

# The President's Emergency Plan for AIDS Relief Next Generation Indicators Reference Guide

## ERRATA August 2009

The PEPFAR Indicators & Reporting Work Group (IRWG) is releasing this ERRATA document to document errors/omissions/clarifications/corrections for the recently released PEPFAR Next Generation Indicators (NGI) Reference Guide in early July 2009.

Please see the following detailed changes that have been made below, including the page number of the change to the PEPFAR NGI Reference Guide, the nature of the error/omission/clarification, and the correction that has been made. Additionally, the actual PEPFAR NGI Reference Guide has been revised with a new date (August 2009) and a new version number (Version 1.1). Both the ERRATA document and the revised NGI Reference Guide Version 1.1 August 2009 will be posted on [www.PEPFAR.net](http://www.PEPFAR.net) and [www.PEPFAR.gov](http://www.PEPFAR.gov) as well as distributed through the normal communication channels.

For any NGI Related questions, please contact any of the members of the IRWG: Michelle Sherlock (OGAC Lead), Laura Porter (HHS/CDC Lead), or ThuVan Dinh (USAID Lead).

### ERRORS/OMISSIONS/CLARIFICATIONS/CORRECTIONS

#### Page 20: Updating of 'Prevention Sub Area 7 section of Table 1: PEPFAR Essential/Reported Indicators

- Prevention Sub Area 7: Label changed from 'Prevention with Positives (PwP)' to 'Prevention with People Living with HIV (PLHIV)':

Prevention Sub Area 7: <b>Prevention with People Living with HIV (PwP)</b>		
P7.1.D	PEPFAR Output	Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions

#### Page 23: Updating of 'Prevention Sub Area 1' section of Table 2: PEPFAR Output, Outcome, and Impact Indicators

- Prevention Sub Area 1: Correction to the disaggregation of both indicators #P1.1.N and #P1.2.N to "Essential/Reported" (see matrix below):

Prevention Sub Area 1: PMTCT					
P1.1.N	National Outcome	Routine Program	<b>1</b>	Percent of pregnant women who were tested for HIV and know their results.	UNAIDS additional #7; GF Prevention indicator #11

			2	Known positives at entry; Number of new positives identified	
P1.2.N	National Outcome	Routine Program	1	Percent of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	UNGASS #5; GF Prevention indicator #12
			2	By Prophylactic Regimens: (Single Dose Nevirapine Only, Prophylactic Regimens using a combination of 2 ARVs; Prophylactic Regimens of 3 ARVs; ART)	

Page 25: Updating of 'Prevention Sub Area 7' section of Table 2: PEPFAR Output, Outcome, and Impact Indicators

- Prevention Sub Area 7: Label changed from 'Prevention with Positives (PwP)' to 'Prevention with People Living with HIV (PLHIV)':

Prevention Sub Area 7: Prevention with People Living with HIV (PwP)					
P7.1.D	PEPFAR Output		1	Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of Prevention with PLHIV (PwP) interventions	PwP TWG
			3	By setting where reached: in a clinic/facility-based and in a community/home-based	

Page 26: Updating of 'Prevention Sub Area 8' section of Table 2: PEPFAR Output, Outcome, and Impact Indicators

- Corrections made to Indicators #P8.13.N and #P8.14.N in the matrix (see below):

Prevention Sub Area 8: Sexual and other Behavioral Risk Prevention					
P8.13.N	National Outcome		3	The percentage of women and men aged 15-49 with more than one ongoing sexual partnership at the point in time six months before the interview	UNAIDS Reference Group on Estimates, Modelling & Projections
P8.14.N	National Outcome		3	Percent of men and women aged 15-49, who have two or more concurrent partners within the past twelve months [in development]	UNAIDS Reference Group on Estimates, Modelling & Projections

Page 30: Updating of 'Care Sub Area 4: Clinical/Preventive Services – Additional Pediatric' section of Table 2: PEPFAR Output, Outcome, and Impact Indicators

- There were corrections made to the disaggregations for Indicator #C4.1.D (see below):

Care Sub Area 4: Clinical/Preventive Services - Additional Pediatric					
C4.1.D	PEPFAR Output	Routine Program	2	Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	UNAIDS additional #8; GF Prevention indicator #13
			2	Infants who received virological testing in the first 2 months	
			2	Infants that were tested either virologically between 2 and 12 months, or by serology between 9 and 12 months	

Page 31: Updating of 'Treatment' section of Table 2: PEPFAR Output, Outcome, and Impact Indicators

