

**Monitoring and Evaluation Plan
for the National Programme on the Response to the HIV
Epidemic, 2013-2016**

I. GENERAL DESCRIPTION OF MONITORING AND EVALUATION PLAN

1. The **goal of the M&E Plan** is to guide and coordinate the effective collection, analysis, aggregation and use of data for the assessment of progress trends in the national response to HIV/AIDS and for enhanced decision making processes.
2. Monitoring and Evaluation Plan Objectives
 - 1) Strengthen the monitoring and evaluation system that will enable the systematic collection, processing, analysis and interpretation of data;
 - 2) Present lists with core indicators that will allow monitoring of progress in response to HIV/AIDS and identify data needs for decision making;
 - 3) Describe the main data sources used to collect data necessary for monitoring and evaluation;
 - 4) Establish a clear information flow;
 - 5) Describe the roles and responsibilities in monitoring and evaluation;
 - 6) List the information products and the dissemination mechanisms.
3. The implementation of the M&E Plan shall yield the following expected results:
 - 1) Strengthened monitoring and evaluation system;
 - 2) Quality and timely reporting;
 - 3) Structured and coordinated flow of routine information;
 - 4) Single national data repository developed to integrate the existent reporting systems;
 - 5) Development of a strategy for data dissemination;
 - 6) Development of a capacity-building plan;
 - 7) Research and Evaluation agenda agreed upon.
4. The organizational framework, approved by the global Reference Group for Monitoring and Evaluation (MERG), provides for 12 functional components for functional monitoring and evaluation system:
 - 1) Organizational structures with HIV M&E functions;
 - 2) Human capacity for HIV M&E;
 - 3) Partnerships to plan, coordinate, and manage the HIV M&E system;
 - 4) National cross-sector HIV M&E plan;
 - 5) Annual costed national HIV M&E work plan;
 - 6) Advocacy, communications, and culture for HIV M&E;
 - 7) Routine HIV program monitoring;
 - 8) Surveys and surveillance;
 - 9) National and sub-national HIV databases;
 - 10) Supportive supervision and data auditing;
 - 11) HIV evaluation and research;
 - 12) Data dissemination and use.

5. The National M&E System has important functions at the service provider, marz and national levels. The M&E system includes reporting by public institutions and civil society organizations involved in the implementation of the Program.
6. The indicators for HIV/AIDS monitoring and evaluation were selected to be realistically measurable at a reasonable cost and in line with:
 - 1) The priority objectives established by the National Programme on the Response to the HIV Epidemic;
 - 2) Internationally recommended core indicators in UNGASS;
 - 3) Core indicators to achieve “Universal Access” to HIV and AIDS interventions;
 - 4) The HIV and AIDS related indicators in other key national policies and plans;
 - 5) International HIV and AIDS M&E guidelines.
7. The list of key indicators for M&E associated with the National Programme on the Response to the HIV Epidemic is presented below in tabular form. Standard stratifications of data for most indicators are according to age, sex and marz. Data for program level indicators need to be collected by guidelines for provision of program level data.
8. The main sources of data collection
 - 1) Biological and behavioural surveillance on HIV infection;
 - 2) Monitoring and evaluation of programs;
 - 3) Special and scientific surveys;
 - 4) Financial monitoring;
 - 5) Other sources (for example the reporting AIDS cases reporting, demographic and health surveys).
9. The national database is a functional tool to ensure data availability in the strategic planning process, which concentrates aggregated data from existing reporting systems among public institutions and civil society organizations. The national database integrates data from pre-existing reporting systems, which allows avoiding double reporting, ensures data transparency, provides for national level validation, and limited editing access to ensure data security. The National Center for AIDS Prevention manages the national HIV/AIDS database.
10. The quality criteria for data used in Monitoring and Evaluation include: validity and representativeness; reliability; timeliness; precision; integrity; and repeatability/comparability. The M&E unit develops a protocol for ensuring data quality, which will institutionalize quality assurance for key indicators, will consolidate data management systems. Also, the M&E Unit provides supportive supervision including oversight and directing the performance of subordinated institutions and transfer of knowledge and skills. Supportive supervision will be carried out rotationally on different samples of service providers (the list is drawn up at the beginning of each year) and will be used as a mechanism for strengthening local monitoring and evaluation capacities. Data validation will involve internal and external validation

mechanisms. Internal validation will be a regular process, conducted with a certain periodicity. Annual external validation will be conducted for selected indicators in randomly selected locations.

11. Evaluation and research are components of the comprehensive monitoring and evaluation system. A national process for identifying evaluation/research gaps and for coordinating carrying out evaluation/research shall be conducted to avoid duplication of effort and to enhance dissemination and data use in decision-making. The adequate planning of studies, research and evaluation will be a prerequisite for adequate funding.
12. The following information materials will be prepared and disseminated:
 - 1) National HIV annual report (presentation and interpretation of the profiles and trends of the HIV/AIDS epidemic based on national indicators, coverage of services, priorities and gaps, capacity building needs);
 - 2) Report of special and scientific surveys;
 - 3) UNGASS/UA/ECDC biennial report;
 - 4) Report of national AIDS spending assessment;
 - 5) Other relevant informational materials.
13. The table below details how the indicators for the National Programme on the Response to the HIV Epidemic are measured.

Strategy	Indicator	Data components	Reporting frequency/ Implementation plan	Responsible institution	Target by 2016
<p>Strategy 2. Promote human rights and gender equity pertaining to risk and social issues related to HIV</p>	<p>The percent of respondents expressing accepting attitudes towards PLHIV</p>	<p>Numerator: The number of respondents who report on accepting or supportive attitude on all four component questions:</p> <ol style="list-style-type: none"> 1. If a member of your family became sick with the AIDS, would you be willing to care for him or her in your household? 2. If you knew that a shopkeeper or food seller had HIV, would you buy fresh vegetables from them? 3. If a teacher has HIV but is not sick, should she be allowed to continue teaching at the school? 4. If a member of your family became infected with HIV, would you want it to remain a secret? <p>Denominator: Total number of respondents who have heard of HIV/AIDS</p> <p>Analysis: The distribution is provided by sex and age (up to 25 years of age and above 25 years of age).</p>	<p>Every 5 year/DHS</p>	<p>National Statistical Service</p>	<p>Women - 5% Men - 10%</p>
<p>Strategy 1. Reduction in HIV infection through injecting drug use</p>	<p>HIV prevalence among PWID</p>	<p>Numerator: Number of PWID who test HIV positive</p> <p>Denominator: Number of PWID tested for HIV</p> <p>Analysis: The distribution is provided by</p>	<p>Biennial/ Biological surveillance among PWID</p>	<p>NCAP</p>	<p>National - 5% Yerevan - 8%</p>

		sex and age (up to 25 years of age and above 25 years of age).			
	Percentage of PWID who reported using sterile injecting equipment the last time they injected drugs	<p>Numerator: Number of PWID who report using sterile injecting equipment the last time they injected drugs.</p> <p>Denominator: Number of PWID who report injecting drugs in the last month</p> <p>Analysis: The distribution is provided by sex and age (up to 25 years of age and above 25 years of age).</p>	Biennial/ Behavioral surveillance among PWID	NCAP	90%
	Percentage of PWID who used condom at last sex	<p>Numerator: Number of PWID who reported condom use at last sex</p> <p>Denominator: Number of PWID who had sexual intercourse in the past 30 days</p> <p>Analysis: The distribution is provided by sex and age (15-19, 20-24, and 25-49 years of age).</p>	Biennial/ Behavioral surveillance among PWID	NCAP	60%
	Percentage of PWID who have knowledge on HIV prevention	<p>Numerator: Number of PWID who gave the correct answers to all five questions:</p> <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person? 5. Can a person get HIV by sharing a meal with someone who is infected? 	Biennial/ Behavioural surveillance among PWID	NCAP	60%

