

Monitoring, Evaluation, and Reporting (MER) Guidance (v.2.4): PREVENTION

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#### **Video Outline**

- 1) Section 1: Overview of the technical area and related indicators
- 2) Section 2: Indicator changes in MER 2.4
- 3) Section 3: Review of numerator, denominator, and disaggregations.
  - What is the programmatic justification and intention for the data being collected?
  - How are program managers expected to use this data to make decisions that will improve PEPFAR programming?
  - How does it all come together? How should the data be visualized (e.g., cascades)? How do these indicators relate to other MER indicators?
- 4) Section 4: Overview of guiding narrative questions
- 5) Section 5: Data quality considerations for reporting and analysis
- 6) Section 6: Additional Resources and Acknowledgments

Please note: FY19 DATIM data entry screens are currently in development. Additional training materials on data entry requirements are forthcoming.





## Section 1:

Overview of the technical area and related indicators





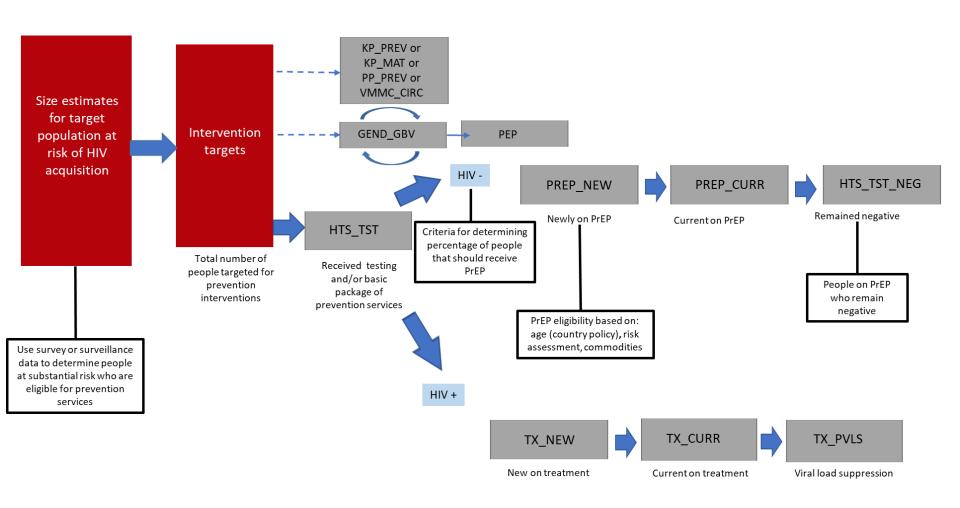
#### **Overview of General Prevention Indicators**

Indicator Code	Indicator Name	Reporting Frequency	Reporting Level
GEND_GBV	Number of people receiving post-gender based violence (GBV) clinical care based on the minimum package	Annual	Facility & Community
PP_PREV	Number of priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake	Semi- Annually	Facility & Community
PrEP_NEW	Number of individuals who have been newly enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period	Semi- Annually	Facility
PrEP_CURR	Number of individuals, inclusive of those newly enrolled, that received oral antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV during the reporting period	Semi- Annually	Facility





