National AIDS Monitoring and Evaluation Plan

2021-2023

AIDS/STD Programme (ASP)
Directorate General of Health Services
Ministry of Health and Family Welfare

National AIDS Monitoring and Evaluation Plan 2021–2023

BANGLADESH

December 2021

AIDS & STD Programme (ASP)
Directorate General of Health Services
Ministry of Health and Family Welfare

Overall Guidance and Coordinated by:

1. Dr. Mohammad Mahbubur Rahman, Assistant Director, National AIDS/ STD Control, DGHS
2. Dr. SM Ziual Bari, Deputy Programme Manager (M & E) Incharge, AIDS/ STD Programme, DGHS
3. Md. Akhtaruzzaman, Sr. Manager, AIDS/ STD Programme, DGHS
4. Dr. Fatema Khatun, Technical Specialist, AIDS/ STD Programme, DGHS
5. Dr. Nusrat Momen, M & E Expert, AIDS/ STD Programme, DGHS
6. Md. Alauddin, Manager (Data and IT), AIDS/ STD Programme, DGHS
7. Md. Shahinul Islam Chowdhury, Asst Manager, Finance, AIDS/ STD Programme, DGHS

Consultant:

Furkan Hossain
Monitoring and Evaluation Expert

AIDS & STD Programme (ASP)
Design and Printed by:
Publication Date: December 2021

MESSAGE FROM LINE DIRECTOR

I am delighted to introduce this updated National AIDS M&E Plan 2021-2023, which was involved an intensive consultative and consensus-building process. National AIDS M&E Plan 2021-23 has been revised based on the updated National Strategic Plan, National HIV & AIDS strategies, considering GAM reporting indicators. I hope that this document will serve as a guide for relevant stakeholders on strategies for achieving designated improvements in the overall performance of the national HIV M&E System.

I want to acknowledge the sincere support of relevant stakeholders for successfully completing the National AIDS M&E Plan 2021-2023 revision process, including participation in the MESSA workshop, reviewing the indicators, and reviewing the draft document. The goal of developing this Plan is to establish a coordinated and effective national system for managing strategic information for the HIV and AIDS response.

The Plan is comprised of sections that provide an understanding for the establishment of one M &E system that imply the collective responsibility of all stakeholders in the HIV and AIDS response. Therefore, implementation of the Plan is the role of all relevant stakeholders, whereas the overall coordination and ensuring the establishment of the system remains the responsibility of the AIDS/STD Programme (ASP).

I believe that this National HIV M&E Plan will contribute to strengthening "one M&E System' for addressing HIV and AIDS.

Dr. Md. Khurshid Alam
Director (DGHS) &
Line Director, TB-L and ASP
Directorate General of Health Services
Ministry of Health and Family Welfare

FOREWORD FROM PROGRAM MANAGER

The National AIDS Monitoring and Evaluation Plan (2021-2023) aims to provide the setting for a coordinated 'ONE M&E System' of the country's response to HIV and AIDS. The 4th National Strategic Plan and the National AIDS Monitoring and Evaluation Plan have provided the framework by identifying a set of core indicators and targets for monitoring and evaluating the national, multi-sectorial response to HIV & AIDS. However, continuous work is needed to develop the M&E system itself further and build the human capacity to operate the national M&E system. Therefore, this document provides cost and timed sets of activities for the next three years aimed at strengthening the national M&E system. This Plan will guide all stakeholders to coordinate M&E activities and operationalize the M&E framework fully.

The updated M&E plan for 2021-2023 aims to continue moving towards a 12 components functional M&E system. The activities described are based on priorities identified through the consultative meeting for M&E System Strengthening Assessment (MESSA) conducted in October 2021. The components address individual, organizational, and functional aspects of an M&E system and the mechanisms through which data are collected, verified and used to provide the foundation for a comprehensive and well-functioning M&E system.

This Plan has been developed under the leadership of ASP and with participation from the Technical Working Group (TWG) for M&E and SI and committed M&E professionals from government, civil society, and development partners. Implementing the National AIDS M&E plan will harmonize and improve the monitoring and evaluation of the country's response to the epidemic.

Dr. Md. Anwarul Amin Akhand
Deputy Director & Program Manager
AIDS & STD Programme (ASP)
Directorate General of Health Services
Ministry of Health and Family Welfare

ACKNOWLEDGEMENT

The National AIDS Monitoring and Evaluation Plan has been developed in consultation with a wide range of technical partners and stakeholders in response to HIV. This document is revised and updated to adapt strategies based on recent advances. In addition, several 'fast track' approaches are set to guide the national response to HIV and AIDS to achieve the global targets on 'Ending AIDS by 2030' and treatment target of '95-95-95' by 2025, focusing on prioritized districts based on the proportion of key population and HIV case detection.

The updated National AIDS M&E Plan aims to strengthen the existing HIV M&E System and ensures the operationalization of monitoring and evaluation activities for HIV and AIDS response in Bangladesh. Achieving the priority objectives aligned with the 4th National Strategy Plan will be continued during the next sector program through strengthening both management and technical capacities of the AIDS & STD Programme.

ASP would like to recognize and acknowledge all stakeholders, national and international organizations, including technical working group (M&E and SI), bilateral organizations, UN Agencies, NGOs, CBOs, and individual professionals involved in HIV M&E System assessment and provide valuable inputs and feedback.

Sincere thanks go to Furkan Hossain, Consultant, AIDS/STD Programme (ASP), for carrying out the assignment and developing this document.

Dr. S M Ziaul Bari
Deputy Programme Manager - M&E (In-charge)
AIDS & STD Programme (ASP)
Directorate General of Health Services
Ministry of Health and Family Welfare

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
ASP	AIDS & STD Programme
BCC	Behavior Change Communication
BDHS	Bangladesh Demographic and Health Survey
BSS	Behavioral Surveillance Survey
CABA	Children Affected By HIV and AIDS
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CST	Care, Support and Treatment
DGHS	Director General of Health Services
DHIS2	District Health Information System
DOC	Declaration of Commitment
DP	Development Partner
EVA	Especially Vulnerable Adolescents
FSW	Female Sex Worker
GAM	Global AIDS Monitoring
GARPR	Global AIDS Response Progress Report
GBV	Gender Based Violence
GF	Global Fund
GOB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
HLM	High Level Meeting
HPNSP	Health Population Nutrition Sector Program
HTC	HIV Testing and Counseling
icddr,b	International Centre for Diarrheal Diseases Research, Bangladesh
IEDCR	Institute of Epidemiology, Disease Control and Research
KP	Key Population
MARA	Most At Risk Adolescent
MERG	Global M&E Reference Group
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MESSA	Monitoring and Evaluation System Strengthening Assessment
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MOE	Ministry of Education
MOHA	Ministry of Home Affairs
MOHFW	Ministry of Health and Family Welfare

MOLE	The Ministry of Labour and Employment
MSM	Men who have Sex with Men
MSW	Male Sex Worker
NAC	National AIDS Committee
NASA	National AIDS Spending Assessment
NASP	National AIDS/STD Programme
NCPI	National Commitments and Policy Instrument
NGO	Non-government Organization
NSP	National Strategic Plan
OP	Operational Plan
OVC	Orphans and Vulnerable Children
PEP	Post-exposure Prophylaxis
PrEP	Pre-exposure Prophylaxis
PLHIV	People Living with HIV
PMTCT	Prevention of Mother–to-child Transmission
PR	Principal Recipient
PWID	People Who Inject Drug
QMR	Quarterly Monitoring Report
RBF	Result Based Framework
SAC	Surveillance Advisory Committee
SC	Save the Children
SDG	Sustainable Development Goals
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TC-NAC	Technical Committee of National AIDS Committee
TWG	Technical Working Group
UA	Universal Access
UN	United Nations
UNAIDS	United Nations Joint Program on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WAD	World AIDS Day
WB	World Bank
WHO	World Health Organization

CONTENTS

List of Annexes

List of Tables

List of Figures

1. Introduction

1.1 Background

The overall aim of the revision process is to review the current situation of the Monitoring and Evaluation (M&E) System and recommendations for strengthening the HIV and AIDS M&E system. The M&E System Strengthening Assessment was conducted to support the revision of the M&E Plan for National Multi-sectorial M&E of HIV & AIDS and serve as a guide to all stakeholders on strategies for achieving designated improvements in the overall performance of the One HIV M&E system.

The purpose of any M&E system is to provide the data needed to monitor progress and evaluate results to inform program decisions and policy formulation. This document is based on the 12 components described in the 'Organizing Framework for a Functional National HIV M&E System' (Figure 1). The components address individual, organizational and functional aspects of an M&E system and the mechanisms through which data are collected, verified, and used.

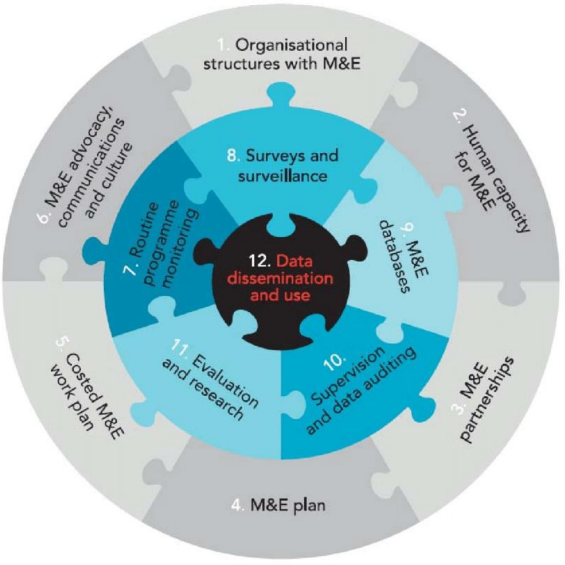


FIGURE 1: 12 Components of a Functional National HIV M&E System; UNAIDS, 2008

Over the years, Bangladesh's national AIDS M&E system has improved appreciably and learned from its past experiences. It is now well prepared within the premise that a sound monitoring system constantly guides towards results by measuring the national response: actions and programs are contributing to the goals. Moreover, a careful analysis of the information generated through the M&E system greatly reduces the chances of making wrong decisions or working in the wrong directions.

To fulfil the requirement of formulating an updated plan for the next implementing period corresponding to the revised 4th National Strategic Plan for AIDS 2018-2023[1]. The updated National AIDS M&E Plan 2021-2023 is developed according to the result-based framework of the revised National Strategic Plan (NSP). This updated national AIDS M&E Plan also considers the previous M&E plans and frameworks. Alike the past M&E Plans, this revision also recognizes the "Three Ones", principles and the Declaration of Commitment (DOC*)* to achieve the Strategic Development Goal of "Ending AIDS sets the world on the Fast-Track to end the epidemic by 2030[2]". The Three One's advocates for one agreed-upon country-level M&E system for coordinating activities and the updated targets set by UNAIDS for 2025 aim for 95% of those living with HIV to know their status, 95% of those who know their status to be on treatment and 95% of those on treatment to be virally suppressed.

[1] Revised 4th National Strategic Plan for HIV and AIDS Response 2018-2023, ASP, 2020

[2] United Nations General Assembly Political Declaration on Ending AIDS, 2016

The M&E system assessment followed the UNAIDS' 12 Component M&E System Strengthening Tool.[3]. This tool is the product of a comprehensive review and consolidation of existing assessment tools. It has been endorsed by the global M&E Reference Group (MERG) for HIV/AIDS, and this tool has been widely used globally to assess the M&E system.

The process of reviewing and updating the national M&E plan is led by the AIDS/STD Programme (ASP), a wing within the Directorate General of Health Services (DGHS) of the Ministry of Health and Family Welfare (MOHFW). The revised plan will strengthen the existing AIDS M&E system and ensure the operationalization of the national multi-sectoral monitoring and evaluation of response to HIV. This document will also serve as a guideline for all stakeholders for achieving desired improvements in the overall performance of the AIDS M&E system in Bangladesh.

This document is for all M&E and program staff involved in the HIV and Sexually transmitted infection (STI) response, including implementing partners and other ministries. In addition, the document will be helpful for development partners and development partners (DPs) for resource mobilization of strengthening of 'One M&E System' for HIV and STI activities.

[3] UNAIDS (2008). Twelve components Monitoring and Evaluation System Strengthening Tool

1.2 Goal and Objectives of the National AIDS M&E Plan

The overall goal of the national M&E Plan is to guide the generation, collection, and use of the strategic information for program improvement, recognition of reporting requirements and transparency mechanisms, and information sharing.

The specific objectives are:

1. To provide a common understanding of the scope and priorities of the national M&E system;
2. To ensure more effective coordination, greater transparency, and better communication among all stakeholders involved in the national response;
3. To guide roles and responsibilities of stakeholders and improvement of identified M&E capacity for different levels of policymakers, managers, and relevant professionals/service providers for successful implementation of the M&E plan;
4. To guide implementing partners in the collection and reporting of data that are relevant to measure the progress of the National Strategic Plan;
5. To provide stakeholders with standard or adaptable data collection tools, including recording and reporting formats and specifics on the needed frequency of collection, compilation, and analysis of priority information;
6. To provide stakeholders the information on the future need of resources for conducting M&E activities and a roadmap for implementing the M&E Plan from 2021 through 2023.

1.3 The National AIDS M&E Plan Review Process

Review and updating of the national M&E plan have involved an intensive consultative and consensus-building process. The initiative included with review of the previous AIDS M&E Plan, revised 4th National Strategic Plan For HIV and AIDS Response 2018-2023, the result-based framework of revised 4th NSP, Global AIDS Monitoring (GAM) reporting indicators, etc. In addition, several consultative meetings were held at ASP with the key relevant stakeholders to review these documents and develop the updated National AIDS M&E Plan.

ASP organized a consultative workshop in October 2021 with the relevant stakeholders to assess the M&E capacity using the MESSA tool for M&E system assessment and make recommendations on 12 components of M&E system strengthening. Participants and experts from governmental departments/wings, non-governmental organizations, community-based organizations, UN agencies, and development partners attended the meeting. The assessment identified strengths and weaknesses of the current M&E system, performance objectives for the M&E system, focused interventions and actions on addressing existing gaps in capacity, and roles and responsibilities of the stakeholders in contributing to the national M&E system.

The National M&E Plan is developed under the leadership of the ASP and in coordination with the 'Technical Working Group (TWG) for M&E and Strategic Information on HIV & AIDS. In addition, a.' consultant was worked to update the existing M&E Plan. Finally, the draft

National M&E Plan was circulated among the national TWG (M&E and SI) members on HIV/AIDS and other relevant groups and experts for review and comments.

2. The Current National AIDS M&E System

The AIDS/STD Programme (ASP) is the focal point of coordination, implementation, and monitoring of Bangladesh's HIV and AIDS Programs. In addition, the ASP ensures more comprehensive cooperation and collaboration in HIV and AIDS responses to engage multiple sectors.

ASP is coordinating with different departments of the Ministry of Health and Family Welfare (MoHFW), United Nations (UN) agencies, donors and implementing partners, different networks (e.g. Key Population (KP), People Living with HIV (PLHIV) networks) and national coordination entities e.g. Country Coordinating Mechanisms (CCM), National AIDS Committee (NAC), Technical Committee of National AIDS Committee (TC-NAC), Technical Working Group (TWG) for ensuring that the national HIV/AIDS strategies and policies are implemented as per planned. Other ministries also carry out HIV prevention and control activities through their core administrative structures. ASP is also responsible for coordinating with the other ministries[4]. The revised NSP 2018-2023, in its programmatic objective four, highlights the following strategies:

Program objective 4: To strengthen strategic information systems and research for an evidence-based response
Strategies:
4.1 Conduct comprehensive surveillance to strengthen the capacity to respond
4.2 Conduct relevant research to inform the national strategic response
4.3 Strengthen monitoring and evaluation
4.4 Improve systems for knowledge management

Source: ASP (Jan 2020). Revised 4th National Strategic Plan for HIV and AIDS Response 2018–2023

A key principle of the NSP is that decision-making should be evidence-based. This strategic information is gathered from Integrated Bio-Behavioral Surveillance (IBBS), STI surveillance, other specific surveys, relevant research, HIV case reporting, regular and need-based Monitoring, and Evaluation.

Good progress has been achieved towards most targets under the strategy 'Strengthen monitoring and evaluation', including the production and dissemination of an M&E plan, MIS tools, and the review and update of the National Strategic Plan and Implementation Plan. The M&E Unit of ASP has been made functional to work with all the relevant implementing partners to guide and collect data for M&E in their respective areas of activities. (ASP M&E Unit structure is provided in **Annex B**). The ASP website www.asp.gov.bd was renovated and restructured to upload all relevant documents.

The ASP direct implementation component, PR (Save the Children and icddr,b) and other implementing partners provides the data on the selected indicators through web-based

[4] ASP (2020). Revised 4th National Strategic Plan for HIV and AIDS Response 2018–2023.

software (DHIS2) and customized tools. Currently, data is submitted on a quarterly basis. The MIS for KP was established in 2013 and integrated with the national health MIS. It is important to develop, operate and maintain an enhanced and unified system i.e., a real-time reporting system and real time data for program implementation is yet to be in place. In addition, different periodic surveys and e.g., Integrated Biological and Behavioral Surveillance (IBBS), Size estimation of KPs, and other special surveys, have been conducted to supplement the program data. The Mapping and Size Estimation of KPs was conducted in 2015-2016. In addition, an Integrated Biological and Behavioural Surveillance (IBBS) was conducted in 2020.

To strengthen the existing M&E system, the National AIDS M&E Plan 2021-2023 is revised in line with the revised 4th National Strategic Plan for HIV and AIDS Response 2018-2023. Areas such as updated indicators, database development, real-time data collection system, use of data, data communication and advocacy, supervision, data auditing, and continuous capacity building initiatives are emphasized in the revised plan. In addition, M&E system harmonization and coordination, development of research and evaluation agenda, revised technical assistance, and resource mobilization plan for M&E is also addressed in the revised M&E Plan for further strengthening.

3. Update the National AIDS M&E Plan 2021 – 2023

The revised National AIDS M&E Plan 2021-2023 is based on a framework that includes indicator definition, reference sheets, performance metrics, and data collection guidelines, and program evaluation guidelines. It also covers the use of strategic information for program planning, monitoring, and evaluation.

This framework includes methods and tools that can be applied for monitoring and evaluating the progress and impact of the national response to HIV as guided by the National Strategic Plan 2018-2023.

