

<p>STANDARD SECTOR INDICATOR CODE: HE-158 PEPFAR CODE: NA</p>	<p>Adopting a New Behavior to Prevent Mother to Child Transmission of HIV: Number of pregnant HIV+ women adopting one or more behavior(s) to reduce the risk of mother to child transmission of HIV during pregnancy and breastfeeding.</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: Intermediate-term Outcome</p>	<p>Unit of Measure: HIV+ Pregnant Women</p>	<p>Disaggregation:</p> <p>Sex: Female Only Age: 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 is pregnant and HIV+, or is HIV+ and has an infant between the age of 0 months and 6 months,
- The woman participated for at least 2 months in a healthy pregnancy group or woman’s group where she was educated and encouraged by the Volunteer or their partners to adopt a number of behaviors to prevent the transmission of HIV from mother to the child,
- The woman reported adopting one or more of the behaviors listed below:
 - Started AZT or ARVs at 14 weeks of pregnancy,
 - Had CD4 test to determine what medication she needed to take,
 - Delivered at a higher level birth facility and received ARV medication during labor and the infant was given ARV medication immediately following birth,
 - Started breastfeeding immediately after birth AND mother or her infant received ARV medication for the duration of breastfeeding.

Definitions:

Adopting a new behavior is defined as consistently practicing a set of specific behavior/s for a specified period of time which is never less than 30 days.

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

Rationale: 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. In many countries mother to child transmission of HIV has been virtually eliminated due to effective voluntary testing and counseling, access to antiretroviral therapy, safe delivery practices, and the widespread availability and safe use of breast milk substitutes.

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 pregnant women who are HIV+, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the women and 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 pregnant HIV+ women have adopted one or more behavior(s) to reduce the risk of mother to child transmission of HIV during pregnancy and breastfeeding. This will need to be noted on the data collection tool to indicate accordance with the criteria.
- 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 pregnant HIV+ women adopting one or more behavior(s) to reduce the risk of mother to child transmission of HIV during pregnancy and breastfeeding. The denominator, or "total number" (or denominator) column in the VRF is where the Volunteer will report all HIV+ pregnant women who were in the group including those who did and those who did not adopt a new behavior.
- 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