## Relationship between Indicators

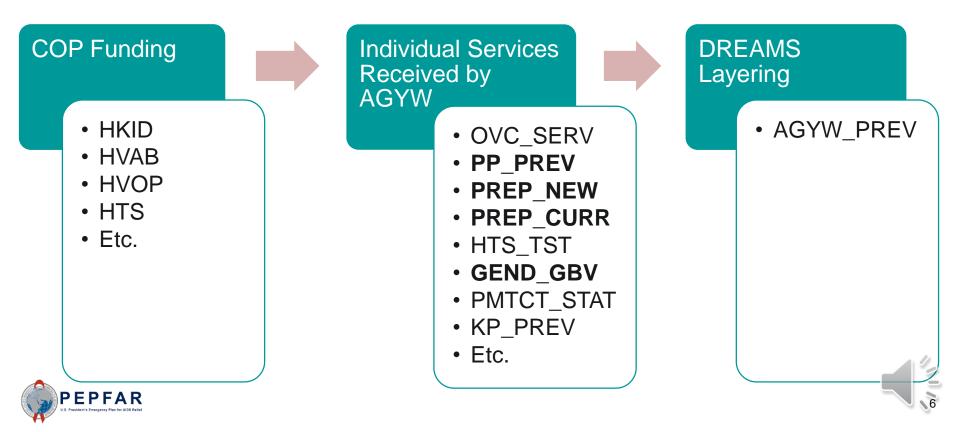






## Relationship with AGYW\_PREV

- AGYW\_PREV tracks layering of DREAMS services/interventions across budget codes and indicators
- Complementary to other MER indicators that track receipt of individual services



## Section 2: Indicator changes in MER 2.4





## What's Changed?

Indicator	Change	Programmatic Rationale for Change
GEND_GBV	No changes	N/A
PP_PREV	Clarification that conducting HIV risk assessments meets the required HTS component for PP_PREV.  New disaggregate added to the "Testing Services" disaggregate group for "Test not required based on risk assessment" for those priority populations not eligible for HTS based on HTS screening.	For example, if there is a ten-year-old girl enrolled in DREAMS, we would anticipate that she would not need to be tested for HIV if a risk assessment determines that she is not sexually active, and she does not have any additional risk factors for HIV.
	Change in language regarding linking client to PP-friendly AND youth friendly HIV testing services	Emphasizing the importance of providing youth- friendly services will ensure that these types of services will continue to improve
	Addition of examples of relevant youth- friendly prevention and clinical services	Examples of what qualifies as youth-friendly services will help ensure appropriate services are being tracked and counted
	Children aged 9-14 who are receiving an approved primary prevention of HIV and sexual violence intervention should be reported under OVC_SERV and not PP_PREV.	Prevention of HIV and sexual violence are important services that fit under the core benchmarks of the OVC program.



## What's Changed?

Indicator	Change	Programmatic Rationale for Change
PrEP_NEW	No changes	N/A
PrEP_CURR	Clarification in guidance that patients who quit taking PrEP during the reporting period should still be counted under PrEP_CURR	Need to clarify the definition of who is to be included as currently on PrEP in the reporting period. Unlike HIV treatment, a client does not have to remain on PrEP for the duration of their life. Use of PrEP may cease once an individual is no longer at risk for HIV.





Section 3: Review of numerator, denominator, and disaggregations





#### PP\_PREV

Indicator Definition: Number of priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake

Numerator: Number of the priority populations reached with standardized HIV

prevention intervention(s) that are evidence-based

**Denominator:** N/A

**How often to report:** Semi-annual

#### **Disaggregations:**

- Age/Sex [REQUIRED]: 10-14 M/F, 15-19 M/F, 20-24 M/F, 25-29 M/F, 30-34 M/F, 35-39 M/F, 40-44 M/F, 45-49 M/F, 50+ M/F, Unknown Age M/F
- **Testing Services [OPTIONAL]:** Known positive, Newly tested and/or referred for testing, Declined testing and/or referral, Test not required based on risk assessment
- **Priority population type [OPTIONAL]:** Clients of sex workers, Displaced persons (e.g., refugees), Fishing communities, Military and other uniformed services, Mobile Populations (e.g., migrant workers, truck drivers), Non-injecting drug users, Other Priority Population Type (To be described in the narrative)





## Definitions of Disaggregates: PP\_PREV

- PP\_PREV testing Services Disaggregate Definition:
  - **Known Positive:** Persons within each key population type for whom HIV testing is not indicated because they are known to be HIV-positive.
  - Newly Tested and/or Referred for Testing: Persons within each key population type for whom HIV testing is indicated because they do not know their HIV status or their last HIV-negative test was more than 3-6 months ago (or more/less frequently as indicated by National Guidelines) should either be offered an HIV test on site or given information about where and when they can access an HIV test at another nearby clinic.
  - **Declined Testing and/or Referral:** Persons who, after explaining the benefits of HIV testing and the reason for testing every 3-6 months (or more/less frequently as indicated by National Guidelines), decline to be tested on-site or referred to a site where HIV testing is offered.
  - Test not required based on risk assessment: Persons who, based on screening or a risk assessment, do not require a test for HIV during the reporting period.





