

**DREAMS Initiative
Supplemental
Indicator Reference Guide**

Version 1.0

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DREAMS Initiative Indicators Table

Countries that have secured DREAMS funding are responsible for monitoring a core set of MER indicators, as included in the table below. Not all of the indicators listed below are included in this supplemental guide. Only those indicators that are new (PrEP_NEW) or those that have been significantly modified with additional requirements (PMTCT_STAT, OVC_SERV) have been included here. The reference sheets for the remaining indicators are available in the full PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide v2.1.

Program Area	Indicator Code	Indicator Name
Prevention Services	PMTCT_STAT	Percentage of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
Prevention Services	PrEP_NEW	Number of people <u>newly</u> enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection
Care and Support	OVC_SERV	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS
Care and Support	OVC_ACC*	Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services
Prevention Services	HTC_TST*	Number of individuals who received HTC services and received their test results during the reporting period.
Prevention Services	PP_PREV*	Percentage of individuals from priority populations who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period
Prevention Services	GEND_NORM*	Number of people completing an intervention pertaining to gender norms that meets minimum criteria.
Prevention Services	GEND_GBV*	Number of people receiving post-GBV care.
Prevention Services	VMMC_CIRC*	Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period
Treatment	TX_NEW*	Number of adults and children newly enrolled on ART
Treatment	TX_CURR*	Number of adults and children with HIV infection receiving antiretroviral therapy (ART)
Treatment	TX_RET*	Percentage of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy (Recommended: 6, 24, 36 months)

*Indicator reference sheets for these indicators are available in the full PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide v2.1.

Prevention of Mother-to-Child Transmission (PMTCT)

Indicator code: PMTCT_STAT	1	Percentage of pregnant women with known HIV status (includes women who were tested for HIV and received their results)
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Purpose:

This indicator reflects one goal of PMTCT, which is to increase the number of pregnant women who know their HIV status. Identification of a pregnant woman's HIV status is the key entry point into PMTCT services and other HIV care and treatment services.

These data will be important to PEPFAR Headquarters, TWGs and USG country-level managers in order to:

- Identify progress toward the overarching global elimination of MTCT goal of reducing the number of AIDS-related maternal deaths by 50% and reducing the number of new HIV infections among children by 90%
- Determine PEPFAR and PEPFAR-funded partners' performance in providing HIV testing to pregnant women
- Identify countries/ partners needing assistance with program implementation

NGI Mapping:	P1.1.D continuing - same indicator; no impact on trend analysis	
PEPFAR Support Target/Result Type:	<u>Both Direct Service Delivery (DSD) and Technical Assistance-Service Delivery Improvement (TA-SDI)</u> targets and results should be reported to HQ	
Numerator:	1	Number of pregnant women who were tested for HIV and know their results plus number of pregnant women with known HIV status at entry to services.
Denominator:	1	Number of new ANC and L&D clients
Disaggregation(s):	1	Positivity status: new positives, known positives at entry
Disaggregation(s): <i>(Required only for DREAMS countries)</i>	1	Numerator Disaggregation: By Positivity Status/Age <ul style="list-style-type: none"> • New Positives: <15, 15-19, 20-24, 25+ • Known Positives: <15, 15-19, 20-24, 25+
	1	Denominator Disaggregation: By Age: <15, 15-19, 20-24, 25+
Data Source:	Facility registers and other program monitoring tools.	
Data Collection Frequency:	Data should be collected continuously at the facility level as part of service delivery and aggregated in time for PEPFAR reporting cycles. Data should be reviewed regularly for the purposes of program management, to monitor progress towards achieving targets, and to identify and correct any data quality issues.	

Method of Measurement:

The numerator is a composite of the following two data components:

- 1) The number of women with known (positive) HIV infection attending ANC for a new pregnancy over the last reporting period
- 2) The number of women attending ANC, L&D who were tested for HIV and received results (***These should also be counted in the general HTC indicator "HTC_TST"***)

The numerator can be summed from categories a-d below:

- a) Number of pregnant women with unknown HIV status attending ANC who received an HIV test and result during the current pregnancy
- b) Pregnant women with known HIV infection attending ANC for a new pregnancy
- c) Number of pregnant women with unknown HIV status attending L&D who received an HIV test and result during their current pregnancy
- d) Women with unknown HIV status attending postpartum services within 72 hours of delivery who were tested for the first time in the current pregnancy and received results

A “known HIV status” is defined as a confirmed positive test result from a test during this pregnancy, an already known positive test result, or a confirmed negative test result during the current pregnancy. An indeterminate test result should not be counted or reported as a part of this indicator.

