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

Key Populations

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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

Section 1:

Overview of the technical area and related indicators

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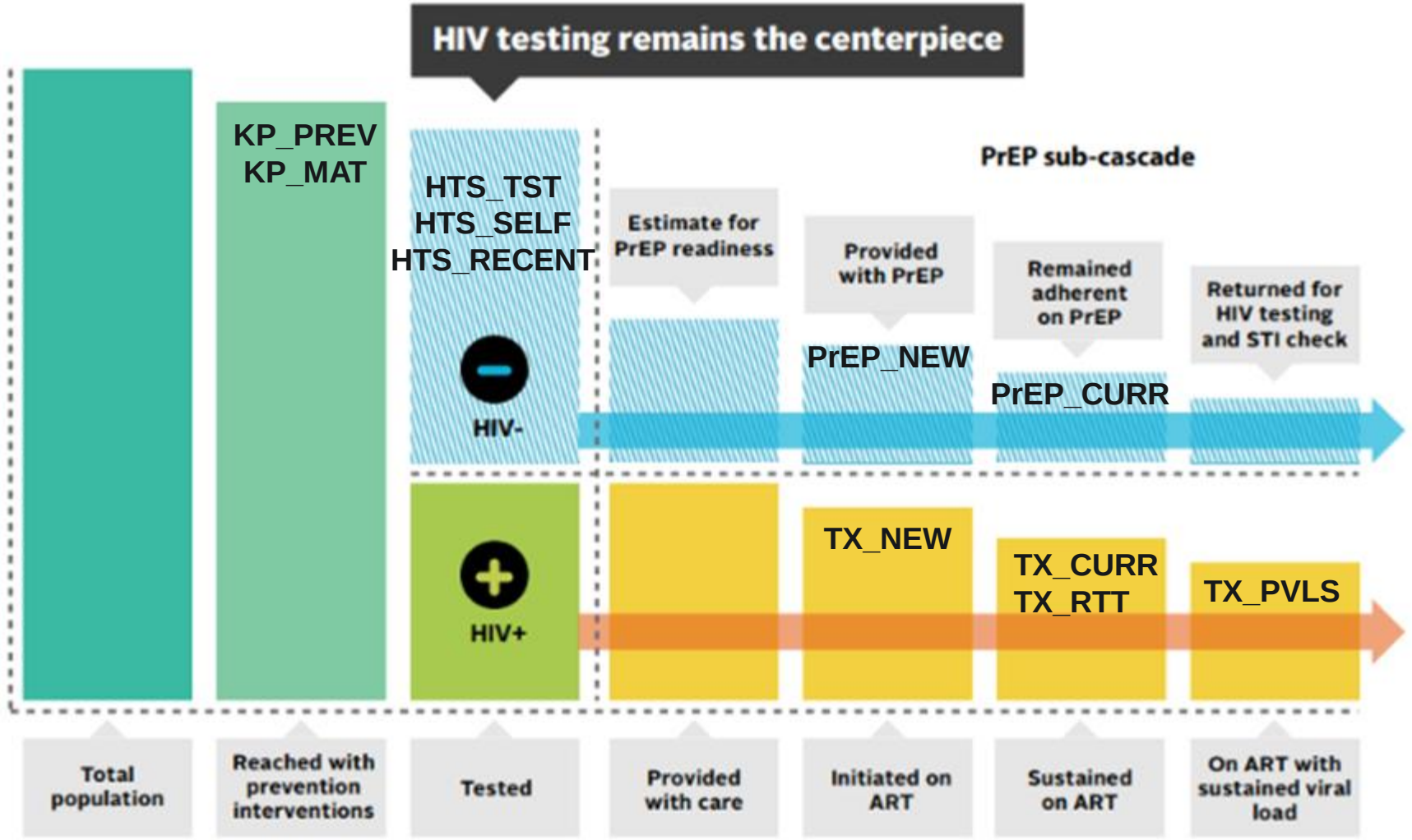
Overview of KP Indicators

Program Area Group	Indicator Code	Indicator Name	Reporting Frequency	Reporting Level
Prevention	**KP_PREV**	Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population	Semi-annual	Facility and Community
Prevention	**KP_MAT**	Number of people who inject drugs (PWID) on medication-assisted therapy (MAT); (PEPFAR-supported number)	Annual	Facility
Prevention	**KP_MAT_NAT**	Number of people who inject drugs (PWID) on medication-assisted therapy (MAT); (National number)	Annual	Host Country

