

Ministry of Health and Social Protection
Scientific and Practical Centre of Public Health and Sanitary Management
Department of Monitoring and Evaluation of National Health Programs

Monitoring and Evaluation Strategy and Plan

National Program on Prevention and Control of HIV/AIDS/STIs 2006-2010

Republic of Moldova

DRAFT version*

* New indicators will be added after the preliminary first M&E report

Chisinau 2006

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1. INDICATORS AND DATA COLLECTION

1.1. Targeted area: National interdepartmental and multisectorial system able to coordinate the national response to HIV/AIDS epidemic

Strategy I: Development, strengthening and functionality of a unique national interdepartmental and multisectorial system to coordinate the activities of governmental and nongovernmental organizations within the framework of the country response to HIV/AIDS epidemic

Core indicator: National composite policy index: (a) strategic plan; (b) prevention; (c) human rights; and (d) care and support (UNGASS indicator) –

Data collection

- *Records:* electronic form (CRIS) filled out by national commitment meeting at the beginning of each year for the previous one.
- *Responsibilities:* CCM and M&E Unit are responsible for the record keeping.

Outcome

1. Number of implementing organizations (including Technical Working Groups of CCM) governmental and nongovernmental at local and national levels, who meet required minimum standards (e.g. activity plans, budgets, human capacities)

Data collection

- *Records:* CCM will keep a record on the number of the implementing organizations meeting the capacity standards.
- *Responsibilities:* CCM and M&E Unit are responsible for defining the minimum standards needed and the record keeping.

Frequency

Annually, at the beginning of the each year for the previous one

Process

1. Workshops/trainings on strategic management and M&E for participating organizations

Indicators

1. Number of trainings/workshops held on management and M&E issues.
2. Number of partner organizations participating in the trainings/workshops.
3. Number of participants in the trainings/workshops for partner organizations.
4. Percentage of participants satisfied with the training.

Data collection, indicators 1-3

Version of May 2006

- *Sign-in sheets:* Sign-in sheets filled by the participants in the beginning of training/workshop.
- *Records:* Agency/organization conducting the trainings keeps a record on trainings/workshops held and their participants.
- *Responsibilities:* Agency/organization conducting the trainings is responsible for filling out the sign-in sheets and reporting the data to M&E Unit.

Data collection, indicator 4

- *Evaluation sheets:* Evaluation sheets filled out by the participants after the training.
- *Responsibilities:* Agency/organization conducting the trainings is responsible for filling out the evaluation sheets and reporting the data on the satisfaction of the participants to M&E Unit. Agency/organization conducting the trainings will decide if the evaluations will be gathered after training or periodically.

Input

Core indicator: Amount of national funds disbursed by government (UNGASS indicator) and its part in the total funds disbursed for national program activities

Data collection

Sources:

1. Executed public budget
2. Costing of other activities not included explicitly in budget items (AIDS labs expenditures, AIDS Centre budget)
3. Treatment of opportunistic infections in public hospitals
4. Private expenditures
5. Non –health areas derived from budgets of different ministries
6. Data from external donors

Responsibilities: M&E Unit in collaboration with the Ministry of Finance

Frequency

Annually, at the beginning of the each year for the previous one

1.2. Targeted area: level of information among general population, young people aged 15-24

Strategy II: Capacity building and expending of IEC activities for the general population, youth and most-at risk groups in HIV/AIDS prevention

Impact

Indicator

1. Percentage of women and men aged 15-49 (including representativeness for 15-24 strata) with low risk level¹ in their sexual behavior.

Outcome

Indicators

1. Percentage of people aged 15-49 (including representativeness for 15-24 strata) with correct beliefs on HIV transmission².
2. Percentage of people aged 15-49 (including representativeness for 15-24 strata) reporting consistent condom use³ with non-regular⁴ and non-commercial⁵ partners during last 12 months.
3. Percentage of people aged 15-49 (including representativeness for 15-24 strata) reporting condom use the last time they had sex with non-regular partner.
4. Attitude of people aged 15-49 (including representativeness for 15-24 strata) towards those living with HIV/AIDS

Data collection, impact and outcome indicators

- *Research:* Data on the impact and outcome indicators will be collected through a survey *Knowledge, Attitudes and Practices related to HIV/AIDS among Moldovan general population and youth* after every two years. Baseline survey was conducted in 2006 for youth.
- *Responsibility:* M&E Unit

Process

1. Educating school children

1.1. Training of specialist for educating school children

Indicators

1. Number of trainings for specialists educating school children.
2. Number of participants in trainings for specialists educating school children.
3. Percentage of specialists educated satisfied with the training.

