Indicators for Monitoring & Evaluation of
HIV Prevention, AIDS Care & STI Control Programs

Easy Reference Guide for
PHN Officers and Field Program Staff

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Section I. INTRODUCTION

A. Definitions of Key Evaluation Terms and Concepts

The "USAID Handbook of Indicators for HIV/AIDS/STI Programs" adopts evaluation terminology that emphasizes the distinction between 1) program-based and population-based results; 2) short/medium- and long-term population-based results; and, 3) program monitoring and impact assessment. While this terminology was developed within the context of the evaluation of family planning programs, it is also applicable to the evaluation of other health programs such as HIV/AIDS/STI.

1. Stages of the HIV/AIDS Epidemic

UNAIDS and WHO, in their report "Second Generation Surveillance for HIV: The Next Decade" define the three epidemiological stages of the HIV/AIDS epidemic: low level, concentrated and generalized. The stage of the epidemic has important implications for public and private sector priorities in preventing the spread of HIV. A brief description of each epidemic stage is provided below.

i. Low level epidemics
This stage of the HIV/AIDS epidemic occurs in areas where HIV has not yet spread widely even among groups whose behavior puts them at risk. In these high-risk groups HIV prevalence has not consistently exceeded 5 percent. Developing areas with low level epidemics are estimated to include more than 40% of the world population, half of the population of developing countries and more than half of the population of low-income countries.

ii. Concentrated epidemics
This stage of the epidemic occurs when HIV prevalence consistently exceeds 5 percent in one or more groups with high-risk behavior, but is still less than 1 percent in pregnant women in urban areas. Once HIV has reached high levels among those that are most likely to contract and spread the virus, containing the epidemic becomes more difficult and requires more pro-active measures.

iii. Generalized epidemics
In generalized epidemics HIV is firmly established in the general population and HIV prevalence is consistently over 1 percent in pregnant women. Although high-risk groups may continue to contribute disproportionately to the spread of HIV, sexual networking in the general population is sufficient to sustain an epidemic independent of high-risk groups.

Countries with a generalized epidemic will face two related sets of challenges: establishing or maintaining prevention programs focused on those most likely to contract and spread HIV, while expanding prevention efforts to those with somewhat lower risk of transmitting the virus; and mitigating the impact of AIDS sickness and death, especially among the poor.
2. **Program Components**

Program **inputs** refer to the set of resources (i.e. financial, policies, personnel, facilities, space, equipment and supplies, etc.) that are the basic materials of the program.

Program **processes** refer to the set of activities in which program inputs are utilized to achieve the results expected from the program.

Program **outputs** are the results obtained at the program level through the execution of program activities using program resources. These may be divided into three components: functional outputs, service outputs and service utilization.

  - **Functional outputs** are the direct result of program activities in six key functional areas: policy, training, management, commodities and logistics, research and evaluation, and IEC. Examples of functional outputs include number of people trained in the last 12 months, number of IEC messages aired on the radio over the last quarter, existence of an MIS, etc.

  - **Service outputs** are the results of program activities aimed at improving the service delivery system. These are measured in terms of quality, accessibility of services and program image and acceptability.

  - **Service utilization** is the result of making services more accessible and satisfactory to potential clients. This result is generally measured at the program level.

Program **outcomes** and **impacts** are the set of intermediate and longer-term results expected to occur at the population level due to program activities and the generation of program outputs.

  - **Program outcomes** are the intermediate results at the population level that are closely linked to program activities and program level results. These intermediate results, outcomes, are generally achieved in 2-5 years.

  - **Program impacts** are longer-term set of results at the population level that are long-term in nature and are produced only through the action of intermediate outcomes. Long-term results, impact, are generally achieved in 5-10 years.

3. **Levels of Measurement**

Inputs, process, and outputs relate to activities and results at the program level and are usually measured with program-based or facility-based data. Program-based data come from routine data collection (e.g., service statistics, client and other clinic records, administrative records, commodities shipments, sales) as well as information that is collected on-site whether services are delivered (e.g., provider surveys, observation of provider-client interaction, audits, mystery clients) or from a follow-up study of clients.

Outcomes and impact are usually measured with population-based biological and behavioral data. Population-based data refers to information obtained from a probability sample of the target population in the catchment area for the program. This may be a country, a region, or a particular sub-group of the population, depending on the areas that a given USAID Mission is supporting. The data are generally collected from surveys, such as the Demographic and Health Survey (DHS), Behavioral Surveillance Survey (BSS) or the Young Adult Reproductive Health Survey. Biological-based data are generally collected through sentinel surveillance systems.
The primary types of data sources for the different levels of measurement are shown below.

4. Types of Evaluation

**Program Monitoring** tracks progress in program performance by establishing that project inputs, activities, and outputs have occurred. Program monitoring also identifies possible problem areas that may require more in-depth evaluation.

**Impact Assessment** determines the extent to which program and/or population level results are attributable to a specific program or intervention.

It is particularly important to understand the distinction between program monitoring and impact assessment. While program-monitoring measures change over time, impact assessment tries to determine the cause of that change. The causal pathways are tracked statistically from inputs to outcomes. However, the indicators used to measure impact are generally the same as for program monitoring. The primary distinctions between the two are the study designs and the analytic techniques used.

5. Methods Package

The data collection instruments and guidelines needed to construct the proposed indicators are available in the UNAIDS/WHO/USAID/MEASURE Guide and Methods Packages for Monitoring and Evaluation of National AIDS Programmes. These are based on existing instruments from a variety of sources, and are grouped into four packages. Each methods package focuses on one major area of AIDS programs: knowledge, attitudes, sexual behavior; program context, input and output; service provision; health status. Each Methods Package also centers on a particular type of data collection (for example population surveys, or health facility assessments). Some of the instruments have been in existence for many years and have been widely tested, others are relatively new, and a few are still under development.
# Monitoring and Evaluation Instruments by Methods Package

(Instruments in Italics are still under development)

