

OPERATIONAL GUIDELINES
FOR MONITORING AND
EVALUATION OF
HIV PROGRAMMES
FOR PEOPLE
WHO INJECT DRUGS

Tools, Annexes,
Glossary and References

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Tools

Tool 1: Table shell showing subgroups for disaggregation of information and indicator data

Area		Sex				Age (years)				Total	
		Male		Female		15–24		352			
		N	%	N	%	N	%	N	%	N	%
Subnational area 1											
A	Service delivery reports										
B	Surveillance data										
C	Biobehavioural surveys										
D	Size estimates										
All other subnational areas (same as above)											
National totals											
A	Service delivery reports										
B	Surveillance data										
C	Biobehavioural surveys										
D	Size estimates										

The table explanation should:

- provide the definition of a person who injects drugs that will be used for M&E of HIV prevention programmes. If the definition of the population varies by provider, surveillance activity or government agency, list all definitions and identify which definition will be used for monitoring and evaluation, including size estimation and setting targets for coverage;
- define male and female and list any other categories such as transgender or people engaged in sex work;
- list all subnational areas covered by the table;
- document types of service delivery provider that have provided data;
- identify reference documents for surveillance protocols and reports;
- identify reference documents for biobehavioural surveys, research findings and reports;
- identify the sources of size estimates and references;
- describe the method for estimating national estimates, including aggregation strategy.

Tool 2: Summary of HIV prevalence data among people who inject drugs and population size estimates

This template is adapted from the UNAIDS Epidemiologic Fact Sheets used to describe HIV prevalence data from sentinel surveillance programmes.

The table explanation should:

- provide references, links and documentation of all numbers included in the table;
- describe who may be missed in the surveillance and known biases in the protocol;
- summarize information needed to interpret figures (e.g. sample size too small, people on opioid substitution therapy not included, little consistency in how to recruit participants over time, HIV test results not provided); size estimates can be added to the table (see Section 1.4).

Sampling method and reference	Year	People who inject drugs												Notes ^a	
		Male						Female							
		Age (years)				Total		Age (years)				Total			
		15–24		≥25		N	%	15–24		≥25		N	%		
		N ^b	% ^c	N	%			N	%	N	%				
Subnational area 1															
RDS study															
Convenience sample – needle–syringe programme clients															
Size estimate															
Subnational area 2															
RDS study															
Convenience sample – needle–syringe programme clients															
Size estimate															
National estimates															
Prevalence estimates															
Size estimate															

^aNotes include full reference and information needed to interpret prevalence estimates.

^bN refers to the number tested.

^c% is the percentage of those tested who are living with HIV.

^dThe size estimate is the number of people who inject drugs in the area.

Types of subgroup requiring different strategies for HIV prevention

Type	Estimated number in area	Where to reach them	Barriers to accessing care	Strengths of subgroup	Notes
Males who inject drugs					
Females who inject drugs					

Tool 3: Example of a Modes of Transmission spreadsheet

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	
1	Country:	Example ctry				Blue cells: Input necessary												
2	Adult (15-49) population size:	20,000,000				Peach cells: Input optional												
3	Adult (15-49) HIV prevalence (%):	6.7				Orange cells: Output												
4																		
5																		
6		Use either method 1 or 2 to determine number with risk behaviour for each group (column F).																
7		Method 1: Percent of population with risk behaviour (%)		Method 2: Population with risk behaviour								Transmission probability per risky exposure act						
8	Adult Risk Behaviour	Male	Female	Male	Female	Total number with risk behaviour	Prevalence of HIV (%)	Number HIV+	Prevalence of STI (%)	Number of partners per year	Number of acts of exposure per partner per year	Percentage of acts protected (%)	with STI	No STI	Incidence	% of incidence	Incidence per 100,000	Check
9	Injecting Drug Use (IDU)	0.30%				30,000	20.0%	6,000	3.5%	5	50	50%	NA	0.01	4,879	2.42	16,263	
10	Partners IDU		0.15%			15,000	12.0%	1,800	NA	1	70	7%	0.006	0.002	341	0.17	2,275	
11	Sex workers		0.65%			65,000	40.0%	26,000	65.0%	163	4	65%	0.006	0.002	1,850	0.92	2,846	42,276,000
12	Clients	2.90%				290,000	8.1%	23,490	15.0%	16	9	65%	0.006	0.002	23,857	11.82	8,227	41,760,000
13	Partners of Clients		1.45%			145,000	9.0%	13,050	NA	1	70	7%	0.006	0.002	1,630	0.81	1,124	0.50
14	MSM	1.00%				100,000	20.0%	20,000	15.0%	3	10	35%	0.030	0.010	3,800	1.88	3,800	
15	Female partners of MSM		0.50%			50,000	15.0%	7,500	NA	1	50	7%	0.006	0.002	953	0.47	1,907	
16	Casual heterosexual sex	26.89%	12.41%			3,929,820	13.1%	513,971	7.0%	2	35	35%	0.006	0.002	44,719	22.16	1,138	
17	Partners CHS	9.93%	21.51%			3,143,856	6.5%	205,588	NA	1	70	7%	0.006	0.002	52,390	25.96	1,666	
18	Low-risk heterosexual sex	36.73%	37.53%			7,426,324	7.5%	556,974	3.5%	1	70	7%	0.006	0.002	66,596	33.00	897	
19	No risk	22.25%	25.80%			4,805,000	0.0%	-	0.0%	0	0				0	0.00	0	
20	Medical injections					20,000,000	6.7%		NA	2.2	1	80%	NA	0.001	557	0.28	3	
21	Blood transfusions	0.50%	0.50%			100,000	6.7%		NA	1	1	96%	NA	0.9	244	0.12	244	
22	TOTAL ADULT POPULATION	100%	100%			20,000,000	6.87%	1,374,374					Total incidence		201,817		1,009	
23													Total incidence in partners of high-risk individuals		55,315	27.408	1,649	

Source: Modelling the expected short-term distribution of incidence of HIV infections by exposure group. Geneva, Joint United Nations Programme on HIV/AIDS, 2007.

Tool 4: Worksheet for setting impact, outcome and coverage targets at the subnational or national level

Note: Not all possible indicators are included in this table.

Number	Indicator	Year	Estimate	Target	Target met? No/yes
Impact indicators					
1.1	Prevalence of HIV among people who inject drugs (all ages)				
1.2	Prevalence of HIV among people who inject drugs aged 15–24 years				
Outcome indicators – biological determinants					
2.1	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected				
2.2	Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse				
2.3	Percentage of people who inject drugs reporting symptoms of a sexually transmitted infection in the past 12 months				
2.5	Average number of acts of use of non-sterile injecting equipment with each injecting partner per year among people who inject drugs				
2.7	Number of people who inject drugs				
2.9	Average number of sex partners per person who injects drugs				
Outcome indicators – contributing factors and enabling environment					
2.12	Percentage of people who inject drugs who correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV				
2.13	Percentage of people who inject drugs who are aware of their HIV status				
2.14	Enabling environment index for people who inject drugs (contributing factor outcome indicator)				
Coverage indicators					
3.1	Percentage of people who inject drugs who have received an HIV test in the past 12 months and who know their results				
3.4	Percentage of people who inject drugs reached by needle–syringe programmes in the past month				
3.6	Percentage of people who inject drugs reached by targeted information, education and communication programmes				
3.7	Percentage of people who inject drugs receiving any HIV prevention service				
3.8	Percentage of people who inject drugs receiving the country-defined minimum package of services				
3.9	Percentage of people who inject drugs reached by needle–syringe programmes in the past month				
3.10	Syringes distributed per person who injects drugs per year				

Tool 5: Input form – funds availability

This form can be used by service providers at the subnational level to estimate the funds available to conduct programme activities.

Service	Year	Funds needed	Funds source			Gap	Funds expended and available	
			Government	Donor 1	Total		Funds expended	Funds available
Needle–syringe programme								
HIV testing and counselling								
etc.								

Tool 6: Quality checklist

The intervention quality encompasses the scope, completeness, safety, client satisfaction and consistency of services delivered, and the appropriateness to the population targeted and the setting in which it is delivered.

Universal standards that should be applied across all services provided for people who inject drugs include:

Standards on involving people who inject drugs:

- The populations identified for targeted services are included in needs assessment, planning, delivery and evaluation of the services.

Standards on clients' rights:

- Clients are fully informed of the nature and content of the services, and the risks and benefits to be expected.
- Confidentiality and privacy of clients are maintained at all times.
- Ensure adherence to human rights and removal of legal barriers to access services.
- Ensure access to medical and legal assistance for people who inject drugs who experience sexual coercion or violence.

Standards on providing a package of recommended services for people who inject drugs:

- Ensure awareness and easy access to all components of the package of services.
- Ensure protocols for the delivery of each component of the package of services are updated periodically, and disseminated to and adhered to by all providers.

Standards on staffing:

- Ensure staff members receive regular supervision by senior staff in order to maintain quality of service delivery.
- Ensure service providers are trained and sensitized to avoid discriminating against people who inject drugs.

Standards on availability and accessibility of services:

- Ensure services are accessible to all potential clients, irrespective of age, ethnicity, sexual identity, citizenship, religion, employment status, health insurance status or substance use status.
- Ensure services are considered easily accessible with regard to location, transportation options, and travelling time and cost.
- Ensure services are equitable and non-discriminatory. There should be no exclusion criteria, except on medical grounds (e.g. opioid substitution therapy should not be limited to people who inject drugs who are living with HIV or who have failed on other drug dependence treatment).
- Ensure availability of safe virtual or physical spaces (e.g. telephone hotlines or drop-in centres) for people who inject drugs to obtain information and referrals for prevention, treatment and care services.

For all services, follow the **five As** approach:

- adherence to national standards;
- availability of service;
- accessibility of service;
- acceptability of service;
- attitudes of service delivery providers towards clients are positive.

While providing services:

- use a system that ensures no stock-outs;
- use a unique identifier code or other system to the count number of unique clients versus the number of contacts;
- establish a referral system, including a follow-up mechanism;
- provide targeted information, education and communication;
- conduct a risk assessment;
- provide condoms for sexually active people who inject drugs.

Quality checklist by service

Needle–syringe programmes

- Clients receive targeted information, education and communication.
- Clients receive condoms.

Opioid substitution therapy and other drug-dependence treatment

- Clients receive recommended maintenance dose of 60mg of methadone per day or 12mg of buprenorphine per day.
- Clients return regularly to receive services.
- Clients are in voluntary treatment.

Prevention and treatment of sexually transmitted infections

- People diagnosed with sexually transmitted infections receive appropriate treatment.
- Case management of sexually transmitted infections is delivered with the quality specified in the national guidelines.
- National management guidelines for sexually transmitted infections are periodically reviewed at the national level to ensure their continued correspondence to the latest treatment methods.
- Counselling services are provided when people attend for treatment of sexually transmitted infections.
- Accepting rather than stigmatizing attitudes are noted among people providing care for clients with sexually transmitted infections.

