**HIV/AIDS**

**MTSP & MoRES C4D Indicators**

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| **Societal/legislative/policy (MTSP)** | |
| **C4D Indicators** | **Means of verification** |
| 1. % of provinces/districts with demonstrable programmes at scale that support HIV prevention among adolescents | * Key informant interviews * survey of civil societies |
| 1. % of districts/ provinces with sufficient public funding for social mobilization and communication activities on HIV/AIDS | * Government documents * Key informant |
| 1. Public demonstrations/rallies/petitions in the past 12 months have changed laws/regulations/policy on access to HIV/AIDS information, care, support, and treatment | * Key informant * Policy documents |
| 1. Proportion of provinces/districts with demonstrable disseminated information on funds | * Government reports, news media reports * Key informant |
| 1. Number of civil societies involved in advocating for a national strategy on providing virologic HIV testing for infants | * Key informant * Administrative data |
| 1. Proportions of districts which have a coordinating mechanism with civil society partners working on PMTCT | * Administrative data * Key informant |
| 1. Proportion of civil societies that have lobbied for a National HIV/AIDS policy and strategy to ensure regular supply of ARVs | * Key informant * Administrative data/documents |
| 1. Proportion of districts/municipalities official and civil society discussions on the development (or enforcement) of legislation on ARV treatment for infants | * Government documents * Meeting minutes |
| 1. Proportion of policy makers who collaborate with civil society leaders in developing and enforcing culturally appropriate national legislation on HIV/AIDS | * Key informant interviews * Government documents * Proposals from civil societies, and other appropriate documents including meeting minutes |
| 1. Proportion of population that is aware and has knowledge of a national legislation on HIV/AIDS (where applicable) | * Population survey /K.A.P studies |
| 1. Proportion of provinces/districts with demonstrable disseminated information on the prevalence of HIV/AIDS among adolescent boys and girls (15-24 years) from monitoring systems | * Government reports, newspaper articles, content analysis of media communications via radio/television * Government statistics * Communication reports including news media content analysis |
| 1. Proportion of provinces/districts with demonstrable disseminated information on the prevalence of PMTCT from monitoring systems | * Government reports, newspaper articles, content analysis of media communications via radio/television * Government statistics |
| 1. % of national HIV/AIDS budgets allocated to dissemination of information on HIV/AIDS as a result of advocacy efforts from civil societies | * Official budget reports * Key informant |
| 1. Proportion of local community leaders that have access to information on budget allocations at district levels on HIV/AIDS | * Key informant interviews * Population survey |
| 1. Proportion of community leaders and service providers that have knowledge on public budget allocation procedures for promoting regular supplies of ARTs and HIV testing products | * Key informant interviews * Population survey |
| 1. Proportion of districts which routinely map and monitor incidence of HIV/AIDS among pregnant women with the involvement of civil societies (specify type of civil societies). | * + Official government monitoring reports at district levels   + monitoring reports from civil societies   + key informant interviews/focus groups |
| 1. Proportion of districts that have a PMTCT consultative group composed of government officials, health care providers, and members of civil societies, among others (i.e., community leaders, etc.) | * Administrative data * Key informant |
| 1. Proportion of districts with a functional, multi-sectoral/multi-partner coordinating committee for dissemination of informant on the incidence of PMTCT at district levels | * Administrative data * Key informant interviews * focus groups |
| 1. Proportion of districts with a functional, multi-sectoral/multi-partner coordinating committee for dissemination of informant on the incidence of HIV/AIDS among adolescent boys and girls (15-24 years) at district levels | * Administrative data * Key informant interviews * focus groups |
| 1. A national free condom distribution policy/action plan in collaboration with civil organizations is in place | * Government documents * Key informant |
| 1. National HIV/AIDS (including PMTCT) care plans that address the needs of disabled women/adolescent girls and men/adolescent boys in collaboration with civil societies is designed in collaboration with community leaders and civil societies at local levels | * Key informant * Official documents |
| 1. Number of districts/provinces and communities that have enforced national legislation *(where applicable*) on universal access to ARVs with the supervision and monitoring of civil societies | * + Key informant interviews with civil society leaders, government officials at district/province levels, and community leaders   + Focus groups |
| **Organizational/institutional (MTSP)** | |
| **C4D Indicators** | **Means of verification** |
| 1. % of districts/provinces with designated social mobilization and communication staff with appropriate experience in HIV/AIDS and PMTCT | * Administrative data * Key informant |
| 1. % of districts/provinces with access to social mobilization and communication staff with appropriate experience in HIV/AIDS and PMTCT | * Administrative data * Key informant |
| 1. % of districts/ provinces with sufficient (describe what is sufficient) training communication personnel to conduct planned activities on HIV/AIDS education among adolescents (15-24) | * Administrative data * Key informant |
| 1. % of all relevant levels with sufficient communication materials to conduct planned activities | * Administrative data * Key informant |
