

# Community-Based Indicators for HIV Programs

## HIV Prevention

Decentralized, community-based HIV prevention interventions are designed to improve HIV-related knowledge and decrease engagement in high-risk sexual behaviors and usually involve a combination of behavioral, biomedical, and structural approaches. Combination HIV prevention interventions require empowerment approaches; efforts to address legal and policy barriers; strengthening of health and social and child protection systems; and actions to address stigma, discrimination, and gender inequality. Behavioral interventions can include sexual education, programs to reduce stigma and discrimination, counselling, and cash transfer programs. Biomedical interventions can include condom distribution, treatment of HIV and other sexually transmitted infections, prevention of mother-to-child transmission, needle exchange, and testing. Structural interventions tend to address inequality, decriminalization of sex work, homosexuality, drug use, legal protections for people living with HIV, and increased access to school for young girls. Importantly, evidence- and rights-based community-owned combination HIV prevention interventions have been shown to have the greatest effect in reducing new infections.

MEASURE Evaluation reached out to PEPFAR (United States President’s Emergency Plan for AIDS Relief)—and



other donor-supported programs implementing programs at the community level that support HIV prevention activities among key populations, including LINKAGES—to obtain data collection tools. The tools received are used by community workers in Nigeria, Ethiopia, South Africa, Uganda, Kenya, Côte d’Ivoire, the Democratic Republic of the Congo, and Botswana to track and monitor community



HIV prevention interventions. The most common data elements among these tools were incorporated into the indicators in this collection. Each indicator is accompanied by a definition. These definitions were specifically designed to inform data collection by community programs and agents. To learn about the work of MEASURE Evaluation in HIV/AIDS, as well as associated tools and resources, go to the [MEASURE Evaluation HIV/AIDS main page](#).

**For more information visit the links below.**

[Number of people known to be on treatment 12 months after initiation of antiretroviral therapy](#)

[Number of people who received sexually transmitted infection screening and treatment](#)

[Number of people who report the use of a condom at last sex](#)

[Number of people of reproductive age currently using a modern family planning method](#)

[Number of people identified to have experienced sexual, physical, or emotional violence](#)

[Number of people reached with individual or small group level community HIV-prevention interventions](#)

[Number of people provided with referrals for services in the past three months](#)

[Number of people provided with completed referrals for services in the past three months](#)

[Number of HIV-exposed infants receiving a virological test for HIV within two months of birth](#)

[Number of HIV-exposed infants who are exclusively breastfed at three months of age](#)

[Number of births to HIV-positive women attended by skilled health personnel](#)

[Number of HIV-positive women who received antiretroviral therapy during pregnancy](#)

[Number of HIV-positive pregnant women who received antenatal care at least four times prior to delivery](#)

[Number of people infected or affected by HIV provided with spiritual or psychosocial support services](#)

[Number of vulnerable children provided with educational support services](#)

[Number of people who accessed legal counsel, protection, or post-violence services](#)

**Community-based information systems (CBIS) are key to understanding how HIV programs are working to control the epidemic at the local level in countries with high burden. MEASURE Evaluation developed this collection of indicators to guide community-based HIV programs in monitoring their performance and thereby enhance informed decision making by governments, major donors, and implementing partners.**

This publication was produced with the support of the United States Agency for International Development (USAID) under the terms of MEASURE Evaluation cooperative agreement AID-OAA-L14-00004. MEASURE Evaluation is implemented by the Carolina Population Center, University of North Carolina at Chapel Hill in partnership with ICF International; John Snow, Inc.; Management Sciences for Health; Palladium; and Tulane University. Views expressed are not necessarily those of USAID or the United States government. FS-19-395d