<table>
<thead>
<tr>
<th>Package 1</th>
<th>Package 2</th>
<th>Package 3</th>
<th>Package 4</th>
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</thead>
<tbody>
<tr>
<td>M&amp;E of knowledge, attitudes and sexual behavior</td>
<td>Monitoring of program performance and context</td>
<td>M&amp;E of availability and quality of health and other services</td>
<td>Monitoring of HIV, AIDS and STIs</td>
</tr>
<tr>
<td>General population survey (MEASURE Evaluation/UNAIDS)</td>
<td>AIDS Program Effort Index (FUTURES/ POLICY project)</td>
<td>Assessment of STI services (WHO/GPA, FHI)</td>
<td>HIV surveillance: policy guidelines (WHO/UNAIDS)</td>
</tr>
<tr>
<td>AIDS Module DHS (MEASURE DHS+)</td>
<td>Condom distribution and sales (PSI; WHO/GPA; MEASURE Evaluation)</td>
<td>Assessment of VCT services (UNAIDS, Horizons)</td>
<td>HIV surveillance in general populations (WHO/UNAIDS)</td>
</tr>
<tr>
<td>Youth target group behavioral surveillance (FHI/IMPACT); school surveys</td>
<td>Monitoring spending and budget allocations</td>
<td>Assessment of MTCT services (UNICEF, WHO, UNAIDS, Horizons)</td>
<td>HIV surveillance in sub-populations of high risk behavior (WHO/UNAIDS)</td>
</tr>
<tr>
<td>Female sex workers behavioral surveillance (FHI/IMPACT)</td>
<td></td>
<td>Assessment of quality of care for people living with HIV/AIDS (WHO/UNAIDS)</td>
<td>STI surveillance (RPR, other lab data, disease reporting) (WHO)</td>
</tr>
<tr>
<td>Behavioral surveys among drug users (WHO/UNAIDS)</td>
<td></td>
<td>Assessment of blood safety</td>
<td>Monitoring AIDS morbidity, mortality and orphans</td>
</tr>
<tr>
<td>Behavioral surveys men who have sex with men (FHI)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guidelines for qualitative data collection and analysis (FHI/AIDSCAP)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Methods Package 1: Monitoring of knowledge, attitudes and sexual behavior
This package contains guidelines for conducting household surveys in the general population, and in specific sub-populations, including information on sampling methods and questionnaires. Such surveys yield most of the information necessary for constructing indicators of knowledge, attitudes and sexual behavior, together with some information that can be used in indicators of stigma. Surveys also give information about access to or utilization of services such as counseling and testing, home-based care for the terminally ill, and orphan support services. In addition to survey instruments, the package contains guidelines for the collection of qualitative data.

The instrument for collection of behavioral data in the general population draws heavily on the general population survey section of the WHO/GPA’s Prevention Indicators Methods Package and other WHO/UNAIDS work, as well as on the new AIDS module of the Demographic and Health Survey (MACRO International). The sub-population surveys were developed by Family Health International (FHI), and are based on FHI’s considerable body of experience in implementing Behavioral Surveillance Systems. Recent surveys conducted with help from MEASURE Evaluation have also contributed to the instruments in this package.

Methods Package 2: Monitoring of program context and effort
Package 2 centers on the compilation of input and output data that can be used to monitor program effort and context. This includes the assessment of condom distribution and sales, based on instruments developed by WHO/GPA and Population Services International (PSI), as well as indicators of STI drug distribution. The newly developed AIDS Program Effort Index, coordinated by the Futures Group’s POLICY project, attempts to capture some of the contextual and programmatic aspects of the national response. UNAIDS Country Profiles provide a series of indicators that can help describe the socio-economic and demographic background of the epidemic.

Methods Package 3: Monitoring and evaluation of the availability and quality of health and other services
Package 3 focuses on information that can be gathered by conducting regular and systematic surveys at health facilities and at other facilities providing HIV-related services such as voluntary counseling and testing centers. It includes protocols for collecting information related to STI care, counseling and testing, prevention of transmission of HIV from mother to child and blood safety. The STI care section is based heavily on protocols developed by the WHO/GPA. However, it offers additional and/or alternative methodologies further developed and tested by several countries, often in collaboration with FHI.

In other areas covered by the facility survey, little existing material is available upon which to draw. Where possible, guidelines on standards of care are included in the package.

Methods Package 4: Monitoring HIV, AIDS and STIs
This package presents methods for monitoring the presence of HIV itself, together with syphilis and other STIs. The guidelines for sentinel surveillance of HIV are based on a framework for second generation surveillance developed by UNAIDS in partnership with WHO and others. The guidelines give advice on selection of sentinel groups and sites and provide information on using data from a number of sources for most effective monitoring of the spread of the virus in a given epidemic state. In addition, this package will include guidelines for STI surveillance (RPR, other laboratory data, syndromic or disease reporting), collection of specimens for HIV/STI testing in household or sub-population surveys and collection of data on AIDS-related morbidity and mortality. Also, guidelines on the collection of blood, urine, saliva, or other specimen for HIV or STI testing will be part of this package.
B. Methodological Challenges in Monitoring and Evaluating HIV/AIDS/STI Programs

Measurement problems in monitoring and evaluating HIV/AIDS programs have been documented extensively by various groups including WHO, UNAIDS and FHI/AIDSCAP. The following describes some of the main challenges.

- **Limitations of measuring biologic outcomes (incidence/prevalence of STIs and HIV).** Measuring biologic outcomes can be expensive and unethical. The quality of lab testing must also be considered, even if the test itself is good. It is also important to maintain universal precautions, not only in the lab, but also in the field. In addition, there are limitations to interpreting HIV prevalence trends, e.g., stable or even declining prevalence over time can mask increases in incidence in subsets of the population. Prevalence can also continue to increase, even if incidence is stable or decreasing, depending on the stage of the epidemic and how many people are dying.

- **Size and scope of program relative to level of measurement.** It is important that the measurement tool used to evaluate a program reflect the size and scope of that program.

- **Heterogeneity of target populations/scale of programs in different countries.** Many programs target several different types of populations. The BSS is one methodology that has been designed to monitor behavior in a variety of risk groups.

- **Attribution of program effects.** Where there are many donors supporting HIV/AIDS/STI programs, it is difficult to isolate the effects of the contribution of any one donor or approach.

- **Dependence on self-reported behavior.** Many of the indicators presented here rely on self-reported behavior of a very sensitive nature. The accuracy of self-reported behavior is always a concern. However, it is possible to design internal and external checks to help ensure that the data are valid and reliable.