	<p>Denominator: Number of PWID who gave answers, including “don’t know”, to all five questions.</p> <p>Analysis: The distribution is provided by sex and age.</p>			
Coverage of HIV prevention programmes among PWID	<p>Numerator: Number of PWID who replied “yes” to all three questions:</p> <ol style="list-style-type: none"> 1. Do you know where you can go if you wish to receive an HIV test? 2. In the last twelve months, have you been given condoms (e.g. through an outreach service)? 3. In the last twelve months, have you been given sterile needles and syringes (e.g. by an outreach worker, a peer educator or from a needle exchange programme)? <p>Denominator: Total number of PWID surveyed</p> <p>Analysis: The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age)</p> <p>In addition obtain scores for each of the individual questions - based on the same denominator - in order to calculate the score for the composite indicator.</p>	Biennial/Behavioural surveillance among PWID	NCAP	35%
Percentage of PWID who have received an HIV test in the past 12 months and know their results	<p>Numerator: Number of PWID who reporting being tested for HIV during the last 12 months and who know the results</p> <p>Denominator: Total number of PWID included in the sample</p>	Biennial/Behavioral surveillance among PWID	NCAP	36%

		<i>Analysis:</i> The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age).			
Strategy 2. Reduction in HIV infection through sex work	HIV prevalence among SWs	<i>Numerator:</i> Number of SWs who test HIV positive <i>Denominator:</i> Number of SWs tested for HIV <i>Analysis:</i> The distribution is provided by age (up to 25 years of age and above 25 years of age).	Biennial/Biological surveillance among SWs	NCAP	National - <2% Yerevan - <2%
	Percentage of SWs reporting the use of a condom with their most recent client	<i>Numerator:</i> Number of SWs who reported that a condom was used with their last client <i>Denominator:</i> Number of SWs who reported having commercial sex in the last 12 months <i>Analysis:</i> Data for this indicator should be disaggregated by sex and age (up to 25 years of age and above 25 years of age).	Biennial/Behavioral surveillance among SWs	NCAP	95%
	Percentage of SWs who have knowledge on HIV prevention	<i>Numerator:</i> Number of SWs who gave the correct answers to all five questions: 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person? 5. Can a person get HIV by sharing a meal with someone who is infected?	Biennial/Behavioral surveillance among SWs	NCAP	64%

		<p>Denominator: Number of SWs who gave answers, including “don’t know”, to all five questions</p> <p>Analysis: The distribution is provided by age (up to 25 years of age and above 25 years of age)</p> <p>In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).</p>			
Coverage of HIV prevention programmes among sex workers	<p>Numerator: Number of SWs who replied “yes” to both questions:</p> <ol style="list-style-type: none"> 1. Do you know where you can go if you wish to receive an HIV test? 2. In the last twelve months, have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)? <p>Denominator: Total number of SWs surveyed</p> <p>Analysis: The breakdown is provided by age (up to 25 years of age and above 25 years of age).</p> <p>In addition obtain scores for each of the individual questions - based on the same denominator - in order to calculate the score for the composite indicator.</p>	Biennial/Behavioral surveillance among SWs	NCAP	60%	

	Percentage of sex workers who have received an HIV test in the past 12 months and know their results	<p>Numerator: Number of SWs who report being tested for HIV during the last 12 months and who know the results</p> <p>Denominator: Total number of SWs included in the sample</p> <p>Analysis: The breakdown is provided by age (up to 25 years of age and above 25 years of age).</p>	Biennial/Behavioral surveillance among SWs	NCAP	36%
Strategy 3. Reduction in HIV infection through MSM contact	HIV prevalence among MSM	<p>Numerator: Number of MSM who test HIV positive</p> <p>Denominator: Number of MSM tested for HIV</p> <p>Analysis: The distribution is provided by age (up to 25 years of age and above 25 years of age).</p>	Biennial/Biological surveillance among MSM	NCAP	National - <2% Yerevan - <2%
	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	<p>Numerator: Number of MSM who reported that a condom was used the last time they had anal sex</p> <p>Denominator: Number of MSM who reported having had anal sex with a male partner¹⁰ in the last six months</p> <p>Analysis: The distribution is provided by age (up to 25 years of age and above 25 years of age)</p>	Biennial/Behavioral surveillance among MSM	NCAP	75%
	Percentage of MSM who have knowledge on HIV prevention	<p>Numerator: Number of MSM who gave the correct answers to all five questions:</p> <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of 	Biennial/Behavioral surveillance among MSM	NCAP	60%

		<p>HIV transmission?</p> <p>3. Can a healthy-looking person have HIV?</p> <p>4. Can a person get HIV through shaking hands with an HIV-infected person?</p> <p>5. Can a person get HIV by sharing a meal with someone who is infected?</p> <p>Denominator: Number of MSM who gave answers, including “don’t know”, to all five questions</p> <p>Analysis: The distribution is provided by age (up to 25 years of age and above 25 years of age)</p> <p>In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).</p>			
	Coverage of HIV prevention programmes among MSM	<p>Numerator: Number of MSM who replied “yes” to both questions:</p> <p>1. Do you know where you can go if you wish to receive an HIV test?</p> <p>2. In the last twelve months, have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)?</p> <p>Denominator: Total number of MSM surveyed</p> <p>Analysis: The breakdown is provided by age (up to 25 years of age and above 25 years of age)</p> <p>In addition to the value of the composite</p>	Biennial/Behavioural surveillance among MSM	NCAP	70%

		indicator, it is required to obtain scores for each question (based on the same denominator).			
	Percentage of MSM who have received an HIV test in the past 12 months and know their results	<p>Numerator: Number of MSM who report being tested for HIV during the last 12 months and who know the results</p> <p>Denominator: Total number of MSM included in the sample</p> <p>Analysis: The breakdown is provided by age (up to 25 years of age and above 25 years of age).</p>	Biennial/Behavioural surveillance among MSM	NCAP	60%
Strategy 4. Reduction in HIV infection among migrants	Extent of HIV infection among migrants	<p>Numerator: Number of HIV positive cases probably infected outside of Armenia</p> <p>Denominator: Total number of registered cases in the past 12 months</p> <p>Analysis: The breakdown is provided by age (15-19, 20-24, and 25-49 years of age), sex, modes of transmission and probable country of infection.</p>	Annual/HIV registers	NCAP	60%
	Percentage of migrants reporting condom use at last sex	<p>Numerator: Number of migrants (aged 15-49) who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex</p> <p>Denominator: Number of migrants (15–49) who reported having had more than one sexual partner in the last 12 months</p> <p>Analysis: The indicator is disaggregated by the sex and age (15–19, 20-24, and 25-49 years of age).</p>	Biennial/Behavioural surveillance among migrants	NCAP	40%

	<p>Percentage of migrants who have knowledge on HIV prevention</p>	<p>Numerator: Number of migrants who gave the correct answers to all five questions:</p> <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person? 5. Can a person get HIV by sharing a meal with someone who is infected? <p>Denominator: Number of migrants who gave answers, including “don’t know”, to all five questions</p> <p>Analysis: The distribution is provided by sex and age (up to 25 years of age and above 25 years of age).</p> <p>In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).</p>	<p>Biennial/Behavioural surveillance among migrants</p>	<p>NCAP</p>	<p>40%</p>
	<p>Percentage of migrants who have received an HIV test in the past 12 months and know their results</p>	<p>Numerator: Number of migrants who report being tested for HIV during the last 12 months and who know the results</p> <p>Denominator: Total number of migrants included in the sample</p> <p>Analysis: The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age).</p>	<p>Biennial/Behavioural surveillance among migrants</p>	<p>NCAP</p>	<p>40%</p>

Strategy 5. HIV prevention among other vulnerable populations (including prisoners, refugees, and especially vulnerable young people)	HIV prevalence among prisoners	<p>Numerator: Number of prisoners who test positive</p> <p>Denominator: Number of prisoners tested for HIV</p> <p>Analysis: The distribution is provided by sex and age (up to 25 years of age and above 25 years of age).</p>	Annual/Reporting Form N88	NCAP	<2%
	Percentage of prisoners who have knowledge on HIV prevention	<p>Numerator: Number of prisoners who gave the correct answers to all five questions:</p> <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person? 5. Can a person get HIV by sharing a meal with someone who is infected? <p>Denominator: Number of prisoners who gave answers, including “don’t know”, to all five questions</p> <p>Analysis: The distribution is provided by sex and age (up to 25 years of age and above 25 years of age).</p> <p>In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).</p>	Biennial/Behavioural surveillance among prisoners	NCAP	60%

