

<p>STANDARD SECTOR INDICATOR CODE: HE-156</p> <p>PEPFAR CODE: NA</p>	<p>Able to Identify Critical Services that Should Be Offered in PMTCT: Number of individuals who are able to identify at least 3 or more critical services that should be offered to all HIV+ pregnant women to prevent mother to child transmission of HIV.</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: Short-term Outcome</p>	<p>Unit of Measure: Individuals</p>	<p>Disaggregation:</p> <p>Sex: Male, Female</p> <p>Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+</p>

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

- The individual must have participated in 1 or more hours of training on HIV prevention and prevention of mother to child transmission of HIV during pregnancy and breastfeeding
- Training must have been provided by the PCV or their partner in an individual or small group setting comprised of no more than 25 people
- Attendance at educational session/s must be documented by the Volunteer or their partner
- The individual must correctly identify 3 critical services that should be offered to all HIV+ pregnant women to prevent mother to child transmission of HIV.

Definitions:

PMTCT is defined as prevention of mother-to child transmission of HIV which can occur during pregnancy, labor and delivery, or breastfeeding.

Pregnant HIV+ woman should be offered the following 6 critical key services during pregnancy to prevent mother to child transmission of HIV:

- AZT or ARVs starting at 14 weeks of pregnancy,
- CD4 testing to determine what medication to take,
- Referral to a higher level birth facility for labor and delivery services,
- ARV medication during labor for the mother,
- ARV medication for the infant immediately following birth,
- Provision of ARV prophylaxis to mothers not currently receiving HAART or to their infants for the duration of breastfeeding.

Rationale: In many countries mother to child transmission of HIV has been virtually eliminated due to effective voluntary counseling and testing during pregnancy, access to antiretroviral therapy during pregnancy and breastfeeding, safe delivery practices, and the widespread availability and safe use of breast-milk substitutes. Without treatment, around 15-30 percent of babies born to HIV-infected women will become infected with HIV during pregnancy and delivery. A further 5-20 percent will become infected through breastfeeding.

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—program records, survey, 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 women and men, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with women and men in the community 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 a 'YES' response to question of whether or not mother is using a modern contraceptive method within 12 months of birth as noted on the data collection tool, indicating accordance with the criteria.
6. **General Reporting in the VRF:** This indicator is intended to capture programs targeting women. The "number achieved" (or numerator) can be generated by counting the number of women who are able to identify at least 3 or more critical services that should be offered to all HIV+ pregnant women to prevent mother to child transmission. The "total number" (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of all pregnant women who were in the group.
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