#### **GEND\_GBV**

Indicator Definition: Number of people receiving post-gender based violence (GBV) clinical care based on the minimum package

**Numerator:** Number of people receiving post-gender based violence (GBV)

clinical care based on the minimum package

**Denominator:** N/A

**How often to report:** Annual

**Disaggregations:** (for numerator only)

- Violence Service Type/Age/Sex [REQUIRED]:
  - Sexual Violence by: <10 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M</li>
  - Physical and/or Emotional Violence by: <10 F/M, 10-14 F/M, 15-19 F/M, 20-24 F/M, 25-29 F/M, 30-34 F/M, 35-39 F/M, 40-44 F/M, 45-49 F/M, 50+ F/M, Unknown Age F/M</li>
- Receiving PEP/Age/Sex [REQUIRED]: <10 M/F, 10-14 M/F, 15-19 M/F, 20-24 M/F, 25-29 M/F, 30-34 M/F, 35-39 M/F, 40-44 M/F, 45-49 M/F, 50+ M/F, Unknown Age M/F</li>





## **GEND\_GBV: Minimum package requirements**

Post-rape care minimum package	Physical and/or emotional violence minimum package
Provision of clinical services	Provision of clinical services
Rapid HIV testing with referral to care and treatment	Rapid HIV testing with referral to care and treatment
Post-exposure prophylaxis (PEP)	
STI screening/testing and treatment	STI screening/testing and treatment
Emergency contraception	
Counseling	Counseling





# Definitions of Disaggregates: GEND\_GBV Violence Service Type/Age/Sex

Count individual under GEND\_GBV

 The individual received the minimum package of services for post-GBV care

 Individuals should not be counted in both sexual violence and emotional/physical violence

Count under Sexual Violence disagg

- The individual reported sexual violence only OR
- The individual reported sexual violence AND physical and/or emotional violence

Count under Physical and/or Emotional Violence disagg

 The individual reported physical and/or emotional violence only





#### Prep\_New

Indicator Definition: Number of individuals who have been newly enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period

Numerator: Number of individuals who have received (oral) antiretroviral pre-

exposure prophylaxis (PrEP) to prevent HIV infection

**Denominator:** N/A

How often to report: Semi-annual

**Disaggregations:** (for numerator only)

- Age/Sex [REQUIRED] 15-19 M, 15-19 F, 20-24 M, 20-24 F, 25-29 M, 25-29 F, 30-34 M, 30-34 F, 35-39 M, 35-39 F, 40-44 M, 40-44 F, 45-49 M, 45-49 F, 50+ M, 50+ F, Unknown Age M, Unknown Age F
- Key Population Type [REQUIRED]: MSM, TG, FSW, PWID, People in prisons and other closed settings





#### PrEP\_CURR

Indicator Definition: Number of individuals, inclusive of those newly enrolled, receiving antiretroviral pre-exposure prophylaxis (PrEP) during the reporting period.

Numerator: Number of individuals receiving (oral) PrEP during the reporting

period

**Denominator:** N/A

How often to report: Semi-annual

**Disaggregations:** (for numerator only)

- Age/Sex [REQUIRED] 15-19 M, 15-19 F, 20-24 M, 20-24 F, 25-29 M, 25-29 F, 30-34 M, 30-34 F, 35-39 M, 35-39 F, 40-44 M, 40-44 F, 45-49 M, 45-49 F, 50+ M, 50+ F, Unknown Age M, Unknown Age F
- Three month test results [REQUIRED]: Positive, Negative, Less than three months since PrEP initiation
- Key Population Type [REQUIRED]: MSM, TG, FSW, PWID, People in prisons and other closed settings



