Measurement Guidance for Global Fund Supported HIV Prevention Programs

August 2022

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List of Abbreviations

AGYW	Adolescents Girls and Young Women
AIDS	Acquired Immunodeficiency Syndrome
CSE	Comprehensive Sexuality Education
DHIS	District Health Information Systems
DHS	Demographic Health Survey
GBV	Gender Based Violence
HIV	Human Immunodeficiency Syndrome
HTS	HIV Testing Services
IBBS	Integrated Bio-Behavioral Survey
KP	Key Populations
M&E	Monitoring and Evaluation
MICS	Multi Indicator Cluster Surveys
NSP	National Strategic Plans
OST	Opioid Substitution Therapy
PBS	Polling Booth Survey
PEP	Post Exposure Prophylaxis
POMT	Prevention Outcome Measurement Tool
PreP	Pre-exposure Prophylaxis
PSE	Population Size Estimates
RF	Results Framework
SRHS	Sexual Reproductive Health Services
STI	Sexually Transmitted Infections
TA	Technical Assistance
TERG	Technical Evaluation Reference Group
TOC	Theory of Change
UIC	Unique Identifier Codes
UNAIDS	United Nations Programme on HIV/AIDS
VAC	Violence Against Children
VMMC	Voluntary Male Medical Circumcision
WHO	World Health Organization

1.0 Background and Purpose

With the new push for prevention and expanding investments in HIV prevention programs, there is need to enhance monitoring and evaluation efforts to effectively demonstrate progress towards the objective of ensuring that 95% of people at risk of HIV use combination prevention; and the goal of reducing new HIV infections to less than 370,000 by 2025[a] and ending HIV by 2030.[b]

The UNAIDS 10-point plan for accelerating HIV prevention at the country level emphasizes the need to "Establish or strengthen prevention programme monitoring systems" as a critical ingredient to successful implementation of HIV prevention programmes[c]. Specifically, improve country routine monitoring systems that are gender and population specific to identify and address challenges and track programme performance at all levels.

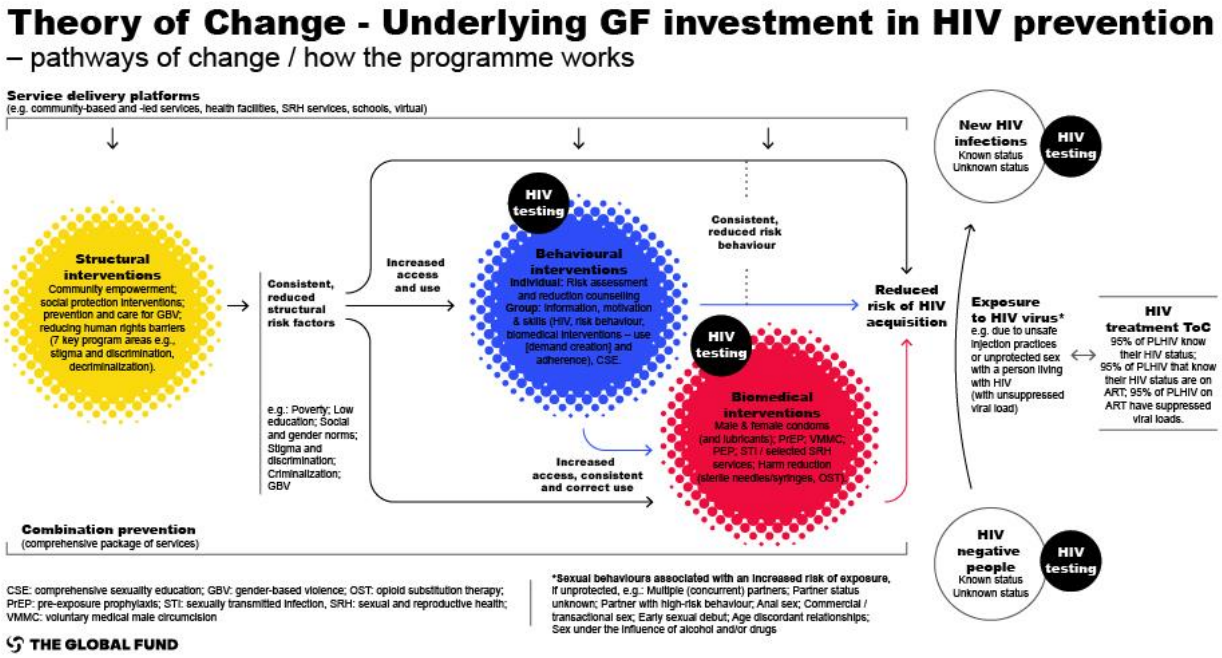
The measurement guidance for Global Fund HIV prevention programs aims to support country systems aligned to the UNAIDS 10-point plan. The measurement guidance highlights key M&E system components that should be considered for strengthening as part of planning and resource allocation within HIV prevention programs mainly, key populations, adolescent girls and young women, PreP, Condom and Voluntary Male Medical Circumcision. The components referred to in table 1 below are areas that present M&E challenges and opportunities for improving effective monitoring and evaluation of HIV prevention programmes.