	Percentage of prisoners reporting condom use at last sex	<p>Numerator: Number of prisoners (aged 15-49) who reported that a condom was used the last time they had sex</p> <p>Denominator: Number of prisoners (15-49) who reported having had more than one sexual partner in the last 12 months</p> <p>Analysis: The distribution is provided by sex and age (15–19, 20–24 and 25–49 years of age).</p>	Biennial/Behavioural surveillance among prisoners	NCAP	50%
	Percentage of prisoners who have received an HIV test in the past 12 months and know their results	<p>Numerator: Number of prisoners who have received an HIV test in the past 12 months and know their results</p> <p>Denominator: Total number of prisoners included in the sample</p> <p>Analysis: The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age).</p>	Biennial/Behavioural surveillance among prisoners	NCAP	60%
	Percentage of young people aged 15-24 reporting condom use at last sex	<p>Numerator: Number of young women and men aged 15-24 who report condom use at last sex</p> <p>Denominator: Number of young women and men aged 15-24 who had sex in the last 30 days</p> <p>Analysis: The breakdown is provided by sex and age (15-19 and 20-24 years of age)</p>	Biennial/Behavioural surveillance among young people	NCAP	85%
	Percentage of young people aged 15-24 who have knowledge on HIV prevention	<p>Numerator: Number of young people aged 15-24 years who gave the correct answer to all five questions:</p> <p>1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV</p>	Biennial/Behavioural surveillance among young people	NCAP	50%

		<p>transmission?</p> <p>2. Can using condoms reduce the risk of HIV transmission?</p> <p>3. Can a healthy-looking person have HIV?</p> <p>4. Can a person get HIV through shaking hands with an HIV-infected person?</p> <p>5. Can a person get HIV by sharing a meal with someone who is infected?</p> <p>Denominator: Number of all respondents aged 15-24</p> <p>Analysis: The breakdown is provided by sex and age (15-19 and 20-24 years of age).</p>			
	HIV prevalence among young people aged 15-24	<p>Numerator: Number of pregnant women attending healthcare facilities and tested for HIV whose HIV test results were positive</p> <p>Denominator: Number of pregnant women attending healthcare facilities tested for HIV</p> <p>Analysis: The breakdown is provided by age (15-19 and 20-24 years of age).</p>	Annual/Reporting Form N88	NCAP	<0.1%
Strategy 7. Reduction of heterosexual transmission of HIV	Percentage of tested reported regular partners of people diagnosed with HIV	<p>Numerator: Number of regular partners of people diagnosed with HIV, tested for HIV</p> <p>Denominator: Number of people diagnosed with HIV, who reported having at least one regular partner</p> <p>Analysis: The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age).</p>	Annual/HIV surveillance registers	NCAP	75%
	Percentage of pregnant women received HIV testing	<p>Numerator: Number of pregnant women attending healthcare facilities who were tested for HIV</p>	Annual/Reporting Form N88/Republican	NCAP	95%

		<p>Denominator: Number of pregnant women attending healthcare facilities</p> <p>Analysis: The breakdown is provided by age (15-19 and 20-24 years of age).</p>	Healthcare Information analytical Center		
	Percentage of donated blood samples tested for HIV	<p>Numerator: Number of donated blood units screened for HIV in a quality assured manner</p> <p>Denominator: Total number of blood units donated in the country</p>	Annual/Reporting Form N88/Republican Healthcare Information analytical Center	NCAP	100%
	Percentage of registered PLHIV enrolled in HIV care	<p>Numerator: Number of adults and children with HIV seen at NCAP at least once (one or more times) during the reporting year</p> <p>Denominator: Cumulative number of people diagnosed with HIV and registered in the HIV/AIDS surveillance register who were still alive (if available) at the end of the reporting period</p> <p>Analysis: This indicator is disaggregated by sex and age (up to 15 years of age and above 15 years of age).</p>	Annual/HIV/AIDS registers	NCAP	85%
Strategy 1. Ensure access to ART for people living with HIV	Percentage of registered adults and children with HIV eligible for ART who are receiving ART at the end of the reporting year	<p>Numerator: Number of adults and children with HIV eligible for ART receiving ART at the end of the reporting year</p> <p>Denominator: Estimated number of adults and children with HIV infection who are eligible for ART</p> <p>Analysis: This indicator is disaggregated by sex and age (up to 15 years of age and above 15 years of age).</p>	Annual/HIV/AIDS treatment registers and Spectrum	NCAP	1110

	Percentage of PLHIV to be on treatment 12 months after initiation of ART	<p>Numerator: Number of adults and children who are still alive and on antiretroviral therapy at 12 months after initiating treatment</p> <p>Denominator: Total number of adults and children who initiated antiretroviral therapy who were expected to achieve 12-month outcomes within the reporting period, including those who have died since starting therapy, those who have stopped therapy, and those recorded as lost to follow-up at month 12</p> <p>Analysis: This indicator is disaggregated by sex and age (up to 15 years of age and above 15 years of age).</p>	Annual/HIV/AIDS treatment registers	NCAP	85%
	Percentage of PLHIV on ART who have undetectable viral load	<p>Numerator: Number of PLHIV on ART who have undetectable viral load</p> <p>Denominator: Number of PLHIV on ART</p> <p>Analysis: This indicator is disaggregated by age (up to 15 years of age and above 15 years of age), sex and ART regimen.</p>	Annual/HIV/AIDS treatment registers	NCAP	90%
	Percentage of people with HIV infection who already need antiretroviral treatment at the time of diagnosis	<p>Numerator: Number of people diagnosed with HIV infection who already require antiretroviral therapy at the time of diagnosis</p> <p>Denominator: Number of people who are newly diagnosed with HIV infection</p> <p>Analysis: This indicator is disaggregated by sex and age (up to 15 years of age and above 15 years of age).</p>	Annual/HIV/AIDS treatment registers	NCAP	>35%
	Percentage of	Numerator: Number of adults and children	Annual/HIV/AIDS	NCAP	TBD

	registered adults and children with HIV eligible for ART who are receiving ART and simultaneously initiated TB treatment during the reporting year	with HIV eligible for ART who are receiving ART and also initiated TB treatment during the reporting period Denominator: Estimated number of TB cases among patients with HIV Analysis: This indicator is disaggregated by sex and age (up to 15 years of age and above 15 years of age).	treatment registers		
Strategy 1. Increase efficiency and effectiveness of funding by maximising value	Summary of HIV/AIDS spending by categories and financing sources	National Funding Matrix Analysis: Domestic and international AIDS spending by categories and financing sources	Biennial/NASA	NCAP	TBD