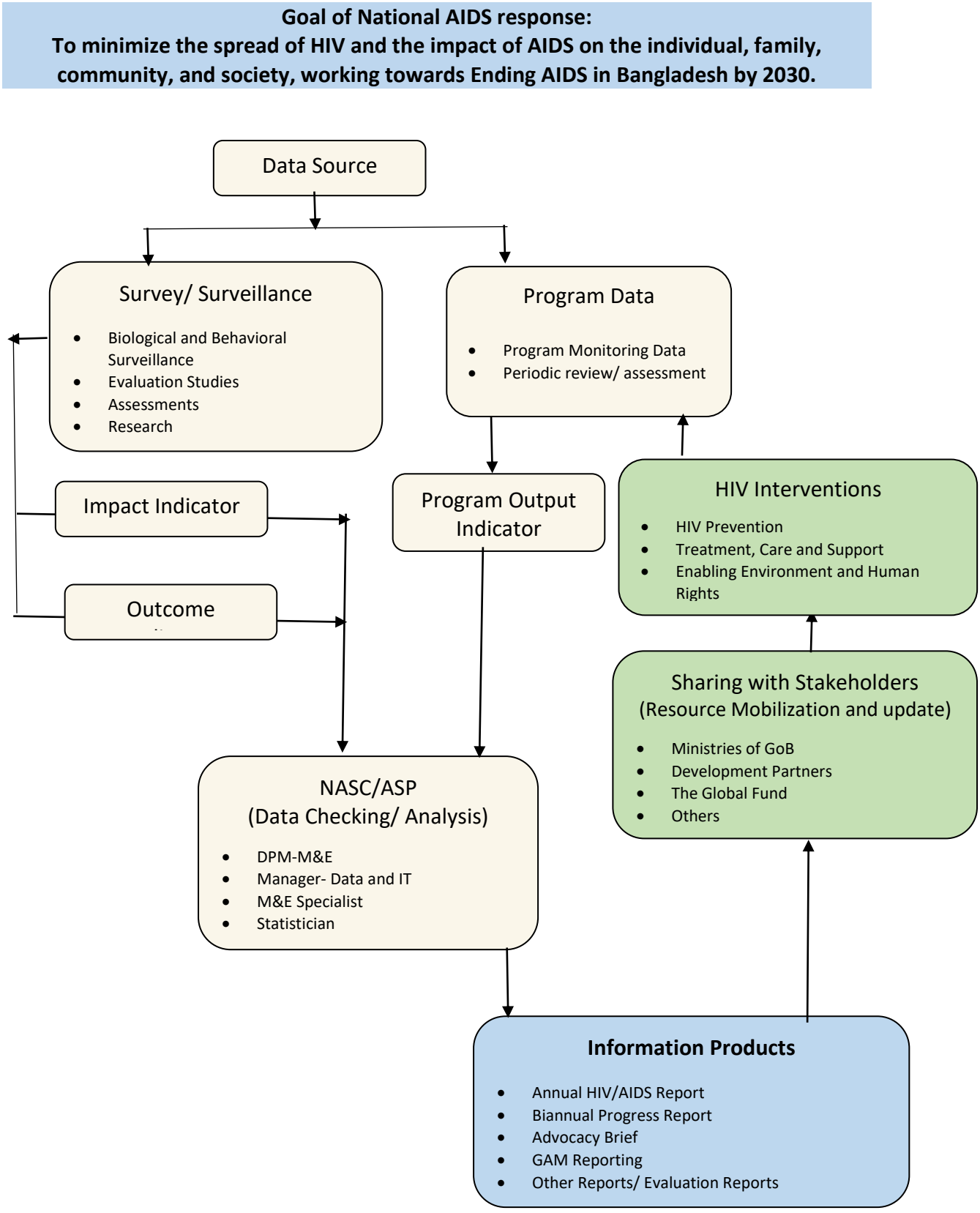
The National Strategic Plan logically places the custodial role of HIV data and the monitoring and evaluation process in the hands of the ASP. However, it does provide a result framework with indicators and targets that forms the basis of generating strategic information to monitor and guide the national response. As the national data hub, ASP is responsible for generating different reports and distributing them to relevant stakeholders to design HIV-prevention and AIDS-control interventions and then tracking the program response and impact.

Thus, as shown in **Figure 2**, the national M&E framework spells out the data needs and sources for assessing program performance and measuring the overall goal of the national response as depicted in the NSP 2018-2023 – minimize the spread of HIV and minimize the impact of AIDS on the individual, family, community, and society. The National M&E Framework is derived based on the four following objectives:

1. To implement services to prevent new HIV infections by increasing program coverage and case detection;

2. To provide universal access to treatment, care, and support services for the people living with HIV;
3. To strengthen the coordination mechanisms and management capacity at different levels to ensure an effective national multi-sector HIV/ AIDS response; and
4. To strengthen the strategic information systems and research for an evidence-based response.

Figure 2: National AIDS M&E Framework



4. Defining Key Populations (KPs) who are at-risk?

This document provides an M&E framework for effective response to HIV. It focuses on the risk behaviors of the key populations (KPs) who are mainly drive the most of new HIV infections. Behaviors that put people at greater risk of HIV infection include high rates of unprotected sexual partnerships, unprotected anal sex with multiple partners, and unsafe practices for injecting drugs with multi-user equipment and drug paraphernalia. There may be other groups that are at increased risk of infection. Most of these populations are vulnerable because of their partners' at-risk behaviors. These populations include Sexual partners of PWID, female sexual partners of MSM, and partners of clients of sex workers are all at increased risk of HIV infection because their partners engage in risky behavior[5].

The National AIDS M&E Plan includes many indicators related to such KPs, and thus they need to be defined clearly and accepted by relevant stakeholders. The definition of KPs for uniform national level reporting are summarized below:

Table 1: Definition of KPs and other People with Emerging Risk

Sl. #	Key populations	Definitions
***Female Sex Workers (FSW):* Women aged 18 years and above, reporting having been paid in cash or kind for sex in the last one year.**		
1	Street based Female Sex Workers (SBFSW)	Street-based FSWs (SBFSW) are those who were contracted by clients on the street, with the sex act taking place in a public space or other venues
2	Hotel based Female Sex Workers (HBFSW)	Hotel -based FSWs (HBFSW) are those who were contracted by clients in a hotel setting, with the sex act taking place in hotels.
3	Residence based Female Sex Workers (RBFSW)	Residence based FSW (RBFSW) are those who were contracted by clients in the residence setting, with sex act taking place in residence.
4	Brothel based Female Sex Workers (BBFSW)	Brothel-based FSWs (BBFSW) are those who were contracted by clients in a brothel setting, with the sex act generally taking place in brothels.
5	Casual Female Sex Workers	Females who are selling sex during last 1 year and had either one or more other main source(s) of income.
Males who have sex with males and Hijra:		
6	Males who have sex with males (MSM)	Males who have had sex with males (with consent) within the last 1 year sex regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity but do not sell sex.
7	Male sex workers (MSW)	Male who sell sex to other males in exchange of money or gifts in the last 3 months.
8	Hijra (TG/Transgender or third gender)	Those who identify themselves as belonging to a traditional hijra sub-culture and who maintain the guru-chela hijra hierarchy. They maybe sub-categorized as: Sex Worker Hijra, Badhai Hijra and Radhuni hijra.
Clients of sex workers:		
9	Client of female sex workers	Male who bought the sexual services of (a) female sex worker(s) during last 1 year is a client of a sex worker.
People who inject drugs (PWID):		
10	People who inject drugs	PWID-Male: Males who injected drugs within the last 1 year.

[5] UNAIDS (2008). A Framework for Monitoring and Evaluation HIV Prevention Programmes for Most-At-Risk Populations.

Sl. #	Key populations	Definitions
	(PWID)	PWID-Female: Females who injected drugs within the last 1 year.
Migrants and their spouse:		
11	Migrants	A migrant worker is a person who migrates from one country or area to another in pursuit of job opportunities. For the purposes of reporting only external migrants at least 3 months away from family for their work will be considered. Both documented and undocumented (no formal documents/records available and migration usually cross-border) migrants will be reported.
i.	Cross border Migrant Worker	Migrant workers who have crossed the border for labour purposes and have remained at least 3 months away from family for their work will be reported as cross border migrant workers.
ii.	Potential Migrant Worker	The people who are in the process (either initial or late stage) of migrating abroad as a worker are considered as the potential migrants. This group does not include the persons who are merely at the stage of wishful thinking of migrating as workers.
iii.	Returnee/Circular Migrant Worker	The returning migrant workers include the Bangladeshi external migrant workers that returned home from any foreign country having worked there on a temporary basis. Migrant workers who have come back home more than 10 years will not be reported.
iv.	Spouses of Migrant Worker	Spouses of migrant workers refer to the wives and husbands of the migrants currently staying and working abroad.
People living with HIV (PLHIV):		
12	People living with HIV (PLHIV)	People living with HIV (PLHIV) are HIV positive persons (confirmatory HIV positive test result as per national algorithm). PLHIV may continue to live well and productively for many years. The term 'people affected by HIV' encompasses family members and dependents who may be involved in caregiving or otherwise affected by the HIV-positive status of a person living with HIV.
Most at Risk Adolescent (MARA) for HIV		
13	Most at Risk Adolescent (MARA)	MARA for HIV includes: • Female adolescents and youth (10-19 years and 20-24 years) who are involved in commercial or transactional sex work including those who were trafficked, and/or forced for the purpose of sexual exploitation during last 1 year • Male adolescents and youth (10-19 years and 20-24 years) who injected drugs within the last 1 year • Female adolescents and youth (10-19 years and 20-24 years) who injected drugs within the last 1 year • Adolescents and youth (10-19 years and 20-24 years) who identify themselves as belonging to a traditional hijra sub-culture • Adolescents and youth (10-19 years and 20-24 years) males who had sex with other males within last 1 year regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity but do not sell sex. • Adolescents and youth (10-19 years and 20-24 years) males who had commercial or transactional sex to other males in exchange of money or gift in the last 3 months

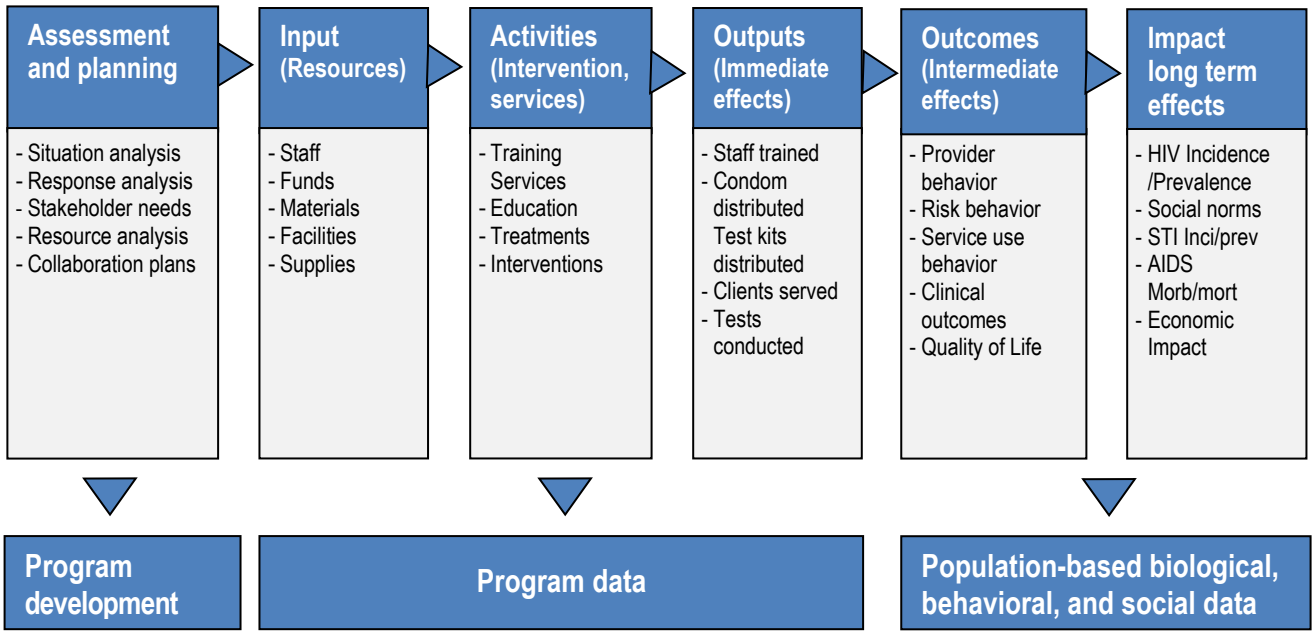
5. National HIV Indicators

Indicators are core to an M&E framework, necessary for tracking the progress and measuring the effectiveness of the national response. They also provide critical information on the effectiveness of the response nationally and globally. Thus, selecting priority indicators is one of the essential tasks of developing a framework to facilitate meaningful interpretation of a country-specific epidemic.

5.1 Indicator Selection Criteria

Indicator selection is provided priorities for identifying interventions, resource allocation, and emphasizing the key populations[6] to maximize the return of investments. The indicators for the M&E framework have been developed to track the national response and the course of an epidemic as guided by the NSP 2018-2023, as shown in **Figure 3**. This document provides a way to organize the data that are required to monitor program progress and suggests a logical order for collecting and analyzing information. The M&E Plan starts with examining the inputs needed (for example, resources) for implementing activities, the activities themselves (for example, counseling and testing), and then the resulting outputs (immediate effects, such as the number of people tested). Outputs may lead to outcomes (intermediate effects, such as risk behavior change) that in turn may lead to impact (long-term effects, such as reduction in HIV incidence).

Figure 3: Global HIV/AIDS monitoring and evaluation framework and data types



The National M&E Plan drew upon the following inputs for selecting the Indicators:

- Indicators suggested at the result-based framework of the revised NSP 2018-2023;
- Internationally agreed upon and recommended indicators for a concentrated or a low prevalence setting (Global AIDS Monitoring 2020-Indicators);

[6] UNAIDS (2008). A Framework for Monitoring and Evaluation of HIV Prevention Programmes for Most-At-Risk Populations

- The recommended priority Indicators from the performance frameworks of the Global Fund grants as well as other Development Partners guidelines.

Attention was also given to the other basic criteria of indicator selection, including a review of existing data sources.

5.2 Overview of Revised National Strategic Plan 2018-2023

The revised National Strategic Plan for HIV and AIDS Response 2018-2023 remains aligned with 4th Health, Population, and Nutrition Sector Program (HPNSP), 2017-2023, as well as other national, regional, and global commitments, mainly the Political Declaration (2016) to end AIDS by 2030. This updated version of the strategic plan aims to accelerate and guide the national response to HIV and AIDS to achieve the global commitment of 'Ending AIDS by 2030' and treatment targets of '95-95-95' by 2025. The document emphasizes geographical prioritization based on the proportion of Key Populations and HIV caseload; optimum utilization of resources to enhance HIV case detection, coverage for prevention, treatment, and testing for viral loads; integrating prevention, treatment, care, and support services for PLHIV and KPs into public health facilities and relevant government systems, e.g., Social Safety Net under Ministry of Social Welfare. Another prime focus of the NSP is ensuring human rights-based prevention, treatment, care, and support services for PLHIV, KPs, and people at emerging risk and vulnerabilities through strengthening health and community systems involving multi-sectoral stakeholders and communities. This strategic plan also emphasizes reaching vulnerable adolescents, youth, and people at emerging risk and vulnerabilities through innovative interventions and massive awareness-raising among the general population.

The strategy framework of the strategic plan articulates several strategies under four broad program objectives. In addition, several 'fast track' approaches have been set to guide the national response to HIV and AIDS to achieve the revised target set by UNAIDS of '95-95-95' by 2025 and move towards 'Ending AIDS 2030' and wellbeing of all infected and affected by HIV.

Goals:
To minimize the spread of HIV and the impact of AIDS on the individual, family, community, and society, work towards Ending AIDS in Bangladesh by 2030.

Table 2: NSP Program Objectives and Strategies

Program Objectives	Strategies
Program objective 1: To implement services to prevent new HIV infections by increasing program coverage and case detection	1.1 HIV case detection increased, HIV and STI transmission minimized and risk behaviours reduced among key populations through comprehensive targeted interventions, provision of services sensitive to age, gender and human-rights and effective involvement of communities 1.2 Increased case detection, reduction of risk behaviours and provision of services for populations at emerging risk and vulnerable groups through awareness raising and interventions to link them to integrated STI, HIV and SRH service 1.3 Increased case detection and reduction of risk behaviours among general population, young people through awareness raising and

Program Objectives	Strategies
	linking them to SRH and HTS services 1.4 Strengthening of HIV and STI prevention and other SRH services in public health care settings, closed setting including prison and functional linkages for co-infections (e.g. TB, Hepatitis etc.) and triple elimination of mother to child transmission of HIV, Hepatitis B and Syphilis
Program objective 2: To provide universal access to treatment, care and support services for the people living with HIV	2.1 Reduce mortality and morbidity among PLHIV through early detection and treatment by system strengthening of government, non-government and private sector facilities 2.2 Ensure capacity of service providers in government, non-government and private sectors to provide age, gender and human rights sensitive out-patient and in-patient medical management for PLHIV and KPs 2.3 Ensure functional systems for related policy adoption, linkages and update 2.4 A comprehensive approach to community support system adopted and implemented to remove barrier to access services and strengthen treatment adherence, care and support for PLHIV including CABA and OVC
Program objective 3: To strengthen the coordination mechanisms and management capacity at different levels to ensure a human right based, multi-sectoral, effective and sustainable national response	3.1 Strengthen NAC and TC-NAC for a more functional role in guiding the national HIV response 3.2 Strengthen ASP through capacity building and providing appropriate structure, human resources and other logistics 3.3 Conduct stakeholder meetings to coordinate, review and integrate the HIV response across other ministries and departments and with civil society groups 3.4 Conduct advocacy and BCC activities for creating an enabling environment 3.5 Facilitate development and implementation of activities and plans in key sectors for strengthened collaboration on HIV prevention, treatment, care and support 3.6 Develop human resource capacity at different levels across the HIV sector to enhance response and achieve NSP targets through delivering high quality prevention, treatment, care and support services sensitive to human rights, age, gender and unique needs of key populations and people at emerging risk and vulnerabilities 3.7 Strengthen the health system response to HIV 3.8 Strengthen the community system response to HIV though empowering communities /strengthening existing CBOs by building capacity and involving them at every stage of research, design and implementation, monitoring and evaluation of HIV interventions based on the capacity
Program objective 4: To strengthen strategic information systems and research for an evidence-based response	4.1 Conduct comprehensive surveillance to strengthen the capacity to respond 4.2 Conduct relevant research to inform the national strategic response 4.3 Strengthen monitoring and evaluation 4.4 Improve systems for knowledge management

5.3 Summary of the Indicators

Table 3 presents the indicators of the results-based framework of the NSP, each type of indicator, and sources of data. The collection and analysis of additional indicators should also be considered in case of their relevance to the epidemic, as well as the availability of additional resources.

During the selection of indicators, GAM Indicators, availability of data sources, priority interventions have been given high priority, and special attention is given to keeping the total number small.