Overview of Indicators with KP Disaggregates

Program Area Group	Indicator Code	Indicator Name	Reporting Frequency	Reporting Level
Prevention	**PrEP_NEW**	Number of individuals who have been newly enrolled on (oral) antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection in the reporting period.	Semi-annual	Facility
Prevention	**PrEP_CURR**	Total number of individuals, inclusive of those newly enrolled, receiving (oral) antiretroviral pre-exposure prophylaxis (PrEP) during the reporting period.	Semi-annual	Facility
Testing	**HTS_TST**	Number of individuals who received HIV Testing Services (HTS) and received their test results, disaggregated by HIV result	Quarterly	Facility and Community
Testing	**HTS_SELF**	Number of individual HIV self-test kits distributed	Quarterly	Facility and Community
Testing	**HTS_RECENT**	Number of newly diagnosed HIV-positive persons who received a test for recent infection with a documented result	Quarterly	Facility and Community
Treatment	**TX_NEW**	Number of adults and children newly enrolled on antiretroviral therapy (ART)	Quarterly	Facility
Treatment	**TX_RTT**	Number of ART patients with no clinical contact or ARV pick-up for greater than 28 days since their last expected contact who restarted ARVs within the reporting period	Quarterly	Facility
Treatment	**TX_CURR**	Number of adults and children currently receiving antiretroviral therapy (ART)	Quarterly	Facility
Treatment	**TX_PVLS**	Percentage of ART patients with a suppressed viral load (VL) result (<1000 copies/ml) documented in the medical or laboratory records/laboratory information systems (LIS) within the past 12 months	Quarterly	Facility

Key Populations Cascade



Section 2:

Indicator changes in MER 2.4

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What's Changed?

Change	Programmatic Rationale for Change
1. KP disaggregations have changed from optional to required for all indicators (with the following caveats described on the next slide)	These disaggregates are critically important to measure the success of KP programming and to inform needed changes to strengthen PEPFAR programming.
2. HTS_RECENT KP disaggregations updated to: • RTRI* recent/long-term by people who inject drugs (PWID), men who have sex with men (MSM), transgender people (TG), female sex workers (FSW), people in prison and other closed settings • Confirmed recent/long-term by people who inject drugs (PWID), men who have sex with men (MSM), transgender people (TG), female sex workers (FSW), people in prison and other closed settings *RTRI= Rapid test for recent HIV infection	Improved tracking of recency and confirmed infections among key populations.
3. KP disaggregations added to TX_CURR, TX_PVLS, TX_RTT	These disaggregates will facilitate monitoring of the KP cascade through retention on treatment and viral load suppression

What's Changed?

KP disaggregations have changed from optional to required for all indicators. **However, non-reporting may be warranted if reporting of KP disaggregates would result in valid safety or confidentiality concerns to patients or sites that CANNOT be prevented through anonymization of site names at HQ.**

For example:

- Source health information systems (paper or electronic) used to record KP status can or have been accessed at the site level by law enforcement in a country where KP criminalization is actively enforced

- Past history or documented threat of KP facility information and/or personal identifiable information, becoming publicized such as through tabloid newspapers or the internet, for example from bad actors with access to the source data, and an environment to reasonably expect that publicizing the information could lead to attacks, arrests, violence, extreme stigma against sites/staff/patients

Country teams should document instances of non-reporting as well as these concerns in the indicator narratives.

What's Changed?

Invalid reasons for not reporting KP disaggregates:

If partner receives PEPFAR funds but does not currently have the patient information systems to easily track KP status, and/or partner does not currently have the expertise to interview for risk elicitation during intake.

In such cases, the partner should work with USG to:

1) Develop an evidence-based methodology to either record key population status of patients referred from known KP partners (such as community-based or civil society organizations serving a specific group), and establish the skills and environment to be able to interview new patients about KP classification in an effective and non-stigmatizing way. This fits nicely with the major PEPFAR program shift toward index testing and contact elicitation, which requires training in similar types of interviewing skills.

2) Develop a secure and private storage system for that information, even if it needs to be secured separately or in parallel to existing filing systems.

3) Report that information at the site-aggregated level in the MER.

What's Changed?

Invalid reasons for not reporting KP disaggregates:

(cont'd)

Facilities supported by PEPFAR-employed staff (clinical or non-clinical) who are deemed potentially stigmatizing toward Key Populations, and patient interviewing for risk elicitation could subject patients to stigma and discrimination.