Targeted information, education and communication for people who inject drugs and their sexual partners¹

Prevention services and materials provided to key populations are:

- culturally sensitive and competent;
- appropriate to the age, education level, language and other needs of the consumers;
- accurate and current;
- provided in a format that is most appropriate for reaching the populations served.

Each outreach workers should:

- have experience working with and the ability to speak the same language as the target population(s);
- be knowledgeable about available resources and the ability to refer consumers to those resources;
- have the capacity to maintain appropriate documentation;
- be knowledgeable about issues related to safety, consumer engagement, ethics and professionalism;
- receive appropriate supervision and oversight;
- deliver outreach services that access individuals at risk in settings where members of the target population are likely to be located and at times when members of the target population are likely to be present;
- deliver outreach based on sound prevention theory that is appropriate to their target population and outcome objectives. Outreach services strive to help consumers develop skills and motivation to adopt and maintain safer behaviours over time;
- deliver interventions to groups of a maximum of 15 participants, consisting of sessions that build on each other and that include skill-building components.

HIV testing and counselling

- HIV testing and counselling are provided in accordance with the predetermined national protocol.
- The counsellors deliver the predetermined protocol.
- The counsellors provide clients with opportunities for questions.
- People receiving testing and counselling feel that their confidentiality is protected.
- The waiting time to receive the test results is not long from the client's point of view.

The minimum acceptable standards for approaches to HIV testing and counselling require that all models of service delivery respect the following principles:

- HIV testing and counselling should be voluntary.
- Individuals should have sufficient information, understanding and freedom of choice to be able to give informed consent to testing.
- Pre-test information (for provider-initiated testing and counselling) and pre-test counselling (for client-initiated testing and counselling) are fundamental to informed consent to testing.
- There should be appropriate post-test information, counselling or referral.
- There should be consistent commitment and ethical support to encourage partner participation and disclosure to significant others.
- People whose test results are positive should receive counselling and referral to care, support and treatment, where available.
- HIV test results and counselling records should be treated confidentially, and only those health-care workers with a direct role in the management of patients should have access to this information.
- People whose test results are negative should receive counselling to enable them to remain free of HIV.

For more information on strategies to improve client return rates for receiving HIV test results, see Michigan Department of Community Health (2007).

Provision of condoms and lubricants

- There is a national policy on social marketing of condoms.
- Condoms are consistently available within the country.
- Condoms are available to consumers at the right time, right place and right price.
- All condoms are of reliable quality at the time they reach the consumer.
- Condoms are provided in a respectful manner, with adequate information on how to use a condom.
- Lubricants are provided at the same time as condoms.

Adapted from *Condom programming for HIV prevention: A manual for service providers*. New York, United Nations Population Fund, World Health Organization and PATH, 2005.

Antiretroviral treatment

- Injecting drug use does not exclude a person from accessing antiretroviral treatment services.
- There is a protocol addressing the special treatment needs of people who inject drugs who are eligible for antiretroviral treatment.

Methods to improve quality of programme management

- Make use of improvements in data-collection technology.
- Use process evaluation results to improve programme performance.
- Implement regular staff training.
- Improve staff supervision.
- Minimize staff turnover.
- Implement a Plan–Do–Check–Act (PDCA) cycle.

÷ *M&E system quality checklist*

The importance of creating, implementing and strengthening a unified and coherent M&E system at the country level cannot be overemphasized. A strong unified M&E system ensures that: (1) relevant, timely and accurate data are made available to national programme leaders and managers at each level of the programme and health-care system; (2) selected quality data can be reported to national leaders; and (3) the national programme is able to meet donor and international reporting requirements under a unified global effort to contain the global HIV pandemic.

- Reporting forms are available at all levels.
- Programme data are collected and submitted for reporting with the established frequency.
- Datasets are maintained electronically and appropriately safeguarded.
- Standardized recording and reporting forms are used at the service delivery level.
- There is continuous capacity-building.
- Indicators are clearly defined.
- Timely feedback of indicators and reports is provided to service delivery providers.
- The system facilitates an evidence-informed approach to decision-making.
- The principles of the three ones are applied:
 - one agreed HIV action framework that provides the basis for coordinating the work of all partners;
 - one national AIDS coordinating authority, with a broad-based multisectoral mandate;
 - one agreed-upon country-level monitoring and evaluation system.

Source: *HIV/AIDS survey indicators database*. Calverton, MD, MEASURE DHS (http://www.measuredhs.com/hivdata/guides/GlobalFund_pp_me_toolkitJan2006.pdf).

Quality indicators from the Target setting guide

4.1 Needle–syringe programmes:

- 4.1.8 Percentage of needle–syringe programme sites adhering to WHO guidelines on needle–syringe programmes
- 4.1.9 Percentage of needle–syringe programmes sites adhering to UNAIDS best practice recommendations for HIV prevention among people who inject drugs
- 4.1.10 Percentage of occasions when clients access a needle–syringe programme and receive targeted information, education and communication
- 4.1.11 Percentage of occasions when clients access an needle–syringe programme and receive condoms

4.2a Opioid substitution therapy:

- 4.2a.7 Percentage of opioid substitution therapy sites adhering to WHO guidelines
- 4.2a.8 Percentage of opioid substitution therapy programmes providing psychosocial support
- 4.2a.9 Percentage of patients in opioid substitution therapy receiving recommended maintenance dose
- 4.2a.10 Percentage of individuals currently on opioid substitution therapy who have been on opioid substitution therapy continuously for the past 12 months
- 4.2a.11 Average duration of treatment on opioid substitution therapy
- 4.2a.12 Average maintenance dose of opioid substitution therapy

4.2b Other drug dependence treatment:

4.2b.4 Percentage of treatment sites adhering to recognized guidelines

4.2b.5 Percentage of individuals in voluntary rather than compulsory treatment

4.3 HIV testing and counselling:

4.3.4 Percentage of sites adhering to WHO guidelines on HIV testing and counselling

4.4 Antiretroviral treatment:

4.4.4 Percentage of sites adhering to WHO guidelines on antiretroviral treatment

4.5 Prevention and treatment of sexually transmitted infections:

4.5.4 Percentage of sites adhering to WHO guidelines on screening and treatment of sexually transmitted infections

4.5.5 Percentage of people who inject drugs who are diagnosed with a sexually transmitted infection and who have received treatment

4.6 Condom programmes for people who inject drugs and their sexual partners:

4.6.4 Percentage of condom programme distribution sites adhering to UNFPA guidelines

4.7 Targeted information, education and communication for people who inject drugs and their sexual partners:

4.7.7 Percentage of sites adhering to WHO guidelines on targeted information, education and communication for people who inject drugs

4.8 Diagnosis and treatment of and vaccination for viral hepatitis:

4.8.15 Percentage of sites adhering to hepatitis A/hepatitis B vaccination guidelines

4.8.12 Percentage of sites adhering to hepatitis B treatment guidelines

4.8.13 Percentage of sites adhering to hepatitis C treatment guidelines

4.9 Prevention, diagnosis and treatment of TB:

4.9.10 Percentage of sites adhering to WHO guidelines on TB prevention, diagnosis and treatment

Source: WHO, UNODC, UNAIDS Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for people who inject drugs. Geneva, World Health Organization, 2009.

Tool 7: Comprehensive client encounter form

A. Date and location of encounter

Encounter #:

A1 Type of location	A3 Today's date
1 Needle-syringe programme site (fixed) _____	Day ____/ Month ____/ Year _____
2 Needle and syringe programme site (outreach) _____	
3 Other provider (specify) _____	A4 Service delivery provider (e.g. NGO) number
A2 Subnational area number	A5 ID number of individual providing service

B. Unique identifier code and demographic information

B1 Unique identifier code	B5 Sex 1 Male 2 Female 3 Transgender (male to female) 4 Transgender (female to male)
B2 First ever visit to site? 1 Yes 2 No	B6 Date of birth Day ____/ Month ____/ Year _____
B3 First visit since 1 January? 1 Yes 2 No	B7 Primary language
B4 Other service providers visited in past 30 days _____	B8 When moved to this area Month ____/ Year _____

C. Assessment

Drugs used in past 30 days	A Smoked/ sniffed/other	B Injected	C Last time, sterile injecting equipment?	D Times injected in past 7 days	E Of those times, times with sterile injecting equipment	F Client stage for using clean needle in past 7 days
C1 Cocaine	1	Y/N	Y/N			1 Did not consider it 2 Thought about it 3 Tried first time 4 Inconsistent use 5 Consistent use
C2 Crack	1	Y/N	Y/N			
C3 Heroin	1	Y/N	Y/N			
C4 Speed/ methamphetamine	1	Y/N	Y/N			
C5 Other opioids	1	Y/N	Y/N			
C6 Other (1)	1	Y/N	Y/N			
C7 Other (2)	1	Y/N	Y/N			
C8 Sex in past 30 days	A Sex for money	B Number of partners	C Last time, used condom?	D Times sex in past 7 days	E Of those, times with condom	F Client stage for condom use in past 7 days
	Y/N		Y/N			Use above codes

D. Needles and syringes turned in

Number of needles and syringes	Source of needles and syringes turned in	Number turned in used by	D6 Number of people exchanging for
D1 turned in </FRM>	D2 From needle-syringe programme	D4 Self	
	D3 From pharmacy	D5 Others	

E. Summary of services provided or referred during this visit (circle all that apply)

	A Assessed	B Counsellled	C Tested	D Vaccination started	E Vaccination completed	F Treatment started	G Treatment ongoing	H Treatment completed	I Referral made	J Referral outstanding
Services related to drug use										
1 Safe injection instruction	1	2							9	10
2 Overdose prevention	1	2							9	10
3 Abscess care and prevention	1	2				6	7	8	9	10
4 Opioid substitution therapy	1	2				6	7	8	9	10
5 Detoxification – outpatient	1	2				6	7	8	9	10
6 Detoxification – residential	1	2				6	7	8	9	10
7 Drug treatment – outpatient	1	2				6	7	8	9	10
8 Drug treatment – residential	1	2				6	7	8	9	10
Other health services										
9 Hepatitis C services	1	2	3			6	7	8	9	10
10 Hepatitis B services	1	2	3	4	5	6	7	8	9	10
11 Services for sexually transmitted infections	1	2	3	4	5	6	7	8	9	10
12 TB services	1	2	3		5	6	7	8	9	10
13 Primary health care	1	2	3			6	7	8	9	10
14 Mental health	1	2	3			6	7	8	9	10

	Support services										
15	Legal counselling	1	2							9	10
16	Recreational and creative activities	1	2							9	10
17	Public benefit counselling	1	2							9	10
	Commodities provided	Yes	No								
18	Needles and syringes	1	2	Number:							
19	Condoms	1	2	Number:							
20	Targeted information, education and communication materials	1	2	Number:							

F. HIV testing and counselling (circle response)

F1 Status	F2 Counsellor	F3 Tested	F4 Results provided	F5 Test result	F6 Antiretroviral treatment
1 Positive	1 Yes	1 Yes	1 Yes	1 Positive	1 Provided here
2 Negative	2 No	2 No	2 No	2 Negative	2 Provided elsewhere
3 Unknown/refused					3 Referred
					4 Not eligible

Instructions for completing the encounter form

Reference code	Indicator	Sub-indicators	Definition
A. Date and location of encounter			
	Encounter #		Each encounter with a person who injects drugs should have a unique encounter number, which is used to track the total number of encounters and the number of encounters per person who injects drugs.
A1	Type of location		
		1 Needle-syringe programme site (fixed)	A stationary site that provides needle-syringe programme services.