C. Guide to Using the Indicators

Tracking changes in indicators over time will help program managers and decision-makers assess how successful the program is in meeting its goals. Most indicators are not designed to explain why a situation has changed or has failed to change since they are designed simply to measure the change. Therefore the data collection and analysis plan should focus on the linking of indicators at the different levels of measurement. Program outputs should be interpreted in relation to program inputs. Program outcomes, such as an increase in self-reported condom use, should be analyzed in relation to changes in program outputs, such as numbers of condoms sold. HIV prevalence trends should be interpreted in association with changes in sexual behavior.

The framework for the selection of indicators for monitoring and evaluation is the input-process-output-outcome-impact model described earlier in this section.
SUMMARY LIST OF INDICATORS  (Indicators in *bold italics* are to be developed)

S.S.O.4. Level

- HIV incidence
- STI prevalence
- HIV prevalence among pregnant women
- Syphilis prevalence among pregnant women
- HIV prevalence in sub-populations with high risk behavior
- Percent of children who are orphans
- The AIDS Program Effort Index

I.R. 4.1. Reduction of Sexual Risk

- Condom Accessibility and Quality
- Knowledge
- Sexual behavior
- Sexual negotiation

I.R.4.2. Improved STI Services

I.R. 4.3. Reduction of Contextual Constraints

- Policy
- Stigma and Discrimination

I.R. 4.4. Improved Private Sector Responses

- Private Sector Capacity Building

I.R.4.5 Strengthened Data Collection for Monitoring and Evaluation

I.R.4.6 Effective Program Implementation

Additional Indicators from UNAIDS M&E Guide

- Sexual behavior among young people
- Voluntary counseling and testing (VCT)
- Mother to child transmission of HIV (MTCT)
- Injecting drug use
- Blood safety
- Care and support for the HIV-infected and their families
Section II. SSO4 INDICATORS

S.S.O.4: Increased use of improved, effective, and sustainable responses to reduce HIV transmission and to mitigate the impact of the HIV/AIDS pandemic.

S.S.O. 4.0.1 HIV Incidence and S.S.O. 4.0.2 STI Prevalence (Indicators to be developed)

S.S.O. 4.0.3. HIV prevalence among pregnant women

Definition: Percent of blood samples taken from women aged 15-24 and tested for HIV during routine sentinel surveillance at selected antenatal clinics which test positive for HIV.

What it measures: This indicator measures the levels of HIV infection among pregnant women aged 15-24 in a country.

How to measure it:

Numerator: # of HIV positive blood samples from unlinked anonymous testing of women aged 15-24 from selected antenatal clinics

Denominator: Total # of women from selected antenatal clinics submitting to unlinked, anonymous HIV blood testing

S.S.O. 4.0.4. Syphilis prevalence among pregnant women

Definition: Percent of blood samples taken from women aged 15-24 and tested for syphilis during routine sentinel surveillance at selected antenatal clinics which test positive for syphilis.

What it measures: This indicator measures the levels of syphilis among pregnant women aged 15-24

How to measure it:

Numerator: Total # of blood samples from women aged 15-24 testing positive for syphilis

Denominator: Total # of blood samples from women aged 15-24 tested for syphilis

S.S.O. 4.0.5. HIV prevalence in sub-populations with high risk behavior

Definition: HIV prevalence among members of a defined sub-population at higher risk of contracting or spreading HIV.

What it measures: This indicator measures the prevalence of HIV among high-risk populations (e.g., IDUs, sex workers, MSM and frequent clients of sex workers).

How to measure it: Sentinel sites for these populations tend to be linked to the provision of health services, for example, a man’s health clinic in an area with a high concentration of gay sex bars or a drug rehabilitation center.

Numerator: Total # of members of the at-risk sub-population testing positive for HIV at sub-population sentinel sites

Denominator: Total # of members of the at-risk sub-population tested for HIV at sub-population sentinel sites
S.S.O. 4.0.6. **Percent of children who are AIDS orphans**

**Definition:** The percentage of children under 15 in a household survey that have lost either their mother or their father or both parents.

**What it measures:** This indicator tracks levels of orphanhood in a country.

**How to measure it:**

- **Numerator:** Total # of children who are currently aged under 15 and whose mother or father or both are dead.
- **Denominator:** Total # of children currently aged under 15 listed by respondents in the survey.

S.S.O. 4.0.7. **The AIDS Program Effort Index (API)**

**Definition** The average score given to a national programme by a defined group of knowledgeable individuals asked about progress in over 90 individual areas of programming, grouped into 10 major components.

**What it measures:** The AIDS Program Effort Index (API) is a composite index designed to measure political commitment and program effort in the areas of HIV prevention and care. The score is made up of the following 10 components:

- political support
- policy formulation
- organizational structure
- program resources
- research and evaluation
- legal and regulatory
- human rights
- prevention programs
- care programs
- international assistance

**How to measure it:** In brief, the API uses key informants from a designated mix of institutions to give opinions about central areas of commitment and programming, compiling an index out of scores given in various areas. The score, which is calculated as a percentage with 0 indicating no program effort and 100 indicating maximum effort, may be converted into a grade to minimize informant variation. Suggested grades range from very weak and weak through moderate and strong to very strong, depending on the range in which the numerical scores fall.

**B. I.R. Level Indicators**

1. **Reduction of Sexual Risk**

I.R. 4.1 Increased quality, availability, and demand for information and services to change sexual risk behaviors and cultural norms in order to reduce transmission of HIV
Condom Accessibility and Quality

I.R. 4.1.1: **Condoms available for distribution nation-wide**

**Definition:** *Total number of condoms available for distribution nation-wide during the last 12 months, divided by the total population aged 15-49.*

**What it measures:** This indicator measures the number of condoms available for use by those in the most sexually active age group in a country. It can be used together with indicators of sexual behavior to give a powerful picture of the adequacy of condom provision.

**How to measure it:**

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Total # of condoms available for distribution nationwide during the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>Total population aged 15-49</td>
</tr>
</tbody>
</table>

I.R. 4.1.2: **Retail outlets and services with condoms in stock**

**Definition:** *The proportion of randomly selected retail outlets and service delivery points that have condoms in stock at the time of a survey.*

**What it measures:** This indicator measures actual distribution of condoms at designated points at any one point in time.

**How to measure it:**

While the indicator gives a single summary figure, the data can also be disaggregated by outlet type.