If so, the partner should work immediately to:

1) Provide stigma and discrimination trainings to all health workers supported by PEPFAR

2) Establish evidence-based stigma and discrimination interventions at PEPFAR facilities such as patient right to care policies and patient redress systems

3) Consider withdrawing PEPFAR funding from this facility/site if they are unable to provide services to PLHIV and key populations free of stigma and discrimination

Section 3:

Review of numerator, denominator, and disaggregations

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KP_PREV

- Indicator Definition: Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population

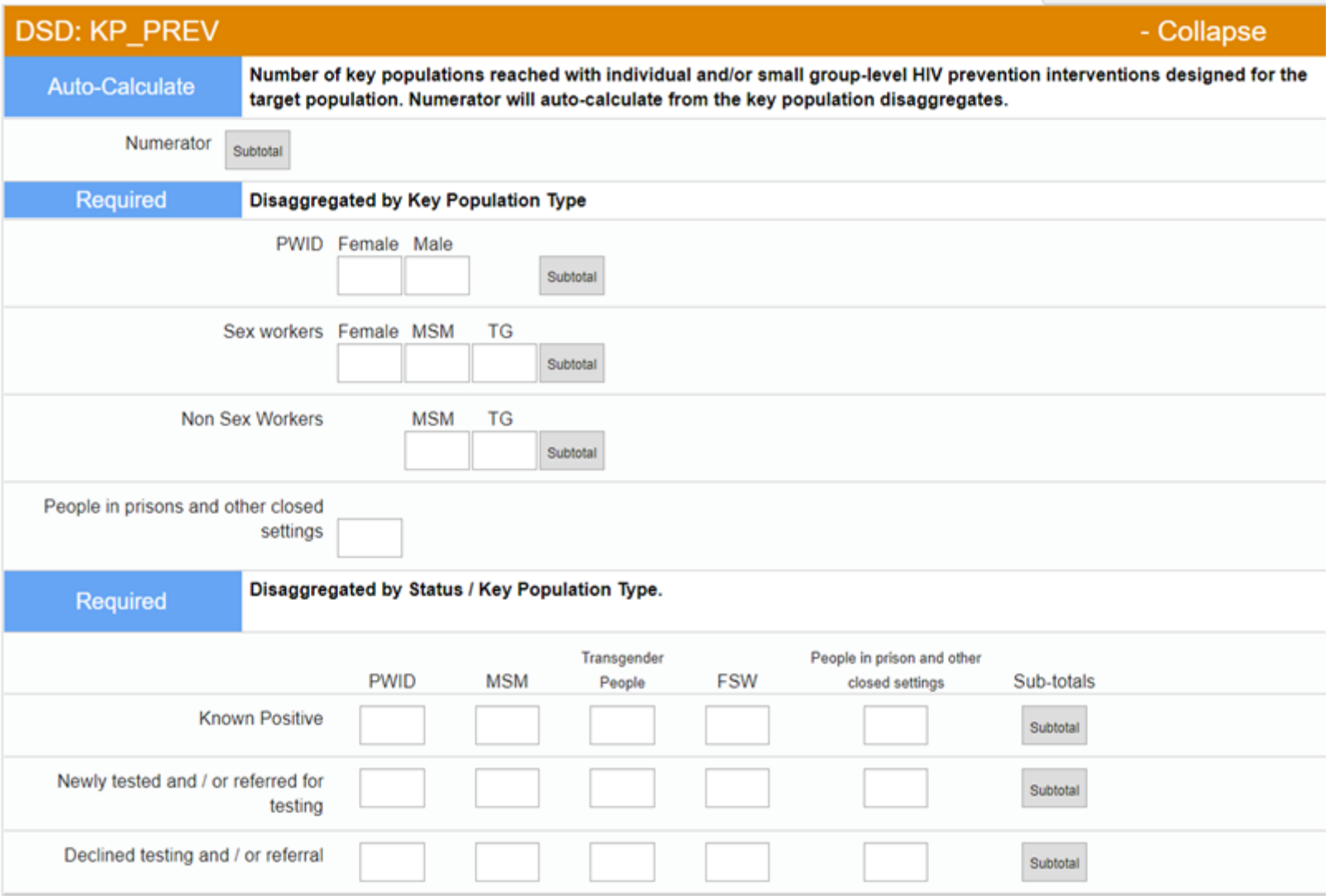
Numerator (required):	Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population
Denominator:	N/A

Required Disaggregations:

KP Type: MSM who are SW; MSM who are not SW; TG who are SW; TG who are not SW; Female SW; PWID male; PWID female; People in prisons and other closed settings

Testing Services: KP known positive; KP was newly tested and/or referred for testing; KP declined testing and/or referral

Data Entry Screen: KP_PREV



Example: How to Count KP_PREV

- Data Source(s): IP CSO or NGO data. Subnational KP estimates in the IMPATT can be used as the denominator.
- How to Calculate Annual Totals: By summing Q2 and (de-duplicated) Q4 results for the fiscal year.
- Key considerations for reporting (FAQs):
  - Should individuals be de-duplicated in Q4 reporting if s/he had already been reached and reported in Q2?
    - Yes. If someone has been counted in Q2 but was reached again in Q3-Q4, they should be taken out of reporting in Q4.
  - What if an individual falls into more than one KP disaggregation category?
    - The individual should only be reported in ONE KP disaggregation category with which this person is most identified. Best practice is to ask the beneficiary/client to indicate the group with which they most identify.