| 1. % health service providers at district and community levels that have received training on interactive communication skills to talk to pregnant women and their spouse about PMTCT | * Administrative data * Key informant |
| 1. Number of communication messages providing information on service point sites where condoms can be freely obtained | * Key informant * Media content analysis |
| 1. % of media communication messages on HIV/AIDS (disaggregated by channel) that provided information on cost-free HIV testing centres (i.e., location, procedure, quality, confidentiality, etc.) in the past 6 months | * Key informant * Media content analysis |
| 1. Proportion of trained community mobilizers who can demonstrate at least 75% of core key interpersonal communication skills while conducting counselling sessions or talking to community members about HIV/AIDS | * Supervision reports from local officials, health centres, civil societies * Administrative data * Participant observation |
| 1. Proportion of health service providers trained on interactive communication skills on HIV/AIDS who received a supervision visit in the last 3 months | * Supervision reports from local officials, health centres, civil societies * Administrative data |
| 1. % of adolescent girls/peers that received training on interpersonal communication skills to convey prevention measures against HIV/AIDS including delaying sex until marriage | * Administrative data * Key informant |
| 1. Proportion of service providers (health workers, community outreach workers) trained on interpersonal communication skills that meet the needs of people with disabilities to talk to them about HIV/AIDS | * Service provider survey * Key informant * Administrative data |
| 1. Proportion of community outreach workers with interactive communication training who are actively promoting (explain how) HIV testing among pregnant mothers with disabilities | * Service provider surveys * Key informants * Administrative data |
| 1. Proportion of health facilities in the community that whose staff is trained on interactive communication skills for PMTCT services and information | * Key informant * Facility based survey |
| 1. Proportion of teachers (disaggregated by sex) that have received training on interpersonal communication skills to talk to students about HIV/AIDS | * Key informant * School surveys * Administrative data |
| 1. % of districts/municipalities that collaborate with civil societies and private sector to ensure adequate supply of ART for patients with HIV/AIDS | * Administrative data * Official documents * Inventory documents * Key informant |
| 1. % of district/municipalities that collaborate with civil societies to ensure adequate supply of HIV testing products and equipment at health centres and service point testing facilities in urban and rural areas | * Administrative data * Official documents * Inventory documents * Key informant |
| 1. Proportion of birth attendants and midwives trained on interpersonal communication skills to talk to HIV positive mothers regarding post natal check-up and nutrition to achieve elimination of MTCT in the past at district/provincial levels | * Administrative data * Key informant |
| 1. Proportion of community mobilizers trained on working with people with disabilities who can demonstrate at least 75% of core key interpersonal communication skills while conducting counselling sessions on HIV/AIDS with people with disabilities | * Supervision reports from local officials, health centres, civil societies * Participant observation |
| **Community (MTSP)** | |
| **C4D Indicators** | **Means of verification** |
| 1. % of adolescent females and males (15-24) that participated in a debate or dialogue for policy decision-making on HIV/AIDS | * Population Survey * Key informant * Participant observation |
| 1. Describe what channel of communication community leaders (including civil society leaders and religious leaders) view as the most effective in removing discrimination and stigma towards people living with HIV/AIDS (qualitative) | * Focus groups, * Key informant * In-depth interviews |
| 1. Number of open community meetings on HIV/AIDS during the past 3 months | * Key informant * Community event logs |
| 1. Proportion of communities that have collectively made decisions or have action plans to combat stigma and discrimination against people living with HIV/AIDS in their community | * Key informant * Focus group * Administrative data |
| 1. Proportion of community members that are aware of any community resolutions to combat HIV/AIDS in the community (if yes, explain) | * Population survey |
| 1. Number of participatory communication events on mother to child transmission of HIV/AIDS which blended an interactive dialogic process with local community members and the media in order to meet the specific needs of the community | * Media/communication content analysis * Community event schedules/logs * Key informant |
| 1. Number of media communications in the past 3 months on where community members can receive ART | * Media/communication content analysis * Key informant |
| 1. Proportion of communities that have a community-based consultative group on HIV/AIDS prevention among adolescents with disabilities | * Key informant * Administrative data |
| 1. Proportion of community school committees that advocate for budgetary allocations for providing HIV/AIDS education to children in secondary schools | * Key informant * Administrative data |
| 1. Proportion of religious leaders that talked to community members about HIV/AIDS including PMTCT during religious gathering in the past 30 days | * Key informant * Community assessment |
| 1. Proportion of households who report to have received advice at least once from community mobilizers on PMTCT during the past 12 months | * Media content analysis |