- There were changes to the numbering of three of the treatment indicators in the summary matrix (see below):

Treatment				
Treatment Sub Area 1: ARV services				
T1.1.N (T1.2.N)	National Outcome	Routine Program	1	Percent of adults and children with advanced HIV infection receiving antiretroviral therapy
T1.6.N (T1.5.N)	National Outcome	Intermittent: Facility survey, special study	2	Percentage of health facilities that offer ART
T1.7.N (T1.6.N)	National Outcome		2	Percentage of health facilities providing ART using CD4 monitoring in line with national guidelines/policies on site or through referral

Page 32: Updating of 'Health Systems Strengthening Sub Area 2: Human Resources for Health' section of Table 2: PEPFAR Output, Outcome, and Impact Indicators

- Change to Indicator #H2.4.N from 1,000 population to 10,000 population to be harmonized at the international level (see matrix below):

Health System Strengthening Sub Area 2: Human Resources for Health					
H2.1.N	National Output	Educ institutions, Prof assoc., MoHealth, MoEducations, HRIS	1	Number of new health care workers who graduated from a pre-service training institution	Partially WHO and GF
H2.4.N	National Output		3	Ratio of health workers to 10,000 population	WHO

Pages 44: Injection and Non-injection drug use – Number of injecting drug users (IDUs) on opioid substitution therapy

- Under 'Method of measurement', 4<sup>th</sup> paragraph: *"Partners providing referrals only should not use this indicator. See MARP Indicator #P8.3.D."*

Pages 55-57: Prevention with People Living with HIV (PwP)

- Corrections made to the reference sheet for Indicator #P7.1.D: Indicator label changed from 'Prevention with Positives (PwP)' to 'Prevention with People Living with HIV (PLHIV)'

Pages 58-59: Prevention: Sexual and other Risk Prevention for General Population

- Several clarifications made to the reference sheet for Indicator #P8.1.D (please see the revised reference sheet in the NGI Reference Guide Version 1.1).
- One of the most significant clarifications is the following to the 'Method of Measurement' section:
  - *Intended Target Population: The specific target population around which a prevention intervention was intentionally designed. Populations to be counted in this indicator are general population adult and/or youth, including both in school and out of school youth. For this indicator, populations that participate in a variety of behavioral risks could be counted, including but not limited to the following illustrative examples: individuals who engage in: transactional sex*

*(giving or receiving a gift in exchange for sex); sex under the influence of alcohol; other behaviors that could place them at risk of transmission.*

*Only individuals representing the specific 'intended audience' will count under this indicator. For example: If a program activity is designed to target youth (ages 10-15) and individuals who are much older or much younger than the intended target population participate in the activity, then these individuals should not be counted. Only the 10-15 year olds for which the program was designed should be counted.*

- Another significant clarification made to the 'Method of Measurement' section:
  - Language added: *In order to be counted, an individual should complete the intended number of sessions that were implemented with fidelity to the intervention.*

**Pages 64-65: Sexual and Other Risk Prevention – Most at Risk Populations (MARP)**

- Several clarifications made to the reference sheet for Indicator #P8.3.D (please see the revised reference sheet in the NGI Reference Guide Version 1.1).
- One of the most significant clarifications is the following to the “Disaggregation” section (highlighted in yellow below):

<b>Disaggregation:</b> Essential	Essential/reported: By MARP type: CSW, IDU, MSM, <b>Other Vulnerable Populations</b> Essential/not reported: By sex: Male/Female
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- Another significant clarification is the following to the 'Method of Measurement' section (highlighted in yellow below):

<b>Method of measurement:</b>	<p><u>Explanation of Numerator:</u></p> <p>The numerator can be generated by counting the number of de-duplicated individuals from an activity defined target population who are reached with and complete a prevention intervention designed for the intended MARP.</p> <p>This indicator only counts those interventions at the individual and/or small group level. Individual and small group level interventions are components of a comprehensive program but are not by themselves defined as a comprehensive program. Partners do not have to implement comprehensive prevention programs to utilize this indicator, but should work with other partners and stakeholders to ensure that comprehensive prevention programs are implemented in the communities that they work in.</p> <p><b>Additional Disaggregation – Other Vulnerable Populations</b></p> <p>Please note, there may be other populations that have increased vulnerability to HIV due to a combination of behavioral, social, or environmental factors. Groups that should be counted in the category of Other Vulnerable Populations include:</p> <ul style="list-style-type: none"> <li>○ Military and other uniformed services</li> <li>○ Incarcerated persons</li> <li>○ Mobile populations (e.g. migrant workers, truck drivers)</li> <li>○ Clients of sex workers</li> </ul>
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	o Non-injecting drug users
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- Another significant clarification made to the 'Method of Measurement' section:
  - o Language changed from: *'substance abusers'* to *'Injecting Drug Users'*.