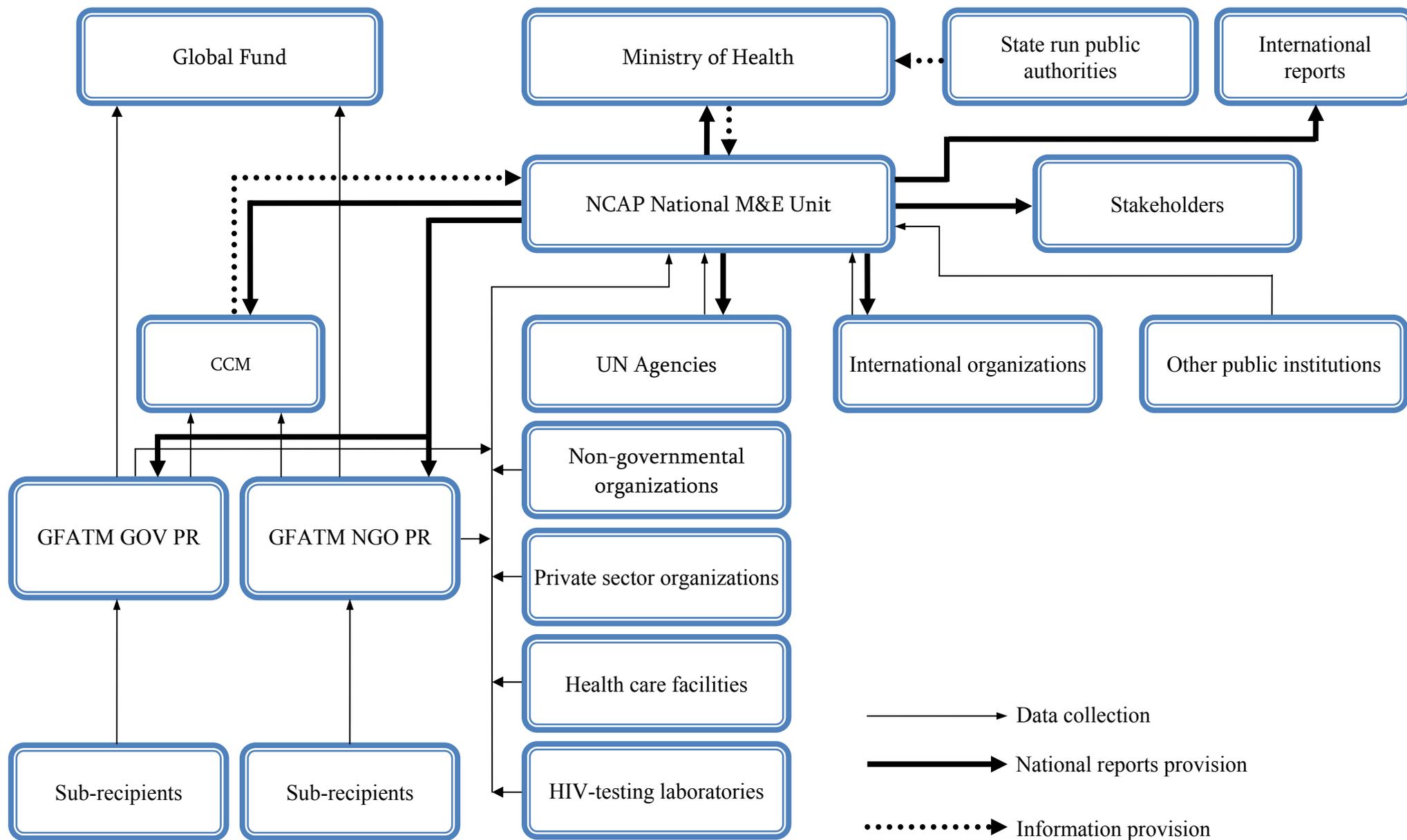
II. OPERATONAL PART OF M&E PLAN

14. Internationally, standards and guidelines have been developed for HIV and AIDS monitoring and evaluation systems. These have been documented in a series of M&E manuals: UNAIDS National AIDS Programs: A Guide to Monitoring and Evaluation (UNAIDS 2000); Monitoring the Declaration of Commitment on HIV and AIDS: Guidelines on Construction of Core Indicators (UNAIDS 2012); National AIDS Councils: Monitoring and Evaluation Operations Manual (UNAIDS/World Bank 2002), Organizational Framework for 12 components of a functional M&E system (UNAIDS 2007).
15. The M&E system shall be strengthened and prioritized for enhanced functionality and cost-efficiency around the public health approach.
16. A Public Health Questions Approach to HIV/AIDS Monitoring and Evaluation is presented below.

Are we doing them on a large enough scale?	Determining Effectiveness	OUTCOMES AND IMPACTS MONITORING	8. Are collective efforts being implemented on a large enough scale to impact the epidemic (coverage, impact) Biological and Behavioural Surveillance
Are we doing them right?	Monitoring and Evaluating National Programmes	OUTCOMES	7. Are interventions working/making a difference? Outcome Evaluation Study
		OUTPUTS	6. Are we implementing the programmes as planned? Outputs Monitoring
		ACTIVITIES	5. What are we doing? Are we doing it right? Process Monitoring and Evaluation, Quality Assessment
Are we doing the right things?	Understanding Potential Responses	INPUTS	4. What interventions and resources are needed? Needs, Resource, and Response Analysis and Input Monitoring
			3. What interventions can work (efficacy and effectiveness)? Are we doing the right things? Special studies, Operational and Formative researches
			2. What are the contributing factors? Determinants Research
Problem identification	1. What is the problem? Situation Analysis and Surveillance		

17. Levels of Monitoring and Evaluation are presented below.

Schematic representation of flows of data collection, provision of information and reports in the process of monitoring and evaluation of HIV activities



18. Data provided by institutions responsible for monitoring and evaluation of the Programme and frequency of reporting are presented in the Table below.

Institution	Provided data	Frequency of reporting
National Center for AIDS Prevention	Aggregated and validated of data per program sector	Quarterly
Ministry of Education and Science of the Republic of Armenia	Data from educational institutions, aggregated, validated	Annually
Ministry of Sport and Youth Affairs of the Republic of Armenia	Data on activities carried out among youth, aggregated, validated	Annually
Health Care Facilities	Reports on HIV counselling and testing	Quarterly
HIV testing laboratories	Reports on HIV testing	Monthly
GFATM GOV PR	Data on implemented activities, aggregated, validated	Quarterly
GFATM NGO PR	Data on implemented HIV prevention programmes, aggregated, validated	Quarterly
Criminal-Executive Department of the Ministry of Justice of the Republic of Armenia	Data on implemented activities, aggregated, validated	Annually
Republican Narcological Dispensary	Data on implemented activities, aggregated, validated	Annually
National Blood Transfusion Center	Data on implemented activities, aggregated, validated	Annually
Other public institutions	Data on implemented activities, aggregated, validated	Annually
UN Agencies	Data on implemented activities, aggregated, validated	Annually
International organizations	Data on implemented activities, aggregated, validated	Annually
Private sector organizations	Data on implemented activities, aggregated, validated	Annually
Donor organizations	Information by types of assistance and implementers	Annually

19. The M&E Plan Framework was developed based on the following guiding principles:

- 1) **Mainstreaming:** M&E is mainstreamed/integrated into all HIV/AIDS programmes and interventions in the country.
- 2) **Integration:** National and routine indicators for monitoring the national response will be integrated into the national M&E database.
- 3) **Simplicity:** The ease in which data are collected, analysed, and reported remains crucial.
- 4) **Action Orientation:** Data collected must be used for programmatic and technical decision making. There must be a direct link between data collection, analysis, reporting, and decision making at all levels of HIV/AIDS interventions.

- 5) **Transparency and Accountability:** M&E of the national response to HIV/AIDS has to be open and participatory for stakeholders and participants at all levels. The national monitoring and evaluation system should be a unified and comprehensive system satisfying the information needs of all parties.
20. The Data Sources for National Indicators as follows:
- 1) Data sources for indicators that will be measured by surveys (outcome and impact indicators and outcome/impact data sources);
 - 2) Data sources for indicators that will be measured using continuously monitored program outputs (output indicators and output data sources).
21. The Data Sources by Programme Area are as follows:
- 1) HIV Testing and Counselling:
 - a. Administrative statistics
 - b. Reports on HIV tests
 - c. Reports on donated blood samples
 - d. Reports on newly registered HIV cases
 - e. Reports from institutions providing HIV testing and counselling
 - f. Survey data.
 - 2) Prevention of mother-to-child HIV transmission:
 - a. Administrative statistics
 - b. Reports on HIV tests
 - c. ARV treatment registers.
 - 3) ARV treatment:
 - a. ARV treatment registers
 - b. Survey data.
 - 4) General population behaviour:
 - a. Survey data (Behavioural surveillance)
 - b. DHS.
 - 5) Key populations at higher risk:
 - a. Administrative statistics
 - b. Reports from institutions implementing programmes
 - c. Biological and behavioural surveillance
 - d. Survey data.
22. The routine statistics data are collected by NCAP of the Ministry of Health of the Republic of Armenia. The information about the work of all HIV testing laboratories countrywide is collected. Monthly and annual statistical reports are submitted to NCAP. The received reports on the results of performed HIV tests include information about the contingent of those tested (including pregnant women, infants born to HIV-infected women, PWID, MSM, donors, etc.). The information is provided according to sex, age, place of residence (the capital, other cities, villages), number of those tested and number of performed tests. The data aggregated by NCAP is submitted, quarterly

(cumulative) and annually, to the National Health Care Information Analytic Center, the National Statistical Service and the State Hygiene and Anti-Epidemiological Surveillance Inspection of MoH of the Republic of Armenia. NCAP has information about the quantity, geographic location and distribution of all HIV counselling and testing institutions and provides methodological support and technical assistance to them. Counselling and testing sites submit monthly and annual reports to NCAP.

