

HE-140-PEPFAR (PEPFAR: PP_PREV)	Indicator Title: Priority Population HIV Prevention Statement: Number of each <u>priority population</u> reached with a standardized HIV prevention intervention during the reporting period
Health Sector	HIV Epidemic Response: HIV Prevention
Type: Output	Unit of Measure: Number of Individuals Disaggregation: Sex: Male, Female; Age (years): 0-9, 10-14, 15-19, 20-24, 25-49, 50+

Rationale: Individual and small-group level prevention interventions have been shown to be effective in reducing HIV transmission risk behaviors. Delivering these interventions to priority populations is an important component of comprehensive HIV prevention strategies. Monitoring the number of priority populations reached against the program’s targets can help inform decisions on reach and quality, as well as adapt successful interventions in similar contexts.

To report on this indicator, an activity¹ must meet the following criteria:

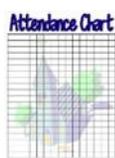
- At least one intervention from the package² of interventions for Adult/Youth* Populations, plus a **referral for HIV testing services** (see Table 1) with the same individuals or groups over multiple encounters

Table 1: Package of interventions for Adult and Youth Populations

Interventions for Adult Populations (25+):	Interventions for Youth Populations (0-24)
Promotion of relevant prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services.	Promotion of relevant youth-friendly (where available) prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services.
Information, education, and skills development to: reduce HIV risk and vulnerability; correctly identify HIV prevention methods; adopt and sustain positive behavior change; and promote gender equity and supportive norms and stigma reduction.	Information, education, and skills development to: reduce HIV risk and vulnerability; correctly identify HIV prevention methods; adopt and sustain positive behavior change; and promote gender equity and supportive norms and stigma reduction.
Facilitated linkage to care and prevention services; and/or support services to promote use of, retention in, and adherence to care.	Facilitated linkage to care and prevention services; and/or support services to promote use of, retention in, and adherence to care.
Condom and lubricant (where feasible) promotion, skills building, and facilitated access to condoms and lubricant (where feasible) through direct provision or linkages to social marketing and/or other service outlets.	Condom and lubricant (where feasible) promotion, skills training, and facilitated access to condoms and lubricant (where feasible) through direct provision or linkages to social marketing and/or other youth-friendly, community-based service outlets .
	Programs targeting adults to raise awareness of HIV risks for young people, promote positive parenting and mentoring practices, and effective adult-child communication about sexuality and sexual risk reduction.

How to Collect and Report Data

1. **How to collect data?** Volunteers should use data collection tools to assist with reporting. Attendance sheets should be used by the Volunteer/Counterpart and record the following information at each session:



- WHO:** Participants’ name³, age, sex, and type of priority population
Names of collaborating organizations/partners
- WHAT:** The name/title of the activity and intervention being addressed (see Table 1).
- WHEN:** The dates of the sessions.
- WHERE:** Location where the activity is conducted
- WHY:** A brief description of the activity

¹ For HIV Prevention, multiple encounters with participants is required; therefore, each encounter is referred to as a “session”.

² Volunteers must complete this package of interventions with the same group of people overtime (i.e., not everything must be in one session).

³ Check with PC/Post staff and counterpart for appropriateness of collecting participant names with activities.

2. **How often to collect?** Each session should keep track of the number of individuals who participated using an attendance sheet.
3. **How to report in VRF?** Volunteers should report the total number of unique participants in the VRF per post reporting period, disaggregated by Age and Sex (see Figure 1) and the total number referred for HIV testing services. This indicator requires completion of the full package of interventions for priority populations before Volunteers can report on this indicator into the VRT.

Figure 1: VRF Data Entry Screen

	Total
Males 0-9	0
Males 10-14	0
Males 15-19	0
Males 20-24	0
Males 25-49	0
Males 50+	0
Females 0-9	0
Females 10-14	0
Females 15-19	0
Females 20-24	0
Females 25-49	0
Females 50+	0
Total	0

Programmatic Guidance for HIV Prevention with Priority Populations

Priority Populations should be defined by each country in the indicator narrative and must have a documented HIV prevalence or incidence greater than the general population of the country. Groups that might be counted as priority populations include, but are not limited to:

- Adolescent girls and young women
- Clients of sex workers
- Military and other uniformed services
- Mobile populations (e.g., migrant workers, truck drivers)
- Non-injecting drug users

Gender is a culturally-defined set of economic, social, and political roles, responsibilities, rights, entitlements obligations, associated with being female and male, as well as the power relations between and among women and men, boys and girls. The definition and expectations of what it means to be a woman or girl and a man or boy, and sanctions for not adhering to those expectations, vary across cultures and over time, and often intersect with other factors such as race, class, age and sexual orientation. All individuals, independent of gender identity, are subject to the same set of expectations and sanctions. (IGWG) Gender is not interchangeable with women or sex.

Stigma refers to unfavorable attitudes, beliefs, and policies directed towards people based on a particular health circumstance, such as menstruation or HIV status.

Referral to HIV Testing Services: Referrals should introduce the importance of HIV testing services, discuss where to go for HIV testing, explain the testing step-by-step, and discuss the impact of testing. Participants should be reminded that the only way for them to know their HIV status is to go for HIV testing at HIV counseling and testing centers, hospitals, or clinics.

Intervention Delivery Methods:

Youth Friendly Interventions: WHO⁴ recommends a package of adolescent-friendly services offered at the facility and community level, including high quality comprehensive services addressing adolescent needs and priorities (e.g. sexual and reproductive health, psychosocial support), in a dedicated setting if possible with flexible hours to accommodate school attendance, with a strong focus on peer-based interventions and keeping adolescents engaged in care.

Group Size: The session must be provided by the PCV or their Counterpart in a small group setting. Small-group-level activities are those delivered in small group settings (less than 25 people, e.g.,

Referral for HIV Testing Services

How many individuals did you refer to HIV Testing Services as part of this activity?

Note: A referral for HIV Testing Services means explaining where individuals can find HIV testing services in their community.

⁴ See section 6.11 in WHO Consolidated Treatment Guidelines, “Delivering HIV services to adolescents”

workplace programs, men's support groups, etc). Group size may vary by context, please consult your PC/Post staff to determine what the best group size is for your site.

Volunteer Highlights

This activity was an HIV and Life Skills education program in Nyamande. The overall purpose was to educate and build the skills of in-school girls and out-of-school young women on HIV prevention, where to get tested for HIV, decision-making, healthy relationships, puberty, and how to use and negotiate the use of condoms. This activity took place weekly in Nyamande over four months from June to September 2016 with a club of 12 Nyamande in-school girls and out-of-school young women. Nyamande's First Aid volunteer was involved in planning and implementation of the club. The Volunteer used the Peace Corps 2016 Health and HIV Life Skills Manual sessions and used the guidance from the introduction of the manual to determine which sessions to prioritize over the four months.

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