Recent findings from Technical Evaluation Reference Group (TERG) Thematic Review on HIV Primary Prevention (2020) indicated a lack of overarching framework and approach to measuring results citing **inconsistencies in reporting and monitoring of Global Fund supported HIV prevention programmes in countries** and recommends that **guidance could be improved** to address this gap.[d]

In response the Global Fund team has developed **a measurement guidance for Global Fund supported HIV prevention programs.** The measurement guidance identifies critical M&E system strengthening components, analytics, data use cases and indicators for consideration during planning and resource allocation while aiming to provide guidance to GF supported HIV prevention programs.

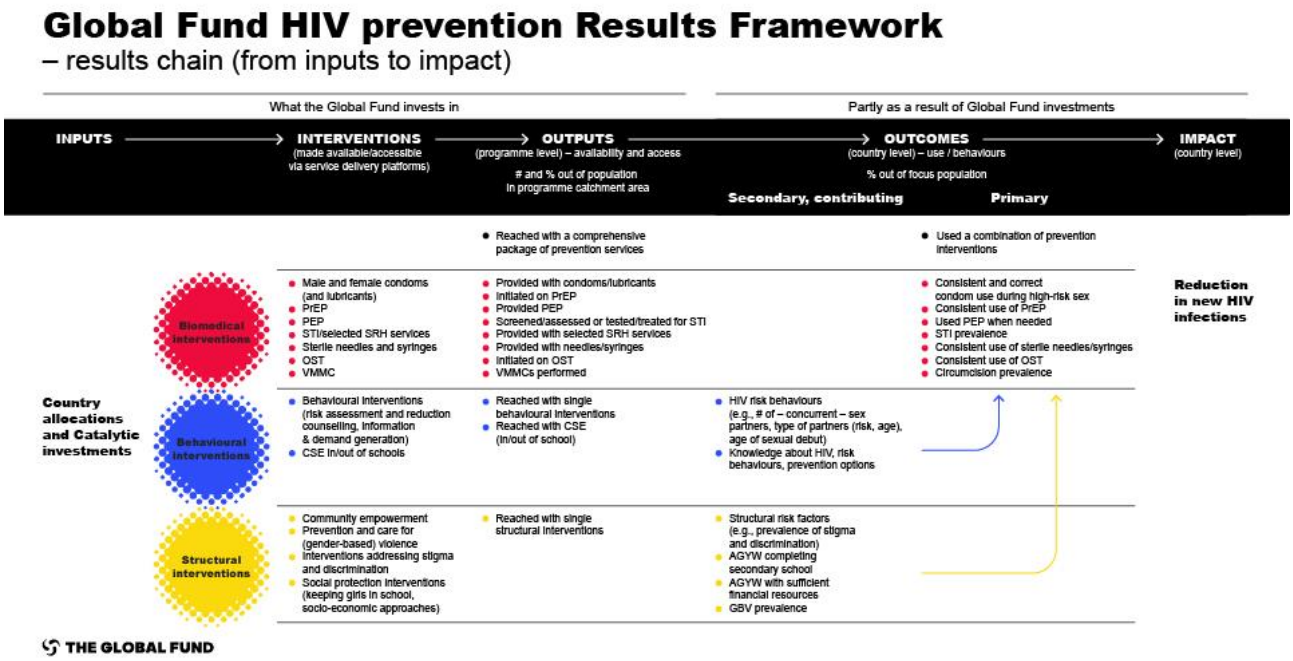
[a] Global AIDS STRATEGY 2021-2026 END INEQUALITIES. END AIDS.
[b] UNAIDS GLOBAL AIDS UPDATE 2022
[c] UNAIDS HIV Prevention 2020 Road Map
[d] TERG Thematic Review on HIV Primary Prevention PRELIMINARY FINDINGS

1.1 Theory of Change



The Theory of Change underlying the Global Fund's investment in HIV primary prevention highlights the importance of combination HIV prevention. At the same time, it makes clear that biomedical interventions have a "shorter" pathway to reducing the risk of HIV acquisition compared with behavioural and structural interventions. This is relevant for how the Global Fund and its implementing partners track results.