		2 Needle–syringe programme site (outreach)	A mobile unit that provides needle–syringe programme services.
		3 Other provider (specify) _____	A site that does not fall into one of the above categories.
A2	Subnational area number		Each subnational area should have an associated code number.
A3	Today’s date	Day/Month/Year	dd/mm/yyyy
A4	Service delivery provider		The service delivery provider is the organization responsible for the site’s functioning. Each service delivery provider should have an associated code number.
A5	ID number of individual providing service		Each outreach coordinator, peer educator or clinician should have an ID number.
B. Unique identifier code and demographic information			
B1	Unique identifier code		An example of the unique identifier code developed by Population Services International is a simple 7-digit code composed of: first two letters of client’s mother’s first name; first two letters of client’s father’s first name; client’s sex (single letter M/F, or number); last two digits of client’s year of birth.
B2	First ever visit to site?	1 Yes 2 No	Record whether the person has ever visited the site where you are completing the encounter form.
B3	First visit since 1 January?	1 Yes 2 No	Record whether the person has been to the site where you are filling out the encounter form this year.
B4	Other service providers visited in the past 30 days		Write in the code or standardized name of each facility that the person has visited in the past month. Keep a list of facility reference codes handy so you can fill this in easily during the encounter.
B5	Sex	1 Male	Male
		2 Female	Female
		3 Transgender – male to female	Transgender – male to female
		4 Transgender – female to male	Transgender – female to male
B6	Date of birth	Day/Month/Year	dd/mm/yyyy

B7	Primary language		Write in the primary language.
B8	When moved to this area	Month/Year	Give the month and year of when the person moved to the catchment area of the site.
C. Assessment			
C1–C7	Drugs used in past 30 days		<p>The indicators in this section aim to gather information about the person's drug use frequency, drug use method, and behaviours and attitudes regarding clean needles.</p> <ol style="list-style-type: none"> 1. Ask the person whether he or she has used each drug in the list in the past 30 days. If the answer is "no", move on to the next drug. 2. If the answer is "yes", ask about the method of use – A (smoking, sniffing, other non-injection method) and B (injection). The person may have used the drug in multiple ways, so ask about injection and non-injection methods. 3. If the person answers "yes" to part B for the first drug in the list, continue to fill out parts C, D, E and F. 4. If the person answers "no" to part B, ask about the next drug in the list. Proceed systematically through the questions about each drug in the list. 5. If the person has used a drug that is not listed on this form, include the name of the drug under the "Other 1" and "Other 2" categories. Continue filling out the form for "Other" drugs as outlined above.
C1–C7. A		Smoked/sniffed/other	Circle 1 for each drug listed to indicate whether the person smoked, sniffed or used the drug by another method (excluding injection). Not circling 1 means that the person did not use the drug by means of smoking, sniffing or other non-injection method.
C1–C7. B		Injected	Circle Y if the person injected the drug and N if the person did not inject the drug. If neither Y nor N is circled, it means that the person refused to answer or the data are missing. If Y is circled for B Injected, proceed to parts C, D, E and F.
C1–C7. C		Last time, clean needle?	If Y is circled for B, ask about the use of sterile injecting equipment the last time the person injected the drug. Circle Y if the person used sterile injecting equipment the last time he or she injected the drug. Circle N if the person did not use sterile injecting equipment the last time he or she injected the drug. If neither Y nor N is circled, it means that the person refused to answer, did not know, or the data are missing.
C1–C7. D		Times injected in past 7 days	If Y is circled for part B, ask the person how many times he or she injected the drug in the past 7 days. Write the number in the box. If the number is 0, skip indicators E and F, and move on to the next section of the form.
C1–C7. E		Of those, times with sterile injecting equipment	If the person injected the drug within the last 7 days, ask how many times the injections were done with sterile injecting equipment. Write the number in the box.
C1–C7. F		Client stage for using sterile injecting equipment in past 7 days	Assess the person's attitudes and behaviours regarding the use of sterile injecting equipment. Use the following codes to indicate stage:

		1 Did not consider	Input 1 in the box if the person has not thought about using sterile injecting equipment for injecting acts in the past 7 days.
		2 Thought about it	Input 2 in the box if the person has seriously contemplated using sterile injecting equipment in the past 7 days.
		3 Tried first time	Input 3 if the person has tried to use or successfully used sterile injecting equipment for an injecting act for the first time in the past 7 days.
		4 Inconsistent use	Input 4 if the person has not used sterile injecting equipment for all injecting acts in the past 7 days.
		5 Consistent use	Input 5 if the person used sterile injecting equipment for all injecting acts in the past 7 days.
C8	Sex in past 30 days		The indicators in this section aim to gather information about the person's receipt of money for sex, frequency of sexual acts, number of partners and behaviours, and attitudes regarding condom use. 1. Ask whether the person has engaged in a sexual act in the past 30 days. If the answer is "yes", proceed to indicators A, B, C, D, E and F. If the answer is "no", move on to the next section of the form.
C8. A		Sex for money	If the person has engaged in a sexual act for payment in the past 30 days, circle Y. If the person has not engaged in a sexual act for payment in the past 30 days, circle N. If neither Y nor N is circled, it means that the person refused to answer, does not know, or the data are missing.
C8. B		Number of partners	Write in the number of sexual partners the person has had in the past 30 days.
C8. C		Last time, used condom?	Circle Y if the person used a condom the last time he or she engaged in a sexual act. Circle N if the person did not use a condom the last time he or she engaged in a sexual act. If neither Y nor N is circled, it means that the person refused to answer, does not know, or the data are missing.
C8. D		Times sex in past 7 days	Write in the number of times the person has engaged in a sexual act in the past 7 days. If the answer is 0, skip Indicators E and F, and move on to the next section of the form.
C8. E		Of those, times with condom	If the person has engaged in one or more sexual acts in the past 7 days, write in the number of times the person used a condom.
C8. F		Client stage for condom use in past 7 days	If the person has engaged in one or more sexual acts in the past 7 days, assess the person's attitudes and behaviours regarding condom use. Use the following codes to indicate stage:
		1 Did not consider	Input 1 in the box if the person has not thought about using condoms in the past 7 days.
		2 Thought about it	Input 2 in the box if the person has seriously contemplated using condoms within the past 7 days.
		3 Tried first time	Input 3 if the person has tried to use or successfully used a condom for the first time in the past 7 days.

		4 Inconsistent use	Input 4 if the person has used condoms in the past 7 days, but has not used them for all sexual acts in the past 7 days.
		5 Consistent use	Input 5 if the person used condoms for all sexual acts in the past 7 days.
D. Needles and syringes turned in			
	Number of needles and syringes		If the value for D1 is 0, answer D2 and then skip to D8.
D1		Turned in	Write in the number of needles and syringes that the person turned in on the day of the encounter and proceed to D2. If the person did not turn in any needles, write the value 0.
	Source of needles and syringes turned in		This section enquires about where the turned in needles came from. If the value for D1 is 0, skip D3 and D4.
D2		From needle–syringe programme	Write in the number of needles and syringes turned in that came from a needle–syringe programme site.
D3		From pharmacy	Write in the number of needles and syringes that came from a pharmacy.
	Number turned in used by		This section enquires about the people for whom needles and syringes are being turned in. If the value for D1 is 0, skip D4, D5 and D6.
D4		Self	Write in the number of needles and syringes used by the person who is turning them in.
D5		Others	Write in the number of needles and syringes used by people other than the person who is turning them in.
D7	Number of people exchanging for		Write in the number of people for whom the person is exchanging needles and syringes.
E. Summary of services provided or referred during this visit (circle all that apply)			
Definitions of service provision codes			The codes listed below are suggested codes that cover various outcomes of an encounter with a person who injects drugs. The form can be easily modified to accommodate additional or fewer outcomes. For example, if a site captures more specific information about treatment status, the form can be modified to include various phases of treatment specific to each condition. For services that a site does not provide, a referral should be made.
1		Assessed	Circle 1 if the person was assessed for the need or usefulness of each service.
2		Counselled	Circle 2 if the person was counselled about the service.
3		Tested	Circle 3 if the person was tested (when relevant).
4		Vaccination started	For categories for services for hepatitis B and sexually transmitted infections, circle 4 if the person has begun the process of vaccination.

5		Vaccination completed	For categories for services for hepatitis B, sexually transmitted infections and TB, circle 5 if the person has completed vaccination.
6		Treatment started	Circle 6 if the person has started treatment.
7		Treatment ongoing	Circle 7 if the person is currently on treatment.
8		Treatment completed	Circle 8 if the person has completed treatment. Treatment includes antiretroviral drugs, mental health counselling and related pharmacotherapy, drugs to treat hepatitis B, anti-TB agents, etc. Special case for clients in opioid substitution treatment: The person is considered to be starting or on treatment only if he or she is on the recommended maintenance daily dose of >60mg of methadone or 12mg of buprenorphine.
9		Referral made	Circle 9 if the person was referred for the service because the service is not provided at this site.
10		Referral outstanding	Circle 10 if the person was previously referred for a service but has not yet gone to the referral site.
Definitions of services			The following is a list of services that should be provided to people who inject drugs. This list can be modified based on national guidelines for the package of recommended services for people who inject drugs.
	Services related to drug use		This section asks about services related to drug use. If a site offers more services than are listed here, those services should be added to the form.
1		Safe injection instruction	
2		Overdose prevention	Provision of counselling and information about preventing drug overdose, usually by a trained counsellor.
3		Abscess care and prevention	
4		Opioid substitution therapy	Treatment of drug dependence by prescribing a substitute drug to which the patient is cross-dependent and cross-tolerant (e.g. methadone and buprenorphine). Opioid substitution therapy has been demonstrated to improve adherence to antiretroviral treatment.
5		Detoxification – outpatient	The process of an individual being withdrawn from the effects of a psychoactive substance. When referring to a clinical procedure, detoxification refers to a withdrawal process that is carried out in a safe and effective manner, minimizing the withdrawal symptoms.
6		Detoxification – residential	The facility where this takes place may be called a detoxification or detox centre.

