

# Linkages Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) Project

## PERFORMANCE INDICATOR REFERENCE SHEETS FOR KEY POPULATIONS

OCTOBER 2017

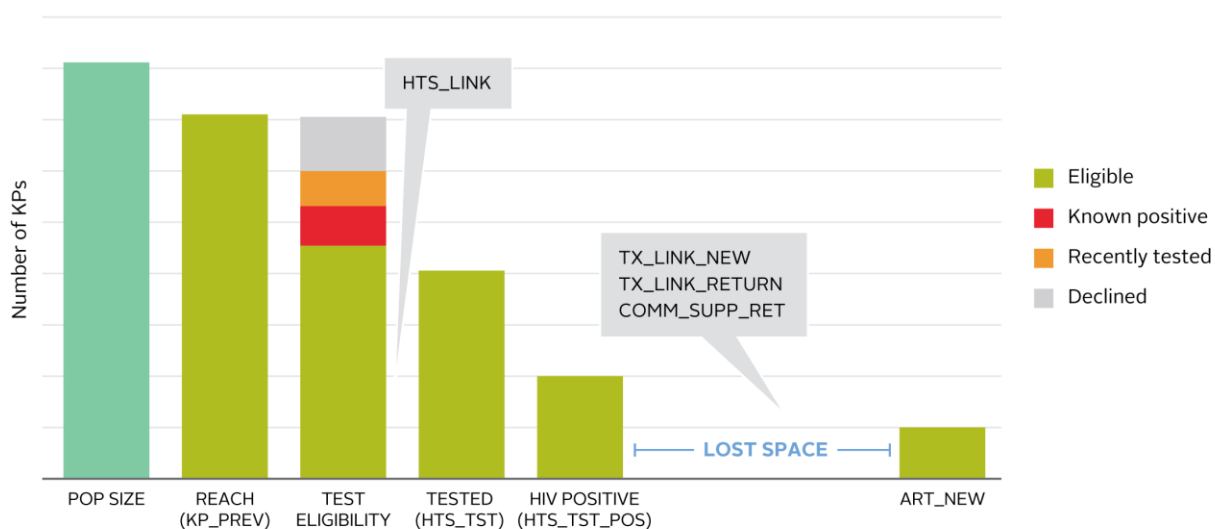


## Introduction

LINKAGES Across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES), a five-year cooperative agreement funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID), is the largest global project dedicated to key populations (KPs) most affected by HIV: men who have sex with men, sex workers, people who inject drugs, and transgender people. Led by FHI 360 in partnership with Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES is working to **accelerate the ability of governments, KP organizations, and private sector providers to collaboratively plan, deliver, and optimize services** that reduce HIV transmission among KPs and their clients and extend life for those already living with HIV. To achieve this goal, LINKAGES implements activities along the entire HIV cascade: identifying specific communities of KP members and learning about their needs, reaching them with preventive interventions, providing HIV testing (and retesting as needed), linking those who are HIV positive to—and retaining them in—care and treatment, and helping them to achieve viral load suppression.

Given the unique dynamics of KP programs, the standard PEPFAR indicators alone are insufficient to adequately capture all of LINKAGES’ contributions to KP programming, especially in countries where we are not providing direct service delivery of antiretroviral therapy. As a result, LINKAGES developed a set of custom indicators to complement the existing PEPFAR indicators. We have also adapted the indicator reference guidance for relevant MER 2.0 indicators to make them suitable for LINKAGES. Figure 1 shows how these standard and custom indicators work together to monitor the project’s achievements.

**Figure 1. Relationship between the prevention, care, and treatment cascade and the LINKAGES’ custom indicators**



The following pages outline the performance indicator reference sheets for both the standard PEPFAR indicators and LINKAGES’ custom indicators.