| 1. Proportion of antenatal staff who talked to pregnant women during patient visits about PMTCT and HIV testing in the past 30 days | * Key informant |
| 1. Level of participation (low, high, medium, not at all) reported by members of women’s and youth organizations in conducting community-level assessment-analysis-action processes to address HIV/AIDS among women and adolescent boys and girls | * Key informant * Focus groups * Organization-based surveys |
| 1. The extent to which (i.e., *low, high, somewhat , not at all)* community members (disaggregated by age, sex, ethnic/indigenous and disability status) report to participate in decisions pertaining to designing culturally appropriate communication messages on prevention of HIV/AIDS at the community level | * Population survey * Key informant * Focus groups |
| 1. Proportion of civil societies (disaggregated by type) that have been lobbying for improved and equitable (describe) access to HIV/AIDS treatment and care for people with disabilities in the past two years | * Key informant * Public/organizational documents |
| 1. Number of key community leaders (disaggregated by types) promoting HIV/AIDS prevention methods including use of condoms among their constituencies | * Key informant * Population surveys |
| 1. The extent to which community women (disaggregated by age, sex, ethnic/indigenous and disability status) believe they can participate and voice their opinions on changing attitudes towards people living with HIV/AIDS | * Population survey * Focus groups |
| 1. The extent to which adolescent girls and boys (disaggregated by age, sex, ethnic/indigenous and disability status) believe they have a voice in promoting HIV/AIDS preventive methods in their community | * Population survey * Focus groups |
| 1. Proportion of community initiated activities (describe type) that were specifically designed to provide information on HIV/AIDS prevention, care, and treatment to people with disabilities in the past 12 months | * Content analysis of promotion campaigns (i.e., where information is also tailored to people with visual and hearing impairments) |
| 1. Proportion of women and adolescent girls from different social groups (i.e., marginalized groups, disabled, indigenous minorities ) who belief they can make a difference in changing people’s negative attitude towards people living with HIV/AIDS through face-to-face communication | * Population Surveys/ KAP * Focus groups |
| 1. Number of interactive community media programmes (specify channel) and debates on stigma and discrimination towards people living with HIV/AIDS | * Population Surveys/ KAP |
| 1. % of community members that report to made written complaints to local authorities/administrators on the quality of care and support to people living with HIV/AIDS | * Population Surveys/ KAP |
| 1. % of community members that report to made written complaints to local authorities/administrators on the absence of properly equipped HIV testing facilities in their community | * Population Surveys/ KAP |
| 1. Proportion of community members (disaggregated by age, sex, ethnic/indigenous status) that expect condoms to be made available to the population *free of charge* | * Population Surveys/ KAP |
| 1. Percentage of leadership positions held by women and men living with HIV/AIDS in civil society groups at the district and community levels | * Key informant * Focus group discussions |
| 1. Percent of religious leaders who report to have discussed the HIV/AIDS risks of sex before marriage during a religious gathering/sermon in the past 7 days | * Key informant * Focus group |
| 1. Percent of community members who report that their religious leader discussed the HIV/AIDS risks of sex before marriage during a religious gathering/sermon the past 7 days | * Population survey |
| **Individual/Interpersonal (MTSP)** | |
| **C4D Indicators** | **Means of verification** |
| 1. % of males and females aged 15-24 years who correctly recall 75% of the messages on condom use (describe) | * Population survey |
| 1. % of males and females aged 15-24 years who know where to obtain condoms | * Population Surveys/ KAP |
| 1. % adolescents males and females aged 15-24 years that have knowledge of condom distribution points (e.g., health facilities, pharmacies, traditional healers, peer educators) *where they can obtain condoms discreetly* | * Population surveys/KAP |
| 1. % adolescent males and females aged 15-24 who discussed issues related to HIV/AIDS (specify) with a friend in the past 30 days | * Population Surveys/ KAP |
| 1. % adolescents males and females aged 15-24 that participated in at least 1 discussion on HIV/AIDS in a community gathering in the past 30 days | * Population Surveys/ KAP |
| 1. % of adolescents that engaged in problem solving dialogue on HIV/AIDS with a service provider (i.e., counselor, nurse, doctor, teacher, etc. - Specify), family member, friend, community leader or a peer (specify) in a past 30 days | * Population Surveys/ KAP |
| 1. % adolescent males and females aged 15-24 who discussed issues related to HIV/AIDS (specify) with a friend, family member, a peer, community leader or a service provider (specify) in the past 30 days because of the information they received through a communication channel (specify communication channel) | * Population Surveys/ KAP |
| 1. % of HIV positive mothers who had their infants tested for HIV *because* of information/advice they received from a health service provider, or a community leader, or the media (specify source) | * Population Survey |
| 1. % of pregnant women who report to have been tested for HIV in the past 30 days *because* of information/advice they received from a friend or a peer | * Population Surveys/ KAP |
| 1. % of pregnant women who report to have been tested for HIV in the past 30 days *because* of information/advice they received from a health service provider, or a community leader, or the media (specify source) | * Population Surveys/ KAP |