23. The NCAP laboratory is the only reference laboratory in the country, making the final HIV diagnosis and performing laboratory testing necessary for ARV treatment monitoring.
24. The data on epidemiological situation and ARV treatment monitoring are collected at the NCAP Surveillance Department and Medical Care Department and reported to the NCAP National M&E Unit.
25. HIV routine surveillance can be defined as a continuous process of collecting and analyzing data about new HIV/AIDS cases, epidemiological high risk behaviours that favours the appearance and spread of the infection in human population, development and dissemination of information for actions.
26. Information on newly registered HIV and AIDS cases is provided by NCAP to the Center of Disease Control of the MoH of the Republic of Armenia. Information on HIV/TB, HIV/Hepatitis B, HIV/Hepatitis C co infection cases is being reported to the State Hygienic and Antiepidemiological Inspection of the MoH of the Republic of Armenia on quarterly basis. The M&E Unit monthly updates data on the epidemiological situation in the Republic of Armenia and put on a www.armaids.am website.
27. The table below presents the guidelines for reports on periodic monitoring at both local and national levels of the implementation process of programmes and interventions, their proper scopes and quantitative and qualitative characteristics of services provided.

Type of data	Provided programme data	Source of data	Frequency of data collection	Receiving party
General programme information	Site Duration Total budget Programme objectives Beneficiaries/target groups	Programme proposal forms	At the beginning of the programme	NCAP
Inputs	Financial number of staff Material-technical provisions Capacity building	Programme reports	Annual	NCAP
Actions	Effectiveness/quality of services provided Input issues	Programme reports	Annual	NCAP

Activities	Type and quantity of services provided Number of beneficiaries reached by programmes Capacity building/number of trained personnel	Programme reports	Annual	NCAP
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28. Monitoring of the projects implemented within the framework of the GFATM-supported “Support to the National Programme on the Response to the HIV Epidemic in the Republic of Armenia” is conducted by the Principal Recipient (PR) of this programme. The projects implemented within the framework of the GFATM-supported programme submit quarterly and annual reports to PR. The PR aggregates the submitted reports, prepares consolidated report and submits it to CCM and GFATM.
29. Organizations, institutions implementing programmes are responsible for the implementation of programmes’ monitoring and evaluation and the submission of reports on received data. The quality of data in terms of completeness, timeliness, comprehensiveness and accuracy is checked during field visits of the M&E specialists from the PR.
30. Collection of the programme data related to the activities implemented within the framework of the National Programme on the Response to the HIV Epidemic in the Republic of Armenia will be done in accordance with the mechanisms for collecting programme data. Monitoring of programmes financed by the Global Fund will be done based on the GF M&E guidelines. The given reporting system, created following the need to report on the Global Fund grants, is embedded ad literal within the national M&E system’s reporting mechanisms.
31. The organizations implementing programmes outside the GFATM-supported programmes will periodically provide the NCAP M&E Unit with the required data in accordance with the defined timetable.
32. The received data will be entered into computers and processed with the corresponding software by the NCAP National M&E Unit.
33. HIV Surveillance includes:
 - 1) Biological and behavioural surveillance on HIV infection:
 - a. Biological and behavioural HIV surveillance is regularly conducted to measure HIV prevalence, to monitor the epidemic trends over time.
 - b. Second generation surveillance system allows obtaining information that is most useful in reducing the spread of HIV, in better understanding the epidemic trends over time, in providing treatment and care for people living with HIV.
 - c. The goal of biological HIV surveillance is to assess HIV prevalence among most-at-risk populations.

- d. Behavioural HIV surveillance is conducted to identify behaviours driving HIV transmission, and to assess the level of knowledge on HIV prevention.
- e. Also, the specific uses of biological and behavioural HIV surveillance are to evaluate the success of conducted preventive activities, to design and introduce effective preventive programmes.
- f. HIV biological and behavioural surveillance is conducted biennially, in accordance with the HIV Surveillance National Protocol and Operational Manual, approved by the order of the Minister of Health of the Republic of Armenia. The HIV Surveillance National Protocol and Operational Manual define the criteria for selection of sentinel populations and sites, sample sizes, methods of collecting blood specimens for laboratory testing, procedures of samples transportation and storage, methods of HIV surveillance, and of the obtained data processing and analysis.
- g. NCAP of the Ministry of Health of Armenia provides methodological management and supervision for the HIV surveillance activities.

2) Epidemiologic Estimates:

- a. Armenia has developed a series of national estimates of the HIV epidemic, based on the best available data and internationally-recommended tools and methods. Among important estimations efforts undertaken by Armenia, there are estimations of sizes of key populations at higher risk, estimations of incidence and prevalence (used by Spectrum), estimation of probable Modes of Transmission. Estimations of sizes of key populations at higher risk and other estimations and projections are planned on a regular basis. Subsequent estimations and projections will be coordinated and implemented by the NCAP.
33. The Demographic and Health Survey (DHS) is a robust methodology for tracking changes in knowledge and behaviour at a national level. In Armenia, this survey has been conducted in 2000, 2005 and 2010.
34. Operational research is a systematic and objective assessment of the availability, accessibility, quality, and/or sustainability of services designed to improve service delivery.
35. The HIV surveillance should be complemented by surveys conducted in relevant areas, such as STIs, viral hepatitis B, viral hepatitis C, reproductive health of the population, social factors driving the epidemic. The table below presents the Guidelines for data collection on special and scientific studies of the national M&E system.

Types of data/collected information	Timeframe of data collection	Recipient
Main purpose of the survey	Beginning of the survey	NCAP
Site	Beginning of the survey	NCAP
Survey population (target population)	Beginning of the survey	NCAP
Guidelines for survey (method, sample size, etc.)	Beginning of the survey	NCAP
Main results	At the end of the survey	NCAP

Types of data/collected information	Timeframe of data collection	Recipient
Main conclusions and recommendations	At the end of the survey	NCAP
Overall report of the survey	At the end of the survey	NCAP

36. Currently, the main sources of data collection of financial monitoring are donor organizations. The NASA (National AIDS Spending Assessment) software offered by UNAIDS will be introduced for financial monitoring purposes. A working group will be established and the corresponding guidelines will be drafted.
37. The national database integrates data from pre-existing reporting systems and is a unique platform of data presentation to avoid double reporting, ensures data transparency, provides for national level validation, and limited editing access to ensure data security. The national database will include all the national monitoring and evaluation indicators and will be managed by the National Center for AIDS Prevention.
38. The below mentioned functional areas and components are crucial for the data quality assurance system:

1. Functional Areas		2. Components	
I	M&E Capabilities, Roles and Responsibilities	1	Key M&E and data-management staff are identified with clearly assigned responsibilities
II	Training	2	The majority of key M&E and data-management staff have received the required training
III	Data reporting requirements	3	The Program/Project has clearly documented (in writing) what is reported to who, and how and when reporting is required
IV	Indicator definitions	4	There are operational indicator definitions meeting relevant standards and are they systematically followed by all service points
		5	There are standard data-collection and reporting forms that are systematically used
		6	Source documents are kept and made available in accordance with a written policy
VI	Data Management Processes	7	Clear documentation of collection, aggregation and manipulation steps exist
		8	Data quality challenges are identified and mechanisms are in place for addressing them
		9	There are clearly defined and followed procedures to identify and reconcile discrepancies in reports
		10	There are clearly defined and followed procedures to periodically verify source data

VIII	Links with National M&E System data depository	11	The data collection and reporting system of the Program/Project links to the National M&E System database
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39. Supportive supervision from M&E Unit will include oversight and directing the performance of subordinated institutions and transfer of knowledge, attitudes and skills. Supportive supervision will be carried out rotationally on different samples of service providers (the list is drawn up at the beginning of each year) and will be used as a mechanism for strengthening local monitoring and evaluation capacities.
40. Supportive supervision and oversight in M&E aim to: incorporate on-the-job training and personal growth at all levels that have M&E functions; ensure quality of routine data collection at facility and community-based HIV service delivery levels; ensure consistency and timeliness of reporting; standardize reporting to avoid overburdening; develop mechanisms for regular monitoring and supervision and follow-up on feedback.
41. Data auditing is the process of verifying the completeness and accuracy of a selection of HIV output/programme monitoring forms through: field visits to the organisations that submitted the forms; checking the quality of raw data kept by the reporting organisation by examining the daily records used to complete the output monitoring form for a specific reporting period; and comparing the output monitoring form data against the raw data.
42. The Data Quality Assurance Protocol aims to verify that appropriate data management systems are in place, to verify the quality of reported data for key indicator, to contribute to improvements in M&E through systems strengthening and capacity building.
43. Data auditing is the process undertaken along the following stages: self-assessment and process assessment, verification and validation, internal audit, external audit.
44. Audits shall be undertaken on an annual basis at randomly selected sites and for selected indicators. These audits will be based on a five step process:
- 1) **Description:** Describe the connection between the delivery of services/commodities and the completion of the source document that records that service delivery.
 - 2) **Documentation Review:** Review availability and completeness of all indicator source documents for the selected reporting period.
 - 3) **Trace and Verification of reported numbers:** Recount the reported numbers from available source documents, compare the verified numbers to the site reported number, identify reasons for any differences.
 - 4) **Cross-checks (if feasible): Perform** “cross-checks” of the verified report totals with other data-sources.
 - 5) **Spot checks (if feasible): Perform** “spot checks” to verify the actual delivery of services or commodities to the target populations.