¹ *Low risk level* - The score of sexual behavior is 1 or 2. The score forms from the number of sexual partners during last year, use of condom during last year and last intercourse with non-regular partner, sexual intercourses with CSW during last year.

² *Correct beliefs on HIV transmission* - Have answered correctly to 5 questions on HIV transmission (concerning condom use, one partner, mosquito bites, healthy look and sharing syringes).

³ *Consistent condom use* - Have used condoms always during the reported period.

⁴ *Regular partner* - A partner with whom a person had sex living under the same roof.

⁵ *Commercial partner* - A partner with whom a person had sex in exchange for money or other payment

Data collection, indicators 1-2

- *Sign-in sheets:* Sign-in sheets will be filled by all participants in the beginning of training.
- *Responsibilities:* Organization conducting the training is responsible for filling out the sign-in sheet and reporting the data on the number of trainings and participants

Data collection, indicator 3

- *Evaluation sheets:* Evaluation sheets will be filled out by the participants after the training.
- *Responsibilities:* The organization conducting the trainings is responsible for filling out the evaluation sheets and reporting the data on the satisfaction of the participants. Organization conducting the trainings will decide if the evaluations will be gathered after training or periodically.

1.2. Educating school children

Indicators

1. Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last academic year (UNGASS indicator, core indicator)
2. Number of participants in trainings for school children.
3. Percentage of school children educated satisfied with the training.

Data collection, indicator 1

- *Records:* Ministry of Education will carry out an annual schools programme review, asking the heads to report whether the teachers have received training and if they started regular teaching
- *Responsibilities:* Ministry of Education is responsible for record keeping and reporting the data to the M&E Unit

Data collection, indicators 2

- *Sign-in sheets:* Sign-in sheets will be filled by all participants at the beginning of training.
- *Records:* Organization conducting the trainings will keep a record
- *Responsibilities:* Organization conducting the trainings is responsible for filling out the sign-in sheets and record keeping and reporting the data to Ministry of Education and M&E Unit

Data collection, indicator 3

- *Evaluation sheets:* Evaluation sheets will be filled out by the participants after the training.
- *Responsibilities:* The organization conducting the trainings is responsible for filling out the evaluation sheets and reporting the data on the satisfaction of the participants to the M&E Unit. Organization conducting the trainings will decide if the evaluations will be gathered after the training or periodically.

2. Distribution of informational materials regarding the HIV/AIDS among youth and parents

Indicators

1. Number of distributed informational materials developed for young people and parents.

2. National coverage by informational materials
3. Percentage of young people who read the materials and are satisfied with the content.

Data collection, indicator 1

- *Records*: Organization which distributed the informational materials
- *Responsibilities*: Organization which distributed the informational materials reporting the data on the number to M&E Unit

Data collection, indicator 2 and 3

- *Research*: Data on indicators will be collected through a survey *Knowledge, Attitudes and Practices related to HIV/AIDS among Moldovan Youth* after every two years among young people aged 15-24. Baseline survey was conducted in 2006.
- *Responsibility*: M&E Unit

3. Training peer educators

Indicators

1. Percentage of peer educators trained who have acquired necessary peer educator's skills.
2. Percentage of young people trained with tolerant attitudes⁶ towards HIV/AIDS issues.

Data collection, indicators 1,2

- A *Pre-questioning*: Questionnaires on HIV/AIDS related knowledge, attitudes (and peer educator skills) will be filled out by all participants in the beginning of training. The form of the questionnaire will be agreed on beforehand between organization conducting the trainings and the M&E Unit.
 - B *Post-questioning*: Questionnaires on HIV/AIDS related knowledge, attitudes (and peer educator skills) will be filled out by all participants attending the meeting one week, one month or 6 months after the training depending on supervisions organized. Post-questioning will be conducted by the M&E Unit. The form of the questionnaire will be agreed on beforehand between organization conducting the trainings and the M&E Unit.
- *Responsibilities*: Organization conducting the trainings is responsible for filling out the pre-questionnaires and forwarding the filled questionnaires to the M&E Unit. M&E Unit is responsible for entering all questionnaires and analyses.

Additional data collection

- *Visits*¹: 1/3-1/2 of all trainings for peer educators will be visited on the last training day by persons specially hired and instructed for that purpose. During the visit a visiting form will be filled.
- *Responsibilities*: M&E Unit is responsible for conducting the visits.

4. Media campaign

Indicators

1. Percentage of the target group who has noticed the campaign.
2. Percentage of the target group who has seen the campaign and are aware of the key message of the campaign.
3. Percentage of the target group with correct knowledge on the campaign's key message.