<table>
<thead>
<tr>
<th>Numerator</th>
<th>Total # of randomly selected retail outlets and service delivery points that have condoms in stock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>Total # of retail outlets selected</td>
</tr>
</tbody>
</table>

I.R. 4.1.3: **Condoms that meet quality and control measures**

**Definition:** *The percentage of condoms in central stock and in retail outlets that meet WHO quality specifications of all condoms in stock.*

**What it measures:** This indicator measures the quality of available condoms in a country. The quality indicator will be aggregated into a single figure; however, it is vital that the data be reported separately by source of sampled condom for program purposes.

**How to measure it:** The sampling frame for retail outlets used in Indicator 4.1.2 can be used for the retail portion of this indicator. At the central level, a sample frame can be constructed from the central level storage facilities identified in the calculation of Indicator 4.1.1, and condoms sampled at random from those facilities.
Knowledge About Transmission of HIV

I.R. 4.1.4: Knowledge of HIV prevention methods

Definition: The percentage of all respondents who, in response to prompting, correctly identify having no penetrative sex, using condoms, and having sex only with one faithful uninfected partner as a means of protection against HIV infection

What it measures: This indicator measures the extent to which HIV-prevention messages have reached the general population or the specific sub-population surveyed.

How to measure it:

Numerator: # of male/female respondents who, in response to prompting, correctly identify having no penetrative sex, using condoms, and having sex only with one faithful uninfected partner as means of protection against HIV infection

Denominator: Total # of male/female respondents interviewed during survey

I.R. 4.1.5: No incorrect beliefs about AIDS

Definition: The percentage of all respondents who correctly respond that a person who looks healthy may pass on HIV and who also correctly reject the two most common local misconceptions about AIDS transmission or prevention.

What it measures: This indicator measures progress made in reducing misconceptions about AIDS transmission and prevention.

How to measure it:

Numerator: # of male/female respondents who correctly respond that a person who looks healthy may pass on HIV and who also correctly reject the two most common local misconceptions about AIDS transmission or prevention

Denominator: Total # of male/female respondents interviewed duringsurvey

I.R. 4.1.6: Comprehensive correct knowledge about AIDS

Definition: Percent of respondents who correctly identify all three major ways of preventing the sexual transmission of HIV and who reject three major misconceptions about HIV transmission or prevention.

What it measures: This indicator is simply an aggregation of data from the previous two indicators. It reflects the extent to which national IEC programs and other efforts have succeeded in promoting the knowledge of prevention methods against HIV and have managed to reduce misconceptions relating to the disease.

How to measure it: This indicator is compiled from data collected for Indicators 4.1.4 and 4.1.5.

Numerator: # of male/female respondents who correctly identify all three major ways of preventing the sexual transmission of HIV and who reject three major misconceptions about HIV transmission or prevention

Denominator: Total # of male/female respondents interviewed during survey
I.R. 4.1.7: **Knowledge of HIV prevention among males having sex with males**

**Definition:** Percent of males having sex with males who, in response to prompting, correctly identify avoiding anal sex and using condoms during anal sex as means of preventing HIV infection.

**What it measures:** This indicator measures the extent to which targeted messages have reached members of a sub-population of males who have sex with males.

**How to measure it:**

- **Numerator:** # of male respondents who have sex with males, that in response to prompting, correctly identify avoiding anal sex and using condoms during anal sex as means of preventing HIV infection
- **Denominator:** Total # of male respondents who have sex with males interviewed in survey

I.R. 4.1.8: **Knowledge of HIV prevention among injecting drug users**

**Definition:** Percent of respondents in a survey of injecting drug users who, in response to prompting, identify switching to non-injectable drugs, avoiding sharing injecting equipment and cleaning injecting equipment with bleach as methods of preventing HIV transmission.

**What it measures:** This indicator measures the extent to which drug injectors are aware of methods of preventing HIV transmission.

**How to measure it:**

- **Numerator:** # of injecting drug users who, in response to prompting, identify switching to non-injectable drugs, avoiding sharing injecting equipment and cleaning injecting equipment with bleach as methods of preventing HIV transmission
- **Denominator:** Total # of injecting drug users interviewed during survey

I.R. 4.1.9: **Knowledge of prevention of mother to child transmission of HIV**

**Definition:** Percentage of men and women who correctly respond to prompted questions about preventing mother to child transmission of HIV through knowledge of HIV status, antiretroviral therapy and avoiding breast feeding.

**What it measures:** This indicator focuses on men's and women's knowledge of both the transmission of HIV from mother to child and the knowledge that transmission is preventable.

**How to measure it:**

- **Numerator:** # of men and women who say that HIV transmission from women who have tested positive can be prevented by the mother taking drugs during pregnancy, and by the mother avoiding breast feeding
- **Denominator:** Total # of men and women surveyed
Sexual behavior

I.R. 4.1.10: **Risky sex in the last 12 months**

**Definition:** Proportion of respondents who have had sex with a non-marital, non-cohabiting partner in the last 12 months. A non-marital, non-cohabiting partner is a sexual partner who is not a spouse or a partner with whom the respondent is living.

**What it measures:** This indicator aims to give a picture of the proportion of the population that engages in relatively risky partnerships and that are therefore more likely to be exposed to sexual networks within which HIV can circulate.

**How to measure it:**

\[
\begin{align*}
\text{Numerator:} & \quad \text{# of respondents who have had sex with a non-marital, non-cohabiting partner in the last 12 months} \\
\text{Denominator:} & \quad \text{Total # of male/female respondents interviewed}
\end{align*}
\]

Polygamous men who live with several spouses will not qualify for the numerator unless they also have sex with women who are not part of their household.

I.R. 4.1.11: **Condom use at last risky sex**

**Definition:** The percentage of respondents who report using a condom the last time they had sex with a non-marital, non-cohabiting partner, of those who have had sex with such a partner in the last 12 months.

**What it measures:** This indicator tracks changes in condom use in casual partnerships.

**How to measure it:**

\[
\begin{align*}
\text{Numerator:} & \quad \text{# of respondents who report using a condom the last time they had sex with a non-marital, non-cohabiting partner} \\
\text{Denominator:} & \quad \text{Total # of male/female respondents who report that they had sex with a non-marital, non-cohabiting partner in the last 12 months}
\end{align*}
\]

I.R. 4.1.12: **Sexual relations with a sex worker in last 12 months**

**Definition:** Proportion of men reporting sex with a sex worker in the last 12 months.

**What it measures:** This indicator measures progress towards the goal of reducing the proportion of men having sex with sex workers.