Pages 84-85: Clinical/Preventive Services – Additional Pediatric

- Correction made to the disaggregation section for Indicator #C4.1.D.

Disaggregation:	Essential/not reported	Infants who were tested either virologically between 2 and 12 months or serology between 9 and 12 months.	
	Essential/not reported	Infants who received virological testing in the first 2 months	

Pages 102-105: HRH pre-service training indicator – Health Care Workers (PEPFAR Direct)

- Clarification for Indicator #H2.1.D: Additional language added to 'Method of Measurement' section around length of training:
  - o *In order to count the duration of training must meet or exceed a minimum of 6 months. For example, community health care workers who receive a 3-month training course cannot be counted here (use indicator #H2.2.D for pre-service training under 6 months).*
- Clarification for Indicator #H2.1.D: Additional language added to 'Method of Measurement' section for definition of PEPFAR direct support:
  - o ***Definition of PEPFAR Direct support***  
*Direct PEPFAR support includes funding for full or partial support of student tuition or scholarships. Depending on the country context, direct support can also include investments such as payment of teacher salaries, expansion of pre-service training facilities, and remuneration to recent graduates to 'bridge' the time period between graduation and hiring/deployment.*

*When unclear about the level of PEPFAR support, refer to the principles of the Direct definition contained in this indicator reference guide. In order to be counted, partial support must substantially contribute to pre-service training, meaning that individual or collective PEPFAR contributions must comprise the predominate quantity of support.*

Pages 106-107: HRH pre-service training indicator – Community and Social Workers

- Clarification for Indicator #H2.2.D is as follows with additional language to 'Method of Measurement' section:
  - o *"Para-social workers" and social support workers as defined for the purposes of this indicator receive anything from a few days of training up to 6 months of training. There is no exclusion for unpaid workers. It is up to countries to decide if they want to include unpaid workers and/or if they choose to disaggregate paid/unpaid workers.*

*“Para-social” workers often work under the supervision of a professional social worker, nurse, or physician; this is a descriptor only for ‘para-social’ worker and not a condition/criterion in order to count for this indicator.*

*Social support workers and unpaid workers provide some type of health related service and do not have the length or breadth of training to qualify as a health care professional or para-professional as defined in the pre-service Indicator #H2.1.D. An illustrative, but not exhaustive, list of examples of social support and unpaid workers: community health aides, community health workers, care givers, family support workers, peer educators, adherence counselors, expert patients, home health aides, lay counselors, lay health workers, palliative care givers, village health assistants, accompagnateurs, etc.*

#### Pages 108-111: HRH in-service training

- Clarifications for Indicator #H2.3.D: Additional language added to ‘Method of Measurement’ section around which individuals may count:
  - *Any individual involved in safeguarding and contributing to the prevention, promotion, and protection of the health of the population may be counted in this in-service training indicator. Refer to the pre-service training indicators #H2.1.D and #H2.2.D for illustrative, but not exhaustive, examples of the types of workers one might include. This in-service training indicator includes health workers as illustrated in indicator #H2.1.D and community health and para-social workers as illustrated in #H2.2.D. There are no specific exclusions to this in-service training indicator #H2.3.D.*
  
- Clarifications for Indicator #H2.3.D: Corrections to the Male Circumcision in-service training definition with additional language for the ‘Method of Measurement’ section:
  - *MALE CIRCUMCISION TRAINING: Persons who receive in-service training in one or more of the following functions in the delivery of MC for HIV prevention services should be counted in this sub-set: 1) MC provider/surgeon (persons who surgically remove the foreskin, regardless of whether they are a physician, nurse, clinical officer, etc.); 2) surgical assistant; 3) counselor (persons who provide education and counseling of clients on MC); and/or 4) ancillary staff (persons who perform sterilization and preparation of surgical instruments/equipment). Training may be for infant or adolescent/adult MC surgical methods. Persons who receive training to perform multiple functions (i.e., as both counselor and surgical assistant), and persons trained in multiple methods (infant and adolescent/adult methods) should only be counted once.*