Data collection, indicators 1-3

- A *Pre-questioning*: Questioning of the target group on the knowledge of the key

⁶ *Tolerant attitudes* - Have agreed with 3 statements concerning attitudes towards PLWHA (statements about telling to others, eating at the same table, studying in the same class).

message of the campaign will be conducted 2 weeks before the campaign. The questioning will be ordered from a special research firm. The form of the questionnaire will be agreed on beforehand between the organization conducting the campaign, M&E Unit and the firm.

B *Post-questioning*: Questioning of the target group on recognizing the campaign, being aware of its key message and on the knowledge of the key message will be conducted 2 weeks after the campaign. The questioning will be ordered from a special research firm. The form of the questionnaire will be agreed on beforehand between the organization conducting the campaign, M&E Unit and the contracted agency.

- *Responsibilities*: M&E Unit is responsible for ordering both questionings; the research agency is responsible for conducting the questionings and analyzing the results.

Additional data collection

- *Following*: Persons specially hired by the M&E Unit will follow the running of TV advertisement (-10%), existence of out- and in-door posters (-20%), etc. The person keeps record on campaign activities according to a special form.
- *Responsibilities*: M&E Unit is responsible for following the campaign activities.

1.3 Targeted area: surveillance among general population and most at risk groups

Strategy III: Capacity consolidation and development of an epidemiological surveillance system of HIV/AIDS/STI infection with second generation elements (behavioural surveillance)

Strategy VI: Extending coverage activities for voluntary counselling and testing services in state medical institutions and their development within the framework of friendly youth health services

Strategy VII: Capacity building of prevention of HIV/AIDS and STI transmission from mother to child

Strategy VIII: Integrating the provision of blood transfusions, medical interventions and other kinds and prevention of nosocomial spread on HIV/AIDS infection and syphilis

Impact

1. HIV incidence of registration (new registered cases per 100 000 inhabitants) prevalence of registration
2. HIV positive children born to HIV positive women
3. AIDS incidence of registration and prevalence of registration
4. HIV prevalence in most at risk groups (IDUs, CSWs, MSM, prisoners, militaries)

Data collection, indicator 1, 2, 3

- *Records*: AIDS Centre and AIDS labs testing for HIV
- *Responsibilities*: AIDS Centre is responsible for record keeping and reporting the data to M&E Unit.

Data collection, indicator 4

- *Research*: M&E Unit in collaboration with AIDS Centre will conduct a sentinel surveillance research with testing of a sample size from each most at risk group; Baseline data will be considered the 2006 data.
- *Responsibilities*: M&E Unit and AIDS Centre are responsible for data collection and analysis.

Outcome

1. Number of counseled and tested people
2. Coverage of screening of collected blood units
3. Percentage of STIs clinics patients tested for HIV
4. Number representative from most at risk groups tested for HIV
5. Percentage of most at risk population tested for HIV
6. Percentage of pregnant women tested for HIV twice during the pregnancy
7. Pregnant Women receiving Counselling for HIV
8. Prevalence of HIV and STIs among pregnant women
9. Percentage of HIV positive pregnant women provided with effective ARV therapy in pregnancy
10. Number of infants born from HIV+ mothers that were checked up within 2 months after birth
11. Number of infants born from HIV+ mothers that receive milk substitutes
12. Coverage by staff from the primary health care level trained in PMTCT.
13. Number of Laboratories with Testing Capacity for ELISA, WB, CD4/CD8, PCR
14. Quality VCT Services (Proportion of the population requesting HIV test and receiving results with counselling, Proportion of post-HIV test counselling of acceptable quality, Proportion of VCT centres with minimum conditions to provide quality services)
15. Proportion of Health care settings with guidelines and practices for prevention of accidental HIV transmission
16. Proportion of STIs clinics with drugs in stock

Data collection, indicator 1, 4, 8, 11, 14

- *Records:* AIDS Centre and AIDS labs testing for HIV
- *Responsibilities:* AIDS Centre is responsible for record keeping and reporting the data to M&E Unit.

Data collection, indicator 2

- *Research:* Special surveys
- *Responsibilities:* Blood transfusion Centre and M&E Unit.

Data collection, indicator 3, 8, 9, 10, 12, 13

- *Records:* AIDS treatment department of DDVR
- *Responsibilities:* AIDS treatment department of DDVR is responsible for record keeping and reporting the data to M&E Unit.

Data collection, indicator 5, 15, 16

- *Research:* Survey among most at risk groups (IDUs, CSWs, MSM, prisoners, militaries)
- *Responsibilities:* M&E Unit.

Data collection, indicator 15

- *Research:* Survey in general population
- *Responsibilities:* M&E Unit.

Data collection, indicator 16, 17

- *Research:* Health Care facilities survey
- *Responsibilities:* M&E Unit.