45. The evaluation and research agenda includes:
- 1) Priority evaluation and research topics:
 - a. determining the share of heterosexually or homosexually acquired HIV infection among men;
 - b. studying the factors driving adolescents to adopt risky behaviours;
 - c. description of linkages to care, the care/treatment experience, and survival after HIV diagnosis;
 - d. ARV treatment adherence study.
 - 2) Final program evaluation, which aims at evaluating the results of the Programme depending on the expected values for each indicator, as well as on the interventions that make up the national response as per the given program cycle, in order to see if those are adequate, relevant, effective, efficient.
46. The main informational materials providing through the national M&E Unit are presented in the table below.

N	Informational Materials	Frequency	Information Provision
1.	The national annual report on HIV/AIDS	Annual	All stakeholders
2.	Report on special and scientific surveys	Annual	All stakeholders, researchers, scientific institutions
3.	UNGASS Country Progress Report, “Towards Universal Access” Progress Report, Dublin Declaration Progress Report	Biennial	UNAIDS, all stakeholders
4.	Report on NASA	Biennial	All stakeholders
5.	Other target informational materials	As necessary	All stakeholders

47. Data will be disseminated to stakeholders through the following strategies: emailing of reports, NCAP website-based reports, HIV and AIDS M&E dissemination workshops, dissemination through the media.
48. Capacity Building Strategy will be developed for the management of HIV/AIDS M&E System. It shall be structured around the capacity needs and gaps of the key stakeholders, and shall include skills, knowledge and capacities needed at the system, organizational and individual level.
49. A database of training events in M&E, trained resources and facilitators shall be maintained by the NCAP M&E Unit.
50. The National M&E Unit will identify the gaps in existing capacities and will ask for internal and external technical assistance. The UNAIDS will act as a broker, facilitating the access to necessary technical assistance and providing it by making use of its either internal or external capacity, depending on the needs and topic.
51. The description of the National M&E HIV/AIDS Indicators is presented in the table below.

1)

Indicator	The percent of respondents expressing accepting attitudes towards PLHIV
Purpose	Promote human rights and gender equity pertaining to risk and social issues related to HIV
Frequency	Every five years
Responsibility	National Statistical Service
Measurement tool/ Source of data	Demographic and Health Survey
Method	Surveys conducted among the general population
Numerator	The number of respondents who report on accepting or supportive attitude on all four component questions: <ol style="list-style-type: none"> 1. If a member of your family became sick with the AIDS, would you be willing to care for him or her in your household? 2. If you knew that a shopkeeper or food seller had HIV, would you buy fresh vegetables from them? 3. If a teacher has HIV but is not sick, should she be allowed to continue teaching at the school? 4. If a member of your family became infected with HIV, would you want it to remain a secret?
Denominator	Total number of respondents who have heard of HIV/AIDS
Disaggregation	The distribution is provided by sex and age (up to 25 years of age and above 25 years of age)
Interpretation	Methodologically, this is a relatively easy way to construct an indicator of attitudes to PLHIV. A low score on the indicator is a fairly sound indication of high levels of stigma, and for that reason alone it is worth measuring. There are, however, difficulties in interpreting indicators based on hypothetical questions, and a high score on the indicator is harder to understand. It could mean there is little real stigma attached to HIV. Or it could mean that people know they should not discriminate, and therefore report accepting attitudes.

2)

Indicator	HIV prevalence among PWID
Purpose	Reduction in HIV infection through injecting drug use
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Biological surveillance among PWID
Method	Biological and behavioural surveillance among PWID
Numerator	Number of PWID who test positive
Denominator	Number of PWID tested for HIV
Disaggregation	The distribution is provided by sex and age (up to 25 years of age and above 25 years of age)
Interpretation	To identify trends in HIV prevalence among people who inject drugs such it is important to use consistent sites when conducting the surveys.

3)

Indicator	Percentage of PWID who reported using sterile injecting equipment the last time they injected
Purpose	Reduction in HIV infection through injecting drug use
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among PWID
Method	Respondents are asked the following questions: 1. Have you injected drugs at any time in the last month? 2. If yes: The last time you injected drugs, did you use a sterile needle and syringe?
Numerator	Number of PWID who report using sterile injecting equipment the last time they injected drugs
Denominator	Number of PWID who report injecting drugs in the last month
Disaggregation	The distribution is provided by sex and age (up to 25 years of age and above 25 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

4)

Indicator	Percentage of prisoners reporting condom use at last sex
Purpose	Reduction in HIV infection among prisoners
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among prisoners
Method	Behavioural surveillance
Numerator	Number of prisoners (aged 15-49) who reported that a condom was used the last time they had sex
Denominator	Number of prisoners aged 15-49 who had sex in the last 30 days
Disaggregation	The breakdown is provided by sex and age (15-19, 20-24 and 25-49 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

5)

Indicator	Percentage of PWID who have knowledge on HIV prevention
Purpose	Reduction in HIV infection through injecting drug use
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among PWID
Method	Behavioural surveillance
Numerator	Number of PWID who gave the correct answers to all five questions: <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person? 5. Can a person get HIV by sharing a meal with someone who is infected?
Denominator	Number of PWID who gave answers, including “don’t know”, to all five questions
Disaggregation	The distribution is provided by sex and age (up to 25 years of age and above 25 years of age). In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

6)

Indicator	Coverage of HIV prevention programmes among PWID
Purpose	Reduction in HIV infection through injecting drug use
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among PWID
Method	Behavioural surveillance
Numerator	Number of PWID who replied “yes” to all three questions: <ol style="list-style-type: none"> 1. Do you know where you can go if you wish to receive an HIV test? 2. In the last twelve months, have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)? 3. In the last twelve months, have you been given sterile needles and syringes (e.g. by an outreach worker, a peer educator or from a needle exchange programme)?
Denominator	Total number of PWID surveyed

Disaggregation	The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age). In addition obtain scores for each of the individual questions - based on the same denominator - in order to calculate the score for the composite indicator.
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

7)

Indicator	Percentage of PWID who have received an HIV test in the past 12 months and know their results
Purpose	Reduction in HIV infection through injecting drug use
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among PWID
Method	Behavioural surveillance
Numerator	Number of PWID who have been tested for HIV during the last 12 months and who know the results
Denominator	Total number of PWID included in the sample
Disaggregation	The distribution is provided by sex and age (up to 25 years of age and above 25 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

8)

Indicator	HIV prevalence among SWs
Purpose	Reduction in HIV infection through sex work
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Biological surveillance among SWs
Method	Biological surveillance among SWs
Numerator	Number of SWs who test HIV positive
Denominator	Number of SWs tested for HIV
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age)
Interpretation	To identify trends in HIV prevalence among sex workers it is important to use consistent sites when conducting the surveys.