The selected indicators are summarized according to the program objectives and strategies as outlined in the revised 4th NSP for HIV Response 2018-2023:

Table 3: National HIV and AIDS indicators

Program Objective 1: Implement services to prevent new HIV infections by increasing program coverage and case detection

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data Sources		2023 Target	Types of Indicator
					Baseline	2019-2021		
Strategy 1.1 HIV case detection increased and HIV and STI transmission minimized and risk behaviour reduced among key populations through comprehensive targeted interventions and service provision								
1.1.1a HIV prevalence among key populations,Bangladesh	FSW (Street, hotel and residence)	0.3%	0.2%		Behavioural and serological surveillance amongst key populations at risk of HIV in selected areas of Bangladesh, 2016	Integrated Biological and Behavioural Survey (IBBS) 2020	0.2% for FSW	Impact
	MSW	0.6%	0.4%		Behavioural and serological surveillance on MSM, MSW and hijra, 2015, page 27, represents Dhaka and Hilli	Projected status as per AEM, Bangaldesh, Investment case For HIV; 2019	0.5% for MSW	Impact
	Hijra	1.4%	1.0%			Integrated Biological and Behavioural Survey (IBBS) 2020	1.5% for Hijra	Impact
	MSM	0.2%	0.2%			Projected status as per AEM, Bangaldesh, Investment case For HIV; 2019	0.3% for MSM	Impact
	Male PWID	4.6%	7.7%		Draft Report on the AEM, 2017, Reference year 2016	Projected status as per AEM, Bangaldesh, Investment case For HIV; 2019	5.8% for Male PWID	Impact
	Female PWID	2.6%	3.7%				2.4% for female PWID	Impact
1.1.1b HIV prevalence among key populations: Dhaka	FSW (Street, hotel and residence)	0.3%	0.3%		Behavioural and serological surveillance amongst key populations at risk of HIV in selected areas of Bangladesh, 2016	Integrated Biological and Behavioural Survey (IBBS) 2020	0.4% for FSW	Impact
	MSW	0.7%	1.6%		Behavioural and serological surveillance on MSM, MSW and hijra, 2015	Projected status as per AEM, Bangaldesh, Investment case For HIV; 2019;	1.6% for MSW	Impact

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data Sources		2023 Target	Types of Indicator
					Baseline	2019-2021		
	Hijra	0.9%	1.2%			Integrated Biological and Behavioural Survey (IBBS) 2020	5.8% for TG/ Hijra	Impact
	MSM	0.3%	0.2%			Projected status as per AEM, Bangaldesh, Investment case For HIV; 2019;	0.3% for MSM	Impact
	Male PWID	22%	14.35%		Behavioural and serological surveillance amongst key populations at risk of HIV in selected areas of Bangladesh, 2016	AEM draft report 2021, Baseline Dhaka	26.9% for Male PWID in Dhaka	Impact
	Female PWID	5%	6.67%				3.5% for Female PWID in Dhaka Projected status as per AEM, Bangaldesh, Investment case For HIV; Report 2020; page: 73,	Impact
1.1.2 Prevalence of active syphilis among key populations	FSW (Brothel, street, hotel and residence)	2.2%	4.8% (in intervention area) 1.6% (in non-intervention area)		Behavioural and serological surveillance amongst key populations at risk of HIV in selected areas of Bangladesh, 2016, Table 56, page 110 (in case of hotel, residence and street only Dhaka and Hili; in case of brothels-all)	Integrated Biological and Behavioural Survey (IBBS) 2020	<5%	Impact
	FSW (Street, hotel and residence)	1.4%					<5%	Impact
	MSW	1%	No new data		Behavioural and serological surveillance on MSM, MSW and hijra, 2015, page 27, represents Dhaka and Hilli		<5%	Impact
	Hijra	1.8%	11.9%			Integrated Bio-Behavioral Surveillance (IBBS), 2020	<5%	Impact
	MSM	1.1%	No new data				<5%	Impact

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data Sources		2023 Target	Types of Indicator
					Baseline	2019-2021		
	Male PWID	2.4%	4.7% (in intervention area)		Behavioural and serological surveillance amongst key populations at risk of HIV in selected areas of Bangladesh, 2016, Table 52, page 103, (represents Dhaka and Hili for male PWID; Dhaka and Narayanganj for female PWID	Integrated Bio-Behavioral Surveillance (IBBS), 2020	<5%	Impact
	Female PWID	5.8%	0.3% (in non-intervention area)				<10%	Impact
1.1.3a Percentage of key populations reporting condom use at their most recent sexual intercourse (with clients for FSW, MSW, hijra; anal sex with male partners for MSM)	FSW	73%	87.1%		Mapping Study & Size Estimation of Key Populations in Bangladesh, 2015	Integrated Bio-Behavioral Surveillance (IBBS), 2020	80%	Outcome
	MSW	53.6%	No new data				60%	Outcome
	Hijra	58.3%	41.3% (Page-206)			Integrated Bio-Behavioral Surveillance (IBBS), 2020	65%	Outcome
	MSM	45.8%	No new data				55%	Outcome
	Male PWID	32.8%	53.1% (in intervention districts and 28% (in non-intervention) districts		Mapping Study & Size Estimation of Key Populations in Bangladesh, 2015	Integrated Bio-Behavioral Surveillance (IBBS), 2020	50%	Outcome
	Female PWID	64.2%					70%	Outcome
1.1.3b Percentage of key populations reporting condom use at their most recent sexual	FSW (Street and hotel)	78.7%	87%		Behavioural and serological surveillance amongst key populations at risk of HIV in selected areas of Bangladesh, 2016	Integrated Bio-Behavioral Surveillance (IBBS), 2020	80% (subject to review based on IBBS 2020 result)	Outcome
	MSW	53.5%	No new data		Behavioural and serological surveillance on MSM, MSW		60%	Outcome

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data Sources		2023 Target	Types of Indicator
					Baseline	2019-2021		
intercourse (with clients for FSW, MSW, hijra; anal sex with male partners for MSM): Dhaka					and hijra, 2015	Integrated Bio-Behavioral Surveillance (IBBS), 2020		
	Hijra	41.1%	31.8% (Page-207, Fig-6.4b)				50%	Outcome
	MSM	54.0%	No new data				60%	Outcome
	Male PWID	28.7%	No new data		Behavioural and serological surveillance amongst key populations at risk of HIV in selected areas of Bangladesh, 2016		40%	Outcome
	Female PWID	54.8%	No new data			--	60% (Subject to review based on IBBS 2020 result)	Outcome
1.1.4a Percentage of PWID reporting use of sterile injecting equipement the last time they injected	Male PWID	83.9%	96.2%		83.9% (Mapping Study & Size Estimation of Key Populations in Bangladesh, 2015 --	Integrated Bio-Behavioral Surveillance (IBBS), 2020	85%	Outcome
	Female PWID	83.6%	No new data				85%	Outcome
1.1.4b Percentage of PWID reporting use of sterile injecting equipement the last time they injected: Dhaka	Male PWID	47.6%	97.1%		(Behavioural and serological surveillance amongst key populations at risk of HIV in selected areas of Bangladesh, 2016	Integrated Bio-Behavioral Surveillance (IBBS), 2020	60%	Outcome
	Female PWID	87.1%	No new data		Mapping Study & Size Estimation of Key Populations in Bangladesh, 2015		85% (Subject to review based on IBBS 2020 result)	Outcome

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data Sources		2023 Target	Types of Indicator
					Baseline	2019-2021		
1.1.5 Percentage of key populations reached with core services (condoms, BCC, NSEP) in the past year *(2022 targets are set considering 40-90% coverage of 23 priority districts where high impact is needed and 50% of existing coverage in remaining districts and then rounded)*	FSW (80% in 23 priority districts)	25.4%	31.6% of NSP target	33.51%	Program data	Program data	58%	Output
	MSW & MSM (40% for MSM and 70% for MSW in 23 priority districts)	23. 6%	MSM-17.3% MSW-34.8% MSM/MSW-21.3%	26.07%			48%, 28%	Output
	Hijra (90% in 23 priority districts)	39.8%	39.8%	55.25%			64%	Output
	Male PWID (90 % in Dhaka, 85 % in 22 districts, 17.4% remaining districts)	34.8%	43%	44.96%			63%	Output
	Female PWID (70% in Dhaka and 22 priority districts)	44.7%	23.9	25.17%			70%	Output
1.1.6 Percentage of key populations who received an HIV test in the past 12 months and know their results *(2022 targets will be 90% of the targets set in 1.1.5)*	FSW	17.8%	31%	30.67%	HMIS	Program data	52.2%	Output
	MSW & MSM	20.5%	14.4%	15.94%			43.2%, 25.29%	Output
	Hijra	39.8%	25.9%	31.76%			57.6%	Output
	Male PWID	24.3%	40%	98.24%			56.70%	Output
	Female PWID			1.75%			63.00%	Output
1.1.7 Percent of PWID on opioid substitution therapy (OST)	Male and female PWID	1.9%	12.3%	Please collect the data from icddrb &	Program data	Program data: Neumerator: 4700, Denominator:SE PWID (Male Dhaka + Female	21% (4700)	Output

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data Sources		2023 Target	Types of Indicator
					Baseline	2019-2021		
(2022 targets are set considering 10.5% coverage of 23 priority districts and this will be considered as the national target)				SCI (In PUDR it shows 119.47%- please verify with them)		Dhaka+Male 22 districts+ Female 22 districts =6157+ 631+15201+414=22,403		
	Strategy 1.2 Increased case detection and reduction of risk behaviours and provision of services for emerging risk populations and vulnerable groups							
1.2.1 Percentage of migrant workers who received an HIV test in the past 12 months and know the result[7]	Inter-national migrants (departing)	0.3%	760, 650 screened @ GAMCA labs in 2019	383,166 screened @ GAMCA labs	--	604,060 Bangladeshi workers migrated to the Middle Eastern (89 percent) and South Asian countries (11 percent) between January and November, 2019 against 734,181 during the corresponding period in 2018.	20% of 760, 651	Output
	Cross-border migrants	--	--		--	--	20%	Output
	Strategy 1.3 Increased case detection and awareness raising among general population and young people							

[7]GAMCA does testing, but no counselling. No records kept.

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data Sources		2023 Target	Types of Indicator
					Baseline	2019-2021		
1.3.1 Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse	Males						50%	Outcome
1.3.2 Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse	Men and women aged 15-45 years	Feamle: 12%	--		(15-24 years) (MICS, 2019)	--	25%	Outcome
	1.4 Strengthening of HIV and STI prevention and other SRH services in public health care settings and functional linkages for co-infections							
1.4.1 Number of public health and other facilities that provide HIV testing and counselling services	Public health or NGO facitlities	128: 18 were public and 110 were private /NGO set ups	158: 28 public, 103 private/NGO, 11 UNFPA set ups	28-public, 115-NGO set up 25-NGO set up supported by OP, 11 UNFPA set up 11-PMTCT	Program data	Program data	185	Output

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data Sources		2023 Target	Types of Indicator
					Baseline	2019-2021		
1.4.2 Number of people counselled and tested for HIV who received their test results	Number of people tested	83,356	502165	628,312	Wolrd AIDS Day Report	Wolrd AIDS Day Report 2020	2,500,000	Output
1.4.3 Percentage of pregnant women who received an HIV test and know the result	Pregnant women	0.2% N= 12,208[8]	0.51% n=23,069	n=113,219	Program data Projected number of pregnancies	Program data Projected number of pregnancies	10%	Output
1.4.4 Number and percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	Pregnant PLHIV	14.2% N=21[9]	39% N= 57, D=146	N=72 D=	Spectrum estimates and program data, 2013	Spectrum estimates, and program data 2020	50%	Output
1.4.5 Percentage of infants born to HIV infected mothers who became infected	Infants	0%[10]	0%[11]	0%	Program data and Spectrum estimates	Spectrum estimates, and program data 2020	<5%	Output
1.4.6 Percentage of PLHIV and key	PLHIV	5%			Stigma Index report, 2017		2.5%	Outcome

[8]12,208 of the total estimated 4.9 million pregnant women (The State of Midwifery, 2014, A Universal Pathway. A Woman's Right to Health. Country Brief: Bangladesh, Table: Projected number of pregnancies by year (till 2030), Page 59. UNFPA, International Confedaratoin of Midwives, WHO.)

[9]The denominator is an estimate of the total number of pregnant PLHIV in Bangladesh (148 in 2015)

[10]Estimate of new child infections for the whole country: 35.5% (N=49/138)

[11]Estimate of new child infections for the whole country: 38.5% (N=57/148)

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data Sources		2023 Target	Types of Indicator
					Baseline	2019-2021		
populations who avoid going to hospitals when required due to stigma and discrimination	FSW	5%					5%	Outcome
	MSW							Outcome
	Hijra							Outcome
	MSM							Outcome
	Male PWID							Outcome
	Female PWID							Outcome

Program Objective 2: Provide universal access to treatment, care and support services for the people living with HIV

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data source		2023 Target	Types of Indicator
					Baseline (2015-16)	Status (2019-21)		
	Strategy 2.1 Reduce mortality and morbidity among PLHIV through early detection and initiation of treatment by system strengthening of government, non-government and private sector facilities							
2.1.1 Percentage of eligible adults and children currently receiving antiretroviral therapy	Adult PLHIV (≥15 years)	29.8%	33%		ART patient registers and Spectrum estimates	Spectrum estimates. 2020	81%	Output
	Children PLHIV (<15 years)	41.9%	51%				81%	Output
2.1.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Adult PLHIV (≥15 years)	79.4%	31.6%	35.95%	Program data	Program data 2020	95%	Output
	Children PLHIV (<15 years)	90%	56.7%	1.85%			100%	Output

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data source		2023 Target	Types of Indicator
					Baseline (2015-16)	Status (2019-21)		
2.1.3 Percentage of viral load testing conducted among those on ART	PLHIV	15% (n=958)	19.30% n=981, D=5081	32.70% n=1816 D= 5553	Program data	Program data 2020.	90%	Output
2.1.4a Percent of PLHIV who are on ART and viraly suppresed among total ART receiver	PLHIV	-	17.06 (D=5081, N=867)	30.56 (D=5553, N=1697)	-	Program data 2021.	95%	Output
2.1.4b Percent of PLHIV who are on ART and viraly suppresed among total number of viral test	PLHIV	-	88.38 (D=981, N=867)	93.45 (D=1816, N=1697)	-	Program data 2021	95%	Output
	Strategy 2.2 Services provided for the out-patient and in-patient medical management of PLHIV in government, non-government and private sectors							
2.2.1 Number of locations where ART is available	Number of locations	10[12]	18 (GO: 11, NGO: 6)	19 (GO:11 NGO:8)	Program data	Program data	30 (23 GOB in priotity districts + 7 NGO)	Output
2.2.2 Percentage of estimated HIV-positive incident TB cases that received treatment for both TB and HIV	# of PLHIV who received TB treatment and ART in accordance with the treatment protocol	74	46		Program data	Program data	70%	Output
	Estimated # of incident TB cases in PLHIV	630	730		Global TB Report 2016	(Global TB Report, 2019) (HIV positive TB incidence is 0.73 in per 100,000 population in 2018)		Output
	Strategy 2.3 Systems established for ongoing policy development/revision and capacity development and communication							
2.3.1 Review of policies and protocols conducted	Number of updated protocols	3 Adv/ Comm, GBV and Harm Reduc-tion	8		Program data	4th NSP, National M&E Plan, IC Report 2019, HIV/AIDS Diclosure Giudelines,Harm Reduction Strategy, GBV, National Guidelines for	8 (HTC , STI, ART, Opera-tional Guideline for Care and Support and 3 KP groups, National HIV	Input

[12]Four public hospitals (3 with PMTCT services) and 6 NGO centres (AAS 3, CAAP 1, MAB 1, Hope Care Centre 1)

Indicator	Population/ unit	2015-16 Baseline	2019-20 Status	2021 Status	Data source		2023 Target	Types of Indicator
					Baseline (2015-16)	Status (2019-21)		
						TB-HIV Co-infection, DSD Framework (Program data)	Policy)	
	Strategy 2.4 A comprehensive approach to care and support adopted and implemented for PLHIV including CABA and OVC							
2.4.1 Percentage of identified PLHIV who receive care and support	PLHIV	42%	55.8%		In 2013, 1150 out of 2769 identified PLHIV received care and support	In 2016, 1948 out of 3485 identified PLHIV received care and support	90%	Output

Program Objective 3: Strengthen the coordination mechanisms and management capacity at different levels to ensure an effective national multi-sector HIV/AIDS response

Indicator	Popu-lation/ unit	2015-16 Base-line	2019-20 Status	Data sources		2023 target	Types of Indicator
				Baseline (2015-16)	Status (2019-20)		
Strategy 3.1 Strengthen NAC and TC-NAC for a more functional role in guiding the national HIV response							
3.1.1 Overall directions and guidelines for the national response compiled annually by NAC and shared with relevant stakeholders	Guidance note/ report	--	2 TC-NAC meeting held in 2019	--	--	1 per year	Output
3.2 Strengthen NASC through providing appropriate structure, human resources and other logistics							

Indicator	Popu-lation/ unit	2015-16 Base-line	2019-20 Status	Data sources		2023 target	Types of Indicator
				Baseline (2015-16)	Status (2019-20)		
3.2.1 Two sub-units established & functional: 1. Prevention, treatment, care and support 2. Management, research and M&E	Sub-units	4 : Prevention, Treatment, Care and Support, Management, Coordination , Capacity buidling, M&E and SI	2 TCS, M&E & Finance Management	Approved OP	Approved OP	3 per year (1by ASP, 2 by NGO)	Output
3.3 Conduct stakeholder forums to coordinate, review and discuss the HIV response across other ministries and departments and with civil society groups							
3.3.1 Number of stakeholder coordination and / or sensitization meetings at the national level where HIV/ key populations/ stigma & discrimination was discussed	Stake-holder meetings	2 per year	2 per year (1 by ASP, 1 by SC)	Program data	Program data	1 per year	Output
3.3.2 Number of district level coordination and / or sensitization meetings held where HIV/ key populations/ stigma & discrimination was discussed	Coordi-nation meetings	15	22	Meeting minutes & attendence sheet	Meeting minutes & attendence sheet	46 (2 per priority district)	Outcome
3.4 Conduct advocacy activities for an enabling environment							
3.4.1 Percentage of PLHIV reporting verbal/physical harassment or assault	PLHIV	--	Verbally insulted, harrassed and/or threatened: PLHIV(GP) 11%; PLHIV (KP): 17% Physically harrassed or threatened: PLHIV (GP): 3%, PLHIV (KP) 5%;		Stigma Index Report, 2017	5%	Outcome