1.4 Targeted area: prevention among most at risk groups (IDUs,

CSWs, MSM, prisoners, militaries)

Strategy IV Extension of HIV/AIDS prevention among most at risk groups

Impact

Indicator

1. Percentage of most at risk groups representatives with low risk level in their behavior.

Outcome

Indicators

1. Percentage of most at risk groups representatives (covered and non-covered by Harm Reduction programs) with correct beliefs on HIV transmission.
2. Percentage of most at risk groups representatives (covered and non-covered by Harm Reduction programs) reporting consistent condom use with non-regular and non-commercial partners during last 12 months.
3. Percentage of most at risk groups representatives (covered and non-covered by Harm Reduction programs) reporting condom use the last time they had sex with non-regular partner.
4. Number of IDUs in methadone treatment.

Data collection, impact and outcome indicators 1, 2, 3

- *Research:* Data on the impact and outcome indicators will be collected through a survey *Knowledge, Attitudes and Practices related to HIV/AIDS among* most at risk groups representatives (covered and non-covered by Harm Reduction programs) after every two years. Methodology is under development. Baseline survey will be conducted in 2006.
- *Responsibility:* M&E Unit

Data collection, indicator 4

- *Records:* Organizations rendering the service will keep a record on methadone treatment clients
- *Responsibilities* Projects implementing methadone treatment are responsible for record keeping and reporting the data to M&E Unit.

Process

Indicators:

1. Number of first visitors of Harm Reduction points (CSWs, IDUs, MSM)
2. Number of regular visitors of Harm Reduction points (CSWs, IDUs, MSM)
3. Number of multiple visits made to of Harm Reduction points (CSWs, IDUs, MSM)
4. Number of syringes distributed and returned
5. Number of condoms distributed
6. Number of information materials distributed
7. Coverage by information materials, condoms, syringes distributed and returned

Data collection, indicators 1-7

- *Records:* Organizations rendering the service will keep a record on the visits made, client cards given out, first visitors questioned, syringes, condoms and information materials distributed, consultations VCT services
- *Responsibilities:* Organizations rendering the services are responsible on record keeping and filling out the sign-in sheets of the trainings and reporting the data to the M&E Unit

Data collection, indicator 9

- *Research:* Data on the indicator will be collected through a survey *Knowledge, Attitudes and Practices related to HIV/AIDS among most at risk groups representatives* (covered and non-covered by Harm Reduction programs) after every two years. Methodology is under development. Baseline survey will be conducted in 2006.
- *Responsibility:* M&E Unit

Additional data collection

- *Visits:* At least 1/4 of all Harm Reduction sites will be visited by persons specially hired by the M&E Unit at least once a year. The person visiting will look if the systems agreed on are in place and talk with the staff members. During the visit a visiting form will be filled.
- *Responsibilities:* M&E Unit is responsible for conducting the visits and filling out the visiting form.

1.5. Targeted area: people living with HIV/AIDS

Strategy V: Development of the infrastructure to deliver care, treatment and support to people living with HIV/AIDS

Impact

1. Number of AIDS diagnoses.

Data collection

- *Routine statistics:* Data on the AIDS diagnoses and the mortality of PLWHA is gathered through the medical system. Statistics are a part of the existing surveillance system.

Outcome

1. Proportion of people with advanced HIV infection who currently receives antiretroviral combination (disaggregated by illness stage).
2. Health facilities with drugs for opportunistic infections and palliative care in stock
3. Adherence to ARV treatment
4. Percentage of PLWHA in need for palliative care who has access to palliative care.

Data collection, indicators 1 - 4

- *Records:* Hospital rendering the services will keep a record on the PLWHA in medical care and treatment. In patients clinics will keep records on palliative care needs.
- *Responsibilities:* Hospital and in patients clinic rendering the services is responsible for record keeping and reporting the data to the M&E Unit.

1.6 Targeted area: people with HIV/TB

Strategy IX Complementing and expanding activities of prevention, diagnosis, treatment and care for people with mixed HIV/TB infection, including penitentiaries

Impact

1. Number of HIV/TB diagnoses.

Data collection

Routine statistics: Data on the AIDS and TB diagnoses and the mortality of PLWHA is gathered through the medical system. Statistics are a part of the existing surveillance system.

Outcome

1. Proportion of people with TB tested for HIV infection
2. Proportion of medical staff trained for prevention and treatment of HIV/TB co-infection cases.

Data collection, indicators 1

- *Records:* AIDS Centre will keep records on the number of TB patients tested for HIV
- *Responsibilities:* AIDS Centre is responsible for record keeping and reporting the data to the M&E Unit.

Data collection, indicators 2

- *Records:* AIDS treatment department will keep records on the number of trained medical staff
- *Responsibilities:* AIDS Centre is responsible for record keeping and reporting the data to the M&E Unit.