7		Drug treatment – outpatient	
8		Drug treatment – residential	
	Other health services		
9		Hepatitis C services	Refer to national guidelines. Can include diagnosis, treatment, education, etc.
10		Hepatitis B services	Refer to national guidelines. Can include immunization, education about transmission and vaccination schemes, screening of blood and blood products, etc.
11		Services for sexually transmitted infections	Refer to national guidelines for the effective management of sexually transmitted infections. Can include case management of sexually transmitted infections, syndromic management of sexually transmitted infections, assessment for risk factors for sexually transmitted infections, treatment of sexually transmitted infections, etc.
12		TB services	All services dealing with people who use drugs should have a case-finding protocol for TB and HIV so that personnel are aware of the symptoms of TB and HIV and can ensure that clients have access to appropriate TB and HIV testing and counselling, preferably at the service where they initially present.
13		Primary health care	As defined by national guidelines.
14		Mental health	Any non-pharmacological intervention carried out in a therapeutic context at an individual, family or group level. Psychosocial interventions may include structured, professionally administered interventions (e.g. cognitive-behavioural therapy or insight-oriented psychotherapy) or non-professional interventions (e.g. self-help groups and non-pharmacological interventions from traditional healers).
	Support services		This section asks about additional support services for people who inject drugs. If a site provides more services than are listed here, those services should be added to the form.
15		Legal counselling	
16		Recreational and creative activities	Write in the number of needles and syringes that were provided to the person today. If the person did not receive any needles, write in the value 0.
17		Public benefit counselling	
	Commodities provided		This section is used to record commodities provided to the person during this visit. If “yes” is circled for any of the commodities, write the number of commodities provided in the appropriate cells.
18		Needles and syringes	If no needles or syringes were provided to the person during this encounter, circle 2 for “no” and move on to the next line. If needles or syringes were provided to the person today, circle 1 for “yes” and write in the number that were provided.

19		Condoms	If no condoms were provided to the person during this encounter, circle 2 for "no" and move on to the next line. If condoms were provided to the person today, circle 1 for "yes" and write in the number that were provided.
20		Targeted information, education and communication materials	Targeted information, education and communication materials consist of pamphlets, flyers and other media. If no materials were provided to the person during this encounter, circle 2 for "no". If materials were provided to the person today, circle 1 for "yes" and write in the number of materials that were provided.
F. HIV testing and counselling (circle response)			
F1	Status		If you have a confidential way to enquire about and record the person's HIV status, proceed to fill out this section. If there is a possibility that confidentiality could be compromised (e.g. unsecured database, someone might overhear the conversation), do not ask the questions in Section F.
		1 Positive	Circle "Positive" if the person reports that he or she has received results indicating he or she is living with HIV. Skip F3, F4, and F5.
		2 Negative	Circle "Negative" if the person has received results in the past 12 months indicating he or she is not living with HIV.
		3 Unknown/refused	Circle "Unknown/refused" if the person does not know his or her HIV status, refused to answer, or received a negative test result more than 12 months ago.
F2	Counselled	1 Yes 2 No	Indicate whether the person was counselled about HIV transmission prevention, and HIV testing and treatment. All clients should be counselled about these topics during an encounter.
F3	Tested	1 Yes 2 No	Indicate whether the person was tested for HIV during this encounter.
F4	Results provided	1 Yes 2 No	Indicate whether results were provided to the person during this encounter. This indicator can be used to record the results of an HIV test done today or an HIV test conducted previously in which the client returns for results.
F5	Test result	1 Positive 2 Negative	If the person received their test result.
F6	Antiretroviral treatment		
		1 Provided here	
		2 Provided elsewhere	
		3 Referred	
		4 Not eligible	

Tool 8: Short client encounter form

Service delivery provider number: _____

Type of site: _____

Subnational area: _____

Unique identifier code (UIC)				Date of encounter (dd/mm/yy)	Contact		Number of				Injected drugs in past 30 days?	Last time injected – clean needle?	Last time sex – with condom?	Test and treatment provided (insert code in each box)									
Sex	Date of birth (dd/mm/yy)	First 2 letters of mother's name	First 2 letters of father's name		First ever?	First since 1 Jan?	Needles turned in	Needles provided	Condoms	Targeted information, education and communication materials				HIV		Opioid substitution therapy	Hepatitis B		Hepatitis C		Sexually transmitted infections		TB
										Test	Treatment	Provided	Test	Treatment	Test	Treatment	Test	Treatment	Test	Treatment			
M/F	__/__/__	__	__	__/__/__	Yes/No	Yes/No	__	__	__	__	Yes/No	Yes/No	Yes/No			Yes/No							
M/F	__/__/__	__	__	__/__/__	Yes/No	Yes/No	__	__	__	__	Yes/No	Yes/No	Yes/No			Yes/No							
M/F	__/__/__	__	__	__/__/__	Yes/No	Yes/No	__	__	__	__	Yes/No	Yes/No	Yes/No			Yes/No							

Sex codes:

M = Male

F = Female

Test codes

1 = Test offered and accepted

2 = Test offered and refused

3 = Test not applicable because client is living with HIV

4 = Test not offered

Treatment codes:

1 = Treatment provided

2 = Referred for treatment

3 = Treatment not provided and client not referred

Notes

Tool 9: Sample survey questions to obtain data for standardized indicators

^aWhere applicable.

Item number	Item	Response code	Rationale	Indicator reference	Indicator number
Survey information and demographics					
1	Date of survey	(dd/mm/yyyy)	Records date of survey		
2	Interviewer identity	Code for interviewer	Records person who interviewed respondent		
3	Age	Age in years	Used in all indicators to categorize specific age groups		
4	Education	Number of years of education completed	Used in all indicators to categorize specific education groups		
5	Sex of respondent	M, F, TG-MTF, TG-FTM	Used in all indicators to categorize sex		
6	Residence of respondent	Geographical area where respondent lives	Used in all indicators to categorize specific geographical areas		
7a	Unique identifier code of person who injects drugs	Unique identifier code	Used by all services and programmes to track clients		
Injecting behaviours					
8	How old were you when you first injected drugs?	Age in years	Used to track trends at population level	Step 2 of these guidelines	2.11
9	Did you use a clean needle the last time you injected?	Yes/No/Don't remember	Used to determine percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	UNAIDS (2009e): 21	2.1
10	How often do you inject?	<ul style="list-style-type: none"> • Less than once a week • Once a week • Two or more times per week • Once a day • Two or more times a day 	Used to determine frequency of injecting	WHO (2009b): 4.2b.7	2.8
11	Of the past 10 times you injected, how many times did you use non-sterile injecting equipment?	Number of times reported (0–10)	Used to determine average percentage of injection events that involve use of sterile injecting equipment. Questions 10 and 11 are used to determine frequency of use of non-sterile injecting equipment by partner	UNAIDS (2007b): cell L9	2.5; 2.6

12	Of the past 10 times you injected, with how many people did you share non-sterile injecting equipment?	Number of times reported (0–10)	Questions 10 and 11 are used to determine frequency of use of non-sterile injecting equipment by partner	UNAIDS (2007b): cells J9, K9	2.4; 2.5
13	With how many unique partners did you share non-sterile injecting equipment in the past 12 months?	Number of partners reported (0–maximum)	Used to determine average number of partners with whom non-sterile injecting equipment is shared per year	UNAIDS (2007b): cell J9	2.4
Useful questions					
14	How old were you when you first injected drugs?	Age in years	Used to track trends at population level		
15	How many times did you inject drugs in the past 7 days?	Number of times reported in past 7 days	Used to determine frequency of injecting		
16	How many times did you use sterile injecting equipment when you injected in the past 7 days?	Number of times reported in past 7 days (0–maximum)	Used to determine percentage of injecting acts that are protected		
17	With how many unique partners did you share injecting equipment in the past 7 days?	Number of times reported in past 7 days (0–maximum)	Used to determine number of injecting partners		
18	How many times did you inject drugs in the past 30 days?	Number of times reported in past 30 days	Used to determine frequency of injecting		
19	How many times did you use sterile injecting equipment when you injected drugs in the past 30 days?	Number of times reported in past 30 days (0–maximum)	Used to determine percentage of injecting acts that are protected		
20	With how many unique partners did you share injecting equipment in the past 30 days?	Number of times reported in past 30 days (0–maximum)	Used to determine number of injecting partners		
Sexual behaviours					
21	The last time you had sex, was a condom used?	Yes/No/Don't remember	Used to determine percentage of protected acts at last sex	UNAIDS (2009e): 20; WHO (2009b): 4.6.5	2.2
22	How many unique partners did you have sex with in the past 12 months?	Number of partners reported	Used to determine number of sex partners	UNAIDS (2007b): cell J10; Step 2 of these guidelines	2.9
23	How many of those were new partners?	Number of new partners reported	Used to determine number of new sex partners	Step 2 of these guidelines	2.10

Useful questions					
24	How old were you when you first had sex?	Age in years / Never had sex	Used to track trends at population level		
25	How old were you when you first sold sex?	Age in years / Never sold sex	Used to track trends at population level		
26	How many times did you have sex in the past 7 days?	Number of times reported	Used to determine frequency of sex acts		
27	How many times did you use a condom when you had sex in the past 7 days?	Number of times reported (0–maximum)	Used to determine percentage of protected sex acts		
28	How many unique partners did you have sex with in the past 7 days?	Number of partners reported (0–maximum)	Used to determine number of sex partners		
29	How many times did you have sex in the past 30 days?	Number of times reported (0–maximum)	Used to determine frequency of sex acts		
30	How many times did you use a condom when you had sex in the past 30 days?	Number of times reported (0–maximum)	Used to determine percentage of protected sex acts		
31	How many unique partners did you have sex with in the past 30 days?	Number of partners reported (0–maximum)	Used to determine number of sex partners		
32	Have you received cash for selling sex in the past 12 months?	Yes/No	Used to determine percentage of overlapping populations		
33	If male, have you had sex with another man in the past 12 months?	Yes/No	Used to determine percentage of overlapping populations		
34	Some men are circumcised. Are you circumcised?	Yes / No/Don't know	Used to determine percentage of population circumcised	AIDS Indicator Survey	
Testing and counselling					
35	Do you know where you can go if you wish to receive an HIV test?	Yes/No	Used to determine percentage who know where to get HIV test	UNAIDS (2009e): 9 (adapted to these guidelines)	
36	I don't want to know the results, but have you ever been tested to see if you have HIV?	Yes/No	Used to determine percentage of people who inject drugs who know their HIV status	WHO (2009b): 4.3.5; AIDS Indicator Survey	2.13
37	I don't want to know the results, but did you get the results of the test?	Yes/No	Used to determine percentage of people who inject drugs who know their HIV status	WHO (2009b): 4.3.5	2.13
38	If yes, have you been tested in the past 12 months?	Yes/No	Used to determine percentage of people who inject drugs who know their HIV status	UNAIDS (2009e): 8 (adapted to these guidelines)	3.1

