STANDARD SECTOR INDICATOR CODE: HE-148 **PEPFAR CODE:** P11.1.D	**Individuals Mobilized to Seek HIV Testing, AND Got Tested, and Know Their Results -** Number of individuals who received Testing and Counseling (HTC) services for HIV and received their test results (HE-148)	
HEALTH SECTOR	**Sector Schematic Alignment** **Project Area:** HIV Mitigation **Project Activity Area/Training Package:** HIV Prevention **Project Area:** Maternal, Neonatal and Child Health **Project Activity Area/Training Package:** Maternal and Neonatal Care	
Type: Intermediate-term Outcome	**Unit of Measure**: Individuals	**Disaggregation**: **Sex:** Male, Female **Age:** 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years **Pregnancy Status:** Pregnant, Not Pregnant

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

- The individual must have participated in a group where the Volunteer encouraged individuals to get tested for HIV and to know their results
- The individual must have been tested for HIV in the past year (as a result of the work of the Volunteer or their partners)AND they must know their test results

Definitions:

Mobilize is defined as to organize, assemble, prepare and encourage individuals to act in a concerted way. In this case it is defined as to encourage pregnant women to get tested for HIV and know their results

HIV counseling is recommended for individuals who take a rapid HIV test. HIV counseling encompasses two components: provision of information and prevention counseling. Individuals should receive information about the rapid tests. Individuals should follow National guidance on informed consent policies for testing.

HIV testing is recommended for all sexually individuals who could be at risk of contracting HIV. HIV testing is also recommended for all women by the WHO. HIV testing allows individuals who test HIV negative to understand and maintain safe behavior to avoid future infection. Rapid HIV tests are commonly used for HIV screening of pregnant women. They are easy to use and do not require laboratory facilities or highly trained staff. Rapid tests use either a blood sample or oral fluids and can produce results within 20 minutes. All positive results must be followed up with a confirmatory test, the results of which can take from a few days to a few weeks.

Knowing a test result is defined as knowing if the HIV test result was positive or negative. If positive, or indeterminate, the individual would have had a confirmatory test, received the results of this test and understand what the results mean. All women testing positive for HIV during pregnancy should receive antiretroviral therapy to prevent mother to child transmission of HIV.

Rationale: HIV testing and knowing your status is one of the most effective interventions to reduce transmission of HIV from mother to child. People who are infected with HIV but not aware of it are not able to take advantage of the

therapies that can keep them healthy and extend their lives, nor do they have the knowledge to protect their sex partners or infants from becoming infected. Knowing whether one is positive or negative for HIV confers great benefits in healthy decision-making.

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 as well. For more information on the suggested methods, please see **Appendix I in the MRE Toolkit.** Also be sure to check **this link** 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.

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:** This indicator builds off of indicator **HE-146:** ***Number of HIV testing campaigns in the PCV community and HE-147: Number of target population reached with individual or small group level education on the importance of voluntary testing and counseling for HIV***. Therefore, baseline data collected in the form of program records for HE-146 and HE-147 would apply to this indicator.

   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 that an individual shows a positive measurable difference in regard to HIV testing: sought HIV testing, got tested, and know their results.

6. **General Reporting in the VRF**: This indicator is intended to capture programs targeting individuals who have been organized and encouraged to seek HIV testing, got tested, and know their results. The numerator can be generated by counting the number of individuals who were mobilized to seek HIV testing, got tested, and know their results. The denominator is generated by counting all individuals who received information about mobilization events by the Volunteer or their community partner with whom the Volunteer works.

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