#### Definitions of Disaggregates: PrEP\_CURR

- Three-Month Test is defined as the HIV testing result for those individuals that have returned for their three-month follow-up PrEP visit. There is also an option for those individuals who were initiated on PrEP less than three months.
  - Positive/Negative/Less than three months since PrEP initiation
- KP disaggregate: KP Status can change therefore KP status must be confirmed at each follow-up visit





#### **How to Count PrEP\_CURR**

- How to Calculate Annual Totals: Snapshot indicator. Use the results reported at Q4. Results are cumulative at each reporting period and should include anyone who received PrEP at ANY TIME during the reporting period. At Q2: report the number of unique individuals that received PrEP in Q1 and Q2. At Q4: report the number of unique individuals that received PrEP in at any point within the fiscal year (i.e., Q1, Q2, Q3, and Q4).
- Key considerations for reporting (FAQs):
  - An individual newly initiating on PrEP will be counted under both PREP\_NEW and PREP\_CURR during the reporting period.
  - If an individual tests positive at his or her three-month PrEP follow-up appointment and is then initiated on PEPFAR-supported treatment in the same reporting period, that individual could be counted as PREP\_CURR and TX\_NEW within that reporting period. They would not be counted under PREP\_CURR in subsequent reporting periods.

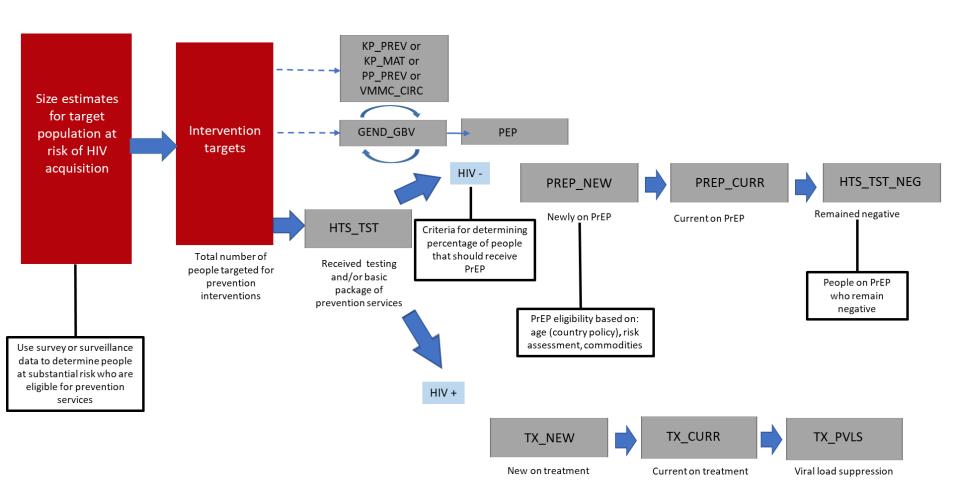




#### Example: How to Count PrEP\_CURR

Reporting Date of service Indicator counted under received Period 1. Individual February PrEP NEW at Q2 begins PrEP FY20Q **PrEP CURR** at Q2 2 2. Individual receives follow-up test PrEP\_CURR (3 month May FY20Q within 3 test disagg- Positive) 4 TX\_NEW at Q4 months, tests **POSITIVE** TX\_CURR at Q4 and begins treatment 3. Individual TX CURR at Q2 FY21Q October (Individual will no currently on 2 longer be counted treatment under PrEP\_CURR)

## Relationship between Indicators







# Prevention Data in Panorama: Prevention Dossier

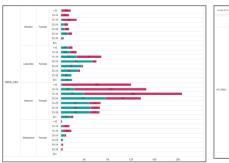
#### New at FY19 Q4

#### Chapters include:

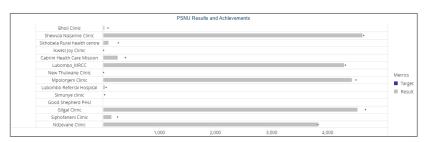
- 1. All Prevention:
  GEND\_GBV, KP\_PREV,
  PP\_PREV, PrEP\_CURR,
  PrEP\_NEW, VMMC\_CIRC
- 2. Gender: GEND\_GBV
- 3. PrEP: PrEP\_CURR, PrEP\_NEW
- 4. VMMC: VMMC\_CIRC
- 5. Narratives: IM level