| 1. % of *single pregnant women* who were tested for HIV in the past 6 months *because* of the advice they received from an influential family member, a peer, or a friend | * Population Surveys/ KAP |
| 1. % of adolescents (disaggregated by sex and ethnic/minority/indigenous status who report to have been tested for STIs in the past 30 days *because* of information they received from a friend or a peer | * Population Surveys/ KAP |
| 1. % of adolescents (disaggregated by sex and ethnic/minority/indigenous status who report to have been tested for HIV in the past 30 days *because* of information they received from a friend or a peer | * Population Surveys/ KAP |
| 1. % of adolescents (disaggregated by sex and ethnic/minority/indigenous status) *with disabilities* that report to have been tested for STIs in the past 30 days *because* of information they received from a friend or a peer | * Population Surveys/ KAP |
| 1. % of adolescents (disaggregated by sex and ethnic/minority/indigenous status) *with disabilities* that report to have been tested for HIV in the past 30 days *because* of the information they received from a friend or a peer | * Population Surveys/ KAP |
| 1. % of adolescent boys who report to use condoms *always, never, sometimes* during sex with a partner | * Population Surveys/ KAP |
| 1. % adolescent males and females aged 15-24 who discussed issues related to HIV/AIDS (specify) with an adult family member (s) in the past 30 days? | * Population surveys/KAP |
| 1. % of the population (disaggregated by age, sex, ethnic/minority/indigenous status) that has knowledge of 3 preventive measures against HIV/AIDS | * Population surveys/KAP |
| 1. Proportion of community members that report to have changed their attitude (in a positive manner) towards people living with HIV/AIDS as a result of media campaigns in the past 12 months | * Population surveys/KAP |
| 1. Percent of parents/caretakers who report to have been encouraged by community leaders (Specify) to talk to their children about HIV/AIDS ( in the past 30 days) | * Population surveys/KAP |
| 1. Percent of newlywed couples (disaggregated by sex and age, and minority/indigenous status) that intend to get tested for HIV in the next 30 days | * Population surveys/KAP |
| 1. Percent of the community members that perceive people living with HIV/AIDS should have the same rights as other people with respect to health, education, political participation, employment, participation in sports and cultural activities, etc. as others | * Population surveys/KAP |
| 1. Proportion of mothers/female caretakers who talked about HIV/AIDS risk risks of having sex before marriage to their adolescent daughters in the past 30 days | * Population surveys/KAP |

**HIV/AIDS**

**MTSP & MoRES C4D Indicators**

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| **Societal/Policy/Legislation – Enabling Environment (MoRES)** | |
| **C4D Indicators** | **Means of verification** |
| 1. Access at national and local levels to social   mobilization and communication staff on HIV/AIDS education, prevention, and treatment | * Administrative data |
| 1. % of districts/provinces with written   strategic communication plan with clearly stated goals in decreasing the incidence of HIV among adolescent males and females | * Official documents * Documents from the media * Key informant |
| 1. Public demonstrations/rallies/petitions in the past 12 months have been instrumental in changing laws/regulations/policy on access to HIV/AIDS information, care, support, and treatment | * Key informant * Policy documents |
| 1. % of district/provincial plans derived from   an in-depth consultation with service providers and civil societies on current behaviors and actions needed to promote desired behaviors in prevention of HIV/AIDS among adolescent females and males | * Official documents * Minutes * Key informant |
| 1. National level provides guidelines, training, supervision and funding to encourage sub-national planning and implementation of strategic communication on HIV/AIDS | * Government documents * Key informant |
| 1. % of districts/ provinces with active inter-agency committees contributing to the planning and management of social mobilization and communication on HIV/AIDS | * Key informant * Government documents |
| 1. % of districts/provinces with *detailed* operational social mobilization and communication plans on HIV/AIDS catered to adolescent females and males | * Civil society key informants including the media * Official/administration documents * Action plans |
| 1. % of district/provincial units that regularly review, monitor and update strategic communication plans on HIV/AIDS prevention and treatment | * Monitoring data * Statistics * Key informant |
| 1. Number and content of new regulations that protect the rights of the people living with HIV/AIDS as a result of community advocacy in the past 12 months | * Regulation/policy documents * Key informant * Documents from relevant civil societies |
| 1. National plan on HIV/AIDS prevention addresses the needs of disabled people in collaboration with civil societies working with children and adults with disabilities | * National plan documents * Key informant |
| 1. Number of health promotion activities on condom use for protecting against STIs and HIV/AIDS at national, district, and local levels | * Content analysis of health campaigns, leaflets, information on stunting in different local languages (where applicable), and other media channels, i.e., radio, television |
| 1. Number of communication messages (disaggregated by medium of communication at local, district, and national levels) on prevalence and incidence of PMTCT | * News media content analysis |
| 1. Number of communication messages (disaggregated by medium of communication at local, district, and national levels) on prevalence and incidence of HIV/AIDS among adolescents (15-24 years) | * News media content analysis |