Explanation of Numerator:

The numerator is calculated using national and/or PEPFAR program records aggregated from facility registers in the ANC and L&D. In countries with high L&D attendance rates (>90%), data can be collected from L&D registers only.

Health facility registers should reflect known HIV infection among HIV-positive pregnant women coming to the ANC for a new pregnancy, such as through a code, circle, or other method, in order for them to receive subsequent PMTCT interventions. Only pregnant women with definitive results (a known status) should be counted and reported.

Pregnant women with unknown status attending either L&D or postpartum services: women who were not tested during ANC during this pregnancy; were not already known to be HIV-infected, or did not have a definitive status recorded in the register (as in, had an indeterminate result) should be counted and reported in this indicator if they receive an HIV test during L&D or postpartum services.

Pregnant women with known HIV-infection: women who are attending ANC for a new pregnancy who were tested and confirmed HIV-positive at any point prior to the current pregnancy. Pregnant women with known HIV infection attending ANC for a new pregnancy do not need retesting if that is in line with the national guidelines and/or, as long as they bring documented proof of their positive status with them. However, these women do need subsequent PMTCT services and should be counted in the numerator.

In this case, documented proof may include (but is not limited to), a health card providing HIV status test results from another testing center, or any other document that denotes that the bearer of the document is HIV positive.

Pregnant women with known status should be counted only once in this indicator. This may be difficult if national guidelines recommend testing a pregnant woman more than once during a pregnancy or if a woman seroconverts during her pregnancy and has multiple tests. For sites that are doing cohort monitoring of pregnant women in ANC, reporting a woman’s final status at the end of pregnancy is fine.

Explanation of Denominator:

The total number of new clients attending ANC and L&D services at USG-supported sites should be used as the denominator. This total will include the number of new clients who attend PMTCT services at USG-supported ANC sites and the number of women who present at L&D sites supported by USG with unknown status (as a proxy for those who have not attended ANC with PMTCT services). The USG country team is to identify the best source of data for unduplicated individuals. If the country has high facility delivery rates (>90%), the L&D data may be used as the denominator, otherwise ANC data should be used.

Note: This indicator is meant to measure the number of pregnant women who know their HIV status and is not meant to provide programmatic guidance around the types of services that should accompany HIV testing (e.g., counseling). All HIV testing programs should adhere to national or international standards.

Interpretation:

This indicator enables the USG PEPFAR team to monitor trends in HIV testing among pregnant women and uptake of testing at USG-funded sites.

The points at which drop-outs occur during the testing and counseling process and the reasons why they occur are not captured by this indicator.

This indicator does not measure the quality of the testing or counseling. It also does not capture the number of women who received pre- or post- test counseling.

There is a risk of double counting with this indicator, as a pregnant woman could be tested multiple times during ANC or, L&D, and postpartum. This is particularly true when pregnant women get re-tested according to some national guidelines or when they seek testing in different facilities, or when they come to the L&D without documentation of their test. While not feasible to avoid double counting entirely, countries should ensure a data collection and reporting system is in place to minimize it, such as using patient held and facility held ANC records to document that testing took place and only counting and reporting the last test with a definitive result, or the previously known HIV-infected status.

PEPFAR Support:

DSD: Individuals will be counted as receiving direct service delivery support from PEPFAR when BOTH of the below conditions are met: Provision of key staff or commodities AND frequent, at least quarterly, support to improve the quality of services.

TA-SDI: Individuals will be counted as supported through TA-SDI when the point of service delivery receives support from PEPFAR that meets the second criterion only: Frequent, at least quarterly support to improve the quality of services.

1. PEPFAR is directly interacting with the patient or beneficiary in response to their health (physical, psychological, etc.) care needs by providing key staff and/or essential commodities for routine service delivery. For women receiving PMTCT services, this can include: ongoing procurement of critical commodities such as test kits, ARVs, or lab commodities, or funding for salaries of HCW. Staff who are responsible for the completeness and quality of routine patient records (paper or electronic) can be counted here; however, staff who exclusively fulfill MOH and donor reporting requirements cannot be counted.

AND/OR

2. PEPFAR provides an established presence at and/or routinized, frequent (at least quarterly) support for those services at the point of service delivery. For PMTCT services, this ongoing support for service delivery improvement can include: training of PMTCT service providers, clinical mentoring and supportive supervision of PMTCT service sites, infrastructure/renovation of facilities, support of PMTCT service data collection, reporting, data quality, QI/QA of PMTCT services support, ARV consumption forecasting and supply management, support of lab clinical monitoring of patients, supporting patient follow-up/retention,

support of mother mentoring programs.