39	If yes, please do not tell me the results, but did you receive your results?	Yes/No	Used to determine percentage of people who inject drugs who know their HIV status	UNAIDS (2009e): 8 (adapted to these guidelines)	3.1
40	Have you been screened for sexually transmitted infections in the past 12 months?	Yes / No	Used to determine percentage of people screened for sexually transmitted infections	WHO (2009b): 4.5.3	3.3
41	Have you been diagnosed with a sexually transmitted infection in the past 12 months?	Yes/No	Used to determine number of sexually transmitted infections	WHO (2009b): 4.5.6	5.9
42	If yes, have you received treatment for a sexually transmitted infection in the past 12 months?	Yes/No	To assess quality	WHO (2009b): 4.5.5	5.9
43	Have you had symptoms (e.g. pain on urination, ulcers/sores, unusual discharge) of an sexually transmitted infection or suspected you had a sexually transmitted infection in the past 12 months?	Yes/No	Used to determine percentage of people who inject drugs reporting symptoms of sexually transmitted infections in past 12 months	UNAIDS (2007b): cell I9	2.3
HIV knowledge					
44.1	Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission?	Yes/No	Used as part of a series of five questions to determine percentage of people who correctly identify ways of preventing sexual transmission and who reject major misconceptions	UNAIDS (2009e): 14 (adapted to these guidelines)	2.12
44.2	Can using condoms reduce the risk of HIV transmission?	Yes / No			2.12
44.3	Can a healthy-looking person have HIV?	Yes / No			2.12
44.4	Can a person get HIV from mosquito bites?	Yes/No			2.12
44.5	Can a person get HIV by sharing a meal with someone who is living with HIV?	Yes / No			2.12

Stigma and violence					
45.1	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	Yes/No/Don't know	To measure HIV stigma	AIDS Indicator Survey	
45.2	If a member of your family was infected with HIV, would you want it to remain a secret or not?	Yes/No/Don't know	To measure HIV stigma		
45.3	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	Yes/No/Don't know	To measure HIV stigma		
45.4	In your opinion, if a female teacher has HIV but is not sick, should she be allowed to continue teaching in the school?	Should be allowed/ Should not be allowed/Don't know	To measure HIV stigma		
45.5	Do you personally know someone who has been denied health services in the past 12 months because he or she has, or is suspected to have, HIV?	Yes/No/Don't know	To measure HIV stigma		
45.6	Do you personally know someone who has been denied involvement in social events, religious services or community events in the past 12 months because he or she has, or is suspected to have, HIV?	Yes/No			

To measure HIV stigma					
45.7	Do you personally know someone who has been verbally abused or teased in the past 12 months because he or she has, or is suspected to have, HIV?	Yes/No	To measure HIV stigma		
45.8	Do you agree or disagree with the following statement? People with HIV should be ashamed of themselves?	Agree/Disagree/ Don't know	To measure HIV stigma		
45.9	Do you agree or disagree with the following statement? People with HIV should be blamed for bringing the disease into the community	Agree/Disagree/ Don't know	To measure HIV stigma		
46	Have you been beaten in the past 12 months?	Yes/No			
47	In the past 12 months, have you been called names or verbally assaulted?	Yes/No			
48	In the past 12 months, have you been in jail, prison, rehabilitation centre, etc.?	Yes/No			
49	In the past 12 months, have you been forced to have sex?	Yes/No			

Sample survey questions for coverage indicators					
50	Do you know where you can go if you wish to receive an HIV test?	Yes/No	Used as part of a series of three questions to determine percentage of people reached with HIV prevention programmes	UNAIDS (2009e): 9 (adapted to these guidelines) ^b	3.2
51	In the past 12 months, have you been given condoms (e.g. through an outreach service, drop-in centre or sexual health clinic)?	Yes/No			3.2
52	In the past 12 months, have you been given sterile needles and syringes (e.g. by an outreach worker, a peer educator or from a needle-syringe programme)?	Yes/No	Used as part of a series of three questions to determine percentage of people reached with HIV prevention programmes	UNAIDS (2009e): 9 (adapted to people who inject drugs) ^b	3.2
53	In the past 12 months, have you received any targeted information, education and communication services?	Yes/No	To determine percentage of people who inject drugs receiving targeted information, education and communication	WHO (2009b): 4.7.5	3.4
54a	In the past 12 months, have you received opioid substitution therapy?	Yes/No	Used to determine percentage of people who inject drugs receiving opioid substitution therapy	WHO (2009b): 4.2a.4	5.5
55a	Did you receive opioid substitution therapy continuously for at least 6 months in the past 12 months?	Yes/No	Used to determine percentage of individuals on opioid substitution therapy who have been on opioid substitution therapy continuously for the past 12 months	WHO (2009b): 4.2a.10	5.5
56	In the past month, did you receive needles and syringes from a needle-syringe programme?	Yes/No	Used to determine the percentage of people who inject drugs reached by needle-syringe programmes in the past month	WHO (2009b): 4.1.6	3.8
57	Did you receive needles and syringes from a needle-syringe programme every month or more for the past twelve months?	Yes/No	Used to determine the percentage of people who inject drugs regularly reached by a needle-syringe programme	WHO (2009b): 4.1.5	3.7

^bUNGASS indicator on key populations at higher risk for HIV applied to people who inject drugs. See <http://www.unaids.org> for updates in the UNGASS indicator set, now referred to as: Global AIDS Progress Reporting.

Tool 10: Table shell showing HIV prevalence by age, sex and population size estimates

Area		Sex				Age (years)				Total	
		Male (age ^a 15 years)		Female (age ^a 15 years)		15–24 years		^a 25 years			
		Na	% ^b	N	%	N	%	N	%		
National											
Year											
Year											
Year											
Subnational area											
Year											
Year											
Year											
Local catchment area											
Year											
Year											
Year											
Local size estimate ^c											

Table documentation should include full references.

^aN refers to the number of people tested.

^b% is the percentage of people tested who are living with HIV.

^cThe size estimate is the number of people who inject drugs in the area.

Tool 11: Target-setting worksheet for quality and output indicators at the service delivery level

Not all possible indicators are included here; additional indicators may be added as appropriate. The indicators are numbered as per the list of indicators in Annex 2 and including the data source and full references.

	Indicator	Baseline estimate or No/Yes	Target	Follow-up estimate	At follow-up: target met? No/Yes
Quality indicators					
5.1	Does service delivery provider adhere to WHO and UNFPA guidelines?	No/Yes	Yes	No/Yes	No/Yes
5.2	Percentage of occasions when clients access a needle-syringe programme and receive targeted information, education and communication	n/n = %	%	n/n = %	No/Yes

5.3	Percentage of occasions when clients access a needle–syringe programme and receive condoms	n/n = %	%	n/n = %	No/Yes
5.4	Percentage of patients in opioid substitution therapy receiving recommended maintenance dose	n/n = %	%	n/n = %	No/Yes
5.5	Percentage of patients in opioid substitution therapy who have been on opioid substitution therapy continuously for the past 12 months	n/n = %	%	n/n = %	No/Yes
5.6	Average duration of treatment on opioid substitution therapy	x days	x days	x days	No/Yes
5.7	Average maintenance dose of opioid substitution therapy	mg	mg	mg	No/Yes
5.8	Number of individuals in compulsory treatment	n	0	n	No/Yes
5.9	Percentage of people who inject drugs diagnosed with a sexually transmitted infection who have received treatment	n/n	%	n/n	No/Yes
Output indicators					
4.1	Number of health-care providers trained to avoid discriminating against people who inject drugs	n	n	n	No/Yes
4.2	Number of people on opioid substitution therapy at census date	n	n	n	No/Yes
4.3	Number of people in opioid substitution therapy receiving antiretroviral treatment	n	n	n	No/Yes
4.4	Number of people who inject drugs on antiretroviral treatment	n	n	n	No/Yes
4.5	Number of people who inject drugs reached by a needle–syringe programme in the past month	n	n	n	No/Yes
4.6	Number of people who inject drugs reached by condom distribution programme	n	n	n	No/Yes
4.7	Number of people who inject drugs reached by HIV testing and counselling	n	n	n	No/Yes
4.8	Number of people who inject drugs reached by targeted information, education and communication	n	n	n	No/Yes
4.9	Number of people reached for the first time with HIV prevention programmes	n	n	n	No/Yes
4.10	Number of people who inject drugs reached with HIV prevention programmes	n	n	n	No/Yes
4.11	Number of syringes distributed	n	n	n	No/Yes
4.12	Number of free condoms distributed	n	n	n	No/Yes

Tool 12: Output form – training log

This form can be used by service providers to monitor the number of people trained.

Service location: _____

Service provider ID: _____

Name of the training: _____

ID	Name of student	Date	Type of training	Training completed? Yes/No	Final exam passed? Yes/No

Tool 13: Referral card and referral monitoring form

This form can be used by service providers to monitor the number of people trained.

Service location: _____

Service provider ID: _____

Name of the training: _____

Referral card

Date referred			
Unique identifier code	Referred by (A4)	Referred to (code)	Service requested (E)

Monthly monitoring form for referrals

Date referred	Unique identifier code	Service requested (code from E):
Referral results (tick one)	<ul style="list-style-type: none"> • Person never came to referral site • Person came to referral site – doesn't need to return • Person came to referral site – needs to return • Person came – referred elsewhere 	Date seen: _____ Date referred: _____

Monthly monitoring form for referrals

Referral card	
This form is used to track a person who has been referred. The referred person should provide the card to the referral site on arrival.	
Unique identifier code	Write in the unique identifier code for the referred person. See B1.
Referred by (A4)	Write in the service delivery provider code.
Referred to (code)	Write in the code for the site to which the person is referred.
Service requested (E)	Write in the code of the service requested from section E, e.g. if the person is being referred for legal counselling write "E17."

Monthly referral monitoring form	
This form is used to report on the outcome of a referral on a monthly basis.	
Date referred	Write in the date when the person was referred to your site.
Unique identifier code	Write in the unique identifier code for the referred person. See B1.
Service requested (code from E):	Write in the code of the service requested from section E, e.g. if the person has been referred for legal counselling write "E17."
Referral results (tick only one):	Tick one of the following options to record what happened to the person who was referred for a service:
Person never came to referral site	Tick this box if the referred person never came to the site.
Person came to referral site – doesn't need to return	Tick this box if the person came and received services. This box should be ticked in a situation where the person needed to come to the referral site only once, e.g. if the person came for abscess care and prevention (E3), received treatment and does not need to return. Additionally, write in the date the referred person was seen.
Person came to referral site – needs to return	Tick this box if the person came and received services but needs to return to complete the referral, e.g. if the person was referred to the site for mental health counselling, it is likely that he or she will need to come back for subsequent sessions.
Person came – referred elsewhere	Tick this box if the person came to the referral site but the services he or she was referred for were not available at that time. Tick this box if it was necessary to refer the person elsewhere so that he or she could get the services sought. Write in the date the person was referred.

Tool 14: Form for monitoring distribution of needles and syringes

This form can be used by service providers to monitor the number of people trained.