Example: How to Count KP_PREV (cont'd)

- Key considerations for reporting (FAQs) (cont'd):
  - What if the KP reached does not want to disclose their HIV status for testing service disaggregation, and does not want an HIV test? Which category should they be counted under?
    - Count this as "declined testing and/or referral"

  - What if the individual has already been tested within the window of local country guidelines (e.g. within the last 3 months, within the last 6 months) and an additional test is not recommended at the time of outreach? Which category should the individual be counted under? If an individual was previously tested within the window of local country guidelines and an additional test is not recommended, consider:
    - If that previous test was supported by PEPFAR outreach and performed during the same fiscal year, that individual should not be reported under KP_PREV anyway, as individuals must be de-duplicated.

    - If the previous test was not supported by PEPFAR OR if the previous test was supported by PEPFAR but occurred during the prior fiscal year, the outreach can be counted as KP_PREV, but the testing disaggregation can be marked as "declined."

KP_PREV

For each indicator, describe the programmatic justification and intention for the data being collected:
This indicator will help determine the total reach of key populations in a specific catchment area and may help understand the relative saturation (coverage) of PEPFAR-supported KP prevention programs when subnational KP estimates from IMPATT are used as the denominator.

Describe how program managers are expected to use this data to make decisions that will improve PEPFAR programming:
This data will help enable program managers and CSOs to determine the extent of their reach in prevention services for each KP within a defined geographic area. When used in conjunction with KP disaggregated testing data (HTS and HTS_POS) if the continuum of services along the cascade is provided by (and reported to) PEPFAR, it can help determine the extent of linkage and provision of testing services in these populations among those reached.

KP_MAT

- Indicator Definition: Number of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least 6 months within the reporting period

Numerator (required):	Number of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least 6 months
Denominator:	N/A

Required Disaggregations:
Sex: Male, Female

Data Entry Screen: KP_MAT

DSD: KP_MAT	- Collapse
Auto-Calculate	**Number of people who inject drugs (PWID) who are receiving medication assisted therapy (MAT). Numerator will auto-calculate from the sex disaggregates.**
Numerator	Subtotal
Required	**Disaggregated by Sex**
Female	
Male	

KP_MAT_NAT

- Indicator Definition: Percentage of people who inject drugs (PWID) on medication-assisted therapy (MAT) for at least 6 months within the reporting period

Numerator (required): Number of people who inject drugs (PWID) on medication-assisted therapy (MAT)

Denominator: Estimated number of PWID (if available; not collected in DATIM)

Required Disaggregations:
Sex: Male, Female

Data Entry Screen: KP_MAT_NAT

KP_MAT_NAT	- Collapse
Required	**Number of people who inject drugs (PWID) on medication assisted therapy (MAT) for at least 6 months**
Numerator	
Required	**Disaggregated by Sex**
Female	
Male	
Sub-total	Subtotal

Example: How to Count KP_MAT and KP_MAT_NAT

- Data Source(s): IP program data, MAT registers, patient level data (KP_MAT); host country systems, entered in DATIM by USG country teams (KP_MAT_NAT). KP_MAT_NAT denominator is not collected as part of an indicator.
- How to Calculate Annual Totals: These are annual indicators. Use annual result reported at Q4.
- Key considerations for reporting (FAQs):
  - What if an individual was on MAT for a majority of the reporting period but then was lost to follow up when reporting period comes around? Do we count them?
    - Count all individuals who have completed at least 6 months of treatment even if they drop-out, die, or are otherwise lost to follow-up, as long as they completed the minimum of 6 months treatment during the reporting period. Do not count individuals who initiate treatment too late in the reporting period to be able to reach a minimum of 6 months.

KP_MAT and KP_MAT_NAT

For each indicator, describe the programmatic justification and intention for the data being collected:

- This indicator provides information on the total number of individuals who have been on treatment for at least 6 months since initiation of medication-assisted treatment (e.g., methadone, buprenorphine, or buprenorphine/naloxone to treat drug dependency) at any point in time within the reporting period.

Describe how program managers are expected to use this data to make decisions that will improve PEPFAR programming:

- When proper and sufficient dosage is administered, medication-assisted therapy (MAT) is highly effective in reducing opioid use, reducing injecting behaviors that put opioid dependent people at risk for HIV and improving retention for those who are on ART. When trend data are analyzed, it can help program managers and clinical staff to assess the changes in the number of individuals who are on MAT over time. It can also help estimate MAT coverage rate when triangulated with population size estimations and biobehavioral surveys. KP_MAT_NAT can help PEPFAR measure its results in relation to the national response.