Additional References:

- Partially harmonized with Prevention indicator (HIV-P10), The Global Fund to Fight AIDS, Tuberculosis and Malaria Monitoring and Evaluation Toolkit: HIV, Tuberculosis and Malaria and Health Systems Strengthening, Part 2: Tools for monitoring programs for HIV, tuberculosis, malaria and health systems strengthening, Fourth Edition, November 2011
(http://www.theglobalfund.org/documents/monitoring_evaluation/ME_Part2HIV_Toolkit_en/)
- Global Monitoring Framework and Strategy for the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (EMTCT).
(http://apps.who.int/iris/bitstream/10665/75341/1/9789241504270_eng.pdf)
- #7. Core Indicators for National AIDS Programmes. Guidance and Specifications for Additional Recommended Indicators. April 2008
(http://www.unaids.org/en/media/unaids/contentassets/documents/document/2010/JC1768-Additional_indicators_v2_en.pdf)
- Refer to the PMTCT/Peds Treatment TWG with further inquiries.

Pre-Exposure Prophylaxis

Indicator code: PrEP_NEW	1	Percentage of females 15-24 <u>newly</u> enrolled on antiretroviral pre-exposure prophylaxis (PrEP) to prevent HIV infection
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Purpose:

The indicator measures the ongoing uptake of pre-exposure prophylaxis (PrEP) within PEPFAR-funded demonstration projects. Reporting the numbers of patients newly enrolled on PrEP is critical to assess the coverage and uptake of this intervention. PEPFAR country teams may establish PrEP demonstration projects within priority geographic areas (districts or other appropriate sub-national units) aimed at populations of females 15-24¹, where seroprevalence is substantially higher than the national average. Each demonstration project will be individually negotiated with host governments and approved through PEPFAR headquarters.

NGI Mapping:	Not applicable, new indicator
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PEPFAR Support Target/Result Type:	<u>Both Direct Service Delivery (DSD) and Technical Assistance-Service Delivery Improvement (TA-SDI) targets and results should be reported to HQ</u>
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Numerator:	1	Number of females 15-24 newly enrolled on oral or topical PrEP
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Denominator:	1	Estimated number of women ages 15-24 in a district (or other appropriate sub-national unit) who are HIV-uninfected and at elevated risk of HIV infection as evidenced by program or other data
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Disaggregation(s): (Required only for DREAMS countries)	1	Age/Sex (disaggregation required for both numerator and denominator): 15-19 Female, 20-24 Female
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Data Source:	Facility and community PrEP registers/databases and program monitoring tools developed for PrEP programs
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Data Collection Frequency:	Data should be collected continuously at the facility and community level as part of service delivery and aggregated quarterly. Data should be reviewed regularly for the purposes of program management, to monitor progress towards achieving targets, and to identify and correct any data quality issues.
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Method of Measurement:

The numerator can be generated by counting the number of people who are newly enrolled on PrEP in the reporting period, in accordance with the demonstration protocol or national guidelines (or WHO/UNAIDS standards).

NEW is a state defined by an individual's *beginning* in a PrEP program. It is expected that the characteristics of new clients are recorded at the time they newly initiate into a program.

Patients are "new" on PrEP only if they are naive to antiretroviral therapy for prevention of HIV infection and have not received oral or topical prophylaxis previously in any program.

Age represents an individual's age at initiation of therapy. For example, if a 19 year old woman begins PrEP and

¹ Note: at this time, PEPFAR programs should be providing PrEP only to women aged 18 and older. However, in order to keep age disaggregations consistent across clinical interventions, programs will be asked to disaggregate both newly and currently enrolled PrEP patients into 15-19 and 20-24 age brackets.

then shortly after turns age 20, she will still be counted under NEW in the 15-19 age category.

Explanation of Numerator:

The numerator is generated by counting the number of people newly enrolled in PrEP in the reporting period, in accordance with the demonstration project guidance or the nationally approved protocol (or WHO/UNAIDS standards).

Explanation of Denominator:

Number of highly vulnerable HIV-uninfected females between the ages of 15 and 24 in the district based on DHS, HI or other surveillance data.

Interpretation:

The indicator measures the ongoing growth of PrEP demonstration projects. Along with number of patients currently enrolled on PrEP, this measure is critical to assess progress in the program's response to the epidemic in specific geographic areas, and the uptake and utility of PrEP among this population.