Location of the services: _____

Service provider ID: _____

Reported time period: _____

Unique identifier code of programme participant	Date	Number of needles and syringes given	Information materials given? Yes/No	Referrals for other services made? Yes/No If yes, to what services?

Tool 15: Form for monitoring HIV testing and counselling interventions

This form can be used by service providers to monitor programme outputs..

Location of the services: _____

Service provider ID: _____

Reported time period: _____

Number	Unique identifier code of programme participant	Date of testing and counselling	Information materials given? Yes/No	Condoms/lubricants given? Yes/No	Referrals for other services made? Yes/No If yes, to what services?	Person came back to receive results? Yes/No
1						
2						

Tool 16: Form to calculate the number of people who inject drugs reached by peer education programmes

This form can be used by peer educators/outreach workers to monitor programme outputs.

Name and location of service delivery point: _____

Peer educator ID: _____

Date: Week of: _____

Instructions: Please enter in each of the rows daily and submit the form to your supervisor by Monday of the following week.

Services provided	Day							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Number of unique contacts made								
Number of people who inject drugs reached for the first time								
Number of targeted information, education and communication materials distributed								
Number of needles and syringes distributed								
Number of condoms/lubricants distributed, if relevant								

Comments _____

Tool 17: Form to monitor outputs across outreach workers

This form can be used by service providers to monitor programme outputs.

Name and location of service delivery point: _____

Peer educator's code	Date: Week of _____	Number of contacts made	Weekly target	Number of people reached for first time	Number of needles and syringes distributed	Number of targeted information, education and communication materials distributed

Tool 18: Checklist for post-service client-centred approach for provision of needles and syringes

This form can be used both by non-programme staff members to conduct direct observations and by staff members to determine whether all necessary events within one interaction have occurred.

- Client was welcomed in a friendly manner.
- Client was asked whether he or she needs any information on needle and syringe use.
- Client was asked whether he or she was clear about the use of needles and syringes.
- Client was encouraged to come back before he or she runs out of needles and syringes.
- Client was encouraged to tell his or her friends about this needle–syringe programme.
- Client was asked whether he or she has any other questions or needs.
- Client was encouraged to fill in a client/participant feedback tool to improve the quality of services.
- Services were provided in a respectful, professional manner.

Tool 19: Tool for participant feedback to assess distribution of needles and syringes

- Are you satisfied with the services provided to you today? (Very satisfied, Satisfied, Not satisfied, Very unsatisfied)
- Do you feel that your needs for needles and syringes were met? (Yes, No)
- How much in your opinion were the staff attentive and responsive to your needs? (Very much, Moderate, Not at all)
- How friendly were the staff to you today? (Very friendly, Friendly, Not friendly, Not friendly at all)
- If applicable, do you feel that all your questions on needle and syringe use were answered? (Yes, No)
- Did you feel comfortable asking a staff member questions on the use of needles and syringes? (Very comfortable, Comfortable, Not comfortable, Not comfortable at all)
- Please suggest any ways we could improve our services to better serve you in the future.

Tool 20: Client satisfaction survey for HIV testing and counselling

Please help us improve our services by taking a few minutes to answer this survey.

Do not put your name on this form.

For each questions, tick the one *answer that best describes what you think*.

1. Did the counselling help you?	<input type="checkbox"/> Helped a lot	<input type="checkbox"/> Helped some	<input type="checkbox"/> Did not help
2. Did you get helpful information?	<input type="checkbox"/> A lot of information	<input type="checkbox"/> A little information	<input type="checkbox"/> No information
3. When you saw the counsellor ...			
... who talked the most?	<input type="checkbox"/> Me	<input type="checkbox"/> The counsellor	<input type="checkbox"/> We talked the same amount
... who listened the most?	<input type="checkbox"/> Me	<input type="checkbox"/> The counsellor	<input type="checkbox"/> We listened the same amount
4. Did the counsellor answer your questions and concerns about HIV?	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> Not at all
5. Did the counsellor help you think about what you were doing that puts you at risk for getting HIV?	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> Not at all
6. Did the counsellor help you make a plan to protect yourself from HIV?	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> Not at all
7. Did the counsellor help you come up with small steps you can take to make your plan work?	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> Not at all
8. Did the counsellor tell you about other places you could go for help?	<input type="checkbox"/> A lot	<input type="checkbox"/> Some	<input type="checkbox"/> Not at all
9. I have no risk of getting HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
10. I am at risk of getting HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
11. I want to reduce my risk of getting HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
12. I know the ways to reduce my risk of getting HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
13. I have a plan for how I will reduce my risk of getting HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
14. I like my plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
15. I'm sure I can follow my plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
16. In your plan to reduce your risk, who came up with what you will do?	<input type="checkbox"/> I did	<input type="checkbox"/> The counsellor did	
17. How much did the counsellor help you?	<input type="checkbox"/> More than enough	<input type="checkbox"/> Enough	<input type="checkbox"/> Not enough
18. How much did you help the counsellor?	<input type="checkbox"/> More than enough	<input type="checkbox"/> Enough	<input type="checkbox"/> Not enough
19. How much did you tell the counsellor about your sex life and use of drugs?	<input type="checkbox"/> All of it	<input type="checkbox"/> Some of it	<input type="checkbox"/> None of it

What else would you like to tell us about your experience with the counsellor?



Thank you!

Source: (<http://www.doh.wa.gov/concon/FmsReptTitlePage/titlepage.htm>).

Annex 1: Glossary of HIV M&E terms

accountability – responsibility for the use of resources and the decisions made, and the obligation to demonstrate that work has been done in compliance with agreed-upon rules and standards and to report fairly and accurately on performance results.

activity – actions taken to produce specific outputs from inputs such as funds, technical assistance and other resources.

adequacy evaluation – measures how well programme activities have met the expected objectives, but does not causally link programme activities to observed changes; often carried out by cross-sectional, one-time surveys among beneficiaries.

assumptions – hypotheses about factors that could affect the progress or success of an intervention. Achieving results depends on whether or not the assumptions made prove to be true. Incorrect assumptions at any stage can become an obstacle to the validity of the expected result or achieving it.

attribution – causal link of one event with another, or ascription of a causal link between observed changes and a specific intervention.

baseline – status of services and outcome-related measures, such as knowledge, attitudes, norms, behaviours and conditions before intervention.

benchmark – reference point or standard against which progress or achievements can be assessed. A benchmark refers to the performance that has been achieved in the recent past by other comparable organizations, or what can be reasonably inferred to have been achieved in similar circumstances.

capacity – knowledge, organization and resources needed to perform a function.

case study – methodological approach that describes, for example, a situation or individual, and that typically incorporates the data-gathering activities (e.g. interviews, observations, questionnaires) at selected sites or programmes. Case studies are characterized by purposive selection of sites or small samples, and the expectation of generalizability is less than that in many other forms of research. The findings are used to report to stakeholders, make recommendations for programme improvement, and share lessons with other countries.

combination prevention – involves choosing the right mix of behavioural, biomedical and structural HIV prevention actions and tactics to suit a country's actual epidemic and the needs of the people most at risk.

conclusion – sound judgement deduced from empirical findings or factual statements corresponding to a specific circumstance.

Country Response Information System (CRIS) – information system for monitoring and evaluating national responses to HIV. CRIS includes integrated indicators, project/resources tracking and research modules. It facilitates the development of a clearinghouse for indicator data to enable indicator exchange between the United Nations and other partner applications.

coverage – extent to which a programme reaches its intended target population, institution or geographical area.

data – specific quantitative and qualitative information or facts that are collected.

effectiveness – extent to which a programme or project has achieved its objectives under normal conditions in a field setting.

efficacy – extent to which an intervention produces the expected results under ideal implementation conditions in a controlled environment.

efficiency – measure of how well inputs (resources such as funds, expertise and time) are converted into outputs. The term “efficiency” is also used more specifically in economic evaluation to mean the cost value of producing a given product or service.

epidemic – rapid spread of an infectious disease through a demographic segment of a population. In the context of HIV, a generalized epidemic is characterized by an HIV prevalence higher than 1% in the total population, and a concentrated epidemic has an HIV prevalence higher than 5% in any subpopulation at higher risk of HIV infection but less than 1% in the total population.

epidemiology – study of how often, and why, diseases occur in different groups of people. Epidemiological information is used to plan and evaluate strategies to prevent illness.

evaluability assessment – study to determine whether or not a programme or project can be evaluated.

evaluation – systematic collection and analysis of information about programme activities, characteristics and outcomes that determines the merit or worth of a specific programme. Evaluation studies provide credible information for use in improving programmes, identifying lessons learnt, and informing decisions about future resource allocation. An evaluation can use a quantitative approach (e.g. structured or standardized approaches for collecting numerical or categorical data, such as surveys, questionnaires and checklists, using experimental or quasi-experimental design), a qualitative approach (e.g. semi structured data collection, such as interviews, focus groups and observation), or a mix of both approaches.

exploratory study – preliminary study to provide information on the topic of the intervention to understand the problem better.

facility survey – survey of a representative sample of facilities that generally aims to assess the readiness of all elements required to provide services and other aspects of quality of care (e.g. basic infrastructure, drugs, equipment, test kits, registers, staff trained in the delivery of services). The units of observation are facilities of various types and levels in the same health system. The exact content of the survey can vary, but it typically includes a facility inventory and sometimes health worker interviews, client exit interviews and client–provider observation. Depending on the objective of the survey, both public and private facilities may be included in the sample frame of sites; the Service Provision Assessment is one example. The term “health facility assessment” is sometimes used as a broader term than “facility survey.” A health facility assessment includes facility surveys but also includes facility censuses, such as the WHO Service Availability Mapping.

feasibility – coherence and quality of a programme or project strategy that makes successful implementation likely.

formative evaluation – evaluation intended to improve the performance of a programme or project. A formative evaluation is usually undertaken during the design and pretesting of the project or programme, but it can also be conducted early in the implementation phase, particularly if implementation activities are not going as expected.

generalizability – extent to which findings can be assumed to be true for the entire target population rather than only for the sample. To ensure generalizability, the sample procedure and the data need to meet certain methodological standards.

Goals – higher-order aims of the programme or project to which the intervention is intended to contribute.

health information system (HIS) – data system, usually computerized, that routinely collects and reports information about the delivery of services, costs, demographic and health information, and results status. The terms “routine health information systems” (RHIS) and “health management information systems” (HMIS) are also used.

impact – longer-range cumulative effect of programmes over time on what they ultimately aim to change.