Section 4:

Overview of guiding narrative questions





#### **Guiding Narrative Questions: PP\_PREV**

- 1. Please help us understand what is being tracked or counted under PP\_PREV:
  - a) Describe the types of activities or interventions that are being provided to beneficiaries.
  - b) If a specific evidence-based intervention or curriculum is being implemented, please provide the name.
  - c) Specify the priority populations counted under PP\_PREV and if priority populations are either receiving the intervention themselves or indirectly benefiting from intervention, based on other beneficiaries' receipt or access to the intervention.
- 2. PP\_PREV requires that "HIV testing services (HTS) or referring an individual to HTS (at least once during the reporting period) unless the individual self-identifies as HIV positive.
  - a) Are you tracking the number of HTS referrals generated through PP\_PREV activities? If so, please provide the number.
  - b) If you are not tracking the HTS referrals, please state so and provide an approximation.
- 3. If PP\_PREV increased or decreased by >25% since the last reporting period, please explain the reasons (e.g., budget changes, changes to how curriculum-based interventions are tracked, activities included in PP\_PREV that were previously counted elsewhere, etc.).





#### **Guiding Narrative Questions: GEND\_GBV**

- 1. How are GBV cases identified in the community and/or at the facility? If cases are identified at the community, how are they referred to a facility for post-GBV clinical care?
- 2. Of those coming in for services who are screened and disclose sexual violence, what proportion receive PEP? What proportion of those who disclose sexual violence refuse PEP?
- 3. Is site level data on the type of violence disclosed collected? If so, please provide available data in the narratives on the proportion that disclose physical and/or emotional violence, and of those choose to receive services.
- 4. What proportion of clients experienced both sexual and physical/emotional violence?
  - a. Note: If clients experience both sexual and physical/emotional violence, they should only be counted under sexual violence to ensure that there is no duplication.

#### **Guiding Narrative Questions: PrEP\_NEW**

- Roughly what proportion of those offered PrEP at the site agrees to start PrEP?
- 2. Of those initiating PrEP, how many are estimated to continue at one and three months?
- 3. What strategy is used to determine PrEP eligibility at the site:
  - Screening tool?
  - All clients considered at risk and eligible?
  - Client request?





#### **Guiding Narrative Questions: PrEP\_CURR**

- 1. What support does PEPFAR provide at this site in terms of staffing, commodities and laboratory services?
- 2. How are you tracking and/or finding individuals who have discontinued PrEP?
- 3. What reasons are individuals citing for discontinuing their use of PrEP?





Section 5:
Data quality
considerations for
reporting and
analysis





## Data quality considerations for reporting and analysis

#### Dimensions of data quality

- Validity: the degree to which the data measure what they are intended to measure
- Accuracy: the percentage of data fields containing correct data
- Availability: ability of the system to report the data, including availability of registers to validate reported data and percentage of facilities submitting monitoring reports
- Completeness: the proportion of data fields that are complete (not missing data)
- **Timeliness:** the proportion of reports submitted on time.

#### PP PREV

- Individuals should only be reported once even if they've received multiple services in the period
- Numerator ≥ Optional PP disaggs for the same reporting period
- Count 9 year olds in the "Unknown age" category and specify this in the narrative

#### **GEND\_GBV**

- Total sexual violence numerator ≥ PEP Age/Sex disaggs for the same reporting period PrEP\_NEW
- Numerator ≥ KP disaggs for the same reporting period

#### PrEP\_NEW

Numerator ≥ KP disaggs for the same reporting period

#### PrEP CURR

Numerator ≥ PREP\_NEW numerator for the same reporting period (quarter)





Section 6:
Additional
Resources and
Acknowledgments





## Acknowledgments

Kimi Sato, Peace Corps







# Thank you