9)

Indicator	Percentage of sex workers reporting the use of a condom with their most recent client
Purpose	Reduction in HIV infection through sex work
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among SWs
Method	Behavioural surveillance
Numerator	Number of SWs who reported that a condom was used with their last client during the last 12 months
Denominator	Number of SWs who reported having commercial sex in the last 12 months
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

10)

Indicator	Percentage of SWs who have knowledge on HIV prevention
Purpose	Reduction in HIV infection through sex work
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among SWs
Method	Behavioural surveillance
Numerator	Number of SWs who gave the correct answers to all five questions: <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person? 5. Can a person get HIV by sharing a meal with someone who is infected?
Denominator	Number of SWs who gave answers, including “don’t know”, to all five questions
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age). In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

11)

Indicator	Coverage of HIV prevention programmes among sex workers
Purpose	Reduction in HIV infection through sex work
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among SWs
Method	Behavioural surveillance
Numerator	Number of SWs who replied “yes” to both questions: 1. Do you know where you can go if you wish to receive an HIV test? 2. In the last twelve months, have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)?
Denominator	Total number of SWs surveyed.
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age). In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

12)

Indicator	Percentage of sex workers who have received an HIV test in the past 12 months and know their results
Purpose	Reduction in HIV infection through sex work
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among SWs
Method	Behavioural surveillance
Numerator	Number of SWs who have been tested for HIV during the last 12 months and who know the results
Denominator	Total number of SWs included in the sample
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

13)

Indicator	HIV prevalence among MSM
Purpose	Reduction in HIV infection through MSM contact
Frequency	Biennial
Responsibility	NCAP

Measurement tool/ Source of data	Biological surveillance among MSM
Method	Biological surveillance among MSM
Numerator	Number of MSM who test positive
Denominator	Number of MSM tested for HIV
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age)
Interpretation	To identify trends in HIV prevalence among MSM it is important to use consistent sites when conducting the surveys.

14)

Indicator	Percentage of men reporting the use of a condom the last time they had anal sex with male partner
Purpose	Reduction in HIV infection through MSM contact
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among MSM
Method	Behavioural surveillance
Numerator	Number of MSM who reported that a condom was used the last time they had anal sex
Denominator	Number of MSM who reported having had anal sex with a male partner in the last six months
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

15)

Indicator	Percentage of MSM who have knowledge on HIV prevention
Purpose	Reduction in HIV infection through MSM contact
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among MSM
Method	Behavioural surveillance
Numerator	Number of MSM who gave the correct answers to all five questions: <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person?

	5. Can a person get HIV by sharing a meal with someone who is infected?
Denominator	Number of MSM who gave answers, including “don’t know”, to all five questions
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age). In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

16)

Indicator	Coverage of HIV prevention programmes among MSM
Purpose	Reduction in HIV infection through MSM contact
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among MSM
Method	Behavioural surveillance
Numerator	Number of MSM who replied “yes” to both questions: 1. Do you know where you can go if you wish to receive an HIV test? 2. In the last twelve months, have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)?
Denominator	Total number of MSM surveyed
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age). In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

17)

Indicator	Percentage of MSM who have received an HIV test in the past 12 months and know their results
Purpose	Reduction in HIV infection through MSM contact
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among MSM
Method	Behavioural surveillance
Numerator	Number of MSM who have been tested for HIV during the last 12 months and who know the results

Denominator	Total number of MSM included in the sample
Disaggregation	The distribution is provided by age (up to 25 years of age and above 25 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

18)

Indicator	Extent of HIV infection among migrants
Purpose	Reduction in HIV infection among migrants
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Annual HIV registers
Method	Programme monitoring
Numerator	Number of HIV positive cases probably infected outside of Armenia
Denominator	Total number of registered cases in the past 12 months
Disaggregation	The breakdown is provided by age (15-19, 20-24, and 25-49 years of age), sex, modes of transmission and probable country of infection.
Interpretation	

19)

Indicator	Percentage of migrants reporting the use of a condom the last time they had sex
Purpose	Reduction in HIV infection among migrants
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among migrants
Method	Behavioural surveillance
Numerator	Number of migrants (aged 15–49) who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex
Denominator	Number of migrants (15–49) who reported having had more than one sexual partner in the last 12 months
Disaggregation	The breakdown is provided by age (15-19, 20-24, and 25-49 years of age) and sex
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

20)

Indicator	Percentage of migrants who have knowledge on HIV prevention
Purpose	Reduction in HIV infection among migrants
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among migrants
Method	Behavioural surveillance
Numerator	Number of migrants who gave the correct answers to all five questions: <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person? 5. Can a person get HIV by sharing a meal with someone who is infected?
Denominator	Number of migrants who gave answers, including “don’t know”, to all five questions
Disaggregation	The distribution is provided by sex and age (up to 25 years of age and above 25 years of age). In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

21)

Indicator	Percentage of migrants who have received an HIV test in the past 12 months and know their results
Purpose	Reduction in HIV infection among migrants
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among migrants
Method	Behavioural surveillance
Numerator	Number of migrants who have been tested for HIV during the last 12 months and who know the results
Denominator	Total number of migrants included in the sample
Disaggregation	The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

22)

Indicator	HIV prevalence among prisoners
Purpose	Reduction in HIV infection among prisoners
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV surveillance /Reporting Form N.88
Method	The indicator is calculated based on the routine reports on HIV tests performed among prisoners. The information relates to data from the previous 12 months (January-December).
Numerator	Number of prisoners who test HIV positive in the past one year
Denominator	Number of prisoners tested for HIV in the past one year
Disaggregation	The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age)
Interpretation	Information on sample size, data quality/reliability, etc. should be integrated in the report on the indicator.

23)

Indicator	Percentage of prisoners who have knowledge on HIV prevention
Purpose	Reduction in HIV infection among prisoners
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among prisoners
Method	Behavioural surveillance
Numerator	Number of prisoners who gave the correct answers to all five questions: <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person? 5. Can a person get HIV by sharing a meal with someone who is infected?
Denominator	Number of prisoners who gave answers, including “don’t know”, to all five questions.
Disaggregation	The distribution is provided by sex and age (up to 25 years of age and above 25 years of age). In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

24)

Indicator	Percentage of prisoners reporting the use of a condom the last time they had sex
Purpose	Reduction in HIV infection among prisoners
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among prisoners
Method	Behavioural surveillance
Numerator	Number of prisoners (aged 15-49) who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex
Denominator	Number of prisoners (15-49) who reported having had more than one sexual partner in the last 12 months
Disaggregation	The breakdown is provided by sex and age (15-19, 20-24, and 25-49 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

25)

Indicator	Percentage of prisoners who have received an HIV test in the past 12 months and know their results
Purpose	Reduction in HIV infection among prisoners
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among prisoners
Method	Behavioural surveillance
Numerator	Number of prisoners who have been tested for HIV during the last 12 months and who know the results
Denominator	Total number of prisoners included in the sample
Disaggregation	The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

26)

Indicator	Percentage of young people aged 15-24 who have knowledge on HIV prevention
Purpose	Reduction in HIV infection among young women and men aged 15-24
Frequency	Biennial
Responsibility	NCAP

Measurement tool/ Source of data	Behavioural surveillance among young women and men aged 15-24
Method	Behavioural surveillance
Numerator	Number of respondents aged 15–24 years who gave the correct answer to all five questions: <ol style="list-style-type: none"> 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission? 2. Can using condoms reduce the risk of HIV transmission? 3. Can a healthy-looking person have HIV? 4. Can a person get HIV through shaking hands with an HIV-infected person? 5. Can a person get HIV by sharing a meal with someone who is infected?
Denominator	Number of respondents who gave answers, including “don’t know”, to all five questions.
Disaggregation	The distribution is provided by sex and age (15-19 and 20-24 years of age). In addition to the value of the composite indicator, it is required to obtain scores for each question (based on the same denominator).
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

27)

Indicator	Percentage of young women and men aged 15-24 reporting condom use at last sex
Purpose	Reduction in HIV infection among young women and men aged 15-24
Frequency	Biennial
Responsibility	NCAP
Measurement tool/ Source of data	Behavioural surveillance among young women and men aged 15-24
Method	Behavioural surveillance
Numerator	Number of young women and men aged 15-24 who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex
Denominator	Number of young women and men aged 15-24 who reported having had more than one sexual partner in the last 12 months
Disaggregation	The distribution is provided by sex and age (15-19 and 20-24 years of age)
Interpretation	The utility of these data can be maximized if the same sample used for the calculation of this indicator be used for the calculation of the other indicators related to these populations.