## Standard PEPFAR Indicators

Indicator name: KP_PREV	
Description	<p>Number of key populations reached with individual and/or small group-level HIV prevention interventions designed for the target population</p> <p><b>Individual</b> = one-on-one interaction</p> <p><b>Small group</b> = 25 or fewer persons in a group session</p>
Requirements	<p>For an individual to be counted in KP_PREV they must have been provided with the minimum package of services outlined in the technical guidelines. At a minimum, the following conditions must be met:</p> <p><i>The provider must:</i></p> <ul style="list-style-type: none"> <li>• Offer or refer the individual for HIV testing unless the person is known HIV positive</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Provide at least one of the following: <ul style="list-style-type: none"> <li>➢ Targeted information relevant for the population based on context</li> <li>➢ Make available prevention products such as condoms and lubricants</li> <li>➢ Offer or refer for screening and treatment for STI or TB</li> <li>➢ Offer of other services such as family planning, screening or vaccination for viral hepatitis etc.</li> <li>➢ Offer of or referral for needle exchange program</li> <li>➢ Referral for ART if HIV positive</li> </ul> </li> </ul>
Calculation	<p><b>Numerator:</b> the numerator is a count of the number of unique individuals who were provided with prevention services during the fiscal year. Each person should be counted towards KP_PREV only once during the fiscal year. For instance, if a KP is reached during Q1 of the fiscal year and then again during Q2, then, that KP can only be counted for KP_PREV when they were reached during Q1. Projects should develop systems to identify and de-duplicate KPs reached on more than one occasion during the fiscal year. Since for good prevention programs, KPs are likely to be reached on more than one occasion during the fiscal year, for allocation of resources, those who are reached on more than one occasion could be counted as repeaters.</p> <p><b>Denominator:</b> None</p>
Disaggregation	<p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• Female sex worker</li> <li>• MSM who are sex worker</li> <li>• MSM who are not sex worker</li> <li>• TG who are sex worker</li> <li>• TG who are not sex worker</li> <li>• PWID male</li> <li>• PWID female</li> </ul>

	<p><b>Testing status</b></p> <ul style="list-style-type: none"> <li>• Known positive</li> <li>• Newly tested</li> <li>• Referred for testing</li> <li>• Declined testing</li> </ul> <p><b>Reach type</b></p> <ul style="list-style-type: none"> <li>• First time</li> <li>• Repeaters</li> </ul>
Data sources	Outreach forms (Daily diary; Peer calendar)
Reporting frequency	Semi-annual; need systems to de-duplicate for the entire year

Indicator name: PP_PREV	
Description	Number of the priority populations (PP) reached with the standardized, evidence-based intervention(s) required that are designed to promote the adoption of HIV prevention behaviors and service uptake.
Requirements	<p>For an individual to be counted in PP_PREV they must have been provided with the minimum package of intervention that is defined for the specific population in the target country. At a minimum, the following conditions must be met:</p> <p><i>The provider must:</i></p> <ul style="list-style-type: none"> <li>• <b>Offer or refer the individual for HIV testing unless the person is known HIV positive</b></li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• Provide at least one of the following for adults: <ul style="list-style-type: none"> <li>○ Promotion of relevant prevention and clinical services and demand creation to increase awareness, acceptability, uptake of these services;</li> <li>○ Information, education and skills development to reduce HIV risk and vulnerability;</li> <li>○ Correctly identify prevention methods adopted and sustain positive behavior change and promote gender equity and supportive norms and stigma reduction;</li> <li>○ Facilitated linkages to care and prevention services, and or support services to promote use of, retention in and adherence to care and</li> <li>○ Condom and lubricant (where feasible) promotion, skills building, facilitated access to condom and lubricants (where feasible) through direct provision or linkages to social marketing and/or other services outlets</li> </ul> </li> </ul> <p><b>Note: this list is not exhaustive but the package of service provided should be based on existing country guidelines for the population that is reached.</b></p>
Calculation	<p><b>Numerator:</b> a count of the number of persons within the targeted priority populations that are reached with standardized HIV prevention intervention(s) that are evidence-based.</p> <p>Each person can only be counted towards PP_PREV once during the fiscal year. For instance, if a person is reached during Q1 of the fiscal year and then again during Q2, then, that person can only be counted for PP_PREV when they were reached during Q1. Projects should develop systems to identify and de-duplicate persons reached on more than one occasion during the fiscal year. Since for good prevention programs, KPs are likely to be reached on more than one occasion during the fiscal year, for allocation of resources, those who are reached on more than one occasion could be counted as repeaters.</p> <p><b>Denominator:</b> Total estimated number of priority populations in the catchment area. Not required for calculating reach for this indicator.</p>

Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Testing service</b></p> <ul style="list-style-type: none"> <li>• Known positive</li> <li>• Newly tested and/or referred for testing</li> <li>• Declined testing and/or referral</li> </ul>
Data sources	Outreach forms (registers)
Reporting frequency	Data are reported to USAID at the end of each quarterly in the quarterly project report but entered into DATIM on a Semi-Annual basis (at the end of Q2 and Q4).

Indicator name: HTS_TST (Includes HTS_TST_POS)	
Description	Number of individuals who received HIV Testing Services (HTS) and received their test results
Requirements	For an individual to be included s/he must have counseled, tested based on the national algorithm and provided with their test result. In those countries in which HIV diagnosis must be confirmed at a different facility, implementing partners must follow up with the facility performing the confirmatory testing before reporting on this indicator. To avoid duplicate reporting those known HIV-positive individuals who are rested at a treatment facility prior to initiation of ART should not be counted in this indicator. In the final analysis, the total number of KPs tested should be equal to the number who tested HIV negative plus the total number who tested HIV positive.
Calculation	<p><b>Numerator:</b> Number of individuals who received HIV Testing Services (HTS) and received their test results during the reporting cycle, which is three (3) months. Projects should develop systems including the use of unique identifier codes to ensure that Individuals who are re-tested within the three-month period are de-duplicated. Individuals can only be reported once during the three-month reporting period. While an individual can only be reported once during the reporting cycle, projects should develop systems to track repeat testers or individuals who are tested more than once in the reporting cycle.</p> <p><b>Denominator:</b> N/A</p>
Disaggregation	<p><b>Test result</b></p> <ul style="list-style-type: none"> <li>• Positive (Record as HTS_TST_POS)</li> <li>• Negative</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul> <p><b>Age</b></p> <ul style="list-style-type: none"> <li>• 10-14</li> <li>• 15-19</li> <li>• 20-24</li> <li>• 25-29</li> <li>• 30-34</li> <li>• 35-39</li> <li>• 40-49</li> <li>• 50+</li> </ul>

	<p><b>Testing status</b></p> <ul style="list-style-type: none"> <li>• New tester – individuals tested for the first time within the current fiscal year.</li> <li>• Repeat tester – individuals tested more than once within the fiscal year.</li> <li>• <b>Note:</b> <ul style="list-style-type: none"> <li>• Repeat testers are not included in the total number of persons tested during the reporting period.</li> <li>• HIV positive individuals retested for verification of HIV-positive diagnosis before treatment initiation are not included in this total</li> </ul> </li> </ul> <p><b>Testing modalities (Please consult the PEPFAR MER 2.0 for additional guidance)</b></p> <p><b>A. Community-based testing</b> – This is defined as any testing done outside of a designated health facility. This modality of testing is commonly used in LINKAGES. Applicable testing modalities for community-based testing in LINKAGES include:</p> <ul style="list-style-type: none"> <li>• VCT – refers to standalone testing site outside of a designated health facility. This may include testing site at an IP facility such as a drop-in center.</li> <li>• Mobile testing</li> <li>• Home-based testing</li> <li>• Index case testing – refers to testing of individuals who are linked to an HIV positive persons such as those within their social or sexual networks, family members, sexual partners, needle-sharing partners, and other high-risk contacts etc.</li> </ul> <p><b>B. Facility-based testing</b> – defined as testing done in a designated health facility such as a health center or hospital. Applicable testing modalities for facility based testing in LINKAGES include</p> <ul style="list-style-type: none"> <li>• Provider-initiated testing</li> <li>• Index case testing</li> <li>• VCT</li> <li>• STI clinic</li> </ul>
Data sources	HTS Registers, client intake forms
Reporting frequency	Quarterly. Systems should be developed to de-duplicate the unique number of KPs tested during the reporting quarter.