*Programs should focus on compiling data on male circumcision training from Training Registers maintained by funded programs. MC for HIV prevention services are comprised of a minimum package of components that includes elective surgical male circumcision using local anesthesia provided after education and consent and delivered in the context of comprehensive pre-*

*operative HIV counseling and testing (offer of), pre-operative STI assessment (and treatment when indicated), post-operative HIV risk reduction counseling and abstinence/healing instructions, and provision of condoms.*

Page 112: Update to the 'Summary ESSENTIAL National Indicators Reported to HQ'

- Corrections made: Indicator #T1.1.N should actually be labeled #T1.2.N; Changes made to reference sheets (Page 122-123) and table (Page 112).

Pages 113-115: National Level – Prevention of Mother to Child Transmission (PMTCT)

- Correction made to the disaggregation box for Indicator #P1.1.N. Changed from level 3 "recommended" to level 2 "essential/not reported":

<b>Disaggregation</b> Essential/not reported	Numerator: Known positives at entry Number of new positives identified
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Pages 116-119: National Level – Prevention of Mother to Child Transmission (PMTCT)

- Correction made to the disaggregation box for Indicator #P1.2.N. Changed from level 3 "recommended" to level 2 "essential/not reported":

<b>Disaggregation:</b> Essential/not reported	Denominator disaggregated by: Known positive at entry Newly tested positive By regimen type. 1. Single-dose Nevirapine only 2. Prophylactic regimens using a combination of 2 ARVs 3. Prophylactic regimens using a combination of 3 ARVs 4. ART for HIV-positive pregnant women eligible for treatment <sup>1</sup>
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Pages 124-125: HRH pre-service training indicator – Health Care Workers (National)

- Clarification for Indicator #H2.1.N: Additional language added to 'Method of Measurement' section around length of training:
  - *In order to count the duration of training must meet or exceed a minimum of 6 months. For example, community health care workers who receive a 3-month training course cannot be counted here (use indicator #H2.2.D for pre-service training under 6 months).*

Page 128: Update to the 'Summary ESSENTIAL National Indicators Not Reported to HQ'

- The following indicators were added to the summary list of National-Essential/Not Reported indicators table:

<b>C3.1.N</b>	Percent of TB patients who had an HIV test result recorded in the TB register
<b>C4.2.N</b>	Percent of infants born to HIV-positive pregnant women who are started on CTX prophylaxis within two months of birth

Page 128: Update to the 'Summary ESSENTIAL National Indicators Not Reported to HQ'

- The following indicator reference sheets were added to the National-Essential/Not Reported Section (with new page numbers because we had to renumber after the addition of these two indicators; please see the revised reference sheets in the NGI Reference Guide Version 1.1)
- The indicator label was added to the summary list of National-Essential/Not Reported indicators table:

H5.3.N	Percentage of health facilities providing ART that experienced stock-outs of ARV in the last 12 months
H6.3N	National Composite Policy Index (NCPI)

Page 128: Update to the 'Summary ESSENTIAL National Indicators Not Reported to HQ'

- Indicator #T1.6.N should be #T1.5.N, which requires that #T1.7.N be modified to #T1.6.N.
- Changes made to reference sheet (Page 163 and 165) and table (Page 128):

<del>T1.6.N</del> (now T1.5.N)	Percentage of health facilities that offer ART
<del>T1.7.N</del> (Now H5.3.N)	Percentage of health facilities providing ART that experienced stock-outs of ARV in the last 12 months
<del>T1.8.N</del> (now T1.6.N)	Percentage of health facilities providing ART using CD4 monitoring in line with national guidelines/policies on site or through referral

Pages 172-181: Updating of 'APPENDIX 1 – Summary of Changes to PEPFAR Indicators'

- Corrections/Modifications: This mapping matrix from old PEPFAR indicators to new PEPFAR Next Generation Indicators has been revised to include the missing indicators from old set of PEPFAR I indicators (there were 4 indicators missing from old set that were inadvertently left off the mapping matrix); additionally, the mapping matrix now includes the new PEPFAR Next Generation Indicators numbering system for easier referencing of indicators (please see the revised reference sheet in the NGI Reference Guide Version 1.1).

Addition of missing indicator reference sheet

- IRWG has inserted the missing reference sheet for Indicator #P11.2.N (Reporting requirement – 2) and updated the summary indicator table (Page 128). Please see the inserted reference sheet in the NGI Reference Guide Version 1.1.