1.2 Results Framework



This Global Fund HIV prevention Results Framework[e] clarifies the relationships between input (investment), outputs (coverage), and outcomes (use, behaviour) for HIV impact. It highlights the importance of focusing on a set of primary outcomes that are proximal to the reduction of new HIV infections.

This Results Framework seeks to inform discussions and decisions on how the Global Fund can make the best investments (by prioritizing interventions or outcomes, targeting populations at substantial risk) to contribute to improved HIV prevention outcomes in the countries in which it invests.

2.0 M&E System Strengthening Considerations

Availability of strong M&E system is a critical pre-requisite for effective tracking, monitoring and evaluating HIV prevention programmes. The table below outlines key considerations that can inform

[e] Results Framework: The Global Fund HIV prevention RF illustrates the relationships between programme inputs, interventions, outputs (coverage), and outcomes (use, behaviour) for HIV impact – for the reduction of new HIV infections.

planning and implementation of effective measurement of HIV programmes at output/coverage, outcome, and impact levels.

Table 1. M&E system strengthening considerations for measurement of HIV prevention programmes

Component and challenging area	Specific challenges	Considerations
Routine monitoring of programme coverage		
Counting and reporting unique individuals reached with a combination of HIV prevention services/ interventions	• Difficulty in accurately determining populations reached with HIV prevention services. This is mostly due to inaccurate counting of unique individuals reached with combination HIV prevention interventions in the absence of unique identifiers at district or national levels. • Lack of a standard definition of HIV prevention package of interventions across programs/countries as well as differences in the frequency or dose that is required before counting individuals as having received a specific intervention/service.	Support availability of tools and a reliable system for routine monitoring of unique individuals who receive a combination of HIV prevention interventions, specifically: • Generation and use of programme level unique identifier codes, District Health Information System (DHIS) longitudinal database – at least at programme level while informing district and national level discussions • De-duplication of reported data to improve data quality. For example, having a mechanism to identify and record new and repeated clients. See table 3 below developed by Global Fund team on "Methods used to avoid double counting" • Mechanism to track individuals reached with context specific defined package of service as per national or program level guidance.
Estimation of population in need and at higher risk of HIV prevention services	• Lack of timely and accurate data on population size at	• Use best available and empirically derived population size estimates

	national and sub-national levels (denominator). • Definition of who to include in the denominator, ie, the most at risk portion and reachable portion of specific groups and subgroups. For example, in the case of AGYW - should this be the entire population in a high incidence district or only sub-set of those at risk of HIV?	where this is available e.g. key population size estimates. • Refer and implement available technical partner guidance on estimation of populations in need of HIV prevention services e.g., UNAIDS guidance for estimating AGYW at risk of HIV. • Support TA, funding for planning and implementation of regular key population size estimation exercise, triangulation of programme and existing integrated bio-behavioural survey (IBBS) data to estimate population size for key populations and other vulnerable populations. Where needed use online and offline vulnerability or risk assessment tools to identify the nature and magnitude of vulnerabilities/risk. This further inform targeted planning and allocation of resources.
Longitudinal/individual follow-up as means of measuring impact of Global Fund investments	• Lack of individual level information on services received and outcomes.	• Strengthen individualized data systems that enable continuous/longitudinal follow-up over time to assess individual level pathway from service/s offered to outcomes of HIV prevention interventions examples, electronic databases/ records enabled with unique individual identifiers.
Effective referrals and linkages as a means towards comprehensive HIV prevention services	• Lack of mechanisms that provide information on completeness of referrals making it difficult to identify individuals who fall through the referral	• Develop systems/mechanism for monitoring linkages and referrals within community platforms and between community and health facilities. • Strengthen coordination with service providers in other critical sectors such as education, social