Key Populations Disaggregates

The following disaggregates*…

- Female sex workers - FSW
- Men who have sex with men - MSM
- People in prisons and other closed settings
- People who inject drugs - PWID
- Transgender people – TG

… are reported for the following indicators:

- PrEP_NEW
- PrEP_CURR
- HTS_TST
- HTS_SELF
- HST_RECENT
- TX_NEW
- TX_CURR
- TX_RTT
- TX_PVLS (N) and TX_PVLS (D)

*see KP classification tool in MER Guidance (Appendix 1 in MER 2.0 v2.4)

Data Entry Screen: KP Disaggregate Example

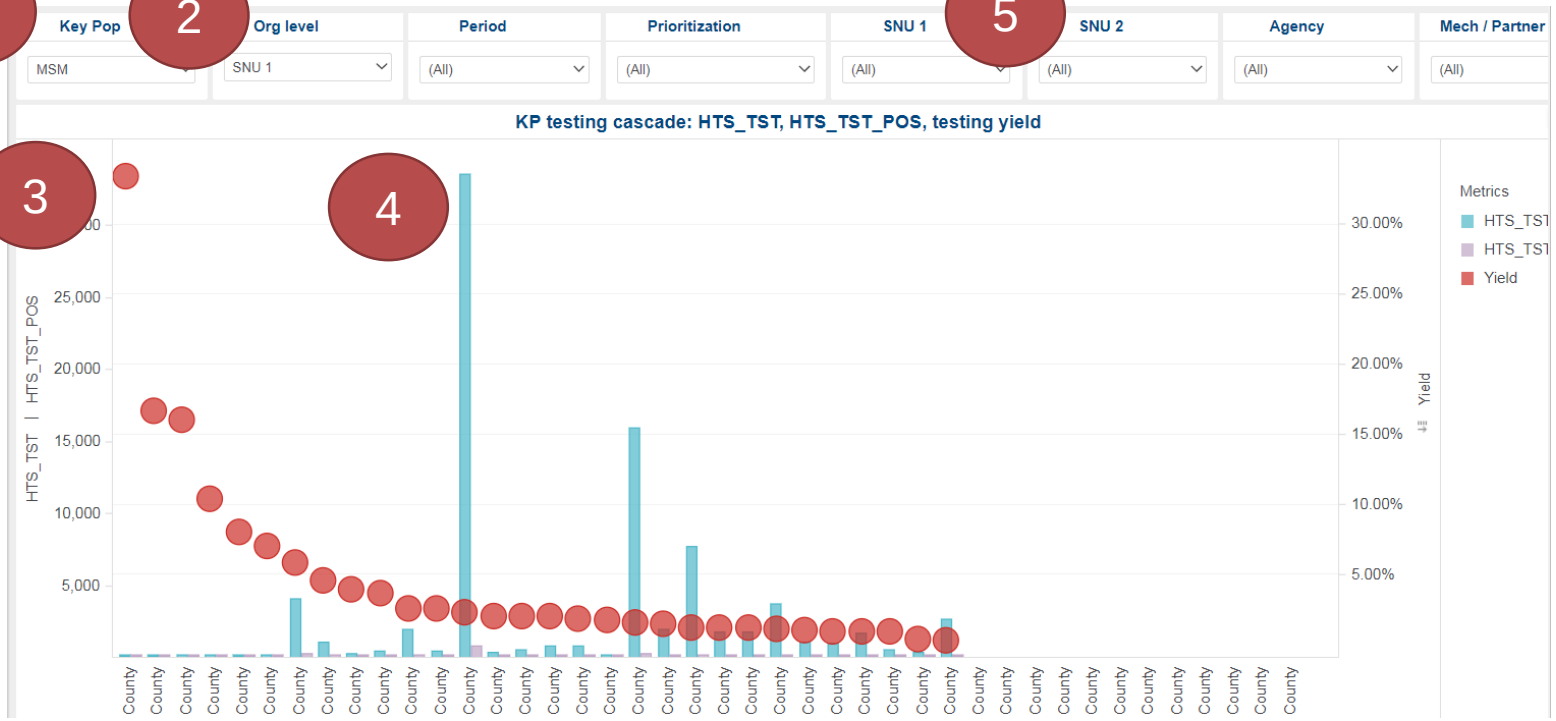
DSD: HTS_TST (Facility)			- Collapse
Auto-Calculate	**Number of individuals who received HIV Testing Services (HTS) and received their test results.**		
Numerator	Subtotal		
Positive	Subtotal		
Required	**Disaggregated by key population type / Result:** THIS IS NOT A MODALITY. Data should always be entered at modality type, and additionally for the key population disaggregate, if applicable.		
Category	Positive	Negative	Sub-total
PWID			Subtotal
MSM			Subtotal
Transgender People			Subtotal
FSW			Subtotal
People in prison and other closed settings			Subtotal

