

<p><b>STANDARD SECTOR INDICATOR CODE:</b> HE-145-PEPFAR <b>PEPFAR CODE:</b> P8.9.N</p>	<p><b>Never-married Youth Reporting They Never had Sexual Intercourse:</b> Number of never-married youth who report they have never had sexual intercourse.</p>	
<p><b>HEALTH SECTOR</b></p>	<p><b>Sector Schematic Alignment</b></p> <ul style="list-style-type: none"> <li>• <b>Project Area:</b> HIV Mitigation                             <ul style="list-style-type: none"> <li>• <b>Project Activity Area/Training Package:</b> HIV Prevention</li> </ul> </li> <li>• <b>Project Area:</b> Life Skills for Healthy Behaviors                             <ul style="list-style-type: none"> <li>• <b>Project Activity Area/Training Package:</b> Youth Sexual and Reproductive Health</li> </ul> </li> </ul>	
<p><b>Type:</b> Intermediate-term Outcome</p>	<p><b>Unit of Measure:</b> Youth</p>	<p><b>Disaggregation:</b></p> <p><b>Sex:</b> Male, Female <b>Age:</b> 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years</p>
<p><b>To be counted for this indicator the following criteria must be met:</b></p> <ul style="list-style-type: none"> <li>• The individual must have consistently participated in a in a PCV or partner group that encouraged the correct and consistent use of condoms for at least 3 months</li> <li>• The individual must report that they have never had sexual intercourse ( vaginal or anal intercourse)</li> </ul> <p><b>Definitions:</b></p> <p><b>Youth</b> is broadly defined as anyone in the range between 15 and 24. We recommend that Volunteers should report separately for children 15-17 years of age and adults 18-24 years of age.</p> <p>If youth are less than 15 and are participating in the prevention programs we recommend tracking age of first sexual debut; however those less than 15 should not be reported to PEPFAR.</p> <p><b>Abstinence</b> is defined as not engaging in any kind of sexual activity including intercourse which involves penetration of the vagina or anus by the penis. For the purpose of this indicator abstinence is defined as not having anal or vaginal penetrative sex.</p>		
<p><b>Rationale:</b> Consistent and correct use of condoms during vaginal, anal and oral sex has been shown to decrease the risk of unwanted pregnancy, HIV infection and other STIs. Condom use at last sexual encounter is used to inform on the progress towards consistent condom use.</p>		
<p><b>Measurement Notes:</b></p> <ol style="list-style-type: none"> <li>1. <b>Sample Tools and/or Possible Methods (for Peace Corps staff use):</b> 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 as well. For more information on the suggested methods, please see <a href="#">Appendix I in the MRE Toolkit</a>. Also be sure to check <a href="#">this link</a> on the intranet page as sample tools are regularly uploaded for post use. 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.</li> </ol>		

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 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 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:** Outputs do not measure any changes. However, a minimum expectation for any HIV prevention skill to be counted for this indicator is that an individual or group must attend training on HIV Prevention skills. This could include: behavioral approaches such as risk behaviors and risk reduction, biomedical approaches (condom use, adherence to treatment, VMMC), or structural approaches (availability of prevention services and social norms).
6. **General Reporting in the VRF:** This indicator is used to capture information from programs targeting never-married youth. The “number achieved” (or numerator) can be counted as never-married youth who report never having sex after working with the Volunteer/partner. The “total number” (or denominator) that Volunteers will report on for this indicator in their VRFs is the total number of individuals who participated in the activities designed to meet this indicator.
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:** Reduce HIV Transmission