

INDICATOR: Number of priority populations reached with standardized HIV-prevention intervention(s) that are evidence-based (HE_HIV_140)
STANDARD SECTOR INDICATOR CODE:

HE_HIV_140

HEALTH SECTOR 
PROJECT AREA: HIV/AIDS

Type: Output

Unit of Measure: Individual

Disaggregation:
Male by Age: <1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+

Female by Age: <1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+

Related Objectives: Prevent new HIV infections utilizing gender-specific approaches (Objective 1)

Precise definitions
Individuals: Unique individuals reached with evidence-based prevention interventions during this reporting period by the PCV and their counterpart. One individual may only be counted once during a fiscal year.

Priority populations: Should be defined by each country in the indicator narrative and must have a documented HIV prevalence or incidence greater than the general population of the country. Groups that might be counted as priority populations include, but are not limited to:

- Adolescent girls and young women
- Clients of sex workers
- Military and other uniformed services
- Mobile populations (e.g., migrant workers, truck drivers)
- Non-injecting drug users
- Adult men
- Adolescent boys and young men
- Displaced persons
- Fishing communities

Reached: To count for PEPFAR reporting, one intervention should be provided. The specific interventions are defined at a country level, so please consult Peace Corps Post staff to determine the list of interventions appropriate for your context. The Peace Corps strongly encourages Volunteers to work with individuals on a longer-term basis. Behavior change is a long-term process and cannot be accomplished with once-off interventions. Examples of interventions are provided below, by age:

Table 1: Package of Interventions for Adult and Youth Populations

Interventions for Adult Populations (25+)	Interventions for Youth Populations (0–24)
Promotion of relevant prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services.	Promotion of relevant youth-friendly (where available) prevention and clinical services and demand creation to increase awareness, acceptability, and uptake of these services.

Information, education, and skills development to reduce HIV risk and vulnerability; correctly identify HIV-prevention methods; adopt and sustain positive behavior change; and promote gender equity, supportive norms, and stigma reduction.	Information, education, and skills development to reduce HIV risk and vulnerability; correctly identify HIV-prevention methods; adopt and sustain positive behavior change; and promote gender equity, supportive norms, and stigma reduction.
Referral to or provision of HIV testing; facilitated linkage to care and prevention services; and/or support services to promote use of, retention in, and adherence to care.	Referral to or provision of HIV testing; facilitated linkage to care and prevention services; and/or support services to promote use of, retention in, and adherence to care.
Condom and lubricant (where feasible) promotion, skills building, and facilitated access to condoms and lubricant (where feasible) through direct provision or linkages to social marketing and/or other service outlets.	Condom and lubricant (where feasible) promotion, skills training, and facilitated access to condoms and lubricant (where feasible) through direct provision or linkages to social marketing and/or other youth-friendly, community-based service outlets.
	Programs targeting adults to raise awareness of HIV risks for young people, promote positive parenting and mentoring practices, and effective adult-child communication about sexuality and sexual risk reduction.

Referral to HIV-testing services: An important part of an HIV intervention is a referrals to HIV testing services. A PCV should introduce the importance of HIV-testing services, discuss where to go for HIV testing, explain the testing step-by-step, and discuss the impact of testing. Participants should be reminded that the only way for them to know their HIV status is to go for HIV testing at HIV-counseling and -testing centers, hospitals, or clinics.

If the individual is self-identified as HIV positive, then a referral to HIV testing will not be a required element of this indicator. Conducting risk assessments or screening to determine the need for HIV testing also meets the referral for testing component of PP_PREV. For example, if there is a ten-year-old girl enrolled in DREAMS, we would anticipate that she would not need to be tested for HIV if a risk assessment determines that she is not sexually active, and she does not have any additional risk factors for HIV. A Volunteer should not be completing the risk assessments, but may work with other Implementing Partners to ensure this is completed.

See also: PEPFAR Monitoring, Evaluation and Reporting MER 2.0 (Version 2.4) Indicator Reference Guide: <https://www.state.gov/pepfar-fiscal-year-2020-monitoring-evaluation-and-reporting-guidance/>

Data collection

Tool: HIV-Prevention Intervention Tracking Sheet. The Excel template provided includes the fields required for PEPFAR reporting, but posts or PCVs can add country-specific fields as well.

Frequency of data collection and tracking: Data should be tracked on an ongoing basis as PCVs implement training activities. Data should be aggregated and reported based on the post-determined reporting frequency.

Reporting

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

- At least one intervention from the Package of Interventions for Adult and Youth Populations above as well as a referral for HIV-testing services (if applicable) were provided to the same individuals or groups over multiple encounters.
- The session(s) were provided by a PCV or their counterpart in a small group setting of 25 or less (e.g., workplace programs, men’s support groups, etc.).

Note: Individuals may only be counted once as part of this indicator in a given fiscal year (October–September). They may be counted again in a new fiscal year.