Indicator name: TX_NEW	
Description	Number of key populations newly enrolled on antiretroviral therapy (ART)
Requirements	<p>This indicator provides data on the number of KPs who are newly enrolled on ART during the reporting period, in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards). Facilities from which data are reported must have been received either ongoing TA or support for direct service delivery from LINKAGES.</p> <p>Patients who transfer in from other facilities, or who temporarily stopped therapy and have started again <b>should not</b> be counted as new patients.</p>
Calculation	<p><b>Numerator:</b> count of the number of HIV-positive KPs who are newly enrolled for ART at a treatment facility supported by LINKAGES.</p> <p><b>Denominator:</b> N/A</p>
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul> <p><b>TB/HIV status</b> Number of patients with confirmed diagnoses of TB at initiation of ART</p> <p><b>Other applicable disaggregates required by OGAC</b></p>
Data Sources	Facility ART registers/databases, program monitoring tools, or drug supply management systems.
Reporting Frequency	Quarterly

Indicator name: TX_CURR	
Description	Number of key populations currently receiving antiretroviral therapy (ART)
Requirements	This indicator provides data on the total number of KPs who are currently receiving ART at the supported facility. It includes only those patients who are making regular visits to the clinic (active patients) and excludes those who died, stopped treatment, transferred out or were lost to follow-up (LTFU). It provides a measure of the success of programs in retaining KPs on ART. LTFU refers to those KPs who have not received ARVs in the last 90 days following their last missed appointment or drug pick-up. Please consult the PEPFAR MER 2.0 for additional details regarding the definitions for terms including stopped, LTFU, died, and transferred out.
Calculation	<b>Numerator:</b> count of the number of HIV-positive KPs who are currently receiving ART at a treatment facility supported by LINKAGES. <b>Denominator:</b> N/A
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul> <p><b>Other applicable disaggregates required by OGAC</b></p>
Data Sources	Facility ART registers/databases, program monitoring tools, or drug supply management systems.
Reporting Frequency	Quarterly

Indicator name: TX_RET	
Description	Percentage of KPs who are still on treatment at 12 months after initiating ART
Requirement	<p>Patients in the numerator are those KPs who visit the facility regularly and have received enough ARVs to last to the end of the reporting period.</p> <p><b>LTFU</b> is defined as a patient who has not received ARVs in the last 90 days (three months) following their last missed appointment or missed drug pick-up.</p> <p><b>Died:</b> Patients that are documented death during the previous 12 months' period.</p> <p><b>Stopped ART:</b> Patient intentionally stops ART, usually, but not always in discussion with the clinical team.</p> <p><b>Known Transfers:</b> Patients who have transferred in with a known treatment initiation date that falls within the reporting period should be counted. Conversely, patients who transferred out of the facility should not be counted in the numerator (or denominator, see below)</p>
Calculation	<p><b>Numerator:</b> count of the number of KPs who are receiving ART at a treatment facility supported by LINKAGES 12 months after initiation of treatment.</p> <p><b>Denominator:</b> the number of KPs who initiated ART in the 12 months prior to the beginning of the reporting period.</p>
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul>
Data sources	ART registers/databases
Reporting frequency	Annually at the end of Q4

