

HE-142-PEPFAR (PEPFAR: KP_PREV)	Indicator Title: Key Populations HIV Prevention Statement: Number of <u>key populations</u> reached with individual and/or small group-level HIV prevention interventions that are based on evidence and meet the minimum standards required.
HEALTH SECTOR	HIV Epidemic Response: HIV Prevention
Type: Output	Unit of Measure: Individuals of Key Populations (KP) Disaggregation: Key Population Type: Men who have sex with men (MSM), Persons who identify as transgender (TG), Sex workers (SW), People who inject drugs (PWID)

Rationale: Working with key populations can have a significant and long-lasting impact on the HIV epidemic worldwide because these individuals have an increased vulnerability to HIV. This indicator measures the total number of unique individuals receiving individual-level and/or small-group level intervention(s) in community settings from each key population, which can help PC/Posts understand the extent and reach of its evidence-based key population prevention programs and may help PEPFAR country programs understand the relative saturation (coverage) of PEPFAR-supported key population prevention programs when reliable population size estimates are available.

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

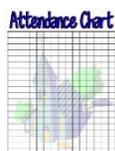
- Participants must be: female sex workers, PWID, MSM or transgender
- Use an evidence-based prevention curriculum designed for the target population
- Hold at least 2 sessions with participants
- Participation must be documented
- Services must have been in an individual or small-group setting provided by the Volunteer or their counterpart with Volunteer as co-facilitator
- Provide referral for HIV testing services (HTS)²
- Provide at least one³ other service (see Table 1)

Table 1: Other HIV prevention services for key populations (KPs)

Outreach/Empowerment	Targeted information, education and communication (IEC)
Condoms and/or lubricant	Referral to screening and vaccination for viral hepatitis
Referral to STI screening, prevention, and treatment	Referral to reproductive health (e.g., family planning; PMTCT)
Referral to ART	Referral to medication-assisted therapy (MAT), if applicable
Referral to prevention, diagnosis, treatment of TB	Referral to needle syringe program (NSP), if applicable

How to Collect and Report Data

- How to collect data?** Volunteers should use data collection tools, such as a chart to track services provided to participants, to record the following information to assist with reporting:



- WHO:** Participants' sex, age⁴ and type of key population targeted
Names of collaborating organizations/partners
- WHAT:** The dates of the sessions
- WHEN:** The start and end date
- 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 Providing a referral to HTS is required unless an individual has already tested positive for HIV.

³ Volunteers do not have to implement the full array of comprehensive prevention services listed, but should work with other partners and stakeholders to ensure these services are implemented in the communities that they serve.

⁴ While age is not reported under this indicator, Volunteers can report the age of the participants under the Activity entry's Participant section in their VRF.

- ☑ **How often to collect?** Volunteers should track the number of individuals who participated in each session¹ of the activity.
- ☑ **How to report in VRF?** Volunteers should report the total number of unique participants in the VRF each reporting period, disaggregated by Age and Sex (see Figure 1).⁵

Figure 1: VRF Data Entry Screen

Sex workers: Female	0
Sex workers: MSM	0
Sex workers: TG	0
MSM (non sex workers)	0
TG (non sex workers)	0
PWID: Female	0
PWID: Male	0
Total	0

Programmatic Guidance for HIV Prevention with Key Populations

Key Populations, formerly most-at-risk populations (MARPs), are populations at increased vulnerability to HIV due to behavioral, social, or environmental factors and include: female sex workers, people who inject drugs (PWID), men who have sex with men (MSM), and transgender individuals (TG).

Intervention Delivery Methods:

HIV testing services (HTS) are required to be referred to individuals (at least once during the reporting period and/or in accordance with WHO/national guidance) unless the individual has previously been tested positive for HIV. If the individual is self-identified as HIV positive, then referral to HTS will not be a required element of this indicator.

Group Size. The session must be provided by the Volunteer or their counterpart, with Volunteer as co-facilitator, in a small-group setting. Small-group-level activities are those delivered in small group settings (less than 25 people, e.g., 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.

Examples of Activities: Building capacity of key population support groups; delivering trainings on empowerment and/or advocacy issues to a group of key populations, distributing condoms/lubricants and referrals to HTS to key populations; organizing health talks on HTS and treatment services for key populations; organizing mobile HTS to target key populations; referring individuals from key populations to HTS and additional health or community services.

Overlap with HTS Indicator: If key populations receive HTS or are documented as completing an HTS referral to a facility, then the individuals may also be counted under PEPFAR’s HTS_TST_TA indicator. If Volunteers are working with PEPFAR-funded partners, they should work with their counterparts/partners to ensure reporting on all indicators is completed.

Volunteer Highlights

TG Women’s Organization Conference:

Three Peace Corps Volunteers worked with an NGO focused on HIV Testing Services to build relationships with local community members who identified as transgender (TG) and men who have sex with men (MSM). After a number of discussions and focus groups, the Volunteers and their NGO counterparts decided to co-host a three-day conference with two TG and MSM community-based organizations. They then invited transgender women working in HIV prevention from numerous community groups to participate.

The conference covered a variety of educational topics meant to strengthen the technical skills of the TG women and facilitate an exchange of knowledge across all groups involved. Presentations on

⁵ Individuals participating in multiple sessions or receiving multiple services should be counted only once a reporting period.

topics including Safe Anal Sex, Condom Negotiation, HIV Testing, and others to increase the women's knowledge and allow them to integrate new activities and lectures into their own HIV prevention work, which can reach even more key populations. The conference strengthened the professionalism and financial planning skills of the TG women's organizations and fulfilled a specific need identified earlier during the focus groups on writing competitive grants. The conference also created a safe space to share among the TG women's groups. Participants presented on their own successes to their colleagues, created networks among their organizations, and took ownership of the conference. Women also had the opportunity to discuss self-care, adherence, and access to healthcare in a safe space. After the conference, the lead NGO continued to work with one Volunteer to monitor and evaluate what the women learned as well as to nurture their facilitation skills.

Sex Worker Reforestation Project:

In a small, rural community with a high percentage of commercial sex trade and HIV largely due to job scarcity and financial instability, a Volunteer worked with her community to secure a Peace Corps VAST Grant to strengthen the financial well-being of their vulnerable population. The local community committee nominated 20 beneficiaries (16 known sex workers and 4 HIV positive community members) to participate in a commercial forestry nursery establishment project. The objective of the project was to establish a nursery of 20,000 trees, provide technical trainings on maintaining the nursery, as well as hold weekly sessions on HIV/AIDS awareness, prevention, referral services, and peer support.

The 20 participants also received nutritional support during the initial months of the project while the nursery was getting established. The nutritional support was allotted to the participants according to the amount of hours logged each week to support the nursery. Once the nursery becomes productive, the participants will be able to sell the trees and allocate profits in a similar method, enabling them to maintain a sustainable livelihood. By increasing nutrition and food security of the 20 participants and their over 60 dependents, the project should also ultimately relieve some of the pressure for the participants to continue in the sex trade.