28)

Indicator	HIV prevalence among young people aged 15-24
Purpose	Reduction in HIV infection among young women and men aged 15-24
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV surveillance /Reporting Form N88
Method	Analysis of routine reports. The information relates to data from the previous 12 months (January-December)
Numerator	Number of pregnant women attending healthcare facilities and tested for HIV whose HIV test results are positive
Denominator	Number of pregnant women attending healthcare facilities tested for HIV
Disaggregation	The breakdown is provided by age (15-19 and 20-24 years of age).
Interpretation	

29)

Indicator	Percentage of tested reported regular partners of people diagnosed with HIV
Purpose	Reduction of heterosexual transmission of HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine surveillance/HIV/AIDS registers
Method	Analysis of routine reports
Numerator	Number of regular partners of people diagnosed with HIV, tested for HIV
Denominator	Number of people diagnosed with HIV, who reported having at least one regular partner
Disaggregation	The breakdown is provided by sex and age (up to 25 years of age and above 25 years of age).
Interpretation	

30)

Indicator	Number of pregnant women attending healthcare facilities who were tested for HIV
Purpose	Reduction of heterosexual transmission of HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV surveillance /Reporting Form N88
Method	Analysis of routine reports. The information relates to data from the previous 12 months (January-December)
Numerator	Number of pregnant women attending healthcare facilities who were tested for HIV
Denominator	Number of pregnant women attending healthcare facilities

Disaggregation	The breakdown is provided by age (15-19 and 20-24 years of age)
Interpretation	

31)

Indicator	Percentage of donated blood samples tested for HIV
Purpose	Reduction in HIV infection through donated blood
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV surveillance /Reporting Form N88
Method	Analysis of routine reports. The information relates to data from the previous 12 months (January-December).
Numerator	Number of donated blood units screened for HIV following the documented standard operating procedures in a quality assured manner in the laboratories performing screening of donated blood
Denominator	Total number of blood units donated in the country
Disaggregation	
Interpretation	The documented standard operating procedures for screening the donated blood samples and quality assurance should be taken into consideration while calculating the indicator.

32)

Indicator	Percentage of registered PLHIV enrolled in HIV care
Purpose	Reduction of heterosexual transmission of HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine surveillance/HIV/AIDS registers
Method	Analysis of routine reports. The information relates to data from the previous 12 months (January-December)
Numerator	Number of adults and children with HIV seen at NCAP at least once (one or more times) during the reporting year
Denominator	Cumulative number of adults and children diagnosed with HIV and registered in the HIV/AIDS surveillance register who were still alive (if available) at the end of the reporting period
Disaggregation	The breakdown is provided by sex and age (up to 15 years of age and above 15 years of age)
Interpretation	This indicator can further serve as the denominator for other indicators, such as the number of people receiving and needing ART and patients co-infected with TB or viral hepatitis who need screening, treatment and care for their condition.

33)

Indicator	Percentage of registered adults and children with HIV eligible for ART who are receiving antiretroviral therapy
Purpose	Ensure access to antiretroviral therapy for people living with HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV Surveillance /HIV/AIDS treatment registers and SPECTRUM
Method	Analysis of routine reports and HIV/AIDS registers. The information relates to data from the previous 12 months (January-December)
Numerator	Number of adults and children with HIV infection eligible for treatment receiving ART during the reporting year
Denominator	Estimated number of adults and children with HIV infection who are eligible for ART
Disaggregation	The breakdown is provided by sex and age (up to 15 years of age and above 15 years of age)
Interpretation	This indicator permits monitoring trends in ART coverage

34)

Indicator	Percentage of adults and children with HIV/AIDS to be on treatment 12 months after initiation of ART
Purpose	Ensure access to antiretroviral therapy for people living with HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV Surveillance /HIV/AIDS treatment registers
Method	Programme monitoring tools, ART register, cohort analysis forms
Numerator	Number of adults and children who are on antiretroviral therapy at 12 months after initiating treatment
Denominator	Total number of adults and children who initiated antiretroviral therapy who were expected to achieve 12-month outcomes within the reporting period, including those who have died since starting therapy, those who have stopped therapy, and those recorded as lost to follow-up at month 12
Disaggregation	The breakdown is provided by sex and age (up to 15 years of age and above 15 years of age)
Interpretation	In addition, the distribution of patients who are not on ART should be provided: dead, stopped, loss to follow up.

35)

Indicator	Percentage of PLHIV on ART who have undetectable viral load
Purpose	Ensure access to antiretroviral therapy for people living with HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV Surveillance /HIV/AIDS treatment registers
Method	Analysis of routine reports and HIV/AIDS treatment registers. The information relates to data on the patients on ART from the previous 12 months (January-December)
Numerator	Number of PLHIV on ART who have undetectable viral load
Denominator	Number of PLHIV on ART
Disaggregation	By age (up to 15 years of age and above 15 years of age), sex, ART regimen
Interpretation	This indicator provides information about HIV early diagnosis, which is important for providing efficiency and accessibility of ART.

36)

Indicator	Percentage of people with HIV infection who already need antiretroviral treatment at the time of diagnosis
Purpose	Ensure access to antiretroviral therapy for people living with HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV Surveillance /HIV/AIDS treatment registers
Method	Analysis of routine reports and HIV/AIDS treatment registers. The information relates to data from the previous 12 months (January-December)
Numerator	Number of people diagnosed with HIV infection that already require antiretroviral therapy at the time of diagnosis
Denominator	Number of people who are newly diagnosed with HIV infection
Disaggregation	The breakdown is provided by sex and age (up to 15 years of age and above 15 years of age)
Interpretation	This indicator provides information about HIV early diagnosis, which is important for providing efficiency and accessibility of ART.

37)

Indicator	Percentage of adults and children with advanced HIV infection who received ART and who simultaneously were started on TB treatment (in accordance with national TB programme guidelines), within the reporting year
Purpose	To measure progress in detecting and treating TB in people living with HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV Surveillance /HIV/AIDS treatment registers
Method	Analysis of routine reports and HIV/AIDS treatment registers
Numerator	Number of patients with advanced HIV infection who received ART who also were started on TB treatment within the reporting year
Denominator	Estimated number of incident TB cases in people living with HIV Annual estimates of the number of incident TB cases in people living with HIV in high TB burden countries are calculated by WHO and are available at: http://www.who.int/tb/country/en
Disaggregation	The breakdown is provided by sex and age (up to 15 years of age and above 15 years of age)
Interpretation	This indicator provides a measure of the extent to which collaboration between the national TB and HIV programmes is ensuring that people with HIV and TB disease are able to access appropriate treatment for both diseases.

38)

Indicator	Percentage of adults and children with advanced HIV infection who received ART and who were started on viral Hepatitis B treatment within the reporting year
Purpose	To measure progress in detecting and treating viral Hepatitis B in people living with HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV Surveillance /HIV/AIDS treatment registers
Method	Analysis of routine reports and HIV/AIDS treatment registers
Numerator	Number of patients with advanced HIV infection who received ART who also were started on viral Hepatitis B treatment within the reporting year
Denominator	Estimated number of incident viral Hepatitis B cases in people living with HIV
Disaggregation	The breakdown is provided by sex and age (up to 15 years of age and above 15 years of age).

39)

Indicator	Percentage of adults and children with advanced HIV infection who received ART and who were started on on viral Hepatitis C treatment within the reporting year
Purpose	To measure progress in detecting and treating viral Hepatitis C in people living with HIV
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	Routine HIV Surveillance /HIV/AIDS treatment registers
Method	Analysis of routine reports and HIV/AIDS treatment registers
Numerator	Number of patients with advanced HIV infection who received ART who also were started on viral Hepatitis C treatment within the reporting year
Denominator	Estimated number of incident viral Hepatitis C cases in people living with HIV
Disaggregation	The breakdown is provided by sex and age (up to 15 years of age and above 15 years of age).

40)

Indicator	Summary of HIV/AIDS spending by programme and funder
Purpose	Increase efficiency and effectiveness of funding by maximizing value
Frequency	Annual
Responsibility	NCAP
Measurement tool/ Source of data	National AIDS Spending Assessment (NASA)
Method	National AIDS Spending Assessment (NASA). Alternative tools/methods: 2) National Health Accounts - AIDS sub-accounts, Resource Flows Survey.
Disaggregation	Actual expenditures classified by eight AIDS Spending Categories and by financing source, including public expenditure from its own sources (i.e. government revenues such as taxes) and from international sources: <ol style="list-style-type: none"> 1. Prevention. 2. Care and treatment; 3. Orphans and vulnerable children; 4. Programme management and administration strengthening; 5. Incentives for human resources; 6. Social protection and social services (excluding orphans and vulnerable children); 7. Enabling environment and community development; 8. Research (excluding operations research included under programme management).
Interpretation	The financial data entered in the National Funding Matrix must be actual expenditures, not budgets or commitments.