This indicator permits monitoring trends in use, but does not attempt to distinguish between different modes or regimens of PrEP, or to measure the cost, quality or effectiveness of PrEP provided. These will each vary within and between countries and are liable to change over time.

PEPFAR Support:

DSD: Individuals will be counted as receiving direct service delivery support from PEPFAR when BOTH of the below conditions are met: Provision of key staff or commodities AND frequent, at least quarterly, support to improve the quality of services.

TA-SDI: Individuals will be counted as supported through TA-SDI when the point of service delivery receives support from PEPFAR that meets the second criterion only: Frequent, at least quarterly support to improve the quality of services.

1. PEPFAR-funded partners are directly interacting with the patient or beneficiary in response to their health (physical, psychological, etc.) care needs by providing key staff and/or essential commodities for routine service delivery. For high risk clients receiving PrEP, this can include ongoing procurement of critical commodities, such as ARVs, or funding for salaries of HCW who deliver HIV treatment services or who support linkage of PrEP patients to other HIV prevention services and programs. Staff who are responsible for the completeness and quality of routine patient records (paper or electronic) can be counted here; however, staff who exclusively fulfill MOH and donor reporting requirements cannot be counted.

AND/OR

2. PEPFAR provides an established presence at and/or routinized, frequent (at least quarterly) support to those services at the point of service delivery. For PrEP services, this ongoing support for service delivery improvement can include: clinical mentoring and supportive supervision of staff at sites providing PrEP, support for quality improvement activities, patient tracking system support, routine support of PrEP M&E and reporting, commodities consumption forecasting and supply management.

Additional References:

- #4.1, Global AIDS Response Progress Reporting 2013. Construction of Core Indicators for monitoring the 2011 UN Political Declaration on HIV/AIDS. January 2013.
(http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/GARPR_2013_guidelines_en.pdf)
- WHO Recommendations for initiating PrEP for high risk women: (in development)
- WHO Recommendations for initiating PrEP for MSM: Guidance on oral pre-exposure prophylaxis (PrEP) for serodiscordant couples, men and transgender women who have sex with men at high risk of HIV.
- Recommendations for use in the context of demonstration projects. Available at
(http://www.who.int/hiv/pub/guidance_prep/en/)
- Refer to the PEPFAR DREAMS working group or Gender and Adolescent Girls Technical Working Group with further inquiries.

Orphans and Vulnerable Children (OVC)

Indicator code:
OVC_SERV **1** Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS

Purpose:

PEPFAR is mandated to care for children orphaned or made vulnerable by HIV/AIDS. Mitigating the impact that HIV is having on children and the families that support them is integral to a comprehensive HIV response. *It is important to note that the definition of "affected" children includes, but is not limited to, children infected with HIV/AIDS.*

PEPFAR recognizes that individuals, families, and communities are affected by HIV in ways that may hinder the medical outcomes of HIV-positive persons as well as the emotional and physical development of children orphaned or made vulnerable by HIV/AIDS. A variety of services are supported through PEPFAR to mitigate these effects in order to improve health and well-being outcomes of adults and children. These services include programs that support the developmental growth of children and the quality of life of adults and children living with and affected by HIV/AIDS.

This indicator is a direct (output) measure of the number of individuals receiving PEPFAR funded services for children and families affected by HIV/AIDS. Data collected from this indicator will inform country programs and PEPFAR about the scale-up of services for individuals affected by HIV. Results from this indicator can inform program planning and budget allocations and may be used to report against the legislative requirement to serve this population.

NGI Mapping: New. Replacing C1.1.D <18 disaggregation. Significant modification in definition; trend analysis will be impacted

PEPFAR Support Target/Result Type: Both Direct Service Delivery (DSD) and Technical Assistance-Service Delivery Improvement (TA-SDI) targets and results should be reported to HQ

Numerator: **1** Number of active beneficiaries served by PEPFAR programs for children and families affected by HIV/AIDS

Denominator: **1** N/A

Disaggregation(s): **1** **Total Age/Sex:** <1 Male, <1 Female, 1-4 Male, 1-4 Female, 5-9 Male, 5-9 Female, 10-14 Male, 10-14 Female, 15-17 Male, 15-17 Female, 18-24 Male, 18-24 Female, 25+ Male, 25+ Female
(Required only for DREAMS countries)

By service area (see categories and definitions below)

