

STANDARD SECTOR INDICATOR CODE: YD-007-C	Transmission - Number of youth, out of the total number of youth the Volunteer/partner worked with, who explained accurately at least three modes of HIV/AIDS transmission. (YD-007-C)	
YOUTH SECTOR	Sector Schematic Alignment Project Area: Healthy Lifestyles Project Activity Area/Training Package: Youth HIV Prevention	
Type: Outcome	Unit of Measure: Youth	Disaggregation: Sex: Male, Female Type of Youth: In-School Youth, Out-of-school Youth
<p>Definitions:</p> <p>Youth – In-country projects may adapt a locally appropriate definition of youth. While youth are commonly defined as ages 15-24, some external agencies, such as UNFPA and WHO, more broadly define young people as ages 10–29. Volunteer reporting against youth indicators should reflect the ages of youth their project is designed to reach in their host country, and PMs/APCDs should clarify for Volunteers the target age of youth for their activities.</p> <p>Partner/s – refers to the local counterpart who is co-facilitating HIV/AIDS prevention activities with the Volunteer.</p> <p>Modes of HIV/AIDS transmission - refers to how an individual can acquire the virus. The following are accurate modes of HIV/AIDS transmission:</p> <ul style="list-style-type: none"> - Unprotected penetrative sex with someone who is infected. (Sex is defined as penetration of the vagina, anus or mouth by the penis). - From a mother who is infected to her baby; this can occur during pregnancy, at birth and through breastfeeding. - Sharing unsterilized injection equipment (needles, syringes, rinse water) that has previously been used by someone who is infected. - Injection or transfusion of contaminated blood or blood products, donations of semen (artificial insemination), skin grafts or organ transplants taken from someone who is infected. 		
<p>Rationale: Sound knowledge about HIV is an essential prerequisite —albeit, often an insufficient condition— for adoption of behaviors that reduce the risk of HIV transmission. An increase in the number of youth who explain accurately how HIV/AIDS is transmitted shows an increased likelihood of youth adopting behaviors to prevent transmitting HIV, thereby contributing to their physical wellbeing.</p>		
<p>Measurement Notes:</p> <ol style="list-style-type: none"> 1. Sample Tools and/or Possible Methods (for Peace Corps staff use): Volunteers should use data collection tools to measure progress against project indicators. Please check the intranet page through this link to see if one or more approved tools exist for this indicator, select the most appropriate tool for the post, and adapt it at the post level for their Volunteers' use. Please check often, as tools will be uploaded frequently during the year. If no tool is available, this indicator could be measured using private surveys or interviews, though there may be other data collection methods that are appropriate as well. For more information on the suggested methods, please see Appendix I in the MRE Toolkit. Once a tool has been developed, post staff should have a few Volunteers and their partners pilot the tool, 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 “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 youth, and may use their judgment to determine timing because the information will be more accurate if the Volunteer has built some trust with the youth 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 “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 “unit of measure”), taking a baseline measurement helps Volunteers to develop a more realistic snapshot of where youth 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 youth 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. 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:

- a. 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);
- b. 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;
- c. 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 any youth with whom the Volunteer works, who accurately explained at least three modes of HIV/AIDS transmission. If the youth already accurately explained three modes of HIV/AIDS transmission at the baseline measurement, the Volunteer would not count him/her as having achieved any additional change for this activity because the maximum level of change measured for this indicator has already been achieved. NOTE: If at baseline, nearly all of the youth with whom you are working have accurately explained at least three modes of HIV/AIDS transmission, consider measuring change toward a different indicator, so that additional change can be achieved, measured, and reported.
- 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 youth who, as a result of working with the Volunteer, accurately explained at least three modes of HIV/AIDS transmission. The “total number” (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of youth who participated in the activities designed to meet this indicator.
- 7. Reporting on Disaggregated Data in the VRF:** This indicator is disaggregated by “Sex” and by “In-School Youth” and “Out-of-School Youth.” When reporting in the VRF, a Volunteer should disaggregate the individuals who achieved the outcome based on male and female gender and by whether or not the youth currently attends school, regardless of the where the activity takes place. When entering data, the Volunteer will report the number achieved and the total number with whom they worked for each of four rows: “Male In-School Youth,” “Male Out-of-School Youth,” “Female In-School Youth,” and “Female Out-of-School Youth.”

Data Quality Assessments (DQA): DQAs 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: YOUTH HEALTH