

STANDARD SECTOR INDICATOR CODE: HE-146 PEPFAR CODE: NA	HIV Testing Campaigns in the Community: Number of HIV testing campaigns organized by a PCV or their partner in the community.	
HEALTH SECTOR	Sector Schematic Alignment <ul style="list-style-type: none"> • Project Area: HIV Mitigation <ul style="list-style-type: none"> ○ Project Activity Area/Training Package: HIV Prevention 	
Type: Output	Unit of Measure: Campaigns	Disaggregation: None

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

- The campaign must have been planned and coordinated
- The individual/s organizing and coordinating the campaign must have participated in a PCV group or been encouraged to conduct the campaign by the PCV or their partner
- The campaign must promote HIV prevention and HIV testing

Definitions:

Media Campaign is defined as a planned and coordinated series of print, radio and TV articles, interviews, infomercials/commercials etc. that are intended to achieve a particular aim.

HIV testing is recommended for all sexually individuals who could be at risk of contracting HIV. HIV testing is also recommended for all women by the WHO. HIV testing allows individuals who test HIV negative to understand and maintain safe behavior to avoid future infection. Rapid HIV tests are commonly used for HIV screening of pregnant women. They are easy to use and do not require laboratory facilities or highly trained staff. Rapid tests use either a blood sample or oral fluids and can produce results within 20 minutes. All positive results must be followed up with a confirmatory test, the results of which can take from a few days to a few weeks.

Rationale: HIV testing and knowing your status is one of the most effective interventions to reduce transmission of HIV from mother to child. People who are infected with HIV but not aware of it are not able to take advantage of the therapies that can keep them healthy and extend their lives, nor do they have the knowledge to protect their sex partners or infants from becoming infected. Knowing whether one is positive or negative for HIV confers great benefits in healthy decision-making.

Measurement Notes:

1. **Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. For this Standard Sector Indicator, a tracking sheet that collects the following data should be developed:
 - a. The name/title of the intervention/project
 - b. Number of individuals and sex of participants
 - c. The start and end date
 - d. Location where the intervention is conducted
 - e. A brief description of the activities of the intervention
 - f. Names of organizations/partners collaborated with in implementing the intervention
 - g. Beneficiaries – *see disaggregation*
 - h. 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) the availability of HIV testing, 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 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. **General Reporting in the VRF:** The numerator or “number achieving” column in the VRF is where Volunteers will report the number of HIV testing campaigns in the PCV community. The denominator, or “total number” column in the VRF is where Volunteers will report the total number of campaigns planned (including those not implemented).
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