | • Being fair and just to all people who use the health system.  
|                                                                             | • Recognising that people are different and need different support to ensure their rights are recognised. |
| Gender Equity                                                                | • Being fair to women and men.  
|                                                                             | • Taking specific actions to address historical and social discrimination and disadvantages in Myanmar that prevent women and men from otherwise operating as equals. |
| Health Equity                                                                | • All people have the opportunity to have the highest level of health.  
|                                                                             | • Understanding the different barriers to health that people face and working to address them.  
|                                                                             | • All people can access quality health care regardless of their socio-economic position, including age, disability, gender or other circumstances.  
|                                                                             | • Ensuring that health policies and services respond to the specific needs of different groups of people. |
| Inclusion                                                                    | • Involves all people in decisions that affect their health.  
|                                                                             | • Understanding diverse experiences and preferences, and enabling people from many different circumstances (e.g. cultural, linguistic and geographic) to participate in health care planning.  
|                                                                             | • Mutual respect, tolerance and making all people feel valued.  
|                                                                             | • Ensuring that all voices are considered in decision-making processes. |
| Empowerment                                                                  | • People – both men women and men – taking control over their lives.  
|                                                                             | • People setting their own agendas, gaining skills, building self-confidence, solving problems, and developing self-reliance.  
|                                                                             | • Supporting efforts by communities to carry out collective actions.  
|                                                                             | • Building confident and informed users of the health system.  
|                                                                             | • Creating ownership. |
| Conflict Sensitivity                                                         | • 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"). |
## The Access to Health: Mental Health Indicators

The following mental health indicators are only for “Drug use and its consequences programs”.

<table>
<thead>
<tr>
<th>Output Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(18). Number of medical doctors trained and provide services for mental health</strong></td>
</tr>
</tbody>
</table>

### Definition
Number of health care providers; medical doctors trained on mental health (mhGAP) and provide services for mental health

### Numerator
Number of health care providers; medical doctors trained on mental health (mhGAP) and provide services for mental health

### Denominator
Not required

### Data Sources
Programme monitoring and training records

### Reporting Frequency
Six monthly, (Cumulative) Annually

**What it measures:** The purpose is to empower the mental health provider resources and enabling for mental health services. Health care providers; medical doctors must be trained on mhGAP: The WHO Mental Health Gap Action Programme (mhGAP) from the National Programme (DDTRU) (Drug Dependency Treatment and Research Unit) and provide services for mental health to the targeted groups. Providing services on mental health will be reviewed on activities of mental health awareness raising, mental health counselling and treatment record and registers, etc.

**Notes:**

i. Health Care Providers (Medical doctors) must be trained and provide services on mental health.

ii. Counts should be of individuals, not number/frequencies of training attended.
<table>
<thead>
<tr>
<th>Output Indicator</th>
<th>(19). Number of people from target groups who received assessment for mental health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Number of people from target groups who received assessment for mental health</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Number of people from target groups who received assessment for mental health</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Not required</td>
</tr>
<tr>
<td><strong>Data Sources</strong></td>
<td>Programme monitoring and training records</td>
</tr>
<tr>
<td><strong>Reporting Frequency</strong></td>
<td>Six monthly, (Cumulative) Annually</td>
</tr>
</tbody>
</table>

**What it measures:** This indicator is counting the number of people from target groups who received assessment for mental health.

**Target groups:** People who inject drugs (PWID), Regular sexual partners of PWID, People who use drugs, Prisoners
<table>
<thead>
<tr>
<th>Output Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(20). Number of people from target groups who received psychosocial interventions and pharmacological interventions for mental health</strong></td>
</tr>
</tbody>
</table>

**Definition**

Number of people from target groups diagnosed and treated for mental health with psychosocial interventions and pharmacological interventions on; Depression (DEP), Psychoses (PSY), Child & Adolescent Mental & Behavioural Disorders (CMH), Disorders due to Substance Use (SUB) and Self-Harm/ Suicide (SUI).

**Numerator**

Number of people from target groups diagnosed and treated for mental health according to the WHO Mental Health Gap Action Programme (mhGAP) guideline.

**Denominator**

Not required.

**Data Sources**

Programme monitoring and training records.

**Reporting Frequency**

Six monthly, (Cumulative) Annually.

**What it measures:** This indicator will be counted by using programmatic monitoring and reporting from service providers.

**Target groups:** People who inject drugs (PWID), Regular sexual partners of PWID, People who use drugs, Prisoners.

People from target groups diagnosed with mental health were given the necessary

- Psychosocial interventions (Psycho-education, Reduce stress and strengthen social supports, Promote functioning in daily living activities, General advice for carers, etc.)
- Pharmacological interventions on; Depression (DEP), Psychoses (PSY), Child & Adolescent Mental & Behavioural Disorders (CMH), Disorders due to Substance Use (SUB) and Self-Harm/ Suicide (SUI).

**Limitations:** Exceptional cases which cannot be included in the mentioned mental health categories have to be reported separately in the explanation.