	network and need follow-up to ensure they receive interventions not provided at primary service delivery point.	protection, legal, health to facilitate referrals and linkages and ensure key and vulnerable populations receive comprehensive HIV prevention services and interventions. • Generation and use of common and agreed unique identifier codes across services/programs and facilities will facilitate tracking of referrals as well as completion of referrals.
Technical assistance/Capacity building for principal and sub-recipients (PRs/SRs)	• Community level programmes and staff often have limited capacity on M&E and mostly lack strong data systems to monitor programmes.	• Tailored M&E support to PRs/SRs to strengthen community level data systems and M&E practices.
Tracking and monitoring programme outcomes		
Rapid surveys, studies, assessments that produce timely outcome data and other strategic information	• Lack of timely programme level outcome data to inform effectiveness of programs. • Traditional surveys are often not tailored to the changing need for timely programme level outcome data. These take 3-5 years to implement, are costly in nature (planning and implementation) and often do not provide sub-national data closer to programmes.	• Support innovative approaches for monitoring outcomes; rapid and cost-effective methods as defined in Annex 2, such as polling booth survey. • Support IBBS especially new rapid and frequent approach i.e., BBS lite, population-based surveys (e.g. DHS, VAC, MIC). • Support and conduct targeted systematic program and thematic reviews. • Ensure appropriate technical assistance for developing systems that monitor programme outcomes as part of programme monitoring for PRs/SRs as needed.

Monitoring client feedback on a regular basis	• Client perspective on the quality of services and care provided is often missing. This is an important part of ensuring a person-centred approach in HIV prevention programmes.	• Support community-led monitoring approaches as a means of identifying opportunities for strengthening quality of services, access barriers to HIV prevention programmes by key and vulnerable populations and programme coverage.
Tracking and monitoring impact (new HIV infections)		
Monitoring impact of HIV programmes	• Lack of timely data on key variables required to inform modelling exercise such as programme coverage and outcome data.	• Ensure availability of relevant data/information to inform modelling, for example, population level programme coverage and outcome data (condom use, PrEP, teen pregnancies etc). • Where possible conduct in-depth/longitudinal analysis of individually linked data on service uptake, risk practices and HIV status over time. This analysis can provide important insights on impact of programmes at individual and population levels.

3.0 Qualitative and Quantitative Data Analysis and Use

Improving availability of quantitative and qualitative granular data and analytical capacity of providers, programme staff and donor organizations to conduct basic and complex analysis should be an important integral part of HIV prevention programmes. This includes leveraging existing technical partner guidance and support for other qualitative data sources such as surveys, special studies, operation research, programme evaluations and reviews and community-led monitoring. Table 2 below provides examples of analyses to be conducted to inform HIV prevention programmes.

Table 2. Analytics and data use cases for HIV prevention programmes

Type of Analysis	When/Who	How	Use of analysis
Programme coverage Key question: are programs reaching the target of key and vulnerable populations (at program and population levels)?	Monthly, quarterly Program staff	Program level data on numbers reached. Denominator/population at risk of HIV from population size estimates (PSE) for KP/AGYW	Monitor progress towards: • Addressing country need for key services/interventions both at programme and population level. • NSP target • Set targets and reporting to donors
Layered analysis (service layering) Key question: Is layering happening as planned/intended? Are key and vulnerable populations receiving needed services/interventions?	Quarterly, annually Program staff	Programme level data on # of beneficiaries (KP/AGYW) completing/receiving required package of service (at site and/or at a referral site)	• Indicative of comprehensiveness of interventions received by key and vulnerable populations
Referral and linkage completeness analysis	Quarterly, annually Program staff	Program level data tracking referrals and completion status	• Effectiveness of referral and linkage systems. • Identified gaps will be opportunities for strengthening and ensuring effective referral system
Outcome analysis (based on agreed desired outcomes) Key question: are desired behavioral, structural, and biomedical changes occurring at individual and population level?	Annual or biannual Program staff, supporting donor organizations.	Special outcome monitoring tool as in Annex 2. Explore rapid cost-effective methods such as Polling Booth Surveys (PBS).	• Demonstrate if programme is in the right trajectory towards desired impact • Demonstrate individual level effect of the programmes. • Effectiveness of HIV prevention programmes.