<b>Indicator name: TX_PVLS</b>	
Description	Percentage of KPs with a viral load result documented in the medical record within the past 12 months with a suppressed viral load (<1000 copies/ml).
Requirement	For individuals to be counted they should have a viral load recorded in their record either at the clinic or in the laboratory during the past 12 months. Individuals are classified as virally suppressed if their viral load is <1,000 copies/ml. For individuals who may have had more than one viral load test in the past 12 months, use the most recent one.
Calculation	<p><b>Numerator:</b> count of the number of KPs on ART with a viral load record during the past 12 months who has a viral load of &lt;1000 copies/ml</p> <p><b>Denominator:</b> the number of KPs who with a documented VL results in the past 12 months.</p>
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul>
Data sources	ART registers and lab records
Reporting frequency	Annually at the end of Q4

Indicator name: GEND_GB	
Description	Number of KPs receiving <u>post-gender based violence (GBV) clinical care</u> based on the minimum package.
Requirements	<p>This indicator <b>DOES NOT</b> measure delivery of GBV prevention activities. <b>GBV</b> is defined as any form of violence that is directed at an individual based on his or her biological sex, gender identity or expression, or his or her perceived adherence to socially defined expectations of what it means to be a man or woman, boy or girl. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life.</p> <p>Because of the challenges associated with ascertaining whether a person who experienced sexual violence did so because of their biological sex, gender identity, or his or her perceived adherence to socially defined norms of masculinity and femininity, <b>ALL KPs</b> who experience sexual violence and present for care, independent of the cause, or of age and sex, should be counted under this indicator.</p> <p><b>Sexual violence (post-rape care):</b></p> <p>The following represents the Minimum Package for post-rape care services that must be in place (available) to count under this indicator. <i>Note that the MER indicator does not state that an individual must receive all of these services to be counted nor does it state that all services must be present at the specific facility in order to count under the indicator:</i></p> <ul style="list-style-type: none"> <li>• Clinical services: <ul style="list-style-type: none"> <li>○ Rapid HIV testing with referral to care and treatment as appropriate</li> <li>○ Post exposure prophylaxis (PEP) for HIV -- if person reached within the first 72 hours</li> <li>○ STI screening/testing and treatment</li> <li>○ Emergency contraception, if person is reached in the first 120 hours</li> <li>○ Counseling (other than counseling for testing, PEP, STI and EC)</li> </ul> </li> </ul> <p><b>Physical and/or emotional violence (other Post-GBV care):</b></p> <p>The following represents the Minimum Package for other post-GBV care services that must be in place to count under this indicator. <i>Note that the MER indicator does not state that an individual must receive all of these services to be counted nor does it state that all services must be present at the specific facility in order to count under the indicator:</i></p> <ul style="list-style-type: none"> <li>• Provision of Clinical Services: <ul style="list-style-type: none"> <li>○ Rapid HIV testing with referral to care and treatment as appropriate</li> <li>○ STI screening/testing and treatment</li> <li>○ Counseling (other than for HIV counseling and testing)</li> </ul> </li> </ul>

	<p>Offering these services alone does not count toward the indicator. However, when applicable in cases of sexual or physical/emotional violence, they should be offered.</p> <ul style="list-style-type: none"> <li>• Longer-term psycho-social support (e.g., peer support groups)</li> <li>• Legal counsel</li> <li>• Police</li> <li>• Child protection services and economic empowerment</li> </ul>
Definition	<p><b>Numerator:</b> Number of KPs receiving post-gender based violence (GBV) clinical care based on the minimum package</p> <p><b>Denominator: N/A</b></p>
Disaggregation	<p><b>Violence Type:</b> Sexual Violence (<b>post-rape care</b>); Physical and/or emotional violence (<b>other Post-GBV care</b>)</p> <p><b>Violence service type (PEP):</b> Number of people who completed PEP services (related to sexual violence services provided)</p> <p><b>Age/Sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul>
Data sources	Crisis management register, forms, log books, databases from health facility
Reporting frequency	Data are reported to USAID at the end of each quarter in the quarterly project report but entered into DATIM on an annual basis (at the end of Q4). Systems should be established to report the number of unique individuals who were provided with care for gender-based violence at the end of the fiscal year.