Indicator	Popu-lation/ unit	2015-16 Base-line	2019-20 Status	Data sources		2023 target	Types of Indicator
				Baseline (2015-16)	Status (2019-20)		
			Physically assaulted: PLHIV (GP): 1%, PLHIV (KP): 6%				
3.4.2 Percentage of PLHIV/KP discriminated against rights, laws and policies at health care facilities	PLHIV	--	Denied health servcie incl. dental care: 4.5%; Denied family planning servcie: 2%; Denied SRH servcies: 2%, Disclosure of HIV status by the servcie providers without consent: 4.7%		Stigma Index Report, 2017	5%	Outcome
3.4.3 Number of incidences of GVB/Human Rights violation/ treatment denied/at health care facilities /by police or anyone at community level reported by the PLHIV/KP reduced	Number of Incidences		PLHIV:KP		Program data	<50%	Outcome
3.5 Facilitate development and implementation of activities and plans in key sectors and engage management support agency for strengthened transfer of technical and monitoring experience							
3.5.1 Number of departments and/Ministries with HIV activities incorporated in various strategies	Ministries	5 (MOI, MOHA, MOYS, MOE, MORA)	4	MOHFW, MOI, MOHA, MOYS, MOE, MORA	Relevant Ministries	12 (MOHFW, MOI, MOHA, MOYS, MOE, MORA, MOEWOE, etc. and departments)	Output
3.6 Develop human resource capacity across the HIV sector for enhanced response							
3.6.1 Number of health service providers trained to provide treatment, care and support service sensitive to human rights, age and gender for KP, PLHIV and	Service providers	75	1,623	Program data	APIR report 2018-19	6,000	Output

Indicator	Popu-lation/ unit	2015-16 Base-line	2019-20 Status	Data sources		2023 target	Types of Indicator
				Baseline (2015-16)	Status (2019-20)		
their families.							
3.7 Strengthen the supply management system for HIV response							
3.7.1 Number of occasions (in months) that stock outs of essential drugs and commodities reported	ARVs	1	0	Program data		0	Output
	Needles / Syringes	0	0			0	Output
	Condoms	0	0			0	Output
	Other (reagents, etc.)	1	0			0	Output
3.7.2 Functional National reference laboratory and divisional laboratory network	Infrastructure, equipment, policies/protocols are in place	New Indicator	0	Program data		1	Output
3.7.3 Functional of LMIS	Functioning LMIS	New Indicator	0	Program data		1	Output
3.8 Strengthen the community system response to HIV							
3.8.1 Numberof CBOs/KP /PLHIV network that deliver services for prevention, treatment, care and support, participated in research and M&E and have a functional referral and feedback system in place	CBOs	PLHIV-3 (AAS, MAB, NJ); FSW-11 brothels, 18 Street and Hotel; PWID-1; MSM/MSW/TG- 27	PLHIV-2(AAS, MAB); FSW-1 (NMS); PWID 2 (Aposh and MAB); MSM/MSW/TG- 30	Program data	Program data	PLHIV-3; FSW-29 (Including brothels); PWID-2; MSM/MSW/TG- 27	Output

Program Objective 4: Strengthen strategic information systems and research for an evidence-based response							
Indicator	**Popu-lation/ unit**	**2015-16 Base-line**	**2019-20 Status**	**Data sources**		**2023 target**	**Types of Indicator**
				Baseline (2015-16)	**Status (2019-20)**		
Strategy 4.1 Conduct comprehensive surveillance to strengthen the capacity to respond							
4.1.1 Regular serological and behavioural surveillance of key populations conducted	Serological Surveillance	2	1	NASP, both Seo and BSS 2015 and 2016	IBBS conducted in 2020	1	Output
	Behavioural Surveillance	2	1	NASP, both Seo and BSS 2015 and 2016	IBBS conducted in 2020	1	Output
4.2 Conduct relevant research to inform the national strategic response							
4.2.1 Number of coordination meetings held on research agenda	Meetings	3	0	Meeting minutes of M&E and SI TWG meetings	ASP, M&E Unit	2 per year	Output
4.2.2 Conduct relevant research including STI surviellance, stigma index among PLHIV and size estinations of key populations	STI surveillance survey	0	1		STI surveillance Conducted in 2021	1	Output
	Mapping and Size Estimation	1	0	National Size Estimation, NASP; 2015-16	Planned in 2022-23	1	Output
	CABA Study	-	--	-	--		Output
	Stigma Index	-	--	-	--		Output
	Operation research/studies baed on emerging needs	--	12 (within 2018-19, ASP: 3, SC: 4 and icddr,b:5)	--	Program data	3	Output
4.3 Strengthen monitoring and evaluation							

Indicator	Popu-lation/ unit	2015-16 Base-line	2019-20 Status	Data sources		2023 target	Types of Indicator
				Baseline (2015-16)	Status (2019-20)		
4.3.1 Monitoring and evaluation plan revised and updated	M&E plan	-	1	-	Revised in 2020	1	Input
4.3.2 Studies to support evaluation	# of studies						Input
4.4 Improve systems for knowledge management							
4.4.1 Management Infomation System in place, maintained and improved for prevention interventions among KPs	MIS	Done	Maintained	NASP and HMIS	Functional and Miantained	Main-tained, updated and report-able	Output

Additional Indicators

The other important indicators also exist for various reporting and programs. Such a list of indicators on HIV and AIDS are required for global reporting through the Global AIDS Monitoring-GAM (previously GARPR) and UA reports. In addition, the MARA, PMTCT and gender-based programs also require a set list of indicators for M&E. Table 4 presents the list of other important indicators that were suggested by key stakeholders during the Consultative Meeting on July 6, 2017.

Table 4: Other Selected Indicators used in different National and Global Reporting

Sl. #	Indicators	Types of indicator	Data Source
Indicator related to PMTCT			
1	Percentage of pregnant women with known HIV status	Outcome	Program Data
2	Percentage of women accessing antenatal care services who were tested for syphilis, tested positive and treated	Outcome	Program Data (DHIS2 and 13 PMTCT Centers)
3	Percentage of reported congenital syphilis cases (Live births and stillbirth)	Outcome	Program Data (DHIS2 and 13 PMTCT Centers)
4	Percentage of pregnant women living with HIV who received antiretroviral medicine to reduce the risk of mother-to-child transmission of HIV	Outcome	Program Data
5	Percentage of infants born to women living with HIV receiving a virological test for HIV within two months of birth	Outcome	Program Data
Indicator related to MARA/EVA			
6	Number of HIV & AIDS-related studies, surveys and reports disaggregated by age	Output	Event/Program Data
7	Number of policy makers and senior program managers trained on the exploitation, violence and abuse experienced by MARA/EVA	Output	Event/Program Data
8	Percentage of MARA/EVA reached with comprehensive HIV & AIDS services that are age appropriate, gender sensitive and adolescent-friendly	Outcome	Event/Program Data
9	Percentage of MARA/EVA that are HIV tested and counselled by community-based services in targeted location	Output	Event/Program Data
Indicators related to UNSDCF			
10	Percentage of people living with HIV and key populations for HIV, who want social protection benefits, have access to one or more social protection benefits	Output	Program reports
11	Improved availability of high quality, human rights based comprehensive, integrated sexual and reproductive health information and services across the development and humanitarian continuum, especially for the most vulnerable and marginalized women and girls	Output	Program reports
12	Improved availability of high quality, human rights based comprehensive, integrated sexual and reproductive health information and services across the development and humanitarian continuum, especially for the most vulnerable and marginalized women and girls	Output	DHIS2

Sl. #	Indicators	Types of indicator	Data Source
13	Proportion of female sex workers (FSW) and Transgender (TG) who experienced any form of GBV and were received case management and/or access to justice	Output	Program report
Indicators related to OST			
14	Percentage of people who inject drugs receiving opioid substitution therapy (OST)	Output	Program Data
Other reporting indicators			
15	Percentage of facilities which record and submit data using the electronic information system	Output	Program Data
16	Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received	Output	Program Data
17	Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines	Output	Program Data
18	Percentage of facilities which record and submit data using the electronic information system	Output	Program Data
19	Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received	Output	Program Data
20	Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines	Output	Program Data
21	Percentage of facilities which record and submit data using the electronic information system	Output	Program Data
22	Percentage of women and men 15–24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission	Outcome	Special survey
23	Percentage of pregnant women who received Hep-B and Syphilis screening and know the result	Outcome	Spectrum estimates and Program Data

This national indicator set may not include all the indicators that a specific project requires. Projects can include additional indicators to suit specific requirements, and those need not be reported to the ASP.

The detailed description of the NSP indicators is provided in **Annex A** that describes the following:

- How the data should be disaggregated (by gender, place of residence, type of sex workers, etc.);
- The numerator and denominator (for all percentage-based indicators); and
- The frequency of collection of each data source.

6. REPORTING LEVELS AND INFORMATION FLOW

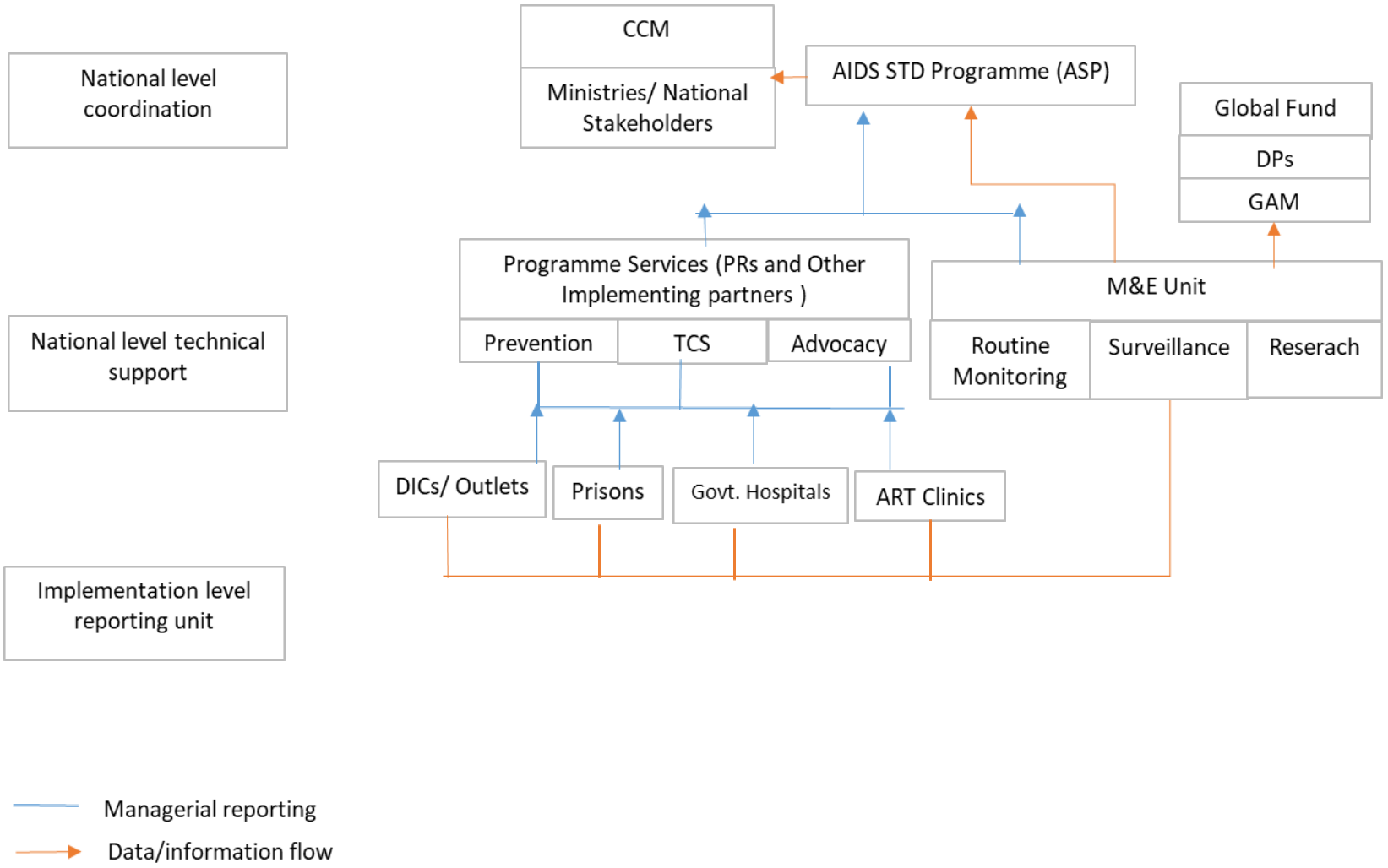
The ASP will be primarily responsible for coordinating M&E activities and be the custodian of the data and reports related to HIV/AIDS. ASP, M&E Unit will work with all the relevant implementing partners to guide and collect data for M&E in their respective areas of activities. Stakeholders are expected to report on the national M&E indicators. In addition to survey data, the partners will provide relevant data and narrative reports. Currently data on interventions for KPs are entered into the DHIS2 System as part of the National Health MIS.

Data on the selected programmatic areas will be directly entered to the web-based data portal maintained by DGHS. The MIS for KP was established in 2013 and integrated into the national health MIS, District Health Information System (DHIS2) that is being updated regularly. DHIS2 is a flexible, web-based open-source information system with essential visualization features including GIS, charts and pivot tables. To facilitate and standardize the data entry process, a set of suggestive formats were developed and agreed by all relevant stakeholders.

Further, ASP website is being renovated and restructured. All relevant documents will be uploaded to the website. As per operational plan (OP) of HPNSP of ASP will play the catalyst role for monitoring and evaluation of program implementation and track the indicators regularly as well as performs advocacy at different levels.

The following diagram describes the reporting of information flow from different partners to the ASP and further dissemination and sharing to higher levels.

Figure 4: Diagram of Reporting and Information Flow



7. M&E OPERATIONAL PLAN: 2021-2023

7.1 The Approach

The 4th NSP was revised in January 2020 for the period of 2018-2023 with more realistic and effective strategies for the national response to AIDS. The revised 4th National Strategic Plan is developed in alignment with 4th Health, Population and Nutrition Sector Program (HPNSP), 2017-2023 as well as other national, regional and global commitments, mainly the 2016 Political Declaration to end AIDS by 2030.

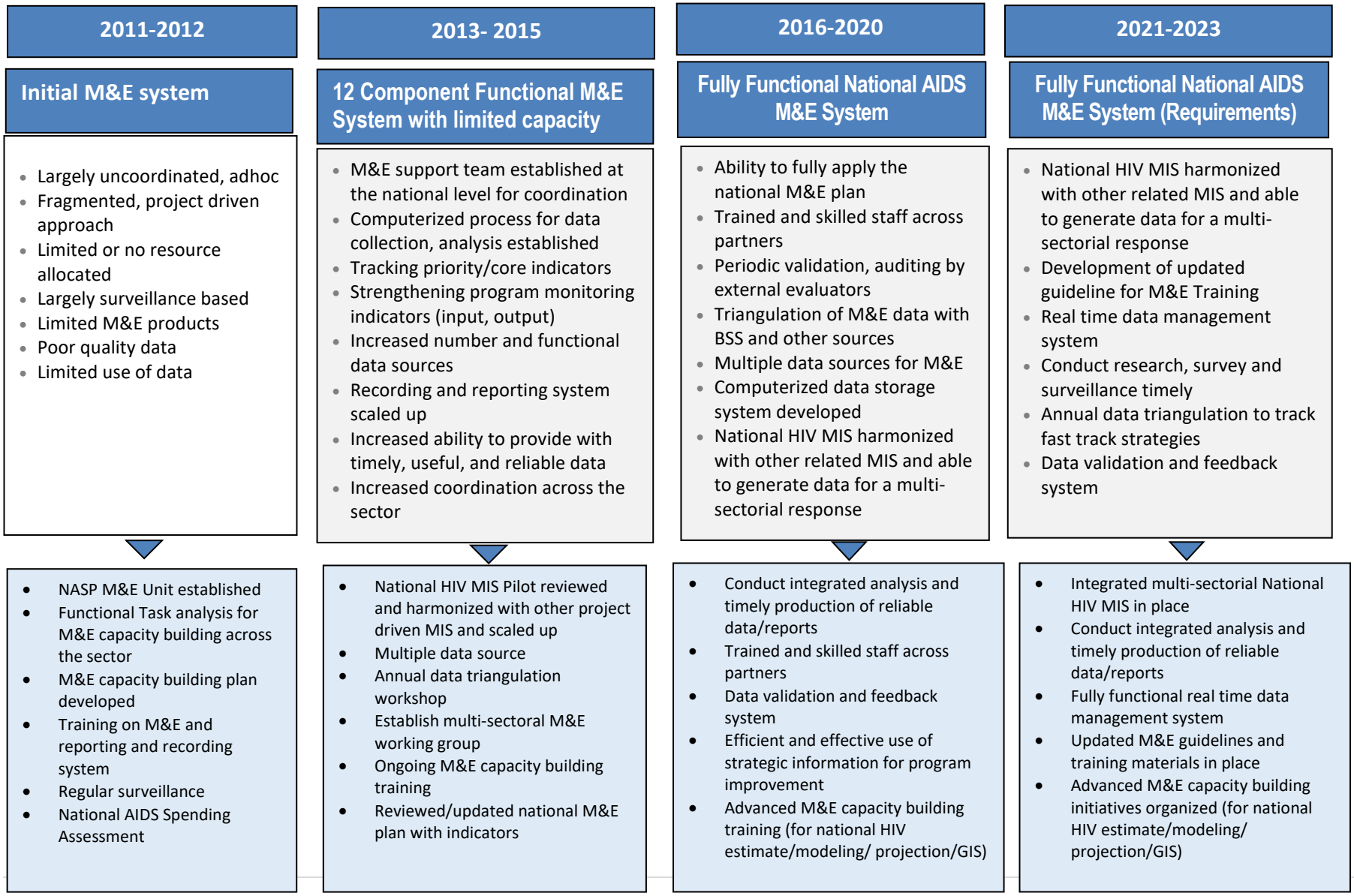
The revised M&E Operation Plan highlights the importance of existence of a fully functional and efficient M&E system. It focuses on the regular collection, collation and analysis of program data and making the findings available for program monitoring and decision making. It also emphasizes the efforts and mechanisms for collecting data from surveillance and population-based studies for the purpose of outcome and impact monitoring. However, efforts should be made to improve the quality and validity of information as well as to expand the data sources, including commissioning operations research/secondary analysis and disseminating the study results.

ASP is the prime responsible authority to ensure implementation of M&E activities related to HIV response. Improving program monitoring data requires the strengthening of existing technical capacity of ASP M&E Unit for implementing the national M&E system so that they can coordinate and perform their functions in a timely manner and thus improve the effectiveness of the response. The capacity building of ASP M&E Unit will be a continuous process and will take a phased approach to developing and rolling out the system's support structures and components.

