

<p>STANDARD SECTOR INDICATOR CODE: HE-141-AB-PEPFAR</p> <p>PEPFAR CODE: P8.2.D</p>	<p>Individual or Small group Reached with Abstinence/Be Faithful HIV Prevention Interventions - number of target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence /or being faithful, and meet the minimum standards required</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: Behavioral Prevention Support 	
<p>Type: Output</p>	<p>Unit of Measure: Target Population</p>	<p>Disaggregation: Male, Female 10-14 years, 15-17 years, 18-24 years</p>

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

- The individuals must have received at least 1 hour of training on abstinence and be faithful that had clearly defined goals and objectives **and**
 - Was based on sound behavioral and social science theory
 - Was focused on reducing specific risk behaviors
 - Had activities that addressed the targeted risk behaviors
 - Employed instructionally sound teaching methods
 - Provided opportunities to practice relevant risk reduction skills
- 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 must be documented by the Volunteer or their partner

Definitions:

Primarily focused: the messages and content of the activities spend the *majority* of their time discussing; increasing individual and group’s self-risk assessments; building the skills; and other supportive behavioral, cognitive and social components to increase the AB behaviors.

Abstinence and/or being faithful: AB interventions can include programs, services, and messages which encourage sexual abstinence, delay of sexual debut and secondary abstinence, mutual fidelity, mutual knowledge of HIV status, and social and gender norms which promote mutual respect and open communication about sexuality. AB interventions can also include programs, services, and messages which discourage multiple and/or concurrent partnerships, cross-generational and transactional sex, sexual violence, stigma, and other harmful gender norms and practices. AB interventions targeting youth should support skills based sexuality and AIDS education as well as involve parents and guardians to improve communication with children and parenting skills.

Individual-level interventions (ILI): Interventions that are provided to one individual at a time (e.g., individual counseling. The intervention assists clients in making plans for individual behavior change and ongoing appraisals of their own behavior. Counseling associated with testing and counseling should not be counted here.

Small group level interventions (GLI): Interventions that are delivered in small group settings (less than 25 people) and that assist clients in making plans for behavior change and appraisals of their own behavior. Small group can include a family or couple.

Rationale: Individual and small-group level prevention interventions have been shown to be effective in reducing HIV transmission risk behaviors. Delivering these interventions with fidelity (including intended number of sessions) to the appropriate populations is an important component of comprehensive HIV prevention strategies.

Abstinence from sex is a way to prevent teen pregnancies, HIV and other STI infections.

MEASUREMENT TOOL CODE: TBD

Name of Measurement Tool: TBD

Measurement Notes:

This indicator is intended to capture programs targeting general populations. The numerator can be generated by counting the number of target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence /or being faithful, and meet the minimum standards required. The denominator is the total number of target population who participated in the group session (including those who did not stay for the entire session).

Baseline studies: are used as a tool for project monitoring and evaluation. Baseline data is collected before the intervention gets started. It is used for determining progress towards the objectives and indicators. It establishes a basis for comparing the situation before and after an intervention and for measuring the level and direction of change. Quantitative methods are ideal for comparing across similar interventions, across different regions, or before and after an intervention is carried out. They also form the basis for statistical analysis.

- **Quantitative information** collected should describe the situation and measure factors (knowledge, attitudes, demographics, practices, skills) that the objectives and indicators address. Program managers should aim to collect baseline data relevant to assessing their projects and interventions, and not overwhelm themselves with additional information. The data should accurately reflect the situation for the target population. Most projects will need to collect incidence and/or prevalence data related to the project area. **For example, for HIV prevention and sexual reproductive health**, the questionnaire may collect data on a number of different issues, including incidence and prevalence of HIV and other sexually transmitted diseases, social norms for sexual behavior, age at sexual debut, patterns of sexual behavior in the last 12 months, condom use, use of alcohol and drugs, self reported sexually transmitted infections (STIs), rates of male circumcision, knowledge and attitudes related to HIV and AIDS including stigma and discrimination, and coverage of HIV testing. The use of knowledge, attitudes and practices (KAP) surveys should be used to assess individual and community level norms. Also, it may be necessary to collect information on perceptions regarding accessibility and quality of services and to obtain information on infrastructure, commodities and protocols in place. Before beginning it is important to identify existing and available information sources, including surveys and service data that may be used for monitoring the project
- **Qualitative** approaches provide contextual information on the “why” and “how.” Qualitative information complements quantitative data. It is useful for understanding community level norms and attitudes including stigma and discrimination, and the barriers and challenges faced accessing services and support. Qualitative methods require more time and resources, the data is harder to analyze and compare and it sometimes considered less credible.

Frequency of Reporting: Data should be collected continuously at the organization level. Data should be aggregated in time for PEPFAR annual reporting cycles. In addition, USG country teams are encouraged to request periodic aggregation, i.e. quarterly, for the purposes of program management and review.

Reporting in the VRF: The numerator or “number achieving” column in the VRF is where Volunteers will report on - number of **unduplicated** target population reached with individual and/or small group level HIV prevention interventions that was primarily focused on abstinence /or being faithful. The denominator is the total number who participated in the

group including those who did not stay for the session.

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