- **By age/sex** (<1 Male, <1 Female, 1-4 Male, 1-4 Female, 5-9 Male, 5-9 Female, 10-14 Male, 10-14 Female, 15-17 Male, 15-17 Female, 18-24 Male, 18-24 Female, 25+ Male, 25+ Female)

1 **Service Area** related to DREAMS (not mutually exclusive; active beneficiaries may be counted in more than one service area):

- Education Support
- Parenting/Caregiver Programs
- Social Protection (including conditional and unconditional cash transfers)
- Economic Strengthening
- Other service areas in line with PEPFAR guidance for OVC programming

Data Source: Registers, referral forms, client records, organization records, or other program monitoring tools

Data Collection Data should be collected continuously as part of service delivery and aggregated in time for

Frequency:	PEPFAR reporting cycles. Data should be reviewed regularly for the purposes of program management, to monitor progress towards achieving targets, and to identify and correct any data quality issues.
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Method of Measurement:

The indicator is generated by counting the number of active beneficiaries (children or caregivers) who received at least one HKID funded service from facilities and/or community -based organizations (see definition of an ‘active beneficiary’ below). To reduce the burden of counting on organizations providing services, registers with names of children who meet the criteria for “active beneficiary” are sufficient for generating the number included in this indicator. The types of OVC programs required to report on this indicator are outlined in the 2012 PEPFAR OVC Guidance and are those designed to address critical care needs.

Service area definitions are guided by national standards, which should be in alignment with the DREAMS Core Package Guidance and the 2012 PEPFAR Guidance for OVC Programming.

Because service areas are not mutually exclusive, active beneficiaries may be counted in multiple service areas. The service area disaggregations cannot be summed to yield the OVC_SERV numerator or overall age/sex disaggregations. De-duplicated totals will have to be manually entered.

Note about potential overlap between OVC_SERV and CARE_COMM: Since CARE_COMM *Number of HIV-infected adults and children receiving care and support services outside of the health facility* measures care and support services delivered to HIV positive individuals in community settings, there may be overlap between the HIV positive adults and children individuals counted under CARE_COMM and OVC_SERV. If HIV positive individuals meet criteria to be counted under both indicators, please include them under both.

Explanation of Numerator:

Active beneficiary is defined as an individual who has received program services in the last three months and who is scheduled to receive program services at least once every three months, as outlined in program guidelines or standards of practice. New beneficiaries who only registered in the last quarter will be counted as active, even if they have not yet received services. Partners will report on the number of beneficiaries on their “active” registries.

Explanation of Denominator:

N/A

Interpretation:

This is an output indicator that provides information on the total number of all individuals benefitting from HKID funded PEPFAR programs for children and families affected by HIV/AIDS. This indicator is included to track basic program coverage. However, outcome indicators will reflect the effectiveness of those programs serving this population and other output indicators may indicate types of services received.

PEPFAR Support:

DSD: Individuals will be counted as receiving direct service delivery support from PEPFAR when BOTH of the below conditions are met: Provision of key staff or commodities AND frequent, at least quarterly, support to improve the quality of services.

TA-SDI: Individuals will be counted as supported through TA-SDI when the point of service delivery receives support from PEPFAR that meets the second criterion only: Frequent, at least quarterly support to

improve the quality of services.

1. PEPFAR is directly interacting with the patient or beneficiary in response to their health (physical, psychological, etc.) care needs by providing key staff and/or essential commodities for routine service delivery. For beneficiaries of OVC services, this can include funding of salaries (partial or full) for staff of the organization delivering the individual, small group or community level activity (e.g., psychosocial support, child protection services, education, etc)² or procurement of critical commodities essential for ongoing service delivery. Partial salary support may include stipends or incentives for volunteers, or paying for transportation of those staff to the point of service delivery. Staff who are responsible for the completeness and quality of routine patient records (paper or electronic) can be counted here; however, staff who exclusively fulfill MOH/MOSW and donor reporting requirements cannot be counted.

AND/OR

2. PEPFAR provides an established presence at and/or routinized, frequent (at least quarterly) support to those services at the point of service delivery. For OVC services, this ongoing support for service delivery improvement can include: the development of activity-related curricula, education materials, etc., supportive supervision of volunteers, support for setting quality standards and/or ethical guidelines, and monitoring visits to assess the quality of the activity, including a home visit, a visit to a school to verify a child's attendance and progress in school or observation of a child's participation in kids clubs.

Additional References:

- Refer to the OVC TWG with further inquiries.

² Refer to 2012 PEPFAR OVC Guidance for further examples:
<http://www.pepfar.gov/documents/organization/195702.pdf>