The operational plan considers UNAIDS' 12 component national AIDS Monitoring and Evaluation System Strengthening Tool, that efficiently generates strategic information and informs policy and program decision making for a more effective and high-quality national response. The M&E Operational Plan detailed here specifies steps needed for moving towards a functional national M&E system that establishes the M&E framework and identifies priority activities for producing the deliverables and meeting the goal and objectives of the M&E plan.

The conceptual framework is presented in **Figure 4** explains the gradual development and expansion of information services and products for establishing a comprehensive M&E system. The plan to move towards a highly functional 12 components M&E system is require periodic review mechanism to update annual M&E plan and continuous capacity development initiatives for M&E Unit.

Figure 5: The Phased approach for Developing a 12 Component Functional National M&E System



7.2 Priority M&E Activities (12 components)

A national HIV M&E assessment is a diagnostic exercise that enables stakeholders in HIV M&E to identify the strengths and weaknesses of the current system and recommend actions to maintain its strengths and improve its weaknesses. The objectives of the national AIDS M&E plan is explicitly linked to the National Strategic Plan (NSP) to ensure that relevant data are collected to measure the progress in the country's HIV response. The national M&E plan is the basis for implementing a functional national AIDS M&E system; it describes how all 12 components of the M&E system would be implemented over time.

The 12 components are not 12 steps intended to be implemented sequentially; instead, these 12 components all need to be present and work to an acceptable standard for the national M&E system to function effectively. To have a functional M&E system that serves the purpose adequately, all components need to be implemented at all levels of the system; what is relevant at the national level, for example, may not be relevant at the service delivery level.

The M&E operational plan activities, designed to be consistent with the NSP specifically with the program objective four (Strengthen strategic information systems and research for an evidence-based response) logically fall within the following twelve broad areas:

People, partnerships, and planning

Component 1:	Organizational Structures with HIV M&E Functions
Component 2:	Human Capacity for HIV M&E
Component 3:	Partnerships to plan; coordinate and manage the M&E system
Component 4:	National multi-sectoral HIV M&E plan
Component 5:	Annual, Costed, National HIV M&E Work Plan
Component 6:	Communication, Advocacy, and Culture for HIV M&E

Collecting, verifying, and analyzing data

Component 7:	Routine HIV program monitoring
Component 8:	Surveys and surveillance
Component 9:	National and sub-national HIV databases
Component 10:	Supportive supervision and data auditing
Component 11:	HIV evaluation and research

Using data for decision-making

Component 12: Data dissemination and use

The detailed explanation of the 12 components with references to specific priority activities, as recommended from the MESSA Workshop, are explained below:

Component 1: Organizational structures with HIV M&E functions

The physical establishment of an M&E unit with appropriate technical staff/professionals is the key to successfully implementing the national M&E system. The ASP has the mandate to guide and coordinate the national response. The ASP M&E unit is currently functioning with technical staff/professionals and hiring professionals as per need-based requirements. To

strengthen the current organizational structure of the ASP M&E Unit, the specific tasks include:

Task 1.1 Organizational structure of ASP for HIV M&E

To maintain a fully functional M&E structure, the following need to be held:

- Continue the coordinated efforts by relevant stakeholders for updating the data as per requirement.
- Updating and adequately maintaining the ASP website with more information/products on M&E regularly ensures logistics/accessories as needed.
- Continue consistent staffing arrangements to respond to the HIV/AIDS epidemic successfully. A total of 12 positions are designated for ASP M&E Unit those are:

  - **From GoB-** Approved structure

    - 1 DPM M&E
    - 1 Monitoring Coordinator
    - 8 Coordinators

  - **From DP (Global Fund)-**
    - 1 Manager (Data-IT)
    - 1 M&E Expert
    - Technical Assistance- HISP Bangladesh

Apart from available human resources, one Epidemiologist and one Statistician are needed to consider future Human Resource planning.

Task 1.2: Conduct periodic review of HR, JD, and capacity building plan for ASP M&E Unit as well as implementing partners

- It is vital to conduct a yearly assessment and review the M&E human resource capacity across the sector, which is required to develop an efficient M&E human resource plan, capacity building, and training plan with an advanced training manual accordingly.

- Based on the assessment, this will be important to ensure adequate human resources with appropriate skills and proper job descriptions to continue the functioning of the M&E system.

Task 1.3: Need-based technical assistance from development partner

- In some instances, it has been found that some additional skills are required to perform the assignment. Considering those contexts, need-based human resources support will be needed as technical assistance from development partners.

Component 2: Human capacity for HIV M&E

Task 2.1: Development of M&E related training module and guidelines

There are several training modules like Operating DHIS2, PLHIV Data base management, etc are in place. Apart from these modules, ASP developed 10 training modules related to program implementation and every module have specific section on M&E. Considering the program diversity ASP have to conduct Training Need Assessment (TNA) and based on TNA report, ASP need to initiate further revision of existing modules or if needed can take initiative for development of new module. The PRs Save the Children and icddr,b under the Global Fund project also have several provisions for capacity building of HIV M&E staff members.

Task 2.2: Training of ASP and other relevant M&E staff across the sector

Key M&E staff of ASP and implementing partner agencies should get continuous exposure to the advanced M&E training in country or abroad to provide the technical support needed to run a functional M&E system for the country.

Task 2.3: Conduct Training of M&E staff

Field level M&E Staff should get M&E training based on training need assessment and national M&E training guidelines. The continuous capacity-building initiatives will help update the required skills and competencies of M&E team members.

Task 2.4: Develop a national database of trainers

This will be helpful to develop a national database of trainers and other technical service providers for the capacity-building initiative of M&E staff.

Component 3: Partnerships to plan, coordinate, and manage the HIV M&E system.

A strong partnership among ASP and the sector actors involved in HIV M&E, other public sector ministries, and national umbrella organizations is important. To avoid duplication of effort, it is also essential to establish communication mechanisms with those organizations which provide frequent technical support in M&E. Following activities will promote partnership and leverage combined strength for a functional M&E system.

Task 3.1: Organizing regular meetings

To improve the effectiveness of the national response, the following coordinated efforts are essential:

- Ensure regular meetings of the NAC, TC-NAC, TWG, the Surveillance Advisory Committee (SAC), etc.
- Ensure Six monthly meeting of Technical Working Group- M&E and SI
- Conduct regular feedback meetings with the implementing partners informed with updated strategic information and backed up by proper documentation and regular follow up of the decisions /resolutions
- Proper resource allocation for M&E related meetings and coordination is important.

Task 3.2: Update inventory of stakeholders, partners, and service delivery points

Develop/update an inventory of stakeholders, partners, and service delivery points to perform efficiently.

Task 3.3: Strengthening of M&E and SI TWG

It requires regular review and revision of the TOR, including HIV in the humanitarian context, and developing an annual work plan to improve responsibility and accountability. In addition, it's crucial to build the TWG's capacity in the areas of M&E, enhancing coordination and working together. The specific activities include:

- Develop a plan to involve important, relevant ministries/sectors, e.g., Ministry of Home Affairs (MOHA), Ministry of Education (MoE), Ministry of Labour and Employment (MOLE), representatives of Tertiary level hospitals, academia, self-help groups, institutions, etc.
- Include major HIV/AIDS stakeholders in TWG (M&E and SI), those who are not included yet but committee should more than 21 persons.

Task 3.4: Integrate HIV issues into regular meetings of Civil Surgeons to enhance their understanding of HIV M&E and reporting

In order to enhance district-level stakeholders' understanding of HIV M&E and reporting, it is vital to integrate HIV issues into regular meetings of Civil Surgeons.

- ASP provided guidance to share the HIV progress report on a monthly/ quarterly basis from all implementing/NGO partners to regular meetings of Civil Surgeons. Now, it is important to ensure that partners share the progress report to CS office.
- Initiative has to be taken to entry the data in DHIS2 through Civil Surgeon office on regular basis.

Task 3.5: Coordinate capacity building initiatives

Ensure M&E staff members (who are working at national and local level under Govt or NGOs) participation in national and international M&E training, exchange program, study tour, conference, etc., for better support and technological advancement within the sector.

Component 4: National multi-sectoral HIV M&E plan

HIV/AIDS is a health issue and has many aspects, including human rights, policy reform, etc. Therefore, monitoring and evaluation are critical and integral parts of the national response to HIV/AIDS. Furthermore, a good Monitoring and Evaluation system contributes to ensuring that the objectives of the national strategic plan are achieved and monitored.

Task 4.1: Review and update the National M&E system

Review and update the M&E system to address the weaknesses found over the period and measure for enhancing progress towards a functional M&E system.

Task 4.2: Develop a National HIV multi-sectoral M&E plan

A multi-sectoral M&E plan is required for achieving the national goal. The M&E plan should guide establishing linkage with the M&E activities of the relevant sectors' M&E activities to develop an integrated multi-sectoral M&E system. ASP also needs to consider National STI M&E Plan, which should be in line with the National STI strategy.

A separate M&E plan, including a particular set of target and resource requirements, needs to develop for HIV in a humanitarian context for 'Forcibly Displaced Myanmar Nationals' (FDMN).

Task 4.3: Reviewing the list of core indicators

Two yearly revisions of the indicators in a participatory manner with an indication of funding sources, roles, and responsibilities will be helpful to align with the global reporting requirement. The Technical Working Group (TWG) can take this responsibility.

Task 4.4: Periodic Assessment of M&E system

Umbrella organizations and implementing agencies need to develop and review individual M&E plans to be aligned/ harmonized with the National M&E Plan.

Task 4.5: Establish an effective data flow channel

Communicate, conduct meetings and follow up with the relevant partners to ensure understanding and compliance to the data flow.

Task 4.6: Integrate relevant government and private sectors/entities within national HIV M&E organizational framework to strengthen multi-sectoral M&E performance

- Establish and maintain linkage with National Institute of Population Research and Training (NIPORT), National Institute of Preventive and Social Medicine (NIPSOM), Institute of Epidemiology Disease Control And Research (IEDCR), Bangladesh Bureau of Statistics (BBS), and private research firms through advocacy and regular meetings (to leverage their strength to generate/expand knowledge on the epidemic, respond to it, and change social context).
- Also, establish, maintain, and expand linkage with the relevant ministries through advocacy and regular meetings.

Component 5: Annual costed national HIV M&E work plan

The work plan includes the activities related to establishing an M&E Unit with staffing, coordination, and communication and developing 12 components of a functional M&E system in phases. The work plan elicits a clear time frame and budget. It includes cost, funding gap, fund sources where possible, and responsibility.

Task 5.1: Review and update annual M&E operational plan

Regular review and update of the annual M&E Plan are required with time-explicit work plans, an indication of costs, funding sources, responsibilities, and leading agencies. The revision of the M&E work plan containing the current year needs to be developed or modified based on the achievements (progress) against the previous year's activities.

Task 5.2: Reporting in budgeting and expenditure

Adequate resources should be allocated for data use and dissemination. The M&E plan, budget, and expenditure should be incorporated annually in the government and other projects' reports.

Communicate, advocate, and follow up with the partners to comply with the Guidelines and recognize investment options for adequate resource allocation. Also, ensure reporting on budgeting and expenditure.

Component 6: Advocacy, communications, and culture for HIV M&E

The ultimate goal of the AIDS M&E system is to inform policy and program management. Therefore, assessments of communication, advocacy, and culture must go beyond producing data and information to use evidence to guide decisions. Information should enable rational resource allocation; inform policy and program decisions, and guide daily operations in clinical and public health facilities and community and workplace programs.

The monitoring and evaluation process should be used to track down the progress toward the realization of the set development vision and goals. It's important to lay a plan for advocacy and communication to ensure the generation of strategic information and put them into practice. The specific tasks include:

Task 6.1: Promote culture of M&E

Establish and maintain a regular information-sharing mechanism at all levels through regular program performance reporting and provision of feedback. The M&E communication plan needs to be prepared to identify the target audience, timetable, and information format. Dissemination of reports/findings biannually and annually to provide a comprehensive picture of the epidemic trends and updates in the national response, including achievements, should be pursued regularly. The specific tasks include:

- Ensuring advocacy and follow-up meetings with the stakeholders and partners to ensure regular reporting and providing feedback.
- Organize progress sharing meetings bi-annually with M&E Team and management team. Review the progress and develop a revised plan for achieving the un-accomplishments
- Identifying priority areas for HIV M&E communication and developing advocacy agenda on a yearly basis.
- Organizing yearly dissemination meetings, workshops, seminars, fairs for sharing best practices, success stories, publications etc., with the relevant stakeholders and partners.
- Printing of documents/reports and regular update on the website and social media channels after approval of proper body (TWG, ASP).

Component 7: Routine HIV program monitoring

Priority is to be given to gathering data from existing sources and establishing a system to collect monitoring data from different implementing partners. This includes setting up a mechanism for tracking partners for the timely submission of quarterly reports. To address data quality/validation issues, a system of joint and independent monitoring visits will be organized for supportive supervision and feedback. Regular analysis of the monitoring data and feedback to implementing partners will be the main feature and priority activity of the ASP for coordinating and guiding the M&E component. Following activities will enhance the efficiency of routine program monitoring. The specific activities include:

Task 7.1: Review the existing recording /reporting tools and mechanisms periodically. The population-specific essential data collection tools must be similar for every project (GF/GoB supported project). In addition, the population-specific basic service package also needs to be similar. A set of tools will be developed by the implementors for the routine data quality assessment (RDQA) in consultation with national programme,

Task 7.2: Update Operational Definition manual to facilitate M&E reporting. The unique operational manual is essential for the Key Populations across the projects and interventions.

Task 7.3: Follow up meetings with partners to inform any reporting system changes.

Task 7.4: Undertake regular program monitoring and supervision visits to assess the quality of the reported data every quarter. Also, prepare reports and share the findings with the implementers.

Task 7.5: Collect program-based data (including gender and age-segregated data) from existing and new sources, compile/ analyze and provide feedback on a biannual basis.

Task 7.6: Update and disseminate National guidelines for recording, collecting, collating, and reporting program monitoring data under HIV MIS, integrating civil society/ community-based systems.

Task 7.7: Follow-up implementation status of ongoing responses, including prevention interventions, MARA/EVA, PMTCT, KPs Intervention, Prisons intervention, OP supported, etc., during a routine monitoring visit.

Component 8: Surveys and surveillance

While biological and behavioral surveillance will continue to provide information on outcome and impact indicators, other special surveys need to be included in the operational plan for other priority indicators.

The operational plan also emphasizes strengthening the existing data-collection methodologies of the BSS and Sero-surveillance, including reporting test results to the sampled population and initiating IBBS in selected sites among selected KPs. In addition, new indicators and an integration of HIV questions/modules and sub-samples into the more extensive population-based surveys, particularly the Bangladesh Demographic and Health Survey (BDHS) and the Multiple Indicator Cluster Survey (MICS), are needed to further explore awareness and behavioral issues of HIV among the general population as a basis for targeting beyond priority risk groups.

Coordinate national surveillance: The ASP coordinates the national-level surveys on HIV and AIDS and needs to ensure regular conduction of serological and behavioral surveillance of HIV/AIDS. The initiative should be continued to undertake integrated behavioral and biological survey (IBBS) under the routine HIV surveillance. A complete inventory needs to

be developed and updated regularly, focusing on all surveys, surveillances, and related operations research. ASP should also establish linkage with the NIPORT, and BBS to coordinate review of the HIV module of BDHS and MICS.

Task 8.1: integrated biological and behavioral surveillance (IBBS)

Undertake the surveillance regularly. This includes:

- Review, improve and finalize ToR, methodology, questionnaire and conduct the survey.
- Ensure joint monitoring and supervision of the data collection.
- Disseminate main findings among key stakeholders and post the report on the ASP website.

Task 8.2: National workplace surveys (public and private sector)

Undertake the national workplace survey in the public and private sectors. This includes:

- Undertake the survey by 2023
- Develop ToR, methodology, questionnaire, and conduct the survey
- Ensure joint monitoring and supervision of the data collection.
- Disseminate main findings among key stakeholders and post the report in the ASP website.

Task 8.3: Mapping and size estimation of the KPs

This will confirm the size of the groups with emerging risk and higher vulnerability. It's important to undertake this survey to support the planning of interventions for these groups and improve coverage and effectiveness of the national response. The following steps should be taken:

- Develop TOR, mobilize resources
- Select agency, finalize methodology and questionnaire and undertake the survey accordingly.
- Joint monitoring and supervision of data collection and preliminary report sharing with relevant technical and working groups.
- Print and disseminate the report and post the report in the ASP website
- ASP going to conduct mapping excercize among FDMN
- Midterm evaluation of KPs prevention service in public hospital
- End line survey of prison intervention

Task 8.4: Communication with other government and non-government organizations

Establish communication with other government and non-government organizations' (NIPORT, BBS, IEDCR, BSMMU, relevant UN agencies, PRs) to coordinate review and improvement of the HIV components/modules of BDHS, MICS, HIV surveys among populations at large, including pregnant women, etc.

Task 8.5: Continue to update web inventory for HIV related studies/reports

Update a complete inventory for all HIV-related surveys, surveillance, and related operational research.

Component 9: National and sub-national HIV databases

The HIV/AIDS M&E system's overall performance is produced quality data from the database. Therefore, it's vital to develop policy documents, legislation, or memoranda of understanding that obligates all M&E system stakeholders to produce data to monitor the response and make data readily available to ASP for national reporting and supporting national-level decision-making. The following activities are crucial to ensure establishing national and sub-national HIV databases:

Task 9.1: Maintain and improve National HIV-MIS (with Health-MIS)
Maintain the national HIV MIS, which is integrated with the health MIS. Also, review it for further improvement to include some indicators including MARA, PMTCT, general population, migrants, prisoners, etc.

It is important to advocate with the partners for fund mobilization to ensure supplies and equipment at all levels. ASP will play a vital role in coordinating/monitoring the availability of supplies/equipment at all levels. In addition, ASP can hire an IT person/ company centrally to maintain IT equipment and ensure the equipment is functional.

Task 9.2: Maintain PLHIV and KP databases
Data on PLHIV and KP databases must be regularly entered as part of the National Health MIS. Relevant reports need to be generated from these databases. An annual or bi-annual fact sheet/report with collated data should be developed for program review and updating. Continuation and update of DHIS2 also need to be ensured. Additional human resources can be recruited at high case burden service delivery points for data entry. Maintaining national server and updating template at MIS-DGHS a human resource or agency should be hired and posted.