**How to measure it:**

\[
\begin{align*}
\text{Numerator:} & \quad \text{# of male respondents reporting they had sex with a sex worker in the last 12 months} \\
\text{Denominator:} & \quad \text{Total # of male respondents interviewed}
\end{align*}
\]
I.R. 4.1.13: **Condom use at last commercial sex, reported by client**

**Definition:** Proportion of men reporting condom use the last time they had sex with a sex worker, of those who report having had sex with a sex worker in last 12 months.

**What it measures:** This indicator measures the success or failure of campaigns to increase condom use among clients of sex workers.

**How to measure it:**

<table>
<thead>
<tr>
<th>Numerator</th>
<th># of male respondents reporting condom use during last sex with a sex worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td># of male respondents reporting having had sex with a sex worker in the last 12 months</td>
</tr>
</tbody>
</table>

I.R. 4.1.14: **Condom use at last commercial sex, reported by sex worker**

**Definition:** Percentage of sex workers who report using a condom with their most recent client.

**What it measures:** This indicator measures the success of campaigns to promote condom use in commercial sex by gathering data from men and women actually working as providers of sex. It will validate levels of commercial sex and condom use.

**How to measure it:**

<table>
<thead>
<tr>
<th>Numerator</th>
<th># of sex workers reporting having used a condom with their most recent client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>Total # of sex workers interviewed</td>
</tr>
</tbody>
</table>

I.R. 4.1.15: **Risky male-male sex in the last 12 months**

**Definition:** The percentage of men who have had anal sex with more than one male partner in the last 12 months.

**What it measures:** This indicator measures the exposure to sexual networks in the MSM population.

**How to measure it:**

<table>
<thead>
<tr>
<th>Numerator</th>
<th># of men who have had anal sex with more than one male partner in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>Total # of males who have sex with males interviewed</td>
</tr>
</tbody>
</table>

I.R. 4.1.16: **Condom use at last male-male anal sex**

**Definition:** Percent of men who used a condom at last anal sex with a male partner, of those who have had anal sex with a male partner in the last 12 months.

**What it measures:** This indicator measures progress towards increasing the proportion of acts of anal sex that are protected against HIV transmission among the MSM population.

**How to measure it:**

<table>
<thead>
<tr>
<th>Numerator</th>
<th># of men who used a condom at last anal sex with a male partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denominator</td>
<td>Total # of men who have had anal sex with a male partner in last 12 months</td>
</tr>
</tbody>
</table>
I.R. 4.1.17: Women's ability to negotiate safer sex with her husband

Definition: The percentage of respondents who believe that, if her husband has a STI, a wife can either refuse to have sex with him or propose condom use.

What it measures: This indicator accesses a woman’s negotiating power in sex by measuring attitudes toward a woman’s ability to protect herself from the known risk behavior of her husband.

How to measure it:

Numerator: # of men and women who believe that, if her husband has an STI, the woman could refuse to have sex with him or propose condom use

Denominator: Total # of men and women interviewed in the survey

2. Improved STI services

I.R. 4.2 Enhanced quality, availability, and demand for STI prevention and management services

STI care and prevention

I.R. 4.2.1: Appropriate diagnosis and treatment of STIs

Definition: The percentage of patients with STIs at health care facilities who are appropriately diagnosed and treated according to national guidelines.

What it measures: This indicator tracks provision of adequate care to patients seeking care for STIs.

How to measure it: In the WHO/GPA protocols, data are collected in observations and interviews with providers at selected health services providing STI care where the providers are assessed on history taking, examination and treatment of patients. A provider must score positively on all three items in an interaction with a client for that client to enter the numerator of the indicator.

I.R. 4.2.2: Advice to STI patients on prevention and referral to HIV testing services

Definition: Percent of patients with STIs who are given advice on condom use and partner notification and who are referred for HIV testing.

What it measures: STI services seek not only to treat STIs but to prevent their recurrence by promoting condom use and by encouraging the treatment of partners to avoid reinfection. This indicator measures the extent to which these aspects of STI service provision are functioning.

How to measure it: The first two elements of this indicator are currently measured in health facility surveys through direct observation of interaction between care providers and clients. Currently, a health care provider must score positively on both condom advice and partner notification advice for the client to enter the numerator for this indicator. If it is a national policy to refer STI patients for HIV counseling and testing, or if VCT services are available and being actively promoted by national AIDS and STI programs, referral for counseling and voluntary HIV testing should be added to the indicator.
I.R. 4.2.3. Drug supply at STI clinics

Definition: Percentage of clients served by health facilities providing STI care that have a current supply of essential STI drugs and report no stock-outs lasting longer than one week in the last 12 months.

What it measures: This indicator measures the extent to which service providers are consistently supplied with the drugs they need to work efficiently.

How to measure it: 

Numerator: # of clients attending facilities providing STI services that have adequate drugs to treat each of the important STI syndromes in stock currently and that report no stock-outs of these drugs lasting more than one week in the last 12 months

Denominator: Total # of clients attending all STI service facilities surveyed

I.R. 4.2.4. Men and women seeking treatment for STIs

Definition: Percent of men and women reporting symptoms of STIs in the last 12 months who sought care at a service provider with personnel trained in STI care.

What it measures: This indicator tracks changes in care seeking behavior among men and women who believe they may have an STI.

How to measure it: The indicator should be reported separately for men and women. For program purposes, it should also be disaggregated by type of service provider.

Numerator: # of men or women who report seeking care from a service provider classified as providing trained care by national standards

Denominator: Total # of men or women who reported symptoms suggestive of STIs

3. Reduction of Contextual Constraints

I.R. 4.3 Improved knowledge about, and capacity to address the key policy, cultural, financial and other contextual constraints to preventing and mitigating the impacts of HIV/AIDS

Policy

I.R. 4.3.1: Spending on HIV prevention

What it aims to measure: Measures of expenditure indicate a government’s willingness to commit resources to HIV programs. It is important to develop an indicator centered on expenditure on HIV; however, no clear definition of what constitutes HIV-related expenditure has been developed, nor is there a clear methodology for collecting the relevant data.

Issues for consideration: It has been suggested that a measure of spending should be restricted to spending on prevention programs from public budgets because HIV prevention programs are usually fairly well demarcated. Care programs, on the other hand, are more often integrated into other areas of service provision, making it difficult to identify the costs that are HIV related.