Intervention and cost efficiency and effectiveness analysis Key question: are programs implementing effective interventions and in efficient ways?	Annual or biannual Donor organizations, technical partners	Based on existing technical guidance	Demonstrate value for money
Impact analysis Key question: Is there a reduction in new HIV infections among targeted key and vulnerable populations?	Annual or biennial Donor organizations, technical partners	Based on existing technical guidance against available quality data	Demonstrate if programmes are attaining desired effect at population level

3.1 Learning and Adapting for Program Improvement

Continuous actionable learning and adaptation using data and information from analyses listed above is important for evidence-based programme improvement. Activities that produce data and the process for analysing and using data/ information need to be complementary and supported and budgeted for during program planning. This should include strengthening and supporting mechanisms and platforms that enhance learning at the Secretariat and country levels through sharing of best practices, challenges, and innovative approaches etc. This should include targeted support to community level and health facility staff to analyse, interpret and use data to improve targeting approaches and monitor progress towards set objectives. Important in this process is enhancing mechanisms that trigger use of available information such “pause and reflect” sessions creating opportunities for deeper questions about the programme based on continuous interaction between programmes and data at all levels – country (national and sub-national) and secretariat levels. At the secretariat level, strengthening platforms for cross-country sharing and learning in collaboration with other technical partners is important in addressing existing programmatic and implementation challenges.

In addition, evaluations, specific thematic and in-country reviews aimed at answering specific programmatic, operational, and cost related questions will be critical sources of information for a successful HIV prevention programme. Evaluations/operational research and reviews serve as platforms for identifying what is working and what is not working providing a platform for

identifying programmatic gaps and opportunities to make necessary course correction for programme improvement.

Table 3: Method developed by the Global Fund teams for use to address double counting

Methods used to avoid double counting – Target setting

Reporting methods	Key features	Description	Practical use	Target cumulation
Basic	No system to report on individual people - Information recorded only on contacts or services provided (Newly established programs)	• To perform brief survey of clients during a week/month. • Ask all contacts "Is this first time you have received this service here? If no, when was the last time you received the service (week/month)?	• For assessment of ratio between contacts and clients to set baseline and project future targets for actual number of clients. • Used only in new program where no system to avoid double counting is in place. Meanwhile, ensure that system is put in place	Non-cumulative (other)
Moderate	Information is recorded for each client reached, without using a UIC - paper based records that track new and repeat clients	• Record if the clients visit in the specific period is the first one? If yes, then it is recorded as new client. • If not, record if the visit is the first one since the beginning of the reporting period (semiannual) or the year (annual)	• Reporting on individual clients (new and repeated clients for the period/year). • Not possible to avoid double counting among different service providers and if client is reached in the 1st and 2nd period.	Non-cumulative (Other) Work on establishing UIC system across service providers
Advanced	Electronic UIC is in place and used across locations and service providers	• At the time of service provision, each service provided is recorded using a UIC. • It links the services provided to the same client over time.	• Reporting on individual clients (per month, quarter, semester & annually). • It also allows reporting on the frequency of reach and type of services provided (commodities per client)	Non-cumulative (Other)

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Annex 1. Summary of HIV prevention indicators

A summary of HIV prevention indicators based on internal and external partner consultations. Detailed definition including numerator/denominator, required disaggregations, frequency and data source is available in the Modular Framework Handbook 2022. A detailed indicator reference sheet is under development for internal use by Global Fund Country Teams.

Module	Type of Indicator	Indicator Code	Indicator Name
All Modules	Impact	HIV I-14	Number of new HIV infections per 1000 uninfected population
	Impact	HIV I-9a (M)	Percentage of men who have sex with men who are living with HIV
	Impact	HIV I-9b (M)	Percentage of transgender people who are living with HIV
	Impact	HIV I-10 (M)	Percentage of sex workers who are living with HIV
	Impact	HIV I-11 (M)	Percentage of people who inject drugs who are living with HIV
	Impact	HIV I-12 (M)	Percentage of other vulnerable populations (specify) who are living with HIV
All modules	Outcome	HIV O-10	Percent of high risk AGYW (15-24) who say they used a condom the last time they had sex with a non-regular partner, of those who have had sex with such a partner in the last 12 months
	Outcome	HIV O-4a(M)	Percentage of men reporting using a condom the last time they had anal sex with a male partner
	Outcome	HIV O-4.1b(M)	Percentage of transgender people reporting using a condom during their most recent sexual intercourse or anal sex
	Outcome	HIV O-5(M)	Percentage of sex workers reporting using a condom with their most recent client
	Outcome	HIV O-6(M)	Percentage of people who inject drugs reporting using sterile injecting equipment the last time they injected
	Outcome	HIV O-9	Percentage of people who inject drugs reporting using a condom the last time they had sexual intercourse
	Outcome	HIV O-7	Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse
	Outcome	HIV O-13	Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months