Component 10: Supportive supervision and data auditing

Supportive supervision and data auditing is important part of the M&E system. Data Quality assurance/data auditing tools should be developed by the respective implementers which must be endorsed by national programme. The development of tools to ensure supportive supervision and feedback mechanism. Activities, as outlined below, are to be undertaken to enhance data auditing:

Task 10.1: Strengthen systems for Supportive Supervision and data auditing and data quality assurance

- Develop tools for supportive supervision on M&E and data auditing and data quality assurance protocols.
- Disseminate the tools/ instrument widely (use email communication and website posting)
- Develop a core team lead by ASP involving the partner level organizations to conduct data audit and quality monitoring periodically in different program sites, including prevention intervention, treatment-care-support, Capacity building / training effective assessment, PMTCT sites, etc.
- Organize orientation workshop with the group on the tools

- Implement joint data auditing visits (MIS, ASP and Implementers and other expert from government, INGO/UN) in a bi-annually basis.
- Follow up implementation

Task 10.2: Mechanism for regular triangulation of data

- Commission a professional/ agency for secondary data analysis and triangulation of data based on relevant sources and disseminate the findings

Component 11: HIV Evaluation and Research

Evaluation and research are among the key elements for the M&E system that support measuring a program's effectiveness and guide reliable program improvement strategies. Therefore, a research agenda that would provide a list of research priorities would help to assess the adequacy of what has already been done and with what results in terms of informing policy and coming up with solutions for standing problems in society. Therefore, the M&E work plan includes prioritizing research activities, developing an annual national agenda for research, commissioning secondary analysis based on BSS and BDHS data, and disseminating the research findings are included in the M&E work plan. In addition, the following specific activities will ensure execution of prioritized HIV evaluation and research agenda and their use to inform policy and program decision making:

Task 11.1: Joint HIV response reviews

A joint HIV response review needs to be conducted Annual basis. In addition, the stakeholders, including different ministry, PMMU- Planning, Individual expert, development partners, should actively participate in joint HIV Program Reviews.

Task 11.2: Identify priority research areas to pursue research agenda

Arrange a meeting 1st quarter of each calendar year with relevant stakeholders to identify priority research areas and prepare research agenda. Take necessary endorsement from the TGW (M & E and SI) on the research concept note.

Task 11.3: Disseminate the research agenda

Disseminate the research agenda widely across the sector (email communication, website posting, etc.)

Task 11.4: Priority research /operations research/evaluation

Document priority research/operations research/evaluation and biennial documentation of best practices regularly.

Task 11.5: Special surveys

Different special surveys need to be conducted periodically (e.g., every 3-5 years) with the expertise organization, and MIS needs to be maintained to fill data gaps. These include:

- Operational Research
- Stigma Index Study
- STI Surveillance

- FDMN mapping
- Prison intervention study
- KPs pilot intervention end line study
- HIV prevention, treatment, TB-HIV, HCV-HIV related study
- Assessment among migrants

Besidde these, any relavent study can be proposed from any corners which needs endorsement from national programme.

Component 12: Data dissemination and use

Using strategic information to influence decision-making and evidence-based program planning is the prime objective of M&E systems. Therefore, the use of information should be a high priority for stakeholders at all levels of the M&E system. Specific activities to be undertaken to improve data dissemination and use in the country include:

Task 12.1: Compilation and analysis of program monitoring data on a biannual (half-yearly) basis. Age and gender-segregated data also need to be analyzed.

Task 12.3: Disseminate the report among the implementing partners for linking with the program for feedback (annually)

Task 12.4: Publish and disseminate six monthly/ Annual Report/Souvenir. This activity is to be tagged with World AIDS Day. The Reports should be posted on the ASP website on a regular basis.

Task 12.5: Prepare SDG/HLM report: coordinate with the Planning wing MOHFW and the UN agencies and TWG to prepare the ~~MDG/~~SDG/HLM report through reviewing the annual reports, most updated survey /research reports, etc.

Task 12.6: Prepare GAM and UA report in compliance with the updated guidelines provided by UNAIDS, UNICEF, and WHO. Generate data for National Commitments and Policy Instrument (NCPI) under this initiative.

Task 12.7: Disseminate the GAM report with relevant stakeholders.

Task 12.8: Prepare policy briefs as per available updated evidence and publish six monthly progress reports.

Task 12.9: *An assessment on* 'HIV stakeholder information needs' should be implemented every two years

8. Budget for Operationalize National AIDS M&E Plan

Tk. 18,11,07,915 (One hundred eighty-one million seven thousand nine-hundred fifteen taka) has been planned to implement and operationalize the National AIDS M&E Plan. The

major contributors to this estimated budget are Government through HPNSP and the Global Fund. Other development partners also provided a commitment for further need-based resource mobilization for continuous strengthening of the National AIDS M&E System. Table 5 shows the priority activity-based resource allocation-

Table 5: BUDGET FOR OPERATIONALIZE NATIONAL AIDS M&E PLAN (January 2021 to December 2023)

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
Component 1: Organizational Structure with HIV M&E Function																	
1.1	*Organizational structure of ASP for HIV M&E*																
1.1.1	Continue support for mobilization resources													No cost category	--	--	ASP
1.1.2	Update and maintain ASP website with internet services and accessories													No cost category	--	--	ASP
1.1.3	Continue support for office space at ASP with computers and other necessary logistics required for M&E Unit													@32,00,000 x 3 year	Total: 96,000,00 HPNSP: 84,45,000 GF: 11,55,000	HPNSP (MIS-DGHS) GF	ASP
1.1.4	Maintain staffs for ASP M&E unit (12 staff): **From GoB**- Approved (10 positions): 1 DPM M&E 9 Coordinator **From DP (Global Fund)-** 1 Manager (Data-IT) 1 M&E Expert													Yearly salary of staffs (M&E Unit) @120,00,000 Per year	Total: 3,60,00,000 HPNSP: 260.00.000 GF: 100,00,000	HPNSP GF	ASP
1.2	Conduct periodic review of HR, JD and capacity building plan for ASP M&E Unit as well as implementing partners													@ 300,000 x 1 time	300,000	DPs	ASP TWG (M&E and SI) Assigned national consultant
1.3	Need-based technical assistance													No cost category	--	DPs	ASP

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
	from Development Partner																
1.4	*Integrate relevant government and private sectors/entities within national HIV M&E organizational framework to strengthen multi-sector M&E performance*																
1.4.1	Establish, maintain and expand linkage with the relevant ministries through advocacy and regular meetings (annually)													21,25,000 For January 2021 and December 2022	42,50,000	DP	ASP
1.4.2	Establish and maintain linkage with NIPORT, BBS and private research firms through advocacy and regular meetings (in order to leverage their strength to generate/expand knowledge on the epidemic, response to it and changing social context)													@ 5,000 x6 meetings	30,000		ASP TWG (M&E and SI)
Component 2: Human capacity for HIV M&E																	
2.1	Development of M&E related training module and guidelines													200000 X 3 training modules / guidelines	600,000	DP	ASP TWG (M&E and SI)
2.2	Training of ASP and other relevant M&E staff across the sector 2 days Analytical capacity building-training, mentoring and supervision of subnational staff on data analysis and use (ART/HTS Focal Point/ CS) i. Data Triangulation, Data													@2,87,000 25 persons x 5 times 3 days training	14,35,000	GF	ASP

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
	analysis, DHIS2																
	ii. HIV Estimation (e.g. AEM and Optimization)													@50,00,000 Consultant costs, Workshop Cost, Airfare, etc / 2 times	100,00,000	GF	ASP SCI ICDDR'B
2.3	Conduct Training of M&E staff													@2,87,000 25 persons x 5 times 3 days Training of health facility, district and regional staff for data use for HTS Centre	14,35,000	GF	ASP
2.4	Develop a national database of trainers													No Cost Category	--	-	ASP TWG (M&E and SI)
Component 3: Partnerships to plan, coordinate, and manage the HIV M&E system																	
3.1	*Organizing regular meetings*																
3.1.1	Regular meetings of the i. NAC (annual) ii. TC-NAC (annual) iii. Surveillance Advisory Committee (SAC), Bi-annual iv. Technical Working Group (M&E and SI), Bi-annual													NAC meeting @ 70,000 x 1 meeting TC-NAC meeting @ 55,000 x2 meetings SAC meeting: @ 30,000 x 6 meetings TWG (M&E and SI) Meetings @: 30,000 x 6 meetings	540,000	HPNSP DP	ASP SAC TWG (M&E and SI)
3.2	Update inventory of stakeholders, partners and service delivery points to perform efficiently													No cost category 3 times		--	ASP M&E Unit with support from TWG (M&E and SI) and other Stakeholders

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
3.3	*Strengthening of M&E and SI TWG*																
3.3.1	Develop/review plan to involve the important relevant ministries/sectors e.g., MOHA, representatives of Tertiary level hospitals, academic, self-help group, institutions, MOE, MOLE etc.													No cost category	--	--	ASP
3.4	Integrate HIV issues into regular meetings of Civil Surgeons to enhance their understanding on HIV M&E and reporting													22 priority Districts will be covered in 2021 & 2022	23,47,500	GF	ASP and GF-PRs Implementing Partners
3.5	Coordinate capacity building initiatives- Ensure participation of TWG members in national and international M&E training, exchange program, conference etc. for better support and technological advancement													3,08,000 1 person x 2 times 5 days trainings 40 Participants, 5 days training,	30,8000 GF 616,000	HPNSP/DPs	ASP TWG (M&E and SI)
Component 4: National multi sectorial HIV M&E plan																	
4.1	Review and update of the National M&E system													Lump sum @ 700,000 Including consultant and meeting/ workshop cost	700,000	GF	ASP TWG (M&E and SI) UNAIDS GF-PRs Assigned Consultant
4.2	Develop a National HIV multi-sectoral plan													No cost category	--	DPs	ASP DPs
4.3	Reviewing the list of core M&E indicators with baseline values and targets													No cost category (Cost of M&E system assessment and updating will cover this)	--	--	ASP TWG (M&E and SI)
4.4	ASP, umbrella organizations and													No cost category Each agency's M&E	--	--	ASP GF PRs and other relevant

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
	implementing agencies to develop and review individual M&E plans to be aligned/ harmonized with the National M&E Plan													staff will be able to do it			entity/ partners
4.5	Establish and/or maintain effective data flow channel: Communicate, conduct meetings and follow up with the relevant partners to ensure understanding and compliance to data flow													@ 5,000 x6 meetings and Regular communications with partners	30,000	ASP	ASP TWG (M&E and SI) GF PRs and other relevant entity/ Partners
4.6	Integrate relevant government and private sectors/entities within national HIV M&E organizational framework to strengthen multi-sectoral M&E performance													No cost category	--	--	ASP TWG (M&E and SI) GF PRs and other relevant entity/ Partners
Component 5: Annual costed national HIV M&E work plan																	
5.1	Review and update annual costed operational plan													No cost category	--	--	ASP TWG (M&E and SI)
5.2	Communicate, advocate and follow-up with the partners to comply with the Guidelines for adequate resource allocation. Also ensure reporting in budgeting and expenditure													No cost category	--	--	ASP TWG (M&E and SI)
Component 6: Advocacy, communications, and culture for HIV M&E																	
6.1	*Promote culture of M&E*																
6.1.1	Identify priority areas for HIV M&E communication and develop advocacy agenda annually													No cost category	--	--	ASP TWG (M&E and SI) UNAIDS
6.1.2	Ensure advocacy and follow up meeting (biannually) with the stakeholders and partners to													@ 5,000 x6 meetings	30,000	ASP and DP	ASP- M&E Unit TWG (M&E and SI) UNAIDS

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
	ensure regular reporting as well as providing feedback																
6.1.3	Organize yearly dissemination meetings, workshops, seminars, fairs for sharing best practices, success stories, publications etc. with the relevant stakeholders and partners / Annual Workshop on Programmme Review at National Level													@4,45,000 100 participants per year 3 Years	13,36,000	GF	ASP DPs
6.1.4	Print documents/reports, and post it in the website/ E- Bulletin													11,38,000/ year 6 e-bulletin	34,13,000	GF	ASP TWG (M&E and SI) DPs
Component 7: Routine HIV program monitoring																	
7.1	Review the existing recording /reporting tools and mechanisms periodically													25 persons x 30,000 x 1 time	30,000	DPs	ASP M&E Unit TWG (M&E and SI)
7.2	Update Operational Definition manual to facilitate M&E reporting													25 persons x 30,000 x 1 time	30,000	DPs	ASP M&E Unit TWG (M&E and SI)
7.3	Follow up meetings with partners to inform any changes of the reporting system													25 persons x 30,000 x 1 time	30,000	DPs	ASP M&E Unit DPs
7.4	Undertake regular programme monitoring and supervision visits to assess quality of the reported data on a quarterly basis. Also prepare report and share the findings													513 Visits	Total 58,17,000 HPNSP: 20,74,000 GF: 37, 43,000	HPNSP GF	ASP M&E Unit
7.5	Collect program-based data from existing and new sources, compile/																

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
	analyze and provide feedback on a yearly basis (e.g. GAM report)																
7.6	Update and disseminate National guidelines for recording, collecting, collating and reporting programme monitoring data under HIV MIS, integrating civil society/ community-based systems													No cost category	--	--	ASP, TWG (M&E and SI) UNAIDS, GF PRs Other DPs/ implementing partners
7.7	Follow up implementation status during routine monitoring visit													No cost category	--	--	ASP M&E Unit
7.8	Data quality reviews, assessments and validations (workshop conducted with ART/HTS Focal Point and other PRs after reporting period) (Bi-annual)													2,27,500/ x 5 meetings	11,37,000	DPs	ASP with support from UNAIDS and other Stakeholders
Component 8: Surveys and Surveillance																	
8.1	*HIV Surveillances (Serological)*																
8.1.1	Review, improve and finalize ToR, methodology, questionnaire and conduct the survey accordingly													1 IBBS Year 2022-23	400,000,00	HPNSP	ASP, BSMMU/ Research Organization
8.1.2	Ensure joint monitoring and supervise the data collection																
8.1.3	Disseminate main findings among key stakeholders and post the report in ASP website																
8.2	*Conduct National Workplace survey (public and private sector)*													1 Survey Year 2022-23	700,000	DPs	ASP, TWG (M&E and SI) UNAIDS, GF PRs Other DPs
8.3	*Mapping and size estimation of the KPs* Activities include: 8.3.1 Develop TOR, mobilize resources 8.3.2 Select agency, finalize													1 survey Period 2020-21	250,000,00	HPNSP	ASP TWG (M&E and SI)

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
	methodology and questionnaire and undertake the survey accordingly 8.3.3 Joint monitoring and supervision of data collection 8.3.4 Print and disseminate the report and post the report in NASP website																
8.4	Establish communication with other government and non-government organizations' (NIPORT, BBS, UNICEF, IEDCR among others) survey and to coordinate review and improvement of the HIV components/modules of BDHS, MICS, HIV survey among pregnant women etc.													No cost category	--	--	ASP TWG (M&E and SI)
8.5	Update a complete inventory for all HIV related surveys and surveillances and related operation researches													No cost category	--	--	ASP M& E Unit TWG (M&E and SI)
Component 9: National and sub-national HIV databases																	
9.1	Maintain and improve National HIV-MIS (with Health-MIS). Also advocate with the partners for fund mobilization to ensure supplies and equipment at all levels													No cost category	--	--	ASP M&E Unit TWG (M&E and SI)
9.2	Maintain PLHIV and KP databases													@9,86,850/ per year	29,60,550	GF	ASP M&E Unit TWG (M&E and SI)
Component 10: Supportive supervision and data auditing																	
10.1	*Develop system for supportive supervision and data auditing and quality assurance*																

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
10.1.1	Develop/update national guidelines and tools for supportive supervision on M&E and protocols for data quality assurance /data auditing													No cost category	--	--	ASP M&E Unit TWG (M&E and SI) UNAIDS
10.1.2	Disseminate the guidelines widely (use email communication and website posting)													No cost category	--	--	ASP M&E Unit
10.1.3	Develop a core team lead by ASP involving the partner level organizations to conduct data audit and quality monitoring periodically													@15,000x2 persons X 4 times per year 3 years	360,000	GF	ASP M&E Unit
10.1.5	Follow up implementation													No cost category	--	--	ASP M&E Unit
10.2	Commission secondary data analysis based on BSS, BDHS and other relevant sources and disseminates the findings (in every 2 years) eg. AEM and Optimization													33,00,000 Two times, 2021 and 2023	66,00,000	DPs	ASP TWG (M&E and SI) UNAIDS Consultant/ trainers
Component 11: HIV Evaluation and Research																	
11.1	Arrange meeting with relevant stakeholders to identify priority research areas and prepare research agenda													No cost category Includes with TWG meeting, Bi-annually	--	--	ASP TWG (M&E and SI)
11.2	Disseminate the research agenda widely across the sector (email communication, website posting)													No cost category	--	--	ASP
11.3	Document priority research /operations research/evaluation and biennial documentation of best practices on a regular basis													No cost category	--	--	ASP M&E Unit
11.4	Different special surveys need to													ASP:	50,000,00	HPNSP	ASP

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
	be conducted periodically (in every 1-2 years) to fill data gaps. These may include: • Operational Research (10)													@5,00,000 x 11 Operation Research SAVE: @30,00,000 x 1 Operation Research icddr,b: @ 8,900,000 X 2 Operation Research	 GF: 30,000,00 GF: 180,000,00	GF	TWG (M&E and SI) UNAIDS Other GF PRs and Implementing partners Assigned research organization
	• Stigma Index Study (1)													1 Study Planned in 2022	25,50,000	DP	ASP TWG (M&E and SI) UNAIDS/ UNFPA, Other GF PRs and Implementing partners Assigned research organization
	• Viral load optimization plan													170500 1 time in 2021	170,500	DPs	ASP
Component 12: Data dissemination and use																	
12.1	Compilation and analysis of program monitoring data on a biannual (half-yearly) basis													No cost category	--	--	ASP M&E Unit
12.2	Share analysis of data with TWG-M&E and SI for comment and feedback													No cost category	--	--	ASP M&E Unit UNAIDS
12.3	Share the report among the implementing partners for linking with program for feedback (annually)													No cost category	--	--	ASP M&E Unit
12.4	Publish and disseminate Annual report/souvenir. This activity is to be tagged with WAD. Reports should be posted on the ASP													Included in 6.1.4	--	--	ASP

Sl. NO.	Activities	2021				2022				2023				Cost description	Total Cost (BDT)	Source of funding	Implementing Agency
		1	2	3	4	1	2	3	4	1	2	3	4				
	website																
12.5	Prepare SDG report: coordinate with the Planning wing MOHFW and the UN agencies and TWG to prepare the SDG report through reviewing the annual reports, most updated survey /research reports													No cost category	--	--	ASP M&E Unit UNAIDS Other DPs and implementing partners
12.6	Prepare GAM (former GARP) report in compliance with the updated guidelines provided by UNAIDS. Generate data for NCPI under this initiative.													@300,000 Each Year	900,000	DPs	ASP M&E Unit
12.7	Disseminate the GAM report													No cost category	--	--	ASP M&E Unit
12.8	Prepare policy briefs as per available updated evidence													@20x2000 pcs 40,000 per year x 3 years	120,000	DPs	ASP M&E Unit
	TOTAL Budget (In BDT)													**Tk. 18,53,75,550.00**			

References

1. ASP (2020). Revised 4th National Strategic Plan for HIV and AIDS Response 2018-2022.
2. UNAIDS (2004). The Three Ones: Driving concerted action on AIDS at the country level, Geneva.
3. UNAIDS (2008). Twelve components Monitoring and Evaluation System Strengthening Tool.
4. NASP (2010). Aide Memoire: National Consultation on reviewing the progress towards UA to HIV prevention, treatment, care and support services in Bangladesh NASP (2010).
5. NASP (2020). Revised 4th National Strategic Plan for HIV and AIDS Response 2018–2022.
6. NASP (2015). National AIDS Monitoring and Evaluation Plan 2016–2017.
7. UNAIDS (2008). A Framework for Monitoring and Evaluation HIV Prevention Programmes for Most-At-Risk Populations.
8. NASP (2016). Mapping and Size Estimation of KPs for HIV Programs, 2015-2016.
9. UNAIDS (2008). A Framework for Monitoring and Evaluating HIV Prevention Programmes for Most-At-Risk Populations.

