

<b>STANDARD SECTOR INDICATOR CODE:</b> HE-155 <b>PEPFAR CODE:</b> NA	<b>Educated on the Prevention of Mother to Child Transmission of HIV:</b> Number of women reached with individual or small group level education on the prevention of mother to child transmission of HIV during pregnancy and breastfeeding.	
<b>HEALTH SECTOR</b>	<b>Sector Schematic Alignment</b> <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> </ul>	
<b>Type:</b> Output	<b>Unit of Measure:</b> Pregnant women	<b>Disaggregation:</b> <b>Sex:</b> Female <b>Age:</b> 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+

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

- Must have participated in 1 or more hours of training on HIV prevention and prevention of mother to child transmission of HIV during pregnancy and breastfeeding,
- 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 at educational session/s must be documented by the Volunteer or their partner.

**Definitions:**

**PMTCT** is defined as prevention of mother-to child transmission of HIV which can occur during pregnancy, labor and delivery, or breastfeeding.

**Rationale:** In many countries mother to child transmission of HIV has been virtually eliminated due to effective voluntary counseling and testing during pregnancy, access to antiretroviral therapy during pregnancy and breastfeeding, safe delivery practices, and the widespread availability and safe use of breast-milk substitutes. Without treatment, around 15-30 percent of babies born to HIV-infected women will become infected with HIV during pregnancy and delivery. A further 5-20 percent will become infected through breastfeeding.

**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:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators.
4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, every time the Volunteer holds a training event (or series of events)PMTCT, he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the 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 at least one (1) hour of 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. **Reporting in the VRF:** The numerator or “number achieved” column in the VRF is where Volunteers will report the number of pregnant women reached with individual or small group level education on prevention of mother to child transmission of HIV during pregnancy and breastfeeding. The denominator, or “total number” column in the VRF, is where the Volunteer will report all women who were in a woman’s group with whom the Volunteer worked.
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:** No LINK