

<p>STANDARD SECTOR INDICATOR CODE: HE-147 PEPFAR CODE: NA</p>	<p>Educated on the Importance of Voluntary Testing and Counseling for HIV: Number of target population reached with individual or small group level education on the importance of voluntary testing and counseling for HIV.</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: Output</p>	<p>Unit of Measure: Individuals</p>	<p>Disaggregation:</p> <p>Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years</p>
<p>To be counted for this indicator the following criteria must be met:</p> <ul style="list-style-type: none"> • The individual must have received a minimum of 1 or more hours of training on HIV prevention and voluntary counseling and testing or learned about testing through an HIV testing campaign • The training or campaign must have been organized by the PCV or their partners and provided in an individual or small group setting comprised of no more than 25 people • The individual must have been provided with information on all topics specified in the definition of essential maternal care services (see below) <p>Definitions:</p> <p>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.</p> <p>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.</p>		
<p>Measurement Notes:</p> <ol style="list-style-type: none"> 1. 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). 2. 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.

- 3. 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 HIV testing campaigns, 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.
- 4. 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).
- 5. Reporting:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: “total # (number).”
- 6. 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, 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