## LINKAGES Custom Indicators

Indicator name: HTS_LINK	
Description	Number of KPs that were successfully referred to or navigated into an HIV testing site.
Requirements, interpretation & use	This indicator is a count of the number of unique individuals that were successfully referred to or navigated into a non-LINKAGE HIV testing site by an outreach worker. Successful referral means that the person was registered at the site and received an HIV test. It measures the effort that is being done by peer educators and peer navigators to identify KPs who are eligible for HIV-testing and ensuring they are linked to a testing facility where they can be tested. It is to be used by those LINKAGES projects that only provide community outreach services that do not include HIV testing to KPs.
Calculation	<p><b>Numerator:</b> Number of unique KPs who are linked to a testing facility</p> <p><b>Denominator:</b> NA</p>
Disaggregation	<p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul>
Data sources	Individual Tracking Sheet/Peer Calendar in Program Monitoring Toolkit
Reporting frequency	Quarterly

Indicator name: TX_LINK_NEW	
Description	Number of HIV-positive KPs who are navigated by LINKAGES to a service delivery point and newly initiated on ART
Requirements, interpretation & use	<p>This indicator provides a count of the number of HIV positive KPs who are newly enrolled on ART with the assistance of LINKAGES. This indicator reports on two categories of HIV positive KPs who were never initiated on ART:</p> <ul style="list-style-type: none"> <li>- Those who were newly diagnosed with HIV either by LINKAGES or another partner, and</li> <li>- HIV positive KPs who were previously diagnosed through LINKAGES, another facility, or project and never initiated on ART were identified by the peer navigators during outreach and support activities.</li> </ul> <p>This indicator only includes those persons who are receiving ART for the first time. It is particularly useful for those projects that do not directly support or provide ART services, but conduct HIV testing, and refer all those who test positive to a treatment site that is operated either by the government or another implementing partner.</p> <p>As the agencies that operate the facility that provides ART will report these persons under TX_NEW, this custom indicator is intended to capture data that reflects the role of LINKAGES in the identification of HIV positive persons and getting them on treatment.</p>
Calculation	<p><b>Numerator:</b> Count the number of unique ART naïve KPs who are successfully navigated into a treatment facility not operated by LINKAGES</p> <p><b>Denominator:</b> NA</p>
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> </ul>



	<ul style="list-style-type: none"><li>• TG who are SW</li><li>• TG who are not SW</li><li>• Female SW</li><li>• PWID male</li><li>• PWID female</li></ul>
Data sources	Peer outreach calendar; referral form
Reporting frequency	Quarterly

Indicator name: TX_LINK_RETURN	
Description	Number of HIV positive KPs who were lost to follow up or stopped treatment but are successfully navigated by LINKAGES to a service delivery point and re-enrolled into treatment
Requirements, interpretation & use	<p>This indicator provides a count of the number of known HIV positive KPs who are assisted into/re-enrolled into treatment through LINKAGES after being lost to follow up (stopped attending ART clinic or silent transfers) or had stopped treatment. Loss to follow-up (LTFU) refers to those KPs who have not received ARVs in the past 90 days after their last missed appointment or drug pick-up. Please consult the PEPFAR MER 2.0 for additional details regarding the definitions for LTFU and stopped.</p> <p>This indicator only includes HIV positive KPs who were previously started on ART but are not currently in treatment as they had either stopped or had been lost to follow up.</p> <p>It is extremely useful for those projects that do not directly support or provide ART services, but conduct outreach activities through which HIV-positive KPs are identified and then referred to a treatment site that is operated either by the government or another implementing partner. The agencies that operate the facility that provide ART will report these persons. This custom indicator is intended to capture data that reflects the role of LINKAGES in the identification or HIV positive persons who have interrupted their treatment and ensuring that they are linked back to treatment.</p>
Calculation	<p><b>Numerator:</b> Count the number of unique KPs who were re-enrolled on ART at a site not operated by LINKAGES after being lost to follow up</p> <p><b>Denominator:</b> NA</p>
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> </ul>