Often, this effect will be a population-level health outcome, such as a change in HIV infection, morbidity and mortality. Impacts are rarely, if ever, attributable to a single programme, but a programme may, with other programmes, contribute to impacts on a population. Impact can also be used in the context of a specific programme. In this case, it implies a much closer link to attribution of the programme and a conceptual model underlying it.

impact evaluation – scientifically rigorous methodology to establish a causal association between programmes and what they aimed to achieve beyond the outcomes on individuals targeted by the programme(s). Impact evaluation looks at the rise and fall of impacts, such as disease incidence and prevalence or quality of life as a function of HIV programmes. The effects (impacts) on the entire populations are seldom attributed to a single programme or even several programmes; therefore, evaluations of impact on populations usually entail an evaluation design that includes the combined effects of a number of programmes for populations at risk.

impact monitoring – in the field of public health, a process that is usually referred to as “disease surveillance” and is concerned with the monitoring of disease prevalence or incidence. With this type of monitoring, data are collected at the jurisdictional, regional and national level.

incidence – number of new cases of a disease that occur in a specified population during a specified time period.

indicator – quantitative or qualitative variable that provides simple and reliable means to measure achievement, monitor performance or reflect changes connected to an intervention.

input – resource used in a programme, including monetary and personnel resources from a variety of sources, as well as curricula and materials.

inputs and outputs monitoring – basic tracking of information about programme inputs, or resources that go into a programme, and about outputs of the programme activities. Data sources for monitoring inputs and outputs usually exist in programme documentation (e.g. activity reports, logs) and client records, which offer details about the time, place and amount of services delivered, as well as the types of client receiving services.

internal evaluation – evaluation of the intervention conducted by a unit reporting to the donors, partners and implementing organization.

intervention – specific activity or set of activities intended to bring about change in some aspect of the status of the target population (e.g. HIV risk reduction, improving the quality of services) using a common strategy. An intervention has a distinct process and outcome objectives and a protocol outlining the steps of the intervention.

joint evaluation – evaluation of a programme or project where different partners or donors participate.

lessons learnt – learning from experience that is applicable to a generic situation rather than to a specific situation. Generalizations are based on evaluation experiences from programmes, projects or policies.

meta-evaluation – evaluation that aggregates findings from a series of evaluations. A meta-evaluation can also be an evaluation of an evaluation to assess the performance of the evaluators.

monitoring – routine tracking and reporting of priority information about a programme and its intended outputs and outcomes.

monitoring and evaluation (M&E) plan – comprehensive planning document for all M&E activities. The plan documents the key M&E questions to be addressed, including what indicators are collected; how, how often, from where and why they will be collected; what baselines, targets and assumptions will be included; how the indicators are going to be analysed or interpreted; and how or how often reports will be developed and distributed on these indicators.

objective – statement of desired programme results. A good objective meets the criteria of being specific, measurable, achievable, realistic and time-based (SMART).

operational research – application of systematic research and evaluation techniques to improve programmes and service delivery. This application analyses only factors that are under the control of programme managers, including indicators of programme success, such as improving the quality of services, increasing training and supervision of staff members, and adding new service components. It is designed to assess the accessibility, availability, quality and sustainability of programmes.

outcome – changes that a programme aims to effect on target audiences or populations, such as change in knowledge, attitudes, beliefs, skills, behaviours, access to services, policies and environmental conditions.

outcome evaluation – type of evaluation concerned with determining whether, and by how much, programme activities or services achieved their intended outcomes among the targeted population. Whereas outcome monitoring is helpful and necessary in knowing whether outcomes were attained, outcome evaluation attempts to attribute observed changes among the targeted population to the intervention tested, describe the extent or scope of programme outcomes, and indicate what might happen in the absence of the programme. An outcome evaluation is methodologically rigorous and generally requires a comparative element in design, such as a control or comparison group, although it is possible to use statistical techniques in some instances when control groups are not available (e.g. for a national programme).

outcome monitoring – basic tracking of variables that have been adopted as measures or indicators of the desired programme outcomes. Outcome monitoring does not infer causality; changes in outcome could be attributable to multiple factors, not just the programme. With national HIV programmes, outcome monitoring is typically conducted through population-based surveys (representative of the target population but not necessarily the general population) to track whether desired outcomes have been reached; it may also track information directly related to programme clients, such as change in knowledge, attitudes, beliefs, skills, behaviours, access to services, policies and environmental conditions.

outputs – results of programme activities. This term relates to the direct products or deliverables of programme activities, such as the number of counselling sessions completed, the number of people reached, and the number of materials distributed.

performance – the degree to which an intervention operates according to specific criteria, standards or guidelines, or achieves results in accordance with stated plans.

plausibility evaluation – way to demonstrate with a certain level of certainty that impact is due to an intervention programme. Plausibility evaluation includes the use of control groups and requires baseline and post-intervention statistics, as well as multivariate analyses.

population-based surveys – large-scale national health surveys, such as demographic and health surveys. Population-based surveys are statistically representative of their target populations. Usually, surveys that are population-based imply representation of the general population of a given age and sex in a given geographical area, but they do not have to be national in scope or even of a large scale. National surveys can also be conducted in a way such that they are not population-based.

prevalence – total number of people living with a specific disease or condition during a given time period.

process – multiple activities carried out to achieve the objectives of a programme. The process includes what is done and how well it is done.

process evaluation – type of evaluation that focuses on programme implementation, including, but not limited to, how services are delivered, differences between the intended population and the population served, access to the programme, and management practices. In addition, process evaluation might provide understanding about a programme's cultural, sociopolitical, legal and economic contexts that affect implementation.

process monitoring – routine gathering of information on all aspects of programme or project implementation, to check on how activities are progressing. An example of process monitoring is the routine documentation of characteristics describing the targeted population served, the services provided, and the resources used to deliver those services. It provides information for planning and feedback on the progress of the project or programme to the donors, implementers and beneficiaries of the activities.

programme – overarching national or subnational response to a disease. A programme generally includes a number of projects.

programme evaluation – systematic assessment of the means and ends of some or all stages of a programme, including planning, implementation and outcome, to determine the value of and to improve the programme.

programme records – various sources of information used to describe programme inputs and programme-related project-level activities. Examples include budget and expenditure records and logs of commodities.

project – time-bound intervention that consists of a set of planned, interrelated activities aimed at achieving defined outputs. A project usually has a shorter timeframe than a programme.

qualitative data – data collected from qualitative methods, such as interviews, focus groups, observations and key informant interviews. Qualitative data can provide an understanding of social situations and interaction, as well as people’s values, perceptions, motivations and reactions. Qualitative data are generally expressed in narrative form, not numerically.

quantitative data – data presented in numerical form, such as survey data and epidemiological data.

recommendations – proposals aimed at improving the effectiveness, quality or efficiency of an intervention that should be linked to findings based on monitoring and evaluation data.

relevance – degree to which the outputs, outcomes or Goals of the intervention are consistent with the needs of the target group, as well as global, national, partners’ and donors’ policies and priorities.

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

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

research design – plan that defines the research question, hypotheses to be examined, and the number and type of variables to be studied. It also assesses the relationship between the variables by using well-developed principles of scientific enquiry.

results – output, outcome or impact of an intervention.

second-generation surveillance – HIV surveillance tailored to meet the specific pattern of the epidemic in a country. It tracks HIV prevalence and also uses additional sources of data to increase understanding of trends of the epidemic over time. It includes biological surveillance of HIV and other sexually transmitted infections as well as systematic surveillance of the behaviours that spread them.

sentinel surveillance – systematic ongoing collection and analysis of data from certain sites (e.g. hospitals, health centres, antenatal clinics) selected for their geographical location, medical specialties and populations served, and considered to have the potential to provide an early indication in the changes in the level of disease.

stakeholder – person, group or entity that has a role and interest in the Goals or objectives and implementation of a programme.

summative evaluation – evaluation designed to present conclusions about the merit of an intervention and recommendations of whether it should be retained, altered or eliminated.

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

sustainability (of a programme) – likelihood that political and financial support will last.

target population – group of people who are to benefit from the result of the intervention.

triangulation – analysis and use of data from three or more sources obtained by different methods. Findings can be corroborated, and the weakness or bias of any of the methods or data sources can be compensated for by the strengths of another, thereby increasing the validity and reliability of the result.

validity – extent to which a measurement or test accurately measures what is intended to be measured.

Annex 2: Existing indicators for national, subnational and service delivery levels

Important note

Indicators need to be selected carefully. Typically, it is best to start with a few indicators that (1) provide key information about the programme, (2) can be well-defined, so that they can be collected in a standardized manner and with good quality, and (3) can be measured repeatedly to provide trends over time. Once the basics are in place, additional indicators may be added, if needed, and as resources and capacity permit.

The table below provides a wide range of indicators from which the most appropriate indicator set can be selected for use at the national, subnational or service delivery level. Throughout the Guidelines, specific recommendations have been made regarding measurement of programme progress and achievements; these should help with the decision on which specific indicators to select. It is important to remember that some indicators need to be shared between levels and therefore need to be standardized (i.e. collected in the same manner) across different data-collection sites.

At the 2011 UN General Assembly High Level Meeting on AIDS that took place in June in New York, Member States adopted a new Political Declaration which contained new targets to effectively respond to the AIDS epidemic. The new Political Declaration mandated UNAIDS to support countries in reporting back on progress made towards achieving the new commitments. It also provided for the UN Secretary-General to report regularly to the General Assembly on progress achieved in realizing these commitments.

The core indicators for country progress reporting have been revised to reflect the new targets set out in the 2011 Political Declaration on AIDS. A list of these indicators can be found at http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2212_Progress_reporting_2012_flyer_en.pdf. Technical guidance and tools for aiding the preparation of the country progress reports are available at <http://www.unaids.org>. Should you have questions, please contact AIDSreporting@unaids.org.

It should also be noted that for some indicators in the table, not all necessary information is available in the source documents. Each indicator needs to be defined fully to ensure data can be collected with high quality every time the indicator is measured. This means that each indicator needs to have the following information: (1) a title and definition, (2) a purpose and rationale, (3) a detailed description of how to measure the indicator and the data collection method, (4) the frequency with which the indicator is recommended to be measured, (5) any disaggregations (e.g. sex, age), (6) how to interpret the indicator data (i.e. what do stable, increasing or decreasing values mean), (7) its strengths and weaknesses and (8) any additional sources of information about the indicator. For indicator standards, see UNAIDS (2011c). Full specifications are under development for all indicators listed below; some of the indicators also need field-testing.