A further dilemma is whether to include funding from non-government sources. Outside funding is less likely to reflect true political commitment to responding to HIV than funds drawn from national sources.
Stigma and discrimination

I.R. 4.3.3 Accepting attitudes towards those living with HIV

Definition: *The percentage of people expressing accepting attitudes towards people with HIV*

What it measures: This indicator reflects what people are prepared to say they feel or would do when confronted with various situations involving people living with HIV.

How to measure it: Respondents in a general population survey are asked a series of questions about people with HIV, as follows:

- If a member of your family became sick with the AIDS virus, would you be willing to care for them in your household?
- If you knew that a shopkeeper or food seller had the AIDS virus would you buy food from them?
- If a teacher has the AIDS virus but is not sick, should he or she be allowed to continue teaching in school?
- Do you think a person with HIV should get the same, more or less health care than someone with any other chronic disease?

Numerator: # of respondents who report an accepting or supportive attitude on all four of the above

Denominator: Total # of men or women interviewed

Given that older people in many societies are accorded more decision-making power and influence, it may be worthwhile to view respondents in 49-60 age group, in addition to those respondents 15-49.

I.R. 4.3.4 Employers not discriminating against those with HIV

What it aims to measure: As yet no indicator has been able to adequately reflect the complexity of HIV discrimination. It has been suggested that focusing on a single important area of discrimination such as discrimination in employment might yield a more easily interpretable indicator of changing HIV-related discrimination over time.

Issues for consideration: An indicator of discrimination in employment focuses on a single aspect of discrimination. Defining exactly what should be measured is not straightforward, however. Should an indicator focus on policy, practice, or a combination of the two? Even within a single company, stated policies may differ from actual practices. An indicator focusing on employment practices does not begin to give a comprehensive picture of all aspects of discrimination in a country. It is likely to be restricted to the formal sector, and will not reflect the situation relating to women and children, who are largely excluded from the formal sector in many countries.

4. Improved Private Sector Response

I.R. 4.4 Strengthened and expanded private sector organizations’ responses in delivering HIV/AIDS information and services

Private Sector Capacity Building (Interim Indicators)
I.R. 4.4a: Number of people receiving HIV/AIDS services from USAID-assisted private sector organizations

I.R. 4.4.1a: Number of people receiving HIV/AIDS services from USAID-assisted U.S. PVOs
I.R. 4.4.2a: Number of people receiving HIV/AIDS services from USAID-assisted commercial firms
I.R. 4.4.3a: Number of people receiving HIV/AIDS services from USAID-assisted indigenous NGOs

Definition: The number of people receiving HIV/AIDS services from USAID-assisted private sector organizations in the last 12 months

What it measures: This indicator measures the outcomes of USAID-financed capacity building interventions by measuring the changes in the coverage of quality HIV prevention and care services provided by USAID-supported private sector organizations (e.g., U.S. PVOs, commercial firms and indigenous NGOs).

How to measure it: Data from private sector organization records and program monitoring systems, exit interviews, direct observation and community services on the following:

- Total number of USAID-supported private sector organizations delivering HIV prevention and care services (by type) that receive assistance in building technical, managerial, and financial capacities, among others;
- Size of each organization’s catchment population (disaggregated by type, e.g. MSM, sex workers, youth);
- Size of population (disaggregated by type, e.g. MSM, sex workers, youth) actually receiving quality services from each organization; and,
- Measures to indicate quality of the services delivered, by service type.

5. Strengthened Data Collection for Monitoring and Evaluation

I.R. 4.5 Improved availability of, and capacity to generate and use data to monitor and evaluate HIV/AIDS/STI prevalence, trends, and program impacts

I.R. 4.5.1: Number of selected countries with operational STI/HIV surveillance systems

Definition: Number of selected countries that produce annual HIV (STI and AIDS where available) surveillance reports, generally through Ministries of Health, that present data on disease patterns

What it measures: This indicator measures the number of countries with operational HIV surveillance systems and the number of countries that produce annual HIV surveillance reports that present data on disease patterns on an annual or biannual basis.

How to measure it: Data from the Bureau of the Census HIV/AIDS Surveillance Data Base are used for this measure, including annual reporting where feasible, and biannual, otherwise. Other sources of data include: STI and ANC clinics, blood donor screening for transfusion and periodic cross-sectional surveillance studies.

Epidemiological surveillance should be linked to the periodic collection and analysis of behavioral and social data to provide additional clues about the possible association between HIV infection and individual or collective factors influencing the risk of infection.
INDICATORS TO BE DEVELOPED

I.R. 4.5.2  
*Cost of gathering data, better information, and better coverage*

I.R. 4.5.3  
*Use of data*

I.R. 4.5.4  
*Proportion of intervention models whose effectiveness (program impact) has been established*

6. Effective program implementation

I.R. 4.6  
Provide quality and timely assistance to partners (regional bureaus, missions, other donors, etc.) to ensure effective implementation of HIV/AIDS programs

I.R. 4.6.1  
*Percentage of "Highly Satisfactory" responses in annual customer survey*

I.R. 4.6.2  
*Number of times research findings and evaluation results adopted/applied in subsequent program design and implementation*

I.R. 4.6.3  
*Coordination and collaboration to improved programming and implementation of STI/HIV/AIDS programming among all partners (CAs, Donors, Governments, NGOs, etc.) at the country level*

Section III. ADDITIONAL INDICATORS

These indicators are included in the UNAIDS Guide and M&E Packages and some are currently being used in USAID-funded programs

- Sexual behavior among young people
- Injecting drug use
- Voluntary Counseling and Testing (VCT)
- Blood safety
- Mother to child transmission of HIV (MTCT)
- Care and Support

A. Sexual behavior among young people

A.1  
*Median age at first sex*

**Definition:**  *The age by which one half of young men or young women aged 15-24 have had first penetrative sex (median age) of all young people surveyed.*

**What it measures:**  This indicator measures the age by which half of the adolescent population is sexually active.

**How to measure it:**  In household or special surveys focusing on young people, respondents are asked whether or not they have ever had penetrative sex. A curve is plotted according to the percent that say they have had sex by each single year of age. The age at which the curve exceeds 50 percent is taken to be the median age at first sex. On average, people reporting they are a certain age will be six months older than that age. Half a year should therefore be added to the exact ages used in the calculation of the median age at first sex.
A.2 Young people having premarital sex in the last 12 months

Definition: Percent of young single people (15 – 24) who have had sex in the last 12 months of all young people surveyed.