Annex A: Detailed Indicator Descriptions

Strategy 1.1 HIV case detection increased and HIV and STI transmission minimized and risk behaviour reduced among key populations through comprehensive targeted interventions and service provision

Indicator:	**1.1.1a HIV prevalence among key populations**
Disaggregation:	• FSWs, MSM, MSW, hijra, male PWID, female PWID • Age and Gender
Numerator:	Number of KPs who test positive for HIV
Denominator:	Number of KPs tested for HIV
Reference:	GAM guidelines
Data source:	Integrated Bio-Behavioral Surveillance (IBBS)
Frequency of data collection:	Every two year

Indicator:	**1.1.1b HIV prevalence among key populations: Dhaka**
Disaggregation:	• FSWs, MSM, MSW, hijra, male PWID, female PWID • Age and Gender
Numerator:	Number of KPs who test positive for HIV (Dhaka)
Denominator:	Number of KPs tested for HIV (Dhaka)
Reference:	GAM guidelines
Data source:	Integrated Bio-Behavioral Surveillance (IBBS)
Frequency of data collection:	Every two year

Indicator:	**1.1.2 Prevalence of active syphilis among key populations**
Disaggregation:	FSW, MSM, MSW, hijra, male PWID, female PWID
Numerator:	Number of KPs who tested positive for active syphilis
Denominator:	Number of KPs who were tested for active syphilis
Reference:	GAM guideline
Data source:	Integrated Bio-Behavioral Surveillance (IBBS), STI Surveillance
Frequency of	Every two year

Indicator:	**1.1.3b Percentage of key populations reporting condom use at their most recent sexual intercourse (with clients for PWID, FSW, MSW, hijra; anal sex with male partners for MSM)**
Disaggregation:	• FSW, MSM, MSW, hijra, male PWID, female PWID • Age (<25/25+)
Numerator:	**Sex Worker (Male, Female, TG):** Number of sex workers who reported using a condom with their last client **MSM:** Number of men who have sex with men who reported using a condom the last time they had anal sex **PWID (Male, Female):** Number of people who inject drugs who reported using a condom the last time they had sex in Dhaka. **Hijra:** Number of transgender people who reported using a condom in their last sexual intercourse or anal sex
Denominator:	**Sex Worker (Male, Female, TG):** Number of sex workers who reported using a condom with their last client **MSM:** Number of men who have sex with men who reported using a condom the last time they had anal sex **PWID (Male, Female):** Number of people who inject drugs who reported using a condom the last time they had sex in Dhaka. **Hijra:** Number of transgender people who reported using a condom in their last sexual intercourse or anal sex
Reference:	GAM guidelines
Data source:	Integrated Bio-Behavioral Surveillance (IBBS)
Frequency of data collection:	Every two year

Indicator:	**1.1.3b Percentage of key populations reporting condom use at their most recent sexual intercourse (with clients for FSW, MSW, hijra; anal sex with male partners for MSM): Dhaka**
Disaggregation:	• FSW, MSM, MSW, hijra, male PWID, female PWID • Age (<25/25+)
Numerator:	**Sex Worker (Male, Female, TG):** Number of sex workers who reported using a condom with their last client in Dhaka. **MSM:** Number of men who have sex with men who reported using a condom the last time they had anal sex in Dhaka. **PWID (Male, Female):** Number of people who inject drugs who reported using a condom the last time they had sex in Dhaka. **Hijra:** Number of transgender people who reported using a condom in their last sexual intercourse or anal sex in Dhaka.
Denominator:	**Sex Worker (Male, Female, TG):** Number of sex workers who reported using a condom with their last client in Dhaka. **MSM:** Number of men who have sex with men who reported using a condom the last time they had anal sex in Dhaka. **PWID (Male, Female):** Number of people who inject drugs who reported using a condom the last time they had sex in Dhaka. **Hijra:** Number of transgender people who reported using a condom in their last sexual intercourse or anal sex in Dhaka.
Reference:	GAM guidelines
Data source:	Integrated Bio-Behavioral Surveillance (IBBS)
Frequency of data collection:	Every two year

Indicator:	**1.1.4a Percentage of PWID reporting use of sterile injecting equipment the last time they injected**
Disaggregation:	• Male PWID • Female PWID • Age (<25/25+)
Numerator:	Number of PWID who report using sterile injecting equipment the last time they injected drugs
Denominator:	Number of PWID who injecting drugs in the past month
Reference:	GAM guideline
Data source:	Integrated Bio-Behavioral Surveillance (IBBS)
Frequency of data collection:	Every two year

Indicator:	**1.1.5 Percentage of key populations reached with core services (condoms, BCC, NSEP) in the past year**
Disaggregation:	FSWs, MSM, MSW, hijra, male PWID, female PWID
Numerator:	Number of key populations reached with core services (condoms, BCC, NSEP) in the past year
Denominator:	Estimated number of KPs
Reference:	GAM guidelines
Data source:	Program Data
Frequency of data collection:	Biannually

Indicator:	**1.1.6 Percentage of key populations who received an HIV test in the past 12 months and know their results**
Disaggregation:	• FSWs, MSM, MSW, hijra, male PWID, female PWID • Age 15-19, 20-24 and 25-49 years
Numerator:	Number of key populations who received an HIV test in the past 12 months
Denominator:	Number of KPs under services
Reference:	GAM guidelines
Data source:	Program Data
Frequency of data collection:	Quarterly

Indicator:	**1.1.7 Percent of PWID on opioid substitution therapy (OST)**
Disaggregation:	• Male PWID • Female PWID • Hijra PWID • Age (<25/25+)
Numerator:	Number of PWIDs are receiving OST at specified date
Denominator:	Number of Opioid-dependent people who inject drugs in the country
Reference:	GAM Guidelines
Data source:	Program Data
Frequency of data collection:	Quarterly/annually

Strategy 1.2 Increased case detection and reduction of risk behaviours and provision of services for emerging risk populations and vulnerable groups

Indicator:	**1.2.1 Percentage of migrant workers who received an HIV test in the past 12 months and know the result**
Disaggregation:	• Sex • Age 15-19, 20-24 and 25- above
Numerator:	Number of migrant workers who have been tested for HIV during the last 12 months and who know their results*
Denominator:	Number of all migrant workers (the denominator includes respondents who have never heard of HIV or AIDS)
Reference:	-
Data source:	Special surveys
Frequency of data collection:	Every 2-3 years

* Migrant workers are asked the following questions:
  1. Have you been tested for HIV in the last 12 months? If yes:
  2. I don't want to know the results, but did you receive the results of that test?

Strategy 1.3 Increased case detection and awareness raising among general population and young people

Indicator:	**1.3.1 Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse**
Disaggregation:	• Men • Age 15-19, 20-24 and 25-49 years
Numerator:	Number of respondents (aged 15–49) who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex
Denominator:	Number of respondents (15–49) who reported having had more than one sexual partner in the last 12 months
Reference:	GAM guidelines
Data source:	Special Survey
Frequency of data collection:	2-3 years

Indicator:	**1.3.2 Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months who report the use of a condom during their last intercourse**
Disaggregation:	• Sex • Age 15-19, 20-24 and 25-49 years
Numerator:	Number of respondents (aged 15–49) who reported having had more than one sexual partner in the last 12 months who also reported that a condom was used the last time they had sex
Denominator:	Number of respondents (15–49) who reported having had more than one sexual partner in the last 12 months
Reference:	GAM guidelines
Data source:	Special Survey
Frequency of data collection:	2-3 years

Strategy 1.4 Strengthening of HIV and STI prevention and other SRH services in public health care settings and functional linkages for co-infections

Indicator:	**1.4.1 Number of public health and other facilities that provide HIV testing and counselling services**
Disaggregation:	• Type of facilities • Location
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Program Records, facility survey
Frequency of data collection:	Quarterly/annually

Indicator:	**1.4.2 Number of people counselled and tested for HIV who received their test results**
Disaggregation:	• Sex • Age: (15-24, 25-above) • Location
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Program Records

Frequency of data collection:	Quarterly/annually

Indicator:	**1.4.3 Percentage of pregnant women who received an HIV test and know the result**
Disaggregation:	ANC, postpartum
Numerator:	Number of pregnant women who received an HIV test and know the result*
Denominator:	Estimated number of pregnant women in the past 12 months
Reference:	GAM guideline
Data source:	Program Records
Frequency of data collection:	Annually

* Respondents are asked the following questions:
  1. Have you been tested for HIV in the last 12 months? If yes:
  2. I don't want to know the results, but did you receive the results of that test?

Indicator:	**1.4.4 Number and percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission**
Disaggregation:	None
Numerator:	Number of HIV-positive pregnant women who received antiretroviral medicine during the past 12 months to reduce the risk of mother-to-child transmission during pregnancy and delivery.
Denominator:	Estimated number of HIV-positive women who delivered within the past 12 months
Reference:	GAM guideline
Data source:	Program Records
Frequency of data collection:	Quarterly/annually

Indicator:	1.4.5 Percentage of infants born to HIV infected mothers who became infected
Disaggregation:	None
Numerator:	The number of infants who received an HIV test within two months of birth during the reporting period and tested positive
Denominator:	Number of pregnant women living with HIV giving birth in the past 12 months
Reference:	GAM guideline
Data source:	Program Records/spectrum or other modeling
Frequency of data collection:	Quarterly/annually

Indicator:	1.4.6 Percentage of PLHIV and key populations who avoid going to hospitals when required due to stigma and discrimination
Disaggregation:	PLHIV, FSW, MSM, MSW, hijra, male PWID, female PWID
Numerator:	Number of PLHIV and key populations who avoid going to hospitals when required due to stigma and discrimination
Denominator:	Number of PLHIV and key populations who required hospital services
Reference:	NA
Data source:	Special survey (Stigma Index)
Frequency of data collection:	Every 2-3 years

Strategy 2.1 Reduce the mortality and morbidity among PLHIV through early detection and treatment by strengthening of government, non-government and private sector facilities

Indicator:	**2.1.1 Percentage of eligible adults and children currently receiving antiretroviral therapy**
Disaggregation:	• Sex • Age: (<15/15+)
Numerator:	Number of adults and children currently receiving antiretroviral therapy in accordance with the nationally approved treatment protocol (or WHO standards) at the end of the reporting period
Denominator:	Estimated number of adults and children living with HIV
Reference:	GAM guideline
Data source:	Program Records/estimates
Frequency of data collection:	Quarterly/annually
Indicator:	**2.1.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy**
Disaggregation:	• Sex • Age: (<15/15+)
Numerator:	Number of adults and children who are still alive and on antiretroviral therapy at 12 months after initiating treatment
Denominator:	Total number of adults and children who initiated antiretroviral therapy who were expected to achieve 12-month outcomes within the reporting period, including those who have died since starting antiretroviral therapy., those who have stopped antiretroviral therapy, and those recorded as lost to follow-up at month 12
Reference:	GAM guideline
Data source:	Program Records/ART registers
Frequency of data collection:	Quarterly/Annually

Indicator:	2.1.3 Percentage of viral load testing conducted among those on ART
Disaggregation:	• Sex • Age: (<15/15+)
Numerator:	Number of people tested for viral suppression during the last reporting year
Denominator:	Total number of adults and children who currently receiving antiretroviral therapy
Reference:	GAM guideline
Data source:	Program Records/ART registers
Frequency of data collection:	Quarterly/Annually

Indicator:	2.1.4 Percent of PLHIV who are on ART and virally suppressed
Disaggregation:	• Sex • Age: (<15/15+)
Numerator:	Number of adults and children receiving antiretroviral in the reporting period with suppressed viral load i.e. <=1000 copies
Denominator:	Total number of adults and children who currently receiving antiretroviral therapy
Reference:	GAM guideline
Data source:	Program Data/ART registers
Frequency of data collection:	Quarterly/annually

Strategy 2.2 Services provided for the out-patient and in-patient medical management of PLHIV in government, non-government and private sectors

Indicator:	**2.2.1 Number of locations where ART is available**
Disaggregation:	• Type of facility • Location
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Program Data
Frequency of data collection:	Quarterly/annually

Indicator:	**2.2.2 Number of estimated HIV-positive incident TB cases that received treatment for both TB and HIV**
Disaggregation:	• Sex • Age (<15/15+)
Numerator:	Number of HIV positive new and relapsed TB patients started on TB treatment during the reporting period who were already on ART Therapy or started ART during TB treatment within the reporting period.
Denominator:	Estimated number of incident TB cases in people living with HIV
Reference:	GAM guideline
Data source:	Program Data
Frequency of data collection:	Quarterly/annually

Strategy 2.3 Systems established for ongoing policy development/revision and capacity development and communication

Indicator:	**2.3.1 Review of policies and protocols conducted**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Updated policies and protocols and process documentation
Frequency of data collection:	Annually

Strategy 2.4 A comprehensive approach to care and support adopted and implemented for PLHIV including CABA and OVC

Indicator:	**2.4.1 Percentage of identified PLHIV who receive care and support**
Disaggregation:	Sex Age: (<15/15+)
Numerator:	Number of PLHIV who receive care and support
Denominator:	Total number of identified PLHIV
Reference:	NA
Data source:	Program Data
Frequency of data collection:	Quarterly

Strategy 3.1 Strengthen NAC and TC-NAC for a more functional role in guiding the national HIV response

Indicator:	**3.1.1 Overall directions and guidelines for the national response compiled annually by NAC and shared with relevant stakeholders**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Meeting minutes, Event reports
Frequency of data collection:	Quarterly/annually

Strategy 3. 2 Strengthen NASC through providing appropriate structure, human resources and other logistics

Indicator:	**3.2.1 Two sub-units established & functional:** **1. Prevention, treatment, care and support** **2. Management, research and M&E**
Disaggregation:	By Units
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Staff recruitment report, NASP work plans, quarterly and annual M&E reports
Frequency of data collection:	Quarterly/annually

Strategy 3.3 Conduct stakeholder forums to coordinate review and discuss the HIV response across other ministries and departments and with civil society groups	
Indicator:	**3.3.1 Number of stakeholder coordination and / or sensitization meetings at the national level where HIV/ key populations/ stigma & discrimination was discussed**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Meeting minutes, Event reports
Frequency of data collection:	Quarterly

Indicator:	**3.3.2 Number of district level coordination and / or sensitization meetings held where HIV/ key populations/ stigma & discrimination was discussed**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Meeting minutes, Event reports
Frequency of data collection:	Quarterly

Strategy 3.4 Conduct advocacy activities for an enabling environment	
Indicator:	**3.4.1 Percentage of PLHIV reporting verbal/physical harassment or assault**
Disaggregation:	• Sex • Age: <15/15+)
Numerator:	Number of PLHIV reporting verbal/physical harassment or assault
Denominator:	Number of respondents to the survey
Reference:	NA
Data source:	Special survey (Stigma Index)
Frequency of data collection:	Every 2-3 years

Indicator:	3.4.2 Percentage of PLHIV discriminated against regarding rights, laws and policies
Disaggregation:	• Sex • Age: <15/15+)
Numerator:	Number of PLHIV discriminated against rights, laws and policies
Denominator:	Number of respondents to the survey
Reference:	NA
Data source:	Special survey (Stigma Index)
Frequency of data collection:	Every 2-3 years

Indicator:	3.4.3 Number of incidences of GVB/Human Rights violation/ treatment denied/at health care facilities /by police or anyone at community level reported by the PLHIV/KP reduced
Disaggregation:	• Sex • KP • Age: <15/15+)
Numerator:	Number of PLHIV/KP reporting verbal/physical harassment or assault
Denominator:	Number of respondents to the survey
Reference:	NA
Data source:	Special survey (Stigma Index)
Frequency of data collection:	Every 2-3 years

Strategy 3.5 Facilitate development and implementation of activities and plans in key sectors and engage management support agency for strengthened transfer of technical and monitoring experience

Indicator:	3.5.1 Number of departments and/Ministries with HIV activities incorporated in various strategies
Disaggregation:	By ministries/department, type of program, annual budget
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Program Data /Desk review
Frequency of data collection:	Annually

Strategy 3.6 Develop human resource capacity across the HIV sector for enhanced response

Indicator:	**3.6.1 Number of health service providers trained to provide care and support for PLHIV, other KPs and their families**
Disaggregation:	Type of providers, training, location
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Capacity building plan, Program Data
Frequency of data collection:	Quarterly

Strategy 3.7 Strengthen the supply management system for HIV response

Indicator:	**3.7.1 Number of occasions (in months) that stock outs of essential drugs and commodities reported**
Disaggregation:	Type of health facilities (private, public), geographical location
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Health facility survey/Program Data
Frequency of data collection:	Quarterly/annually

Indicator:	**3.7.2 Functional National reference laboratory and divisional laboratory network**
Disaggregation:	Reference laboratory (private, public), geographical location
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Health facility survey/Program Data
Frequency of data collection:	Annually

Indicator:	**3.7.3 Functional of LMIS**
Disaggregation:	NA

Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Health facility survey/Program Data
Frequency of data collection:	Annually

Strategy 3.8 Strengthen the community system response to HIV

Indicator:	**3.8.1 Number of CBOs/KP /PLHIV network that deliver services for prevention, treatment, care and support, participated in research and M&E and have a functional referral and feedback system in place**
Disaggregation:	Type of CBOs, KP Specific, location
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Program Data
Frequency of data collection:	Annually

Strategy 4.1 Conduct comprehensive surveillance to strengthen the capacity to respond

Indicator:	**4.1.1 Regular serological and behavioural surveillance of key populations conducted**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Surveillance Reports
Frequency of data collection:	IBBS Surveillance – Every 2 years