Prevention package for men who have sex with men and their partners	Coverage	KP-1a(M)	Percentage of men who have sex with men reached with HIV prevention programs - defined package of services
	Coverage	KP-6a	Number of men who have sex with men who received any PrEP product at least once during the reporting period
	Coverage	KP-7a	Percentage of men who have sex with men tested for STIs during the reporting period
Prevention package for Transgender people and their sexual partners	Coverage	KP-1b(M)	Percentage of transgender people reached with HIV prevention programs - defined package of services
	Coverage	KP-6b	Number of transgender people who received any PrEP product at least once during the reporting period
	Coverage	KP-7b	Percentage of transgender people tested for STIs during the reporting period
Prevention package for Sex workers, their clients, and other sexual partners	Coverage	KP-1c(M)	Percentage of sex workers reached with HIV prevention programs - defined package of services
	Coverage	KP-6c	Number of sex workers who received any PrEP product at least once during the reporting period
	Coverage	KP-7c	Percentage of sex workers tested for STIs during the reporting period
Prevention package for People who Use Drugs and their sexual partners	Coverage	KP-1d(M)	Percentage of people who inject drugs reached with HIV prevention programs - defined package of services
	Coverage	KP-4	Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs
	Coverage	KP-5	Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months
	Coverage	KP-6d	Number of people who inject drugs who received any PrEP product at least once during the reporting period
	Coverage	KP-8	Percentage of people who inject drugs receiving opioid substitution therapy
Prevention package for People in prisons and other closed settings	Coverage	KP-1f(M)	Number of people in prisons and other closed settings reached with HIV prevention programs - defined package of services

Prevention package for Other vulnerable populations	Coverage	KP-1e	Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services
Prevention package for AGYW and male sexual partners in high HIV incidence settings	Coverage	YP-2	Percentage of high risk adolescent girls and young women reached with HIV prevention programs- defined package of services
	Coverage	YP-4	Number of high risk adolescent girls and young women who received any PrEP product at least once during the reporting period
	Coverage	YP-5	Percentage of high risk adolescent girls and young women tested for STIs during the reporting period
	Coverage	YP-6	Number of medical male circumcisions performed according to national standards

Annex 2: HIV Prevention Outcome Monitoring Tool (POMT)

Background

As efforts and investments in HIV prevention programs expand, there is an increasing need to enhance monitoring and tracking of prevention outcome data to demonstrate whether programs are progressing towards the desired goal of reducing new HIV infections.

Despite remarkable progress in the global HIV response, new HIV infections remain unacceptably high: 1.5 million [1.1 million–2.0 million] in 2021. The annual number of new infections globally has declined by just 32% since 2010, far short of the 75% target for 2020 that was set by the UN General Assembly in 2016. In 2021, key populations (KP) and their partners accounted for 70% of new adult HIV infections worldwide while girls and young women aged 15–24 years are twice as likely to be living with HIV than young men in sub-Sahara Africa.

These statistics entreats the question of whether the current programs will lead to the desired outcomes and call for regular granular HIV prevention outcome data to demonstrate whether programs are on the right trajectory of reducing new HIV infections among key and vulnerable populations.

As part of the Global Fund HIV prevention measurement framework and in response to the Global Fund HIV prevention theory of change and results framework, this **prevention outcome monitoring tool** (POMT) aims to explore the use of simple and cost-effective methods for routinely monitoring prevention service availability and outcomes by program implementers. The Global Fund will continue supporting the biobehavioral surveys (BBS) among key populations, per guidelines from technical partners while continuing improving this POMT based on the implementation in the 2023-2025 grant cycle and aligning with upcoming WHO/UNAIDS guidelines on BBS-lite when applicable.

Proposed HIV prevention outcome monitoring methods

POMT is a tool for use by implementers of the Global Fund supported HIV prevention programs to collect data on access and use of HIV prevention options and key sexual behaviors in the community on a regular basis. It requires minimum technical capacity for data collection and analysis and serves as a program monitoring tool incorporated within program implementation. It is not a survey tool.

Below is a list of suggested methods that implementers can choose and/or adapt for their use. Program implementers may develop their own methods, but the method needs to be implemented consistently to ensure comparable data that can support trend analysis over time within the program.

A. Sampling method

Convenience sampling methods will be applied for POMT. The sampling methods include consecutive sampling and controlled snowball sampling. In the consecutive sampling, the individuals, coming to the facilities/communities/online platforms for services, are invited consecutively to fill in the questionnaire or answer specific questions on-site, until the predefined sample size has been met. In the controlled snowball sampling, initial seeds will be chosen from the service recipients and outreach workers, each of them will be

given a defined number of coupons (i.e., 3-5) for them to distribute to their peers. Only seeds and those presenting a coupon will be asked to fill in the questionnaire or answer specific questions on-site.