What it measures: This indicator is a measure of premarital sex among young people.

How to measure it:

\[
\text{Numerator:} \quad \# \text{ of people aged 15-24 who report any sex in the last 12 months}
\]

\[
\text{Denominator:} \quad \text{Total \# of unmarried respondents aged 15-24}
\]

The indicator should be reported separately for men and women. It may also be constructed separately for those <15, 15-19, and 20-24, as appropriate.

A.3 Condom use at last premarital sex

Definition: Percent of young single people (15 – 24) who used a condom at last sex, of single people who have had sex in the last 12 months.

What it measures: This indicator tracks the success in reducing the risk of HIV infection in premarital sex by increasing condom use.

How to measure it: The indicator should be reported separately for men and women. It may also be constructed separately for those aged 15-19, <15 and 20-24, as appropriate.

\[
\text{Numerator:} \quad \# \text{ of single people aged 15-24 who report using a condom the last time they had sex in the last 12 months}
\]

\[
\text{Denominator:} \quad \text{Total \# of unmarried respondents, aged 15-24 who report having had sex in the last 12 months}
\]

A.4 Young people with multiple partners in the last 12 months

Definition: Percent of young people (15 – 24) who have had sex with more than one partner in the last 12 months, of all sexually active young people.

What it measures: This indicator measures the proportion of young people that has been exposed to more than one partner in the last 12 months

How to measure it: The indicator should be reported separately for men and women. It may also be constructed separately for those aged 15-19, <15 and 20-24, as appropriate.

\[
\text{Numerator:} \quad \# \text{ of single people aged 15-24 who report having more than one sexual partner in the last 12 months}
\]

\[
\text{Denominator:} \quad \text{Total \# of respondents, aged 15-24 who report being sexually active in the last 12 months}
\]
A.5 Condom use at last risky sex

**Definition:** Percent of young people (15 – 24) who used a condom at last sex with a non-marital, non-cohabiting partner, of those who have had sex with a non-marital, non-cohabiting partner in the last 12 months.

**What it measures:** This indicator tracks changes in condom use in casual relationships.

**How to measure it:**

- **Numerator:** # of respondents aged 15-24 who report that they used a condom the last time they had sex with a non-marital, non-cohabiting partner

- **Denominator:** Total # of respondents aged 15-24 who say report that they had sex with a non-marital, non-cohabiting partner in the last 12 months

**Voluntary counseling and testing (VCT)**

B.1 Population requesting HIV test and receiving results

**Definition:** Percent of people aged 15-49 surveyed who have ever voluntarily requested an HIV test and received their results.

**What it measures:** This indicator aims to give an idea of the reach of HIV testing services in the general population, and of the percentage of people who have at some point known their HIV status. It can also help in assessing demand for services.

**How to measure it:** The questionnaire prefaces the questions with, “I am not going to ask you about your HIV status, but am interested to know how much demand there is for HIV testing and counseling.” As for most indicators, this should be presented separately for men and women.

- **Numerator:** # of respondents who report having requested an HIV test and have received the results

- **Denominator:** Total # of respondents surveyed

B.2 Districts with VCT centers

**Definition:** Percent of districts that have at least one center staffed by trained counselors providing specialized HIV counseling and testing services free or at affordable rates.

**What it measures:** This is another measure of coverage, but focuses more particularly on coverage of specialized VCT services.

**How to measure it:**

- **Numerator:** # of districts in the country with at least one facility meeting the criteria

- **Denominator:** Total # of districts in the country
B.3 Quality post HIV test counseling

**Definition:** Percent of post HIV test counseling sessions at voluntary counseling and testing facilities that meets international standards for quality counseling.

**What it measures:** This indicator measures the extent to which efforts to improve the quality of counseling have resulted in quality counseling.

**How to measure it:**

- **Numerator:** # of HIV post-test counseling sessions observed that meet minimum standards for quality HIV post-test counseling.
- **Denominator:** Total # of HIV post-test counseling sessions observed.

B.4 VCT centers with minimum conditions to provide quality services

**Definition:** The percentage of clients served by VCT services that meet minimum conditions necessary to provide quality counseling and HIV testing services.

**What it measures:** This indicator measures the proportion of providers of counseling and testing that have even the basic requirements to provide quality counseling.

**How to measure it:** It may be useful to disaggregate this indicator by type of service provider.

- **Numerator:** # of clients served in the last 12 months by sites with adequate conditions to provide quality VCT services
- **Denominator:** Total # of clients served in the last 12 months by all sites sampled

C. Mother to child transmission of HIV

C.1 Pregnant women counseled and tested for HIV

**Definition:** Percentage of women who were counseled during antenatal care for their most recent pregnancy, accepted an offer of testing, and received their test results, of all women who were pregnant at any time in the two years preceding the survey.

**What it measures:** In order to learn their HIV status in an antenatal care situation, women have to go through a number of steps. First, they must attend antenatal services. Then, they must be counseled and offered an HIV test. Next, they must accept a test. Finally, they must return to receive the test results and to receive post-test counseling. This indicator measures the percentage of women with a recent pregnancy that completed all of those steps.

**How to measure it:**

- **Numerator:** # of women who were counseled and offered voluntary HIV testing at ANC before their most recent birth in the last two years and received the test results
- **Denominator:** Total # of women surveyed
C.2 **Antenatal clinics offering or referring for VCT**

**Definition:** Percent of clients at public antenatal clinics that attend clinics offering counseling and voluntary testing for HIV by trained staff, or that refer clients to VCT services.

**What it measures:** This indicator measures the proportion of public ANC clinics that offer VCT.

**How to measure it:** The indicator is weighted by client volume and is calculated as follows:

- **Numerator:** # of clients in the past year attending antenatal clinics offering voluntary testing for HIV and post-test counseling by trained staff or referring to other services
- **Denominator:** Total # of women attending antenatal clinics surveyed in the past year

C.3 **Quality HIV counseling for pregnant women**

**Definition:** Percent of post-test counseling sessions for women attending antenatal clinics offering counseling and voluntary HIV testing that meet international standards for quality counseling.

**What it measures:** This indicator, based on observation of post-test counseling sessions, uses a checklist to measure the quality of HIV counseling for pregnant women.