Number	Indicator label	Method	Reference
Impact indicators (to be collected by national and subnational levels)			
1.1	HIV prevalence among people who inject drugs	Surveys ^a	UNAIDS (2009e): 23 (adapted for people who inject drugs) ^b
Outcome indicators related to risk of HIV transmission (to be collected by national and subnational levels)			
2.1	Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Surveys ^a	UNAIDS (2009e): 21; by opioid substitution therapy status: WHO (2009b): 4.2 ^a .13, 4.2 ^b .6
2.2	Percentage of people who inject drugs reporting the use of a condom the last time they had sexual intercourse	Surveys ^a	UNAIDS (2009e): 20; WHO (2009b): 4.6.5
2.3	Percentage of people who inject drugs reporting symptoms of a sexually transmitted infection in the past 12 months	Surveys ^a	UNAIDS (2007b): cell I9
2.4	Average number of partners sharing non-sterile injecting equipment per year among people who inject drugs	Surveys ^a	UNAIDS (2007b): cell J9
2.5	Average number of acts of use of non-sterile injecting equipment with each injecting partner per year among people who inject drugs	Surveys ^a	UNAIDS (2007b): cell K9
2.6	Average percentage of injection events using sterile injecting equipment	Surveys ^a	UNAIDS (2007b): cell L9
2.7	Prevalence of injecting drug use in general population (number of people who inject drugs)	Demographic and Health Surveys or AIDS Indicator Survey, size-estimation methods	MERG M&E guidelines for people who inject drugs: Step 1
2.8	Percentage of people who inject drugs injecting once per day or more	Surveys ^a	WHO (2009b): 4.2 ^b .7
2.9	Average number of intimate partners per person who injects drugs per year	Surveys ^a	UNAIDS (2007b): cell J10, MERG M&E Guidelines for people who inject drugs (Step 2)
2.10	Average number of new intimate partners per person who injects drugs per year	Surveys ^a	MERG M&E guidelines for people who inject drugs: Step 1

2.11	Percentage of people who inject drugs who report injecting before age 15 years	Surveys ^a	MERG M&E guidelines for people who inject drugs: Step 1
Outcome indicators related to contributing factors and enabling environment (to be collected by national level)			
2.12	Percentage of people who inject drugs who correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV	Surveys ^a	UNAIDS (2009e): 14 (adapted for people who inject drugs) ^b
2.13	Percentage of people who inject drugs aware of their HIV status	Surveys ^a	WHO (2009b): 4.3.5
2.14	Enabling environment index for people who inject drugs (scale from 1 to 10)	Document and policy review	UNGASS National Composite Policy Index (NCPI)
2.14	Enabling environment index for people who inject drugs (scale from 1 to 10)	Document and policy review	UNGASS National Composite Policy Index (NCPI)
Coverage indicators (to be collected by national and subnational levels)			
3.1	Percentage of people who inject drugs who have received an HIV test in the past 12 months and who know their result	Surveys ^a	UNAIDS (2009e): 8 (adapted for people who inject drugs) ^b
3.2	Percentage of people who inject drugs reached with HIV prevention programmes	Surveys ^a	UNAIDS (2009e): 9 (adapted for people who inject drugs) ^b
3.3	Percentage of people who inject drugs screened for sexually transmitted infections in the past 12 months	Survey ^a	WHO (2009b): 4.5.3
3.4	Percentage of people who inject drugs reached by targeted information, education and communication in past 12 months	Survey ^a	WHO (2009b): 4.7.5
3.5	Percentage of people who inject drugs receiving any HIV prevention service	Survey ^a	MERG M&E Guidelines for people who inject drugs (Step 6)
3.6	Percentage of people who inject drugs receiving the country-defined minimum package of services	Survey ^a	MERG M&E Guidelines for people who inject drugs (Step 6)
Coverage indicators (to be collected by national, subnational and service delivery levels)			
3.7	Percentage of people who inject drugs regularly reached by a needle–syringe programme (once per month or more in the past 12 months)	Survey ^a or programme data ^{c,d} plus size estimates	WHO (2009b): 4.1.5

3.8	Percentage of people who inject drugs reached by a needle-syringe programme in the past month	Surveya or programme data ^{c,d} plus size estimates	WHO (2009 ^b): 4.1.6
3.9	Syringes distributed per person who injects drugs per year	Programme data ^{c,d} plus size estimates	WHO (2009 ^b): 4.1.7
3.10	Free condoms distributed each year by targeted condom distribution programmes for people who inject drugs per person who injects drugs	Programme data ^{c,d} plus size estimates	WHO (2009 ^b): 4.6.3
3.11	Percentage of people who inject drugs diagnosed with and receiving treatment for hepatitis B	Programme data ^{c,d}	WHO (2009 ^b): 4.8.11
3.12	Percentage of people who inject drugs completing treatment for hepatitis C	Programme data ^{c,d}	WHO (2009 ^b): 4.8.14
3.13	Percentage of people who inject drugs completing TB preventive therapy	Programme data ^{c,d}	WHO (2009 ^b): 4.9.7
3.14	Percentage of people who inject drugs diagnosed with TB and started treatment in the past 12 months	Programme data ^{c,d}	WHO (2009 ^b): 4.9.8
3.15	Percentage of people who inject drugs completing course of hepatitis B vaccination	Programme data ^{c,d}	WHO (2009 ^b): 4.8.10
3.16	Percentage of people who inject drugs completing treatment for hepatitis B	Programme data ^{c,d}	WHO (2009 ^b): 4.8.12
Geographical coverage (to be collected by national and subnational levels)			
3.17	Whether each component of the package for people who inject drugs (WHO, 2009 ^b) is available in the area (yes/no for each component)	Facility surveys, programme data ^{c,d}	WHO (2009 ^b): Section 4
3.18	Number of sites offering a component of the basic package for people who inject drugs per 1000 people who inject drugs	Programme data ^{c,d} , surveya	WHO (2009 ^b): Section 4
Output indicators (to be collected by service delivery level)			
4.1	Number of health-care providers trained to avoid discriminating against people who inject drugs	Programme data ^d	MERG M&E guidelines for people who inject drugs: Step 1
4.2	Number of people on opioid substitution therapy at census date	Programme data ^d	WHO (2009 ^b): 4.2 ^a .4

4.3	Number of people on opioid substitution therapy receiving antiretroviral treatment	Programme data ^d	WHO (2009b): 4.4.2
4.4	Number of people who inject drugs on antiretroviral treatment	Programme data ^d	WHO (2009b): 4.3.6
4.5	Number of people who inject drugs reached by a needle–syringe programme in the past month	Programme data ^d	MERG M&E guidelines for people who inject drugs: Step 1
4.6	Number of people who inject drugs reached by condom distribution programme	Programme data ^d	MERG M&E guidelines for people who inject drugs: Step 1
4.7	Number of people who inject drugs reached by HIV testing and counselling	Programme data ^d	MERG M&E guidelines for people who inject drugs: Step 1
4.8	Number of people who inject drugs reached by targeted information, education and communication	Programme data ^d	MERG M&E guidelines for people who inject drugs: Step 1
4.9	Number of people reached for the first time with HIV prevention programmes	Programme data ^d	MERG M&E guidelines for people who inject drugs: Step 1
4.10	Number of people who inject drugs reached with HIV prevention programmes	Programme data ^d	HIV-P4 ^b Global Fund (MARP)
4.11	Number of syringes distributed	Programme data ^d	Used for coverage indicator 3.9
4.12	Number of free condoms distributed	Programme data ^d	Used for coverage indicator 3.10
Quality indicators (to be collected by service delivery level)			
5.1	Percentage of programme sites adhering to WHO and UNFPA guidelines	Quality audit	WHO (2009 ^b)
5.2	Percentage of occasions when clients access a needle–syringe programme and receive targeted information, education and communication	Programme data ^{c,d}	WHO (2009 ^b): 4.1.10
5.3	Percentage of occasions when clients access a needle–syringe programme and receive condoms	Programme data ^{c,d}	WHO (2009 ^b): 4.1.11
5.4	Percentage of patients on opioid substitution therapy receiving recommended maintenance dose	Programme data ^{c,d}	WHO (2009 ^b): 4.2 ^a .9

5.5	Percentage of patients on opioid substitution therapy who have been on opioid substitution therapy continuously for the past 12 months	Programme data ^{c,d}	WHO (2009 ^b): 4.2 ^a .10
5.6	Average duration of treatment on opioid substitution therapy	Programme data ^{c,d}	WHO (2009 ^b): 4.2 ^a .11
5.7	Average maintenance dose of opioid substitution therapy	Programme data ^{c,d}	WHO (2009 ^b): 4.1.12
5.8	Number of individuals in compulsory treatment	Programme data ^{c,d}	WHO (2009 ^b): 4.2 ^b .5
5.9	Percentage of people who inject drugs diagnosed with a sexually transmitted infection who received treatment	Programme data ^{c,d}	WHO (2009 ^b): 4.5.5
Input indicators (to be collected by national and subnational levels)			
6.1	Total funds expended on harm-reduction programmes for people who inject drugs	National AIDS spending assessment for a calendar or fiscal year and financial resource flows	UNAIDS (2009 ^e): Appendix 3 National Funding Matrix 1.10
6.2	Whether or not the national M&E plan includes all of the components for M&E of HIV prevention programmes for people who inject drugs	Desk review and key informant interviews conducted as part of NCPI	UNAIDS (2009 ^e): Appendix 4, NCPI Part A, Section V, Number 2, adapted to focus on people who inject drugs
6.3	Number of subnational areas with any gap in inputs	Programme data ^{c,d}	MERG M&E Guidelines for people who inject drugs: Step 4
Input indicatorse (to be collected at service delivery level)			
6.4	Funds available	Programme data ^d	MERG M&E Guidelines for people who inject drugs: Step 4
6.5	Needles and syringes available	Programme data ^d	MERG M&E Guidelines for people who inject drugs: Step 4
6.6	Human resources available	Programme data ^d	MERG M&E Guidelines for people who inject drugs: Step 4
6.7	Equipment available	Programme data ^d	MERG M&E Guidelines for people who inject drugs: Step 4
2.14 Enabling environment index for addressing the HIV epidemic among people who inject drugsf (yes/no)			
2.14.1	Does the country have a national multisectoral strategy for HIV prevention, treatment, care and support services among people who inject drugs that meets international standards?		
2.14.2	Does the country have a mechanism to promote interaction between all sectors for implementing HIV programmes for people who inject drugs?		

2.14.3	Are people who inject drugs actively involved in HIV policy and programme implementation and M&E?
2.14.4	Does the country have non-discrimination laws specifying protections for people who inject drugs?
2.14.5	Is the country free of national laws, regulations and national policies that present obstacles to effective HIV prevention, treatment, care and support services for people who inject drugs?
2.14.6	Is there a national mechanism to record, document and address cases of discrimination experienced by people who inject drugs?
2.14.7	Does the country have a policy or strategy to promote information, education and communication, and other preventive health interventions for people who inject drugs?
2.14.8	Are there programmes in place to reduce HIV-related stigma and discrimination against people who inject drugs?
2.14.9	Does the country have a policy to ensure equal access for people who inject drugs to HIV prevention, treatment, care and support services?
2.14.10	Has the country identified specific needs for HIV prevention programmes for people who inject drugs?

^aRepeated cross-sectional biobehavioural surveys of people who inject drugs conducted every 2 years.

^bUNGASS indicator on populations most at risk applied to people who inject drugs. See <http://www.unaids.org> for updates to the UNGASS indicator set.

^cAt the national level: aggregated annually from subnational level annual reports.

^dAt the subnational level: aggregated quarterly from monthly programme data.

^eThe indicators are used for gap analysis (amount needed minus amount available).

^fThe index can be calculated by adding the number of questions with a “yes” answer and multiplying by 10.

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