

<p>STANDARD SECTOR INDICATOR CODE: HE-144</p>	<p>Can Identify Ways of Preventing HIV and Can Reject Major Misconceptions: Number of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: HIV Mitigation • Project Activity Area/Training Package: HIV Prevention 	
<p>Type: Short-term Outcome</p>	<p>Unit of Measure: Individuals</p>	<p>Disaggregation:</p> <p>Sex: Male, Female</p> <p>Age: 15-17, 18-24 years</p>

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

- Must have participated in training on HIV transmission and its prevention
- The training must have been conducted in an individual or small group setting comprised of no more than 25 people by a Volunteer or their partner
- The individual must correctly identify ways of preventing sexual transmission of HIV AND can reject major misconceptions about HIV transmission including 2 culturally specific questions.

Definitions:

The ways of preventing sexual transmission of HIV are defined as: 1) having sex with only one uninfected partner who has no other partners; 2) using a condom every time the individual has sex; 3) it is important to know that a healthy looking person can have HIV.

Sex is defined as penetration of the vagina, anus, or mouth by the penis.

The 2 major misconceptions are defined by the local context, and may change over time. They include myths such as “HIV is transmitted through: supernatural means, from mosquitoes, or from sharing food with someone who is HIV+.”

Rationale: HIV epidemics are perpetuated through sexual transmission of HIV. This indicator assesses progress towards universal knowledge of the essential facts of HIV transmission among individuals aged between 15 and 24 who correctly identify ways of preventing sexual transmission of HIV and who also reject major misconceptions about HIV transmission. Sound knowledge about HIV is an essential prerequisite albeit, often an insufficient condition-for adoption of behaviors that reduce the risk of HIV transmission.

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 based on one of the following methods— checklist and observation—though there may be other data collection methods that are appropriate. 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 individuals aged between 15 and 24, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the young men and women in their communities 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 that the individual is able to correctly identify ways of preventing sexual transmission of HIV and can reject major misconceptions about HIV transmission.
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 of individuals who have created a value-added or added a *new* value to a product, 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. This indicator is intended to capture programs targeting pregnant women, PLWH, OVCs and others affected by HIV. The numerator can be generated by counting the number of individuals benefiting from community or household gardens. The denominator is generated by counting all individuals who participated in a group with whom the Volunteer works.
7. **Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by “Age” and “Sex”. 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: No Link