Implementers may apply other convenience sampling methods, but consistently over time.

Sample size

Sample size for POMT shall consider the following parameters but without applying any statistical formula, 1) population size estimates for specific groups, for example, sex workers or out-of-school girls. 2) prevention service volume in the catchment areas, such as the number of sex workers reached with preventive intervention services during the past reporting period. 3) key prevention outcome variables, such as percentage of MSM (Men who have Sex with Men) using PrEP at least once in the past month or percentage of sex workers reported condom use during their last sex. 4) possibility to achieve the same level of sample size over time, such as when the POMT is implemented every 6 months.

With such considerations, a considerable proportion (i.e., 20-50%) of program clients by population groups in given program catchment areas will be included in each round.

B. Polling booth method

Polling Booth is a rapid assessment method used to gather sexual, behavioral, and structural outcomes on a routine basis. It has been used to collect information on sexual behaviors from key populations in Kenya and India, and young women and men in Nigeria, and adolescent girls and young women (AGYW) in several Southern and Eastern African countries. This method uses a group interview method where individuals give their responses to sexual behavior questions through a ballot box. The individual responses are anonymous and unlinked. The anonymity of the respondent is thought to increase the sense of confidentiality among respondents, hence their accurate reporting on sensitive and personal information. This cost effective and adaptive tool is simple to administer and is a suitable method to collect information on an individual's sexual health in a confidential and anonymous manner. The execution of a Polling Booth method is conducted in groups, where individuals give their responses through a ballot box.

Accurate reporting of behaviors is heavily influenced by personal and contextual and structural barriers, perceptions of confidentiality and social desirability bias, stigma, and discrimination. The polling booth method addresses this by offering a greater level of privacy for respondents and assuring anonymity of their response with greater likelihood to elicit comparatively accurate data.

C. Virtual and online methods

Based on available technology, implementers can consider use of virtual and online methods for as long as the method ensures confidentiality of personal information. This practically means that the program uses anonymous data collection methods and do not collect personally identifiable information (e.g., name, address, phone number, IP address, electronic fingerprints). Participation must be voluntary and based on mutual respect.

D. Case based individual level data

This method is applicable to programs that have individual or case-based data systems providing a platform to link sexual behavior[f] outcomes and preventive intervention services provided to an individual over time. Information generated can provide important insights on the effect/impact of HIV prevention programs.

E. Focus Group Discussion

Coinciding with the implementation of POMT, the grant principal recipients (PRs) or subrecipients (SRs) should organize focus group meetings among service recipients and providers to understand the service needs, issues, and practices in accessing and utilizing available services, as well as contextual and structural issues.

Framework for prevention outcome monitoring tool

Schematic representation of the overall approach including quantitative (key indicators) and generic qualitative questions to be tracked using POMT

Objectives	Approach	Key program outcomes/areas of inquiry

• To implement a rapid, simple, cost effective and efficient easy to administer approach and innovative method to gather sexual behavioral and structural outcomes of HIV prevention programs (KP/AGYW) within a program set up and not a research setting
• To adapt a method for collecting sexual, behavioral, and structural outcomes
	• Individual response using one or a combination of proposed methods
	• Ensure privacy and anonymity of participant's responses and limit social desirability bias
	• Focus group discussions to collect qualitative data
		• Behavioral and structural outcomes: For example,
		  • condom use
		  • PrEP uptake/use
		  • STI
		  • Sexual partnerships
		  • Gender/intimate sexual violence
		  • Pregnancy
		  • School drop-out
		• To develop an understanding of:
		  • Sexual behaviors and drug use patterns among program beneficiaries
		  • Package of HIV prevention intervention
		  • Policies, guidelines & SOP that support implementation
		  • Where the package has failed to translate into successful programs and reasons why

Figure 1. A framework for prevention outcome monitoring tool

Application of the tool

The Prevention Outcome Monitoring Tool (POMT) will be applied to Global Fund supported HIV prevention programs once or twice a year, but at least once a year, with each round implemented in a defined duration and repeated in the exact same months over the years. A suitable time of year to conduct POMT may be

[f] Upcoming WHO SI guidance will provide guidance on collection of behavioral data in a programmatic data collection set up.

informed by program priorities/contexts (eg. patterns of risk). Depending on the geographical scope of the program, the tool can be applied to all or a sample of implementation sites.