KP Disaggregate Availability by Indicator and Time Period

Indicator	FY17	FY18	FY19	FY20
	OPTIONAL			REQUIRED
PrEP_NEW	FSW, MSM, TG	FSW, MSM, TG	FSW, MSM, PPCS, PWID, TG	FSW, MSM, PPCS, PWID, TG
PrEP_CURR	-	-	FSW, MSM, PPCS, PWID, TG	FSW, MSM, PPCS, PWID, TG
HTS_TST	Positive/Negative by FSW, MSM, PPCS, PWID, TG	Positive/Negative by FSW, MSM, PPCS, PWID, TG	Positive/Negative by FSW, MSM, PPCS, PWID, TG	Positive/Negative by FSW, MSM, PPCS, PWID, TG
HTS_SELF	-	Directly assisted/ Unassisted by FSW, MSM, PPCS, PWID, TG	Directly assisted/Unassisted by FSW, MSM, PPCS, PWID, TG	Directly assisted/Unassisted by FSW, MSM, PPCS, PWID, TG
HTS_RECENT	-	-	FSW, MSM, PPCS, PWID, TG	RTRI recent/long-term by FSW, MSM, PPCS, PWID, TG Confirmed recent/long-term by FSW, MSM, PPCS, PWID, TG
TX_NEW	FSW, MSM, PPCS, PWID, TG	FSW, MSM, PPCS, PWID, TG	FSW, MSM, PPCS, PWID, TG	FSW, MSM, PPCS, PWID, TG
TX_CURR				FSW, MSM, PPCS, PWID, TG
TX_RTT	-	-	-	FSW, MSM, PPCS, PWID, TG
TX_PVLS				Routine/targeted by FSW, MSM, PPCS, PWID, TG

Bringing it all together visually

Clinical Cascade Single OU dossier: KP section



1) Select the KP group of interest
2) Start at SNU 1
3) Find the SNU 1 with the highest yield
4) Find the SNU 1 with the highest testing volume
5) Refine further to find the SNU2 or Partner with the high KP volume and yield

OU and SNU1 names redacted

Source: pepfar-panorama.org; Clinical Cascade, Single OU dossier, KP section

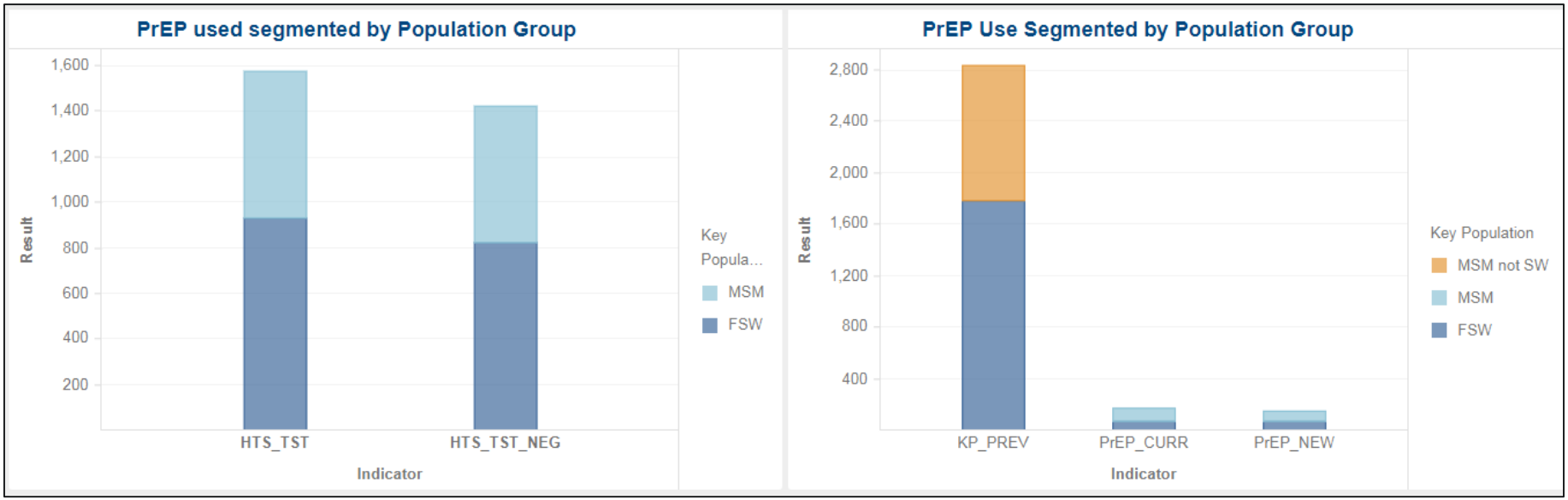
Bringing it all together visually

Additional Clinical Cascade dossier with KP visuals:

- All OU
- Site

Bringing it all together visually

PrEP Dossier



1) How many MSM and FSW have been identified as HIV negative in the area of interest (e.g. OU, SNU1, etc)?
2) How many have been reached with KP prevention services?
3) How many have been newly enrolled on PrEP and are currently still receiving PrEP? Note that eligibility for current on PrEP may change over time.

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Source: pepfar-panorama.org; PrEP Dossier

Section 4:

Overview of guiding narrative questions

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Guiding Narrative Questions by Indicator (KP_PREV)

1. Did the IMs de-duplicate all returning beneficiaries in Q3-Q4 who have already been counted in Q1-Q2 of this fiscal year? If not, why not?

2. Are there mechanisms in place (i.e. unique identifier) with which IMs can de-duplicate multiple outreach encounters within a fiscal year? What are these mechanisms? If mechanisms are not in place, how does the IM report individuals and not encounters within the fiscal year?

3. Do the testing service disaggregations equal the total number of KP_PREV reported? If not, why not?

4. What were the barriers in collecting testing service disaggregations for this indicator?

Guiding Narrative Questions by Indicator (KP_MAT & KP_MAT_NAT)

KP_MAT

1. Were the individuals who initiated MAT too late in this reporting period (at least 6 months prior) excluded from the results?

KP_MAT_NAT

1. Narratives should include information on how national and subnational totals have been derived for results.

2. Narratives should discuss the national policy environment and future plans for MAT at the national level.

Section 5:

Data quality considerations for reporting and analysis

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Key Populations Disaggregates – Caveats & Considerations for Interpretation of Data

KP data are often underreported

- Members of key populations often face stigma and may choose not to self-report, leading to underreporting. Reported numbers might be incomplete or under-represented as members of KPs are often reluctant to disclose their identity in clinical settings. Please also see the KP Classification tool in MER guidance* to facilitate this reporting.

Reporting of KP disaggregates was strongly encouraged, but optional prior to FY20

- From the FY19 reporting guidance: "Both KP-specific and clinical partners have the option to complete these disaggs, but only if safe to maintain these files and to report." KP reported results for those time periods may be incomplete. In FY 20 and beyond, the **KP disaggregates are required** (**unless there are safety or confidentiality concerns**), but it is important to consider prior rules when looking at trends over time.

*Appendix 1 in MER 2.0 v2.4

Key Populations Disaggregates – Caveats & Considerations for Interpretation of Data

Reporting of KPs in multiple groups

- A small number of KPs may fall into 2+ KP groups (e.g. a transgender individual who also uses injection drugs). However, PEPFAR has changed its approach to this situation over the years, and it is important to consider these changes when looking at trends over time.

- In FY 17, countries were instructed to count such individuals in all KP groups with which they identified. For example, when enrolling a transgender person who also uses injection drugs onto treatment, countries were instructed under the HTS_TST, TX_NEW, and PrEP_NEW guidance to report a "1" in PWID and a "1" in transgender under TX_NEW. As a result, individuals who fall into multiple KP groups had the potential to be counted more than once in a reporting period.

- Since FY 18, each individual should be reported in only one KP group to avoid the risk of double-counting. Best practice is to ask the beneficiary/client to indicate the group with which they most identify. For KP_PREV, the # of KP reached should = the sum of the KP disaggregations.