	<ul style="list-style-type: none"><li>• Female SW</li><li>• PWID male</li><li>• PWID female</li></ul>
Data sources	Peer outreach calendar; referral form
Reporting frequency	Quarterly

Indicator name: COMM_SUPP_RET	
Description	Number of HIV-positive KPs who are receiving care and support services <u>outside of the health facility</u>
Requirements, interpretation & use	<p>This indicator measures the number of <u>unique</u> KPs living with HIV, who received at least one of the minimum care and support services <u>outside of a health facility</u>. Typically, this care is usually provided at a community based organization and usually includes a wide variety of support that are not usually received at clinical sites. These may include, but not limited to:</p> <ol style="list-style-type: none"> <li>1. Support for retention in ART such as assistance with transportation, child care during attendance at clinic appointments, assistance with accessing other social services, support group involvement, or assistance with tracking those LTFU with referral to care.</li> <li>2. ART adherence counselling</li> <li>3. Psychosocial support and linkage/referral to other services as appropriate (e.g. for family planning, social services, etc.).</li> </ol> <p>This indicator is extremely useful for those projects that actively support community based interventions to ensure that HIV positive KPs continue to be adherent to ART. These services can be provided to KPs at drop in centers..</p>
Calculation	<p><b>Numerator:</b> Number of HIV-infected adults and children receiving <u>care and support services outside of clinical facilities</u> during the reporting period. Both new and cumulative numbers should be presented.</p> <p><b>Denominator:</b> <b>N/A</b></p>
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul>

	<b>ART status of beneficiaries</b> <ul style="list-style-type: none"><li>• Enrolled for ART</li><li>• Not enrolled for ART</li></ul>
Data sources	Registers/databases, patient/client records and registers, or other program monitoring tools used to track services provided to HIV positive KPs
Reporting frequency	Quarterly

**Indicator name: GBV\_REPORT\_COMM**

**Description**                      Number of KPs who report to program staff or outreach workers, outside of clinical facilities, that they have experienced violence.

**Requirements, interpretation & use**

KPs are usually subjected to physical, sexual, and other forms of violence perpetuated by different persons including family members, clients, members of security forces, among others. These episodes of violence may go unreported for fear of reprisal and in some instances when the perpetrator is a member of the security force my go totally unreported. In addition, when these are reported to health care workers and the police, these episodes are not usually tracked in a systematic way.

The PEPFAR indicator (GEND\_GBV) is limited in its scope as it only captures data from individuals who report violence and receive services in a clinical facility. In key population programs, many interactions, including disclosures of violence, occur during outreach or in other non-clinical spaces. This indicator capture reports of violence outside of clinical settings, such as, during outreach. It does not capture information on services that were provided to KPs who report violence. It can be used to track trends in reports of violence among KPs and used to design structural interventions to for addressing this issue.

**Calculation**

**Numerator:** Number of unique KPs who disclose to program and outreach staff that they were subjected to gender based violence (GBV) to program staff.  
**Denominator: N/A**

**Disaggregation**

**Type of violence:** physical, sexual, other

**Perpetrator:** Partner, client, relative, police etc.

**Age/Sex**

- 10-14F, 10-14M
- 15-19F, 15-19M
- 20-24F, 20-24M
- 25-29F, 25-29M
- 30-34F, 30-34M
- 35-39F, 35-39M
- 40-49F, 40-49M
- 50+F, 50+M

**Key Population Type**

- MSM who are SW
- MSM who are not SW
- TG who are SW

	<ul style="list-style-type: none"><li>• TG who are not SW</li><li>• Female SW</li><li>• PWID male</li><li>• PWID female</li></ul>
Data sources	Peer outreach worker and supervisor logs; LINKAGES Tool 12
Reporting frequency	Quarterly

