

<p>STANDARD SECTOR INDICATOR CODE: HE-143</p>	<p>PLHIV Provided with a Minimum Package of "Prevention With PLHIV" as Defined by PEPFAR: Number of people Living with HIV (PLHIV) reached with a minimum package of "Prevention with PLHIV (PwP)" since the last reporting period.</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: HIV Mitigation <ul style="list-style-type: none"> • Project Activity Area/Training Package: HIV Prevention 	
<p>Type: Output</p>	<p>Unit of Measure: PLHIV</p>	<p>Disaggregation:</p> <p>Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years</p>

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

- The individual must be HIV+
- The individual regularly participated in a care and support group or HIV prevention group that was facilitated by the PCV or their partners
- The individual must have received **all** the following interventions the last time they were seen (in a clinic/facility-based or community/home-based program)
 - Assessment of sexual activity and provision of condoms (and lubricant) and risk reduction counseling (if indicated)
 - Assessment of partner status and provision of partner testing or referral for partner testing
 - Assessment for STIs and (if indicated) provision of or referral for STI treatment and partner treatment
 - Assessment of family planning needs and (if indicated) provision of contraception or safer pregnancy counseling or referral for family planning services
 - Assessment of adherence and (if indicated) support or referral for adherence counseling
 - Assessment of need and (if indicated) refer or enroll PLHIV in community-based program such as home-based care, support groups, post-test-clubs, etc.

Definitions:

PLHIV/PLWH - Person living with HIV

PLHA - Person living with AIDS

A Minimum Package of interventions for PLHIV: The PLHIV must have received at last visit (in a clinic/facility-based or community/home-based program) the following interventions that constitute the minimum package of PwP:

- Assessment of sexual activity and provision of condoms (and lubricant) and risk reduction counseling (if indicated)
- Assessment of partner status and provision of partner testing or referral for partner testing
- Assessment for STIs and (if indicated) provision of or referral for STI treatment and partner treatment
- Assessment of family planning needs and (if indicated) provision of contraception or safer pregnancy counseling or referral for family planning services
- Assessment of adherence and (if indicated) support or referral for adherence counseling
- Assessment of need and (if indicated) refer or enroll PLHIV in community-based program such as home-based care, support groups, post-test-clubs, etc.

Description: All clinic/facility-based and community/home-based programs serving PLHIV should include a package of behavioral and biomedical prevention interventions that are consistent with the guidelines outlined in the PLHIV

technical considerations. These interventions should be provided at each client encounter and delivered either onsite or (where specifically noted above) through a referral program in which the client is enrolled. Partners using referral sites must confirm that they are accessible and providing the referral service. All PLHIV should be provided with an adequate supply of condoms (and lubricant) and risk reduction counseling which addresses condom use, partner reduction, and alcohol reduction. All negative or unknown status partners of PLHIV should be tested at least every year; discordant couples should be identified and provided with appropriate prevention counseling and services. Regular screening and treatment for STIs should be part of routine care and prevention for PLHIV, and STI treatment for partners of PLHIV should also be provided. Provision of family planning counseling, contraceptive methods or safer pregnancy counseling should be provided to HIV-positive women and their partners as part of routine care to reduce unintended pregnancy and prevent maternal-to-child transmission.

Adherence to ARVs and all medications is important for maintaining low viral loads and reducing risk of transmission. Finally, all interventions delivered through clinics/facilities should be reinforced through community-based programs, and linkages and referrals from community programs to clinics should be incorporated into all community programs serving PLHIV.

Rationale: Prevention efforts with HIV positive persons (PwP) are part of a comprehensive prevention strategy and include both behavioral and biomedical interventions. The purpose of this indicator is to measure how well clinic/facility-based and community-based programs are reaching PLHIV with a minimum package of prevention interventions and services that includes evidenced based behavioral and biomedical interventions designed to protect the health of the infected person and reduce the spread of HIV to their sex partners and children.

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. A data collection tool to measure this indicator could be an attendance register, tracking sheet, or any other tracking tool that collects the following information:
 - a. Name of the individual. If the use of names is restricted due to confidentiality concerns, ensure a proper coding system to effectively track individuals across the relevant services
 - b. Sex
 - c. Age
 - d. Type of service provided; The name/title of the intervention/project
 - e. Attendance
 - f. Location where the intervention is conducted
 - g. A brief description of the activities of the intervention
 - h. Names of organizations/partners collaborated with in implementing the intervention
 - i. Beneficiaries – *see reporting on disaggregated data in the VRT*
 - j. Source and amount of funding, if funds are used
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:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However,

Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators.

4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events) on prevention with PLHIV (PwP), he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.
5. **Definition of change:** Outputs do not measure any changes. However, a minimum expectation for any HIV prevention skill to be counted for this indicator is that an individual or group must attend at least one (1) hour of training on HIV Prevention skills. This could include: behavioral approaches such as risk behaviors and risk reduction, biomedical approaches (condom use, adherence to treatment, VMMC), or structural approaches (availability of prevention services and social norms).
6. **Reporting:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: “total # (number).”
7. **Reporting on Disaggregated Data in the VRT:** This indicator is disaggregated by Sex and Age. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by Sex and Age. When reporting in the VRF, a volunteer should disaggregate the total number of male individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years and the total number of female individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, and 25+ years.

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: HIV Prevention Interventions