Section 6:
Additional Resources and Acknowledgments

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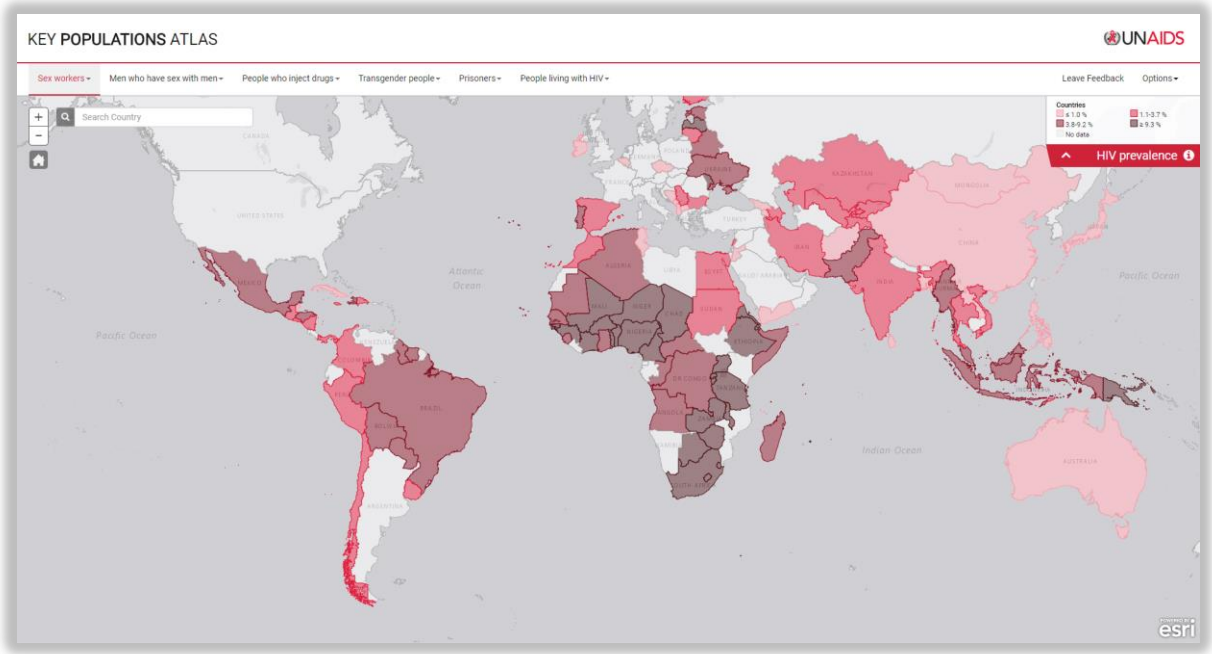
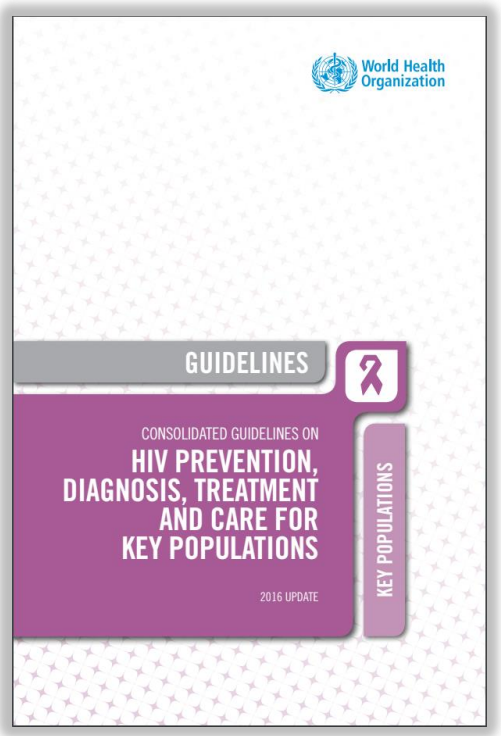
Additional Resources

- Include references or links to any additional resources for content related to indicator such as guidance or policy documents.
- 2016 WHO Consolidated Guidelines for Key Populations*
- UNAIDS Key Population ATLAS**





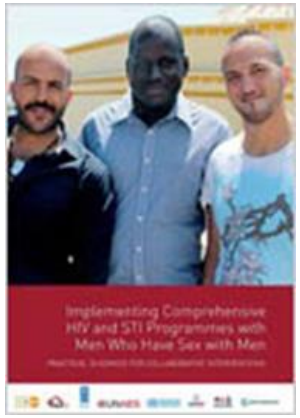
*http://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/

**http://www.aidsinfoonline.org/kpatlas/

Additional Resources

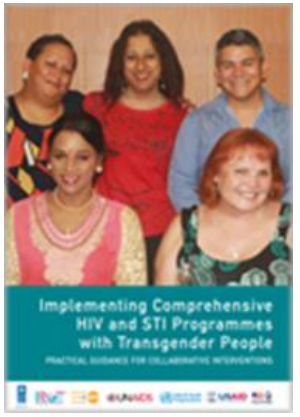
- KP implementation tools, highlighting best and recommended practices for KP programming

IDUIT



MSMIT

SWIT



TRANSIT

- ICPI KP Dashboard: tool displays KP data for 4 MER indicators with a variety of visualizations and cascades.

- Decision Framework for Differentiated Antiretroviral Therapy Delivery for Key Populations

Acknowledgments

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Thank you