Indicator name: STI_SCREENING	
Description	Number of KPs who were screened for STIs using a national algorithm
Requirements, interpretation & use	<p>Screening for sexually transmitted infections is an important element of the basic package of services that are provided to KPs. Not only is an STI an important risk factor for the acquisition of HIV among non-infected persons, it can also facilitate transmission of the virus from those already infected. The presence of an STI can also serve as a proxy for unprotected sex among KPs.</p> <p>This indicator will be used to track trends in access to STI screening services among KPs. For persons to be counted in this indicator they must have been screened for an STI as part of the routine package of services offered to KPs or during a clinical encounter for another purpose.</p> <p>As part of the clinical encounter, information on sexual histories routinely obtained by health-care providers will be used as the basis for developing their risk reduction strategy.</p>
Calculation	<p><b>Numerator:</b> Number of individuals who were screened for Sexually Transmitted Infections (STIs) during the reporting period</p> <p><b>Denominator:</b> N/A</p>
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key Population Type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul>
Data sources	STI screening registers, client intake forms
Reporting frequency	Quarterly



Indicator name: STI_DIAGNOSIS	
Description	Number of KPs who were diagnosed with an STI during the reporting period
Requirements, interpretation & use	<p>Screening for sexually transmitted infections is include as an important element of the basic package of services that are provided to KPs. Not only is an STI an important risk factor for the acquisition of HIV among non-infected persons, it can also facilitate transmission of the virus from those already infected. Moreover, the presence of on STI can also serve as a proxy for unprotected sex among KPs.</p> <p>For people to be counted in this indicator they must have been screened and diagnosed with an STI as part of the routine package of services offered to KPs as during a clinical encounter, based on national guidelines. As part of the clinical encounter, health-care providers should routinely obtain sexual histories from their patients and use this as the basis for developing their risk reduction strategy. This indicator will be used to track trends in STIs among KPs and is a good indicator of the extent to which risk reduction strategies are being adhered to.</p>
Calculation	<p><b>Numerator:</b> Number of individuals who were diagnosed with a Sexually Transmitted Infections (STIs) during the reporting period using national algorithm</p> <p><b>Denominator:</b> N/A</p>
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul>
Data sources	STI screening registers, client intake forms
Reporting frequency	Quarterly

Indicator name: STI_TREATMENT	
Description	Number of KPs who were treated for an STI during the reporting period
Requirements, interpretation & use	<p>Screening for sexually transmitted infections is include as an important element of the basic package of services that are provided to KPs. Not only is an STI an important risk factor for the acquisition of HIV among non-infected persons it can also facilitate transmission of the virus from those already infected. Moreover, the presence of on STI can also serve as a proxy for unprotected sex among KPs.</p> <p>For people to be counted in this indicator they must have been treated for an STI based on nationally approved guidelines. As part of the clinical encounter, health-care providers should routinely obtain sexual histories from their patients and use this as the basis for developing their risk reduction strategy.</p>
Calculation	<p><b>Numerator:</b> Number of individuals who were treated for a Sexually Transmitted Infections (STIs) during the reporting period</p> <p><b>Denominator:</b> N/A</p>
Disaggregation	<p><b>Age/sex</b></p> <ul style="list-style-type: none"> <li>• 10-14F, 10-14M</li> <li>• 15-19F, 15-19M</li> <li>• 20-24F, 20-24M</li> <li>• 25-29F, 25-29M</li> <li>• 30-34F, 30-34M</li> <li>• 35-39F, 35-39M</li> <li>• 40-49F, 40-49M</li> <li>• 50+F, 50+M</li> </ul> <p><b>Key population type</b></p> <ul style="list-style-type: none"> <li>• MSM who are SW</li> <li>• MSM who are not SW</li> <li>• TG who are SW</li> <li>• TG who are not SW</li> <li>• Female SW</li> <li>• PWID male</li> <li>• PWID female</li> </ul>
Data sources	STI screening registers, client intake forms
Reporting frequency	Quarterly