| 1. Number of media communications that provided information on procedures for placing/making complaints about HIV/AIDS services in the community within the past 3 months | * Media content analysis * Administrative data on community events/campaigns * Key informant |
| 1. National policies/legislation reflect demands from deprived/vulnerable groups on access to affordable and quality HIV/AIDS care, support, and treatment in | * Key Informant * Focus groups * Government documents, policies, action plans, regulations/legislation |
| 1. Proportion of civil society members that believe appropriate national legislation on HIV/AIDS is in place and enforced at both local and national levels | * Key informant * Focus groups * Convenience sampling surveys |
| 1. Proportion of health-related communication messages (disaggregated by medium of communication) in the last 12 months on preventive measures against HIV/AIDS | * Media content analysis |
| 1. Conducive social norms in place supporting community members in exercising preventive measures against HIV/AIDS (including testing) | * Key Informant * Focus groups |
| 1. Ratio of national to local level budget allocated to regular training of health and community workers on interactive communication skills on HIV/AIDS | * Budgetary documents from government at district and local levels |
| 1. % of community members who are aware of or/and know where to seek help/orientation on HIV testing and counseling services | * Focus group discussions * Convenience sampling surveys |
| 1. proportion of provinces/districts that disseminate information from monitoring systems on the prevalence and incidence of HIV/AIDS | * Data collected from appropriate public organizations (i.e., ministries) * Key informant interviews |
| 1. Proportion of districts/municipalities that have made budget plans and allocations on HIV/AIDS promotional campaigns for adolescents | * Government documents related to budgets at district and municipality levels |
| 1. Proportion of local communities that have access to information on budget allocations for care and treatment programs on HIV/AIDS | * Key informant * Small and geographically restricted survey |
| 1. Number of media communications (disaggregated by channel of communication) on promotion of a national HIV/AIDS Plan (including PMTCT) women/adolescent girls and men/adolescent boys | * Media content analysis * Key informant |
| 1. % of budget reflecting priority communities’ demands on HIV/AIDS awareness raising programs | * Government documents related to budgets at district and municipality levels * Key informant interviews |
| 1. Number of publicly funded communication messages (disaggregated by medium of communication at local, district, and national levels) on HIV/AIDS prevention | * Media content analysis * Key informant |
| **Societal/Policy/Legislation – Quality (MoRES)** | |
| **C4D Indicators** | **Means of verification** |
| 1. Number of advocacy activities (i.e., petitions, media communications, lobbying, etc.) by civil societies to ensure a sustainable supply of quality HIV testing products and equipments necessary for testing laboratories at district and local levels in the past 12 months | * Key informant * Administrative data including inventories from public and private sources |
| 1. Number of civil societies involved in ensuring that the initial PMTCT treatment is compliant with international treatment protocols in the past 12 months | * Key informant * Administrative data including proposals, petitions * Administrative data |
| 1. Number of civil societies involved in ensuring that the disabled pregnant women receive the same initial MTCT treatment compliant with treatment protocols as non-disabled pregnant women in the past 12 months | * Key informant * Administrative data including proposals, petitions |
| 1. Number of civil societies involved in ensuring that the disabled infants receive the same initial HIV/AIDS treatment compliant with treatment protocols as non-disabled infants in the past 12 months | * Key informant * Administrative data including proposals, petitions |
| 1. Number of media communications advocating for improving the quality of counseling and care and treatment services for adolescents and adults living with HIV/AIDS in the past 12 months | * Key informant * Media content analysis |
| 1. Proportion of promotion campaigns on HIV/AIDS prevention, care, and support that have been (in the past 12 months) accessible to people with disabilities and ethnic/indigenous populations | * Key informant * Convenience sampling survey * Media content analysis (including use of local languages or ways to communicate to visual and hearing impaired individuals) |
| **Organizational/Institutional – Supply (MoRES)** | |
| **C4D Indicators** | **Means of verification** |
| 1. proportion of community outreach and volunteer health workers who received interactive communication training on talking to adolescents about prevention and treatment of HIV/AIDS in the past 12 months | * Key informant * Administrative data * Community assessment |
| 1. % increase in media coverage and advocacy on HIV/AIDS in the past 12 months compared to the previous year | * Media content analysis * Key informant |
| 1. % of local health services that have started to offer HIV/AIDS testing and counseling as a result of community advocacy for increased testing and counseling services in the past 12 months | * Key informant * Facility-based surveys |
| 1. Frequency and scope of dissemination (i.e., national, district, town/village) of information on incidence of HIV/AIS among adolescent girls and boys through communication systems (media, internet, media campaigns, etc,) in the past 12 months | * Media/communication content analysis |
| 1. Percentage of staff of PMTCT/MTCT programs that have received training on interactive communication skills for working with people with disabilities in the past 6 months | * Key informant * Facility based surveys |