Strategy 4.2 Conduct relevant research to inform the national strategic response

Indicator:	**4.2.1 Number of coordination meetings held on research agenda**
Disaggregation:	None
Numerator:	NA

Denominator:	NA
Reference:	NA
Data source:	Meeting minutes
Frequency of data collection:	Bi-annually

Indicator:	**4.2.2 Conduct relevant research including STI surveillance, stigma index among PLHIV and size estimations of key populations**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Survey Reports
Frequency of data collection:	STI surveillance: Once in every 5 years Stigma Index: Every 2-3 years Size estimations of key populations: Every 4 years Operational Research- Periodically as applicable

Strategy 4.3 Strengthen Monitoring and Evaluation

Indicator:	**4.3.1 Monitoring and Evaluation Plan revised and updated**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Updated M&E Plan and process documentation
Frequency of data collection:	Periodically as applicable

Indicator:	**4.3.2 Studies to support evaluation**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Study/Special survey
Frequency of data collection:	Periodically as applicable

Strategy 4.4 Improve systems for knowledge management

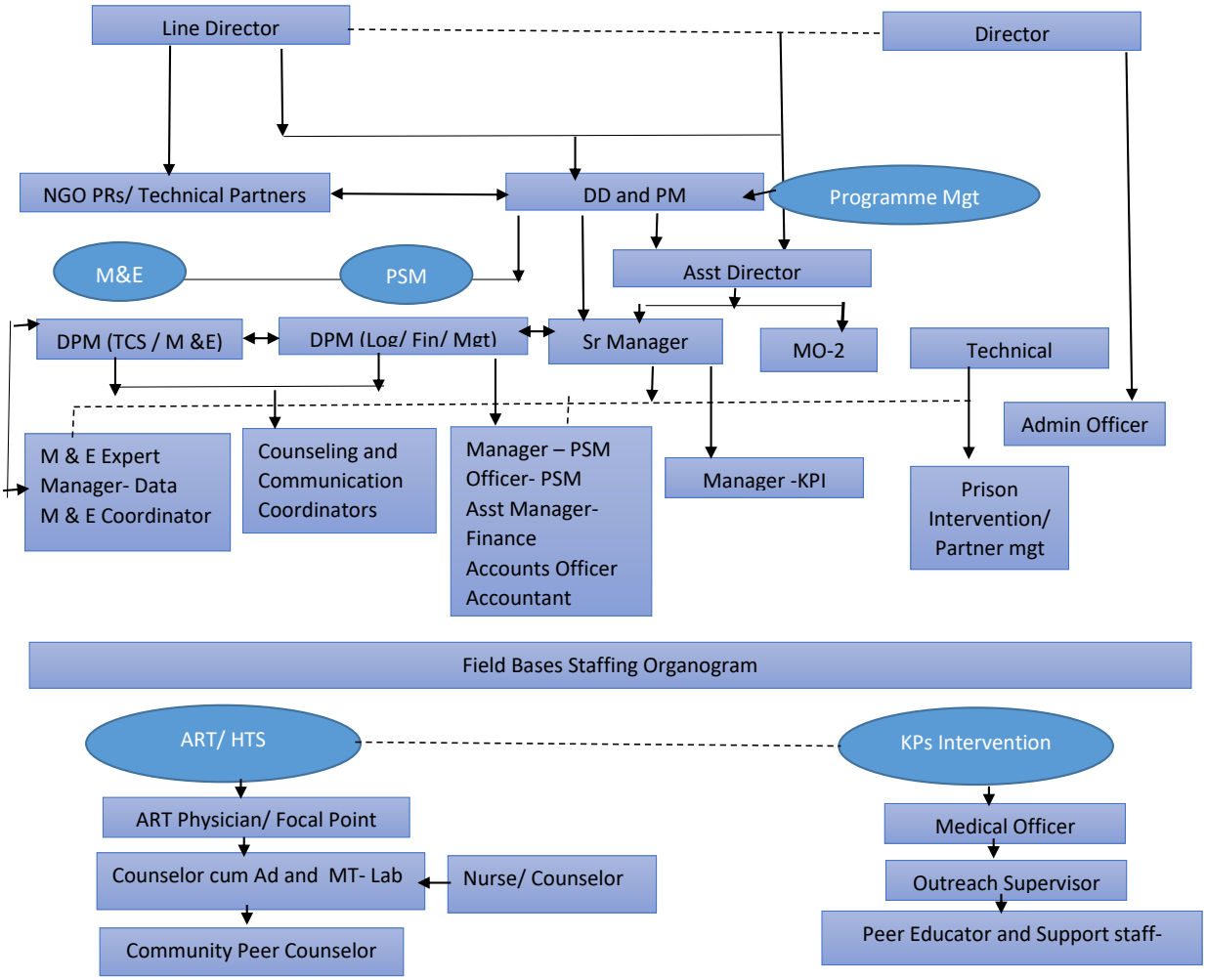
Indicator:	**4.4.1 Management Information System in place, maintained and improved**

for prevention interventions among KPs	
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	MIS Installation report, scale up report, HMIS
Frequency of data collection:	As planned Follow up bi-annually

Indicator:	**4.4.2 PLHIV database developed and functional**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Updated report, DG-MIS
Frequency of data collection:	As planned Follow up bi-annually

Indicator:	**4.4.3 National HIV website is maintained and acts as an inventory of all relevant resources**
Disaggregation:	None
Numerator:	NA
Denominator:	NA
Reference:	NA
Data source:	Accessible and provides updated data, website
Frequency of data collection:	As planned Follow up bi-annually

Annex-B: Human Resource Structure



Annex C: Participants List

Monitoring and Evaluation System Strengthening Assessment (MESSA) Workshop

Sl	Name and Designation	Organization
1.	Dr. Md. Mohiuddin, Director, Cumilla Medical College Hospital	DGHS
2.	Dr. Md. Anwarul Amin Akhand, Deputy Director and Programme Manager	AIDS/ STD Programme, DGHS
3.	Dr. Mir Mobarak Hossain, Civil Surgeon, Cumilla	DGHS
4.	Dr. Md. Ishtiaq-uz-Zaman, MO, CS Office, Cumilla	DGHS
5.	Dr. Mohammad Mahbubur Rahman, Asst. Director	National AIDS/ STD Control, DGHS
6.	Dr. SM Ziaul Bari, DPM -M&E (In Charge)	AIDS/ STD Programme, DGHS
7.	Dr. Nusrat Momen, M & E Expert	AIDS/ STD Programme, DGHS
8.	Md. Alauddin Chowdhury, Manager (Data and IT)	AIDS/ STD Programme, DGHS
9.	Probir Chandra Roy, M & E Coordinator	AIDS/ STD Programme, DGHS
10.	Ms. Fouzia Easmin, HIV Counseling Coordinator	AIDS/ STD Programme, DGHS
11.	Dr. Md. Saydur Rahman, ART Focal Person	ART Center, SZMCH, Bogura
12.	Dr. Mst. Marina Akhtar, Program Manager &ART Focal point, PMTCT	ART/ PMTCT Center, BSMMU
13.	Mashud Rana, Counselor cum Administrator	HTS Center, BSFMGH, Shirajganj
14.	Rezaul Karim, Counselor cum Administrator	HTS/ ART Center, CMCH, Chottragram
15.	Dr. Saima Khan, Country Manager	UNAIDS
16.	Dr. Rahat Ara Nur, Technical Officer	UNFPO
17.	Md. Abu Taher, National Program Coordinator	UNODC
18.	Dr. Charls Erik Halder, National Program Officer	IOM
19.	Jahangir Alam, Project Assistant, EPR	IOM
20.	Dr. Shahrear Farid, Deputy Director	Save the Children
21.	ABM Abu Sayem, Manager, MEAL	Save the Children
22.	Md. Muhammad Manwar Morshed Hemel, APM	Icddr,b
23.	Md. Sha Al Imran, APM	Icddr,b
24.	Mamun-Ur-Rashid, Technical Coordinator (M & E)	CARE Bangladesh
25.	Dr. Shohidul Islam, Team Leader	PIACT Bangladesh
26.	Md. Alamgir Kabir, Deputy Manager (M & E)	Bandhu Social Welfare Society
27.	Md. Shadik al Hayat, M & E Specialist – MSM/ TG	Light House
28.	Furkan Hossain, Consultant- Updating HIV M&E Plan	AIDS/ STD Programme

NB. The list is not prepared based on seniority.

Annex D: Experts who reviewed this document

Sl	Name and Designation	Organization
1.	Dr. Md Khurshid Alam, Director (DGHS) & Line Director, TB-L and ASP	Directorate General of Health Services
2.	Dr. Md. Aminul Islam Mian, Director	National AIDS/ STD Control, DGHS
3.	Director, IEDCR	Directorate General of Health Services
4.	Director, NIPSOM	Directorate General of Health Services
5.	Director, MIS	Directorate General of Health Services
6.	Dr. Md. Anwarul Amin Akhand, Deputy Director and Programme Manager	AIDS/ STD Programme, DGHS
7.	Dr. Mohammad Mahbubur Rahman, Asst. Director	National AIDS/ STD Control, DGHS
8.	Dr. Md. Saydur Rahman, ART Focal Person	ART Center, SZMCH, Bogura
9.	Dr. SM Ziaul Bari, DPM - M&E (In-Charge)	AIDS/ STD Programme, DGHS
10.	Dr. Nusrat Momen, M & E Expert	AIDS/ STD Programme, DGHS
11.	Md. Alauddin Chowdhury, Manager (Data and IT)	AIDS/ STD Programme, DGHS
12.	Probir Chandra Roy, M & E Coordinator	AIDS/ STD Programme, DGHS
13.	Dr. Md. Saydur Rahman, ART Focal Person	ART Center, SZMCH, Bogura
14.	Prof. Saif Ullah Mushi	Department of Virology, BSMMU
15.	Afzalur Rahman, Program Manager, TB	Directorate General of Health Services
16.	Dr. Saima Khan, Country Manager	UNAIDS
17.	Dr. Rawnak Jahan	UNAIDS
18.	Dr. Ziya Uddin, HIV Specialist	UNICEF
19.	Dr. Sabera Sultana, NPO	WHO
20.	Dr. Rahat Ara Nur, Technical Officer	UNFPO
21.	Dr. Shahrear Farid, Deputy Director	Save the Children
22.	Md. Masud Reza, Sr. Programme Manager	Icddr,b
23.	Akhtar Jahan, Team Leader	CARE Bangladesh
24.	Dr. Shahidul Islam, Team Leader	PIACT Bangladesh
25.	Mr. Narayan, Program Manager	Bandhu Social Welfare Society
26.	President	STI/AIDS Network of Bangladesh
27.	President	NoP+ (PLHIV Network)

NB. The list is not prepared based on seniority.

Annex E: Working Team for Update M&E Plan

1. Dr. S.M Ziaul Bari, DPM – M&E (In-charge), ASP, DGHS as Convener
2. Dr. Saima Khan, UNAIDS
3. Dr. Shahrear Farid, DD (M&E), Save the Children
4. Mr. Masud Reza, icddr,b
5. Mr. Mamunur Rashid, Care Bangladesh
6. Mr. Alamgir Kabir, Bandhu Social Welfare Society
7. Dr. Shahidul lslam, PIACT Bangladesh
8. Dr. Nusrat Momen, M&E Expert, ASP, DGHS
9. Md. Shahinul Islam Chowdhury, Assistant manager (Finance), ASP, DGHS

Annex-F: PMTCT Monthly Summary Form

Government of the People's Republic of Bangladesh

Sl	Data elements	Male	Female
1	No. of pregnant women attended ANC for the first time (UA # 3.4)		
2	No. of pregnant women who attended first ANC received HIV counseling		
3	No. of pregnant women who attended first ANC received HIV counseling and testing and result (GARPR # 1.6)		
3.1	15 - 19 Years		
3.2	20 - 24 Years		
3.3	25 - 29 Years		
3.4	30 - 34 Years		
3.5	35 - 39 Years		
3.6	40 - 44 Years		
3.7	45 - 49 Years		
4	No. of pregnant women attended first ANC tested HIV positive (GARPR # 1.6, UA # 3.4)		
4.1	15 - 19 Years		
4.2	20 - 24 Years		
4.3	25 - 29 Years		
4.4	30 - 34 Years		
4.5	35 - 39 Years		
4.6	40 - 44 Years		
4.7	45 - 49 Years		
5	No. of pregnant women presented at ANC with known HIV status (GARPR # 1.6)		
5.1	15 - 19 Years		
5.2	20 - 24 Years		
5.3	25 - 29 Years		
5.4	30 - 34 Years		
5.5	35 - 39 Years		
5.6	40 - 44 Years		
5.7	45 - 49 Years		
6	No. of pregnant women who tested for Syphilis at first ANC (UA # 11.8)		
7	No. of pregnant women reactive (positive) to Syphilis Test (UA # 11.9)		
7.1	Non-treponemal (RPR, VDRL)		
7.1.1	15 - 24 Years		
7.1.2	25+ Years		
7.2	Treponemal (rapid tests, TPPA)		
7.2.1	15 - 24 Years		
7.2.2	25+ Years		
8	No. of women positive to Syphilis Test at ANC received treatment (UA # 11.10)		
9	No. of pregnant women who received HIV counseling for retesting at third trimester		
10	No. of pregnant women who received HIV counseling and retesting and result		
11	No. of pregnant women tested HIV positive on retesting (GARPR # 1.6, UA		

Sl	Data elements	Male	Female
	# 3.4)		
11.1	15 - 19 Years		
11.2	20 - 24 Years		
11.3	25 - 29 Years		
11.4	30 - 34 Years		
11.5	35 - 39 Years		
11.6	40 - 44 Years		
11.7	45 - 49 Years		
12	No of un-booked women presenting at labour& delivery (UA # 3.4)		
13	No. of un-booked women who received HIV counseling		
14	No. of un-booked women who received HIV counseling and testing and result		
15	No. of un-booked women tested HIV positive (UA # 3.4)		
16	No. of HIV positive women who received Family Planning Counselling services at PNC		
17	No. of HIV exposed Infants who are exclusively breastfeeding at the Penta3 visit (part of UA# 3.10)		
18	No. of partners of HIV positive pregnant women who received HIV counseling and testing and result (UA# 3.5)		
19	No. of partners of HIV positive pregnant women tested HIV positive (UA# 3.5)		
20	No. of partners of pregnant women were already known to be positive (UA # 3.5)		
21	No. of HIV positive pregnant women newly initiated triple ART for PMTCT during current pregnancy (UA# 3.1)		
22	No. of HIV positive pregnant women initiated triple ART before current pregnancy (UA# 3.1)		
23	No. of HIV-positive women who delivered in the facility during reporting period		
24	No. of live babies born to HIV positive women		
25	No. of babies born to HIV positive women who initiated ARV prophylaxis at birth (UA# 3.7)		
26	No. of babies born to HIV positive women who received Cotrimoxazole prophylaxis within 2 months of birth (UA# 3.9)		
27	No. of babies born to HIV positive women who received an HIV test within 2 months of birth (UA# 3.2)		
28	No. of babies born to HIV positive women who tested positive using PCR within 2 months of birth (UA 3.3a)		
29	No. of babies born to HIV positive women who tested negative using PCR within 2 months of birth (UA 3.3a)		
30	No. of babies born to HIV positive women who tested negative using PCR 6 weeks after stopping breast feeding (before 18 months)		
31	No. of babies born to HIV positive women who tested positive using PCR 6 weeks after stopping breast feeding (before 18 months)		
32	No. of babies born to HIV positive women who tested negative using HIV antibody test after 18 months		
33	No. of babies born to HIV positive women who tested positive using HIV antibody test after 18 months		
34	Stock-out of first line HIV Test Kit during last month		

Sl	Data elements	Male	Female
35	Stock-out of Anti-Retroviral Drug combination during the last month		
36	No. of external onsite monitoring visit(s) conducted by government official(s) in-charge during last month using standard checklist		
37	No. of HealthCare Worker(s) of facility newly trained on PMTCT during last month		
38	No. of HealthCare Worker(s) of facility re-trained on PMTCT during last month		

Annex G: Bi-annual Report-1 (High Risk Group)

Government of the People's Republic of Bangladesh

Indicators		People Who Inject Drugs (PWID)				Female Sex Worker (FSW)					MSM/Client of male sex worker	MSW	Hijra	Migrants	Others
		Male-PWID	Female PWID	OST-Male	OST-Female	Street based	Residence based	Hotel based	Brothel based	Others					
Number of key populations reached within the reporting period	Achieved														
	Target														
Number of lubricants distributed among key populations within the reporting period (#Tube)															
Number of lubricants distributed among key populations within the reporting period (#Sachet)															
Number of episodes of STI diagnosed, treated & counseled within the reporting period															
Number of Needle & syringes distributed to PWIDs within the reporting period	# of Needles														
	# of Syringes														

Number of condoms		Male	Female												
distributed among key	Sex Worker														
affected populations (KAP)	PWID														
	MSM,MSW&Hijra														
	Migrants														
	Others														

Annex H: Bi-annual Report-2 (High Risk Group)

Government of the People's Republic of Bangladesh

Indicator		Doctor	Nurse	Paramedic	Counsellors	Lab Tech	Others	Total
Number of health service providers trained in HIV (with standard/endorsed training package) to provide prevention, treatment, care and support for HIV infected and their families	Government-Health							
	Government-FP							
	NGO							
	Private							
	Others							
Number of health facilities that provide HIV testing and counselling services	Government-Health							
	Government-FP							
	NGO							
	Autonomous/Private							
	Semi-autonomous							
	Others							
Number of people reached with advocacy/sensitization meetings/workshops	Division-National Level							
	Community-District Level							

Annex H: HMIS-2 Summary Form

Government of the People's Republic of Bangladesh

Indicator			<15Years		15-19 Years		20-24 Years		25-49 Years		50+ years		Total	
			M	F	M	F	M	F	M	F	M	F	M	F
Number of people voluntarily counselled and tested for HIV and who received their test result	Sex worker (SW)	Positive												
		Negative												
		Indeterminat												
		Pregnant (HIV+)												
		Results Not Received												
	PWID	Positive												
		Negative												
		Indeterminate												
		Pregnant (HIV+)												
		Results Not Received												
	Hijra	Positive												
		Negative												
		Indeterminate												
		Results Not Received												
	MSM	Positive												
		Negative												
		Indeterminate												
		Results Not Received												
	Migrants	Positive												
		Negative												
		Indeterminate												
		Pregnant (HIV+)												
		Results Not Received												

Indicator			<15Years		15-19 Years		20-24 Years		25-49 Years		50+ years		Total	
			M	F	M	F	M	F	M	F	M	F	M	F
	Others (TB patinets, garments workers, general population, clients of sex workers, etc)	Positive												
		Negative												
		Indeterminate												
		Pregnant (HIV+)												
		Results Not Received												