**How to measure it:**

- **Numerator:** # of HIV post-test counseling sessions of women observed that meet the criteria outlined in a standard checklist of quality post HIV test counseling
- **Denominator:** Total # of HIV post-test counseling sessions observed of women in ANC clinics

C.4 **HIV positive women provided with antiretroviral therapy in pregnancy**

**Definition:** The percentage of women testing positive at selected antenatal clinics in the last 12 months who are provided with a complete course of antiretroviral therapy to prevent mother-to-child transmission according to national/international guidelines.

**What it measures:** This indicator measures the proportion of all women testing positive during pregnancy at ANC facilities offering HIV prevention services who are provided with a complete course of antiretroviral therapy to prevent vertical transmission.

**How to measure it:**

- **Numerator:** # of HIV women who return for their test results and are provided with a full course of antiretroviral therapy, along with therapy for the new-born
- **Denominator:** Total # of women who test positive for HIV regardless of whether or not they returned for their results
D. Injecting drug use

D.1 Drug injectors sharing equipment

**Definition:** Percent of IDUs surveyed who report sharing injecting equipment in the past month.

**What it measures:** This indicator measures progress over time in reducing the proportion of IDUs sharing equipment, and progress in program efforts to educate IDUs to shift to safer methods of injection.

**How to measure it:**

*Numerator:* # of IDUs who report having shared needles, syringes or other injecting equipment in the past month

*Denominator:* Total # of injecting drug users surveyed

D.2 Drug injectors using condoms at last sex

**Definition:** Percent of IDUs surveyed who used a condom the last time they had sex of those who have had sex in the last 12 months.

**What it measures:** This indicator tracks changes over time in condom use by IDUs with any partner.

**How to measure it:**

*Numerator:* # of injecting drug users reporting use of a condom the last time they had sex

*Denominator:* Total # of injecting drug users who had sex in the last 12 months

E. Blood safety

E.1 Screening of blood units for transfusion

**Definition:** The percentage of blood units transfused that have been screened for HIV.

**What it measures:** This indicator measures the overall percentage of blood units that have been screened to high enough standards that they can confidently be said to be free of HIV.

**How to measure it:** Estimates of the following are needed for this indicator: the total number of whole blood units transfused in a 3 to 6 month period, the proportion of donated units screened for HIV, and among the units screened, the proportion screened according to WHO or national standards.

E.2 Reduction of unnecessary blood transfusions

**Definition:** The number of blood units transfused in the last 12 months, per 1000 population

**What it measures:** This indicator provides a crude measure of success towards the goal of reducing the number of unnecessary blood transfusions in a country.

**How to measure it:**

*Numerator:* Total # of blood units transfused in the last 12 months

*Denominator:* national population (or hospital catchment area population) x 1000
E.3  Health care facilities with guidelines and practices for prevention of accidental HIV transmission

Definition: Percent of health care facilities with guidelines to prevent accidental transmission of HIV, having adequate sterilization procedures, and having surgical gloves in stock.

What it measures: Some of the accidental transmissions of HIV can be avoided by the routine use of surgical gloves in all caring functions by the proper sterilization of medical equipment, and by the careful handling, storage and disposal of equipment. This indicator measures the proportion of health care facilities meeting these minimum conditions for the reduction of accidental transmission of HIV.

How to measure it:

\[
\text{Numerator: } \# \text{ of facilities scoring positively on all three conditions (see above)} \\
\text{Denominator: Total \# of facilities surveyed}
\]

F.  Care and support for the HIV-infected and their families

F.1  Medical personnel trained in the care of HIV-related conditions

Definition: The percentage of graduates of medical, nursing and health professions schools in the last 12 months trained in natural history of HIV and in diagnosis and care of common opportunistic infections.

What it measures: This indicator measures the extent to which HIV-related information has been integrated into the regular training curricula of all medical personnel.

How to measure it:

\[
\text{Numerator: } \# \text{ of medical graduates in the last 12 months trained in essential aspects of HIV knowledge and management} \\
\text{Denominator: Total \# of medical graduates in the last 12 months}
\]

F.2  Health facilities with the capacity to deliver appropriate care to HIV-infected patients

Definition: The percentage of health care facilities at different levels of the health care system that have the capacity to deliver appropriate palliative care, treatment for opportunistic infections, and referrals for HIV-infected patients, according to national guidelines.

What it measures: This indicator measures the extent to which health services have the capacity to meet treatment, care and referral needs of HIV-infected patients at appropriate levels of the health care systems, according to national guidelines.

How to measure it:

\[
\text{Numerator: } \# \text{ of health facilities matching or exceeding the minimum score for adequate capacity to manage HIV-infected patients} \\
\text{Denominator: Total \# of health facilities surveyed}
\]
F.3 **Health facilities with drugs for opportunistic infections and palliative care in stock**

**Definition:** The percentage of health facilities that are currently stocked with drugs to treat common opportunistic infections and to provide palliative care, and report no stock-outs in the last 12 months.

**What it measures:** This indicator aims to measure the uninterrupted supply of drugs in public facilities to treat locally common opportunistic infections and provide palliative care.

**How to measure it:**

- **Numerator:** # of health facilities that have 2 designated drugs for OIs and 1 for palliative care in stock currently, and report no stockouts in last 12 months
- **Denominator:** Total # of health facilities surveyed

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F.4 **Households receiving help in caring for chronically ill young adults**

**Definition:** The percentage of households with a chronically ill adult aged 15-49 in the last 12 months who have received external help in caring for the patient or replacing lost income.

**What it measures:** This indicator aims to provide a picture of the proportion of households touched by potentially HIV-related incapacity that are reached by home-based care or other community support programs.

**How to measure it:**

- **Numerator:** # of households receiving unpaid help in caring for a person 15-49 who has been ill for more than 3 months (or who was ill for 3 months before their death) out of the last 12 months from any source other than family or neighbors
- **Denominator:** Total # of households caring for a person 15-49 who has been ill for more than 3 months (or ill for 3 months before their death) out of the last 12 months

---

F.5 **Households receiving help with orphan care**

**Definition:** The percentage of households currently caring for orphans that has received free help with care from outside the family.

**What it measures:** This indicator attempts to measure the coverage of orphan support programs.

**How to measure it:**

- **Numerator:** # of households receiving free help in caring for orphans from sources other than family or neighbors
- **Denominator:** Total number of households currently caring for orphans