| 1. Frequency and scope of dissemination (i.e., national, district, town/village) of information on PMTCT through communication systems (media, internet, media campaigns, etc,) | * Media/communication content analysis |
| 1. % of health care providers who received training in the past 12 months on interpersonal communication skills on prevention, care and support of HIV/AIDS among people with physical or mental disabilities | * Administrative data from health centres * Focus group discussions * Key informant discussions |
| 1. Percentage of PMTCT/MTCT inclusive outreach and communication programs in the past 12 months | * Administrative data from health centres * Focus group discussions * Key informant discussions |
| 1. Number of communication activities (community dialogues; interactive theatre/folk songs sessions; community radio programmes) on HIV/AIDS that was catered to people with disabilities, ethnic/minority groups, and hard to reach populations in the past 6 months | * Key informant * Listings of community events * Media content analysis |
| 1. Proportion of people with disabilities (disaggregated by sex, age, type of disability) who report to have received information (specify channel of communication) related to HIV/AIDS prevention, care, and support in the past 3 months (or last 6 months) | * Convenience sampling survey * Focus groups |
| 1. Number of media communications (disaggregated by channel of communication) on teacher training programs on HIV/AIDS catered to secondary school children | * Media content analysis * Key informant |
| 1. Number of peers trained on interpersonal communication skills on HIV/AIDS in the past 12 months | * Key informant * Administrative data |
| **Community – Demand (MoRES)** | |
| **C4D Indicators** | **Means of verification** |
| 1. How are people with disabilities supported to give voice to their concerns and needs regarding HIV/AIDS in the community (qualitative) | * Focus groups * Key informant * In-depth interviews |
| 1. % of adolescent females and males (15-24) that participated in a debate or dialogue on policies/legislations on HIV/AIDS | * Convenience sampling surveys * Key informant |
| 1. Cultural barriers that prevent/inhibit adolescent girls and boys to openly discuss HIV/AIDS issues in public meetings (qualitative) | * Focus groups * In-depth interviews |
| 1. Beliefs and perceptions that prevent/inhibit children with HIV/AIDS to enrol in community schools (where applicable) (qualitative) | * Focus groups * In-depth interviews |
| 1. % of community leaders (including religious leaders – specify) that agree on having HIV/AIDS education as a compulsory subject in secondary school curriculum | * Convenience sampling surveys * Key informant |
| 1. % of community leaders (including religious leaders – specify) that believe community members’ attitudes towards people living with HIV have changed *a great deal, somewhat, not much, not at all* as a result of awareness raising efforts via different communication channels | * Convenience sampling surveys * Key informant |
| 1. Describe what channel of communication community leaders (including civil society leaders and religious leaders) view as the most effective in removing discrimination and stigma towards people living with HIV/AIDS (qualitative) | * Focus groups, * Key informant * In-depth interviews |
| 1. To what degree and how the involvement of community leaders (including traditional and religious leaders, civil society leaders – Specify) have influenced strategic or fine tuning of communication messages on HIV/AIDS prevention, care, and support (qualitative) | * Focus groups, * Key informant * In-depth interviews |
| 1. Number of faith-based organizations and religious leaders that increased their activities in promoting HIV/AIDS prevention, care, and support in the community in the past 12 months (describe how) | * Key informant * Focus groups |
| 1. proportion of members in women/mothers' groups at the community level that were trained on interactive communication on PMTCT in the past 12 months | * Key informant * Convenience sampling survey |
| 1. Membership mix (i.e., disabled mothers, individuals living with HIV/AIDS, men, women, adolescents, ethnic/religious minorities) of civil societies involved in outreach and advocacy on care and support and elimination of discrimination against people living with HIV/AIDS | * Key informant * Focus group discussions * Administrative data from civil societies |
| 1. Number of *new* coalitions, associations among the community youth addressing issues related to HIV/AIDS in the past 12 months | * Key informant * Focus groups |
| 1. Number of community mobilization events and debates in the past 3 months with a focus on removing stigma and discrimination against people living with HIV/AIDS | * Community event logs/activities * Key informant * Recording of debates (where available) * Media content analysis |
| 1. Activities (explain type) that local leaders and community members believe to be most effective in changing attitudes towards people living with HIV/AIDS (qualitative) | * In-depth interviews with community members * Key informant * Focus groups |
| 1. Activities (explain type) by local civil societies in changing attitudes towards HIV testing for men, women, adolescents, and pregnant women in the past 12 months | * Key informant * Focus groups |
| 1. Proportion of local women’s and youth organizations reporting that they have conducted at least 1 community-level assessment-analysis-action process in the last 3 months to address stigma and discrimination against people living with HIV/AIDS | * Short survey * Administrative data * Key informant |
| 1. % of community members (disaggregated by age and sex and vulnerability status i.e., disability, ethnic/minority status) that have participated in local/neighbourhood assessments to identify gaps and challenges in addressing stigma and discrimination against people living with HIV/AIDS (or developing local community-based action plans) | * Short convenience sampling survey * Focus group discussions * Key informant discussions |