Oral consent must be obtained prior to any data collection. No personal identifiers should be collected.

To facilitate comparable trend analysis over time, the eligibility and sampling method chosen must be the same over time of implementing the tool. Implementers can modify and adapt the tool to the expected outcomes and interventions, or services supported by the program.

Data analysis will focus on descriptive analysis without the requirements of specific statistical software. Implementers are encouraged to automate the basic analysis.

POMT is recommended to be budgeted under Monitoring and Evaluation Module. PRs or SRs are expected to implement POMT, own the results and are responsible for analysis and reporting. Remote technical assistance is available for the first rounds where needed.

The results are primarily used for programmatic discussions by PRs or SRs together with other programmatic data and contextual information. Results are expected to be included in PU/DR for grant oversight, but not intended to be used directly for grant performance rating. Like other programmatic monitoring, the Global Fund Local Fund Agent plays the role for quality assurance for POMT.

5. Sample questionnaire (illustrative, to be tailored to specific groups/contexts, maximally one page per population group, such as SW, MSM, PWID, TG or AGYW)

Program site _____, data collection date __/__/__

1. When did you have the last HIV test? Were you HIV negative?
2. Have you received any of the following services (from any provider?) during the past month (multiple choices)?
   A. Risk assessment/risk reduction counselling; B. PrEP; C. Dapivirine vaginal ring; D. Prevention materials (paper); E. Prevention materials (online/virtual); F. HIV self-tests; G. Condoms; H. Life skills education session; I. Education support; J. Economic support; K. Sterile needles and syringe; L. Opioid substitution therapy (OST); M. PEP (post-exposure prophylaxis); N. visited a drop-in center, community service delivery point or NGO that is not part of a hospital or health center; P. VMMC
3. Are you currently taking PrEP? (yes/no /not applicable) If Yes, daily oral PrEP, event-driven PrEP, PrEP ring or injectable PrEP?
4. Measuring use of a prevention option:

SW: Did you use one or more of the following with your most recent client and your regular non-commercial partner with whom you had sexual intercourse? A condom; PrEP; post-exposure prophylaxis (taking medication after having sex to reduce the risk of catching HIV)

MSM: Did you use one or more of the following the last time you had anal sex with a male partner? A condom; PrEP; Post-exposure prophylaxis (taking medication after having sex to reduce the risk of catching HIV); You know that this partner is HIV-positive and he is virally suppressed; You know that this partner is HIV-negative.

TG: Did you use one or more of the following during your most recent sexual intercourse or anal sex? A condom; PrEP; Post-exposure prophylaxis (taking medication after having sex to reduce the risk of catching HIV); You know that this sexual partner is HIV-positive and he is virally suppressed; You know that this partner is HIV-negative.

PWID: Did you use one or more of the following the last time you injected drugs? A sterile needle and syringe; PrEP; Post-exposure prophylaxis (taking medication after having sex to reduce the risk of catching HIV)

AGYW: Did you use one or more of the following the last time you had sex with a non-regular partner? A condom; PrEP; Post-exposure prophylaxis (taking medication after having sex to reduce the risk of catching HIV); You know that this sexual partner is HIV-positive and is virally suppressed; You know that this partner is HIV-negative.

5. Are you currently using opioid substitution therapy? (OST) (Y/N/not applicable)
6. Did you drop out of school in the last 12 months? (yes/no /not applicable)? If yes, do you have a place to live and/or food to eat every day?
7. Did you experience sexual and/or physical violence from your lover/boyfriend/girlfriend/husband/wife during the last month? (yes/no/not applicable)
8. In the last 12 months, how many times has anyone physically hurt you, such as hit or choked you or threatened you with a knife or other weapon? (This has not happened in the last 12 months, once, 2–5 times, 6–10 times, 10 or more times, do not know, refuse to answer)
9. If yes in Q7-8 above, did you seek care/support (yes/no), and did you receive care/support (yes/no)?
10. Have you ever avoided seeking (i) health care, / (ii) HIV testing, / (iii) HIV medical care* or (iv) HIV treatment* in the last 12 months due to any of the following?
    a. Fear of or concern about stigma and discrimination? b. Fear or concern someone may learn you [insert behavior]? c. Fear of or concern about or experienced violence? d. Fear of or concern about or experienced police harassment or arrest?
11. Have you ever felt excluded from family activities because you [sell sex; have sex with men; inject drugs; are transgender]? (No; Yes, in the last 6 months; yes, but not in the last 6 months; do not know)

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