

<p>STANDARD SECTOR INDICATOR CODE: HE-036</p>	<p>Adopted One Healthy Sexual Behavior to Reduce STI and Prevent Pregnancy: Number of individuals who report adopting at least one of the following healthy behaviors (delay sexual debut, consistent use of condoms, correct use of condoms, reduction of sexual partners, secondary abstinence).</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: HIV Prevention Mitigation • Project Activity Area/Training Package: HIV Prevention • Project Area: Life Skills for Healthy Behaviors • Project Activity Area/Training Package: Youth Sexual and Reproductive Health 	
<p>Type: Intermediate-term Outcome</p>	<p>Unit of Measure: Individuals</p>	<p>Disaggregation: Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years Privacy: Anonymous</p>

To be counted for this indicator the following criteria must be met:

- The individuals must have consistently participated in a group facilitated by the PCV or their partner
- The individual must report practicing one of the following behaviors during the past year: 1) delayed sexual debut; 2) consistently used a condoms ; 3)correctly used condoms ; 4) reduced number of sexual partners this year compared to last year and 5) practiced secondary abstinence in the past year.

Definitions:

Adopt is defined as taking on a new behavior and maintaining the behavior for a period of at least three months or since the last reporting period whichever is first.

The four behaviors are defined as:

- **Delayed sexual debut** is defined as delaying having sexual intercourse for the first time.
- **Consistent use of condoms** is defined as always using a condom for every act of vaginal and anal sex during the last reporting period
- **Correct use of condoms** is defined as always using a new latex condom that is not expired, torn, brittle, stiff or sticky AND without any of the following happening during vaginal or anal sex: allowing the penis to touch the vulva or rectum without a condom, taking the condom off before the penis becomes soft, and without flipping it over, condom breakage, or condom slippage or leakage.
- **Reduction of sexual partners** is defined as a self-reported decrease in the number of partners this year compared to the number of partners in the previous year.
- **Practicing secondary abstinence** is a term that refers to never married youth who were sexually active but who by choice have not been sexually active in the past year.

Rationale: Delay of sexual debut, consistent and correct use of condoms and a reduction of sexual partners have been shown to decrease the risk of HIV and other sexually transmitted infections.

Measurement Notes:

1. **Sample Tools and/or Possible Methods (for Peace Corps staff use):** Volunteers should use data collection tools to measure progress against project indicators. Please check PCLive for data collection tools. Once a tool has

been developed, post staff should have a few Volunteers and their partners pilot it, and then distribute and train Volunteers on its use.

2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on “frequency of measurement”).
3. **Activity-Level Baseline Data Collection:** Activity-level baseline data should be collected by Volunteers/partners before or at the start of their activities with an individual or group of individuals. It provides a basis for planning and/or assessing subsequent progress or impact with these same people. Volunteers should take a baseline measurement regarding the outcome(s) defined in this data sheet. Volunteers should collect baseline information early in their work with youth, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the target population first. The information for the baseline measurement will be the same or very similar to the information that will be collected in the follow-on measurement (see the bullet on “frequency of measurement”) after the Volunteer has conducted his/her activities and it is usually collected using the same data collection tool to allow for easy management of the data over time.

Because Volunteers are expected to implement relevant and focused activities that will promote specific changes within a target population (see the “unit of measure” above), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where individuals within the target population are in their process of change instead of assuming that they are starting at “0.” It also sets up Volunteers to be able to see in concrete terms what influence their work is having on the individuals they work with during their service. Please note that data collection is a sensitive process and so Volunteers will not want to take a baseline measurement until they have been able to do some relationship and trust-building with the person/people the Volunteer is working with, and developed an understanding of cultural norms and gender dynamics.

4. **Frequency of Measurement:** For reporting accurately on this outcome indicator, Volunteers must take a minimum of two measurements with members of the target population reached with their activities. After taking the baseline measurement (described above), Volunteers should take at least one follow-on measurement with the same individual(s), typically after completing one or more activities focused on achieving the outcome in this indicator and once they have determined that the timing is appropriate to expect that the outcome has been achieved. Please note that successful documentation of a behavior change or new practice may not be immediately apparent following the completion of activities and may need to be planned for at a later time. Once Volunteers have measured that at least one individual has achieved the indicator, they should report on it in their next VRF.

Volunteers may determine to take more than one baseline and one follow-on measurement with the same individual (or group of individuals) for the following valid reasons:

- Volunteers may want to measure whether or not any additional individuals initially reached with activities have now achieved the outcome in the indicator, particularly for any activities that are on-going in nature (no clear end date);
- Volunteers may want to enhance their own learning and the implementation of their activities by using

the data collected as an effective monitoring tool and feedback mechanism for the need to improve or increase their activities;

- A Peace Corps project in a particular country may choose to increase the frequency of measurement of the indicator and Volunteers assigned to that project will be required to follow in-country guidance.

In all cases, any additional data collection above the minimum expectation should be based on the time, resources, accessibility to the target population, and the value to be gained versus the burden of collecting the data. Following any additional measurements taken, Volunteers should report on any new individuals achieving the outcome in their next VRF.

5. **Definition of Change:** The minimum change to report against this indicator is an individual reported adopting at least one of the following healthy behaviors (delay sexual debut, consistent use of condoms, correct use of condoms, reduction of sexual partners, being secondarily abstinent) as compared to what was measured initially at baseline. In the case of this indicator, if the person the Volunteer/partner works with has already adopted a new behavior to prevent pregnancy or STIs before beginning to work with the Volunteer/partner, then the Volunteer would not be able to count him/her for this activity because the Volunteer's work did not actually lead to the desired change. However, if as a result of working with the Volunteer/partner, the individual decided to change their behavior to prevent pregnancy or STIs that would count because the Volunteer's work influenced the individual's behavior.
6. **General Reporting in the VRF:** The "number achieved" (or numerator) that Volunteers will report against for this indicator in their VRFs is the number youth who report adopting at least one of the following healthy behaviors (delay sexual debut, consistent use of condoms, correct use of condoms, reduction of sexual partners, being secondarily abstinent), after working with the Volunteer/partner. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.
7. **Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by "Sex" and "Age". When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on male and female in the following age groups: 0-9 years, 10-14 years, 15-17 years, 18-24 years, and 25+ years. If the individuals prefer to report the information anonymously, try and collect the individual's sex and age. This can be done, for example, by breaking up participants into age-appropriate groups first then having them report collectively.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: Reduce HIV Transmission