| 1. % of community leader (disaggregated by type of leader) advocating for improved outreach programs in the past 12 months for providing information on prevention and care on HIV/AIDS to people with disabilities | * Key informant * Focus group |
| 1. Number of women who report they feel comfortable in voicing their opinion on HIV testing for both wives and husbands in places where men are also present | * Focus groups * Short convenience sampling survey |
| 1. Proportion of community members that believe there is ongoing leadership from members of civil societies (specify what members and what type of civil society) on prevention, care, and treatment of HIV/AIDS | * Focus groups * Short convenience sampling survey |
| 1. Proportion of adolescent girls and boys that feel that they can obtain quality advice and guidance *at all times* from local health service providers on HIV/AIDS | * Focus groups * Short convenience sampling survey |
| 1. Proportion of community members that feel there is proper monitoring system(s) *at the community level* for gathering information on needs and concerns of people living with HIV/AIDS | * Focus groups * Short convenience sampling survey * Key informant |
| 1. Scope of resources mobilized within the community (i.e., a listing of all organizations contacted which gives evidence of the size of the network accessed by the community) to provide information on prevention and care/treatment on HIV/AIDS in the past 6 months | * Listing of organizations * Key informant * Administrative data |
| 1. Number of community cultural activities (sports, fold media, festivals, celebrations, songs, theatre/drama, etc.) aimed at raising awareness on issues related to HIV/AIDS in the past 3 months | * Community event logs * Key informant |
| 1. The degree to which adolescent girls feel they can draw on both formal and informal social networks (specify, i.e., from whom) to obtain information on prevention of HIV/AIDS (qualitative) | * Focus groups * In-depth interviews |
| 1. Proportion of community members (disaggregated by sex and gender) who believe that people’s HIV status *should be or should not be kept secret* from friends, neighbours, family members, etc. | * Focus groups * Short convenience sampling survey |
| 1. Describe how are community members encouraged (if at all) to participate in Public discussions on HIV/AIDS including PMTCT (i.e., through what mechanisms, how are they gathered together, how and from whom do they receive information on the gathering etc.)? (qualitative) | * Focus groups * Key informant * In-depth interviews |
| 1. The extent to which community members (disaggregated by age, sex, ethnic/indigenous and disability status) believe that care and support to people living with HIV/AIDS are as much a community as household concern (qualitative) | * Focus groups * Key informant * In-depth interviews |
| 1. Emergence of grassroots youth leadership on the HIV/AIDS in the past 3 months (qualitative) | * Focus groups * Key informant |
| 1. Type of cultural/normative barriers that pregnant women report regarding PMTCT counseling services (qualitative) | * Focus groups * Key informants * In-depth interviews |
| 1. Type of cultural/normative barriers that adolescent girls and boys report for obtaining/using condoms (qualitative) | * Focus groups * Key informant * In-depth interviews |
| 1. % of population that expect AIDS orphans to attend school with other children | * Short convenience sampling survey/KAP * Key informant * Focus groups |
| 1. % of population that expect people living HIV/AIDS should participate in social and cultural community events, public forums, debates, etc. like anyone else | * Short convenience sampling survey/KAP * Key informant * Focus groups |
| 1. Percentage of people who expect disabled women to take equal part in PMTCT/MTCT programs as compared to non-disabled women | * Short convenience sampling survey/KAP * Key informant * Focus groups |
| 1. Number of neighbourhood committees (where applicable) that had public meetings on removing stigma against people living with HIV/AIDS in the past 3 months | * Key informant * Event logs * Minutes (if available) * Recording of debates (if available) |
| 1. New community home-based support initiatives for people living with HIV/AIDS in the past 12 months | * Convenience sampling survey * Focus groups * Key informant |
| 1. Number of meetings of joint citizen-local council commissions/boards on support and care for AIDS orphans in the past 12 months | * Key informant * Administrative data |
| 1. Percentage of leadership positions held by ethnic/religious/indigenous groups and people with disabilities in civil society groups advocating for care and support of people living with HIV/AIDS | * Key informant * Focus group * Administrative data |
| 1. Percentage of disabled mothers and expectant mothers with HIV/AIDS who received services from PMTCT/MTCT community-based outreach programs in the past 12 months | * Convenience sampling survey * Focus groups * Key informant * Administrative data from health facilities and other service providers of PMTCT |
| 1. Proportion of community members (disaggregated by sex, age, and ethnic/indigenous group) who report to be *very satisfied, satisfied, somewhat satisfied, not satisfied at all* with the information they received in the past 3 months (or past 6 months) from the media (specify channel of communication) on prevention of HIV/AIDS | * Convenience sampling survey * Focus groups |
| 1. % of adolescent girls and boys that believe they received *adequate, somewhat adequate, not adequate* *at all* information on HIV/AIDS services in their community through media channels (specify channel) in the past 3 months | * Convenience sampling survey * Focus groups |
| 1. Proportion of community members (disaggregated by sex, age, disability, and ethnic/religious/indigenous status) that believe there has been *adequate, somewhat adequate, not adequate at all*  number of awareness raising activities through communication channels (specify) on prevention, care, and treatment of HIV/AIDS at the local levels in the past 3 months | * Short convenience sampling survey/KAP * Focus groups |
| 1. Percent of religious leaders in the community/locality who report to have discussed the HIV/AIDS risks of sex before marriage during a religious gathering/sermon in the past 7 days | * Key informant * Focus groups |
| **Individual/Interpersonal – Demand (MoRES)** | |
| **C4D Indicators** | **Means of verification** |
| 1. % of pregnant women who report to have received information and advice from a friend, an influential family member or a neighbour (specify source of information) on HIV testing in the past 3 months | * Short convenience sampling survey/KAP |
| 1. % of pregnant women who report to have been tested for HIV in the past 6 months because of advice/information they received from a friend, an influential family member or a neighbour (specify source of information) | * Short convenience sampling survey/KAP |
| 1. % of pregnant women with disabilities who report to have received information and advice from a friend, an influential family member or a neighbour (specify source of information) on HIV testing in the past 3 months | * Short convenience sampling survey/KAP * Focus groups |
| 1. Proportion of community members (disaggregated by sex, age, ethnic/indigenous, and disability status) with knowledge on key HIV/AIDS preventive measures | * Short convenience sampling survey/KAP |
| 1. Proportion of pregnant local community women that intend to get HIV tested | * Short convenience sampling survey/KAP * Facility based surveys |
| 1. Proportion of pregnant women that can recall 75% of the key information they have received on PMTCT | * Short convenience sampling survey/KAP |
| 1. Proportion of pregnant women with disabilities that can recall 75% of the key information they have received on PMTCT | * Short convenience sampling survey/KAP |
| 1. Proportion of adolescent girls and boys at local secondary schools who were advised by a teacher, school administrator or school counsellor on preventive measures against HIV/AIDS in the past 2 to 4 weeks. | * Short convenience sampling survey/KAP * Focus groups |
| 1. Proportion of adolescent girls that have used ‘persuasive communication strategies’ (Describe) to postpone sex with their partner in the past 30 days | * Short convenience sampling survey/KAP |
| 1. Proportion of husbands with a pregnant wife who encouraged/supported her to be tested for HIV | * Short convenience sampling survey/KAP * Focus groups |
| 1. Proportion of pregnant women who were tested for HIV in the past 30 days who communicated the result of their test to their husband | * Short convenience sampling survey/KAP |
| 1. Proportion of pregnant women who were tested for HIV in the past 6 months who report that they did so because of their husband’s advice | * Short convenience sampling survey/KAP |
| 1. Proportion of pregnant women who encouraged their husband in the past 30 days to get tested for HIV | * Short convenience sampling survey * Focus groups |
| 1. Proportion of adolescent boys who intend to use condoms *always, sometimes, never* during sex with their partner | * Short convenience sampling survey |
| 1. Proportion of adolescent boys and girls who know where to obtain male/female condoms | * Short convenience sampling survey |
| 1. Reasons for which adolescent girls do not use condoms themselves or ask their partner to use condom during sex (qualitative) | * Focus group * In-depth interviews |
| 1. Husbands have perceptions and beliefs that constrain their use of condoms while having sex with their wife (qualitative) | * Focus group * In-depth interviews |
| 1. Husbands have perceptions and beliefs that constrain accepting their wife to be HIV tested when pregnant (qualitative) | * Focus group * In-depth interviews |
| 1. Wives have perceptions and beliefs that constrain them to ask their husband to use condoms during sex with them (qualitative) | * Focus group * In-depth interviews |
| 1. Percent of pregnant women that were tested for HIV in the past 6 months and who obtained their results because of advice they received from a friend, a health care worker, a family member, or husband (specify source) | * Short convenience sampling survey/KAP |
| 1. Proportion of parents/caretakers (disaggregated by sex and age and ethnic/minority/indigenous status who can recall 75% of the key messages they received on prevention of HIV/AIDS in the past 12 months | * Short convenience sampling survey/KAP |
| 1. Proportion of adolescent girls and boys that discussed with their mother/father or male/female caretaker about HIV/AIDS in the past 3 months | * Short convenience sampling survey/KAP |
| 1. Proportion of mothers with disabilities that have talked to their adolescent daughters about HIV/AIDS in the past 6 months | * Focus groups * Short convenience sampling survey |
| 1. Proportion of community members that report to have changed their attitude (in a positive manner) towards people living with HIV/AIDS as a result of media campaigns in the past 12 months | * Short convenience sampling survey/KAP |
| 1. Percent of parents/caretakers who report to have been encouraged by community leaders (Specify) to talk to their children about HIV/AIDS ( in the past 30 days) | * Short convenience sampling survey/KAP |
| 1. Percent of newlywed couples (disaggregated by sex and age, and minority/indigenous status) that intend to get tested for HIV in the next 30 days | * Short convenience sampling survey/KAP |
| 1. Percent of the community members that perceive people living with HIV/AIDS should have the same rights as other people with respect to health, education, political participation, employment, participation in sports and cultural activities, etc. as others | * Short convenience sampling survey/KAP |