

<p>STANDARD SECTOR INDICATOR CODE: HE-163</p>	<p>1 Care Service -Psycho- Social- Spiritual- Support - Number of eligible individuals reporting they were provided with psychological, social, or spiritual support</p>	
<p>HEALTH SECTOR</p>	<p>Sector Schematic Alignment</p> <ul style="list-style-type: none"> • Project Area: HIV Mitigation <ul style="list-style-type: none"> • Project Activity Area/Training Package: Community Care of OVC • Project Activity Area/Training Package: HIV Care, Support, and Treatment 	
<p>Type: Output</p>	<p>Unit of Measure: Eligible individuals</p>	<p>Disaggregation:</p> <p>Sex: Male, Female Age: 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years</p>

To be counted for this indicator the following criteria must be met:

- The individual must have received at least one (1) psychological, spiritual, or social support service (see definitions below).
- The services must have been provided as a result of the PCV’s efforts or by the PCV and their partners in an individual or small group setting. Research shows ideal group size is less than 25 individuals, although in some instances group size can be significantly larger.
- Receipt of service must be documented by the Volunteer or their partner

Definitions:

Psycho- Social- Spiritual Support addresses the ongoing psychological and social problems of HIV infected and affected individuals, their partners, families and caregivers.

Examples of psychosocial and spiritual support services include peer support, mentorship and group interventions, providing referrals and linkages to basic services like basic counseling, mental health services or spiritual guidance. These are good vehicles for providing counseling and other psychosocial support services. Other examples include counseling and or support of disclosure for PLHIV or for coping with dying process, loss, grief and/or bereavement. OVCs and PLHIV sometimes turn to drugs and alcohol as a means of coping with the trauma of HIV. Counseling services for drug and alcohol dependence are basic support services that may be provided under this indicator

It is important to remember that all those affected by HIV (caregivers of PLHIV as well as teachers, community volunteers, health workers and staff in communities with a high prevalence of HIV) are eligible to receive community psychosocial support services.

Volunteers working with specific target populations such as OVCs, PLHIV, or others affected by HIV should disaggregate the information by target population they are working with and report accordingly:

- **Orphans and Vulnerable Children:** Children <18 affected by AIDS, often referred to as orphans and vulnerable children (OVC), are children who have lost a parent to HIV/AIDS, who are otherwise directly affected by the disease, or who live in areas of high HIV prevalence and may be vulnerable to the disease or its socioeconomic effects.
- **Caregiver of an OVC:** A parent, guardian, foster parent (formal or informal) who has primary responsibility in the home for caring for a child affected by HIV/ AIDS.
- **PLHIV/PLHIV:** Persons living with HIV/AIDS.

Rationale: HIV/AIDS can undermine the fundamental human attachments essential to normal family life and child development. Children affected by HIV/AIDS suffer anxiety and fear during the years of parental illness, followed by grief and trauma with the death of a parent. Cultural taboos surrounding the discussion of AIDS and death often compound these problems. PLHIV and their caregivers need love and emotional support, and the opportunity to express their feelings without fear of stigma and discrimination. Psychosocial programs should provide individuals living with and affected by HIV a variety of services to mitigate the effects of HIV in order to improve health outcomes for HIV positive individuals, improve the developmental growth of children, and optimize the quality of life. In addition, the emotional and psychosocial support for frontline national staff who are often overlooked but are working with AIDS-affected communities should be considered for these services to prevent burnout.

Measurement Notes:

1. **Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. Given that this indicator tracks the number of eligible individuals reporting they were provided with services, measurement tools considered for use must include the solicitation of feedback from service recipients. Attendance or provision of service logs alone will not suffice. Measurement tools may range from detailed questionnaires that gauge the PLHIV's improvements in quality of life as a result of the service to simple customer-service feedback forms. This is the number of **unique individuals** receiving care services. For this Standard Sector Indicator, a tracking sheet that collects the following data should be developed:
 - a. The name/title of the intervention/project
 - b. The start and end date
 - c. Location where the intervention is conducted
 - d. A brief description of the activities of the intervention
 - e. Beneficiaries – *see disaggregation*
 - f. Beneficiaries' report of improvements in quality of life
 - g. Names of organizations/partners collaborated with in implementing the intervention
 - h. Source and amount of funding, if funds are used
2. **General Data Collection for Volunteer Activities:** All Volunteer activities should be conducted with the intention of achieving outcomes – knowledge change (short-term), skills demonstration (intermediate-term), and behavioral changes (intermediate to long term) as defined by the progression of indicators within the objectives of a project framework. The progression of measurement for all Volunteer activities should begin with baseline data being conducted prior to the implementation of an activity (or set of activities), followed by documenting any outputs of the activities and then later at the appropriate time, measurements of specific outcomes (see the bullet on frequency of measurement).
3. **Activity-Level Baseline Data Collection:** Because this is an output indicator that does not measure any change, there is no need to take a baseline measurement before reporting the results of this indicator. However, Volunteers should take baseline measurements for any outcome indicators that are related to this output indicator. Refer to the project framework to review related outcome indicators.
4. **Frequency of measurement:** An output indicator only needs to be measured once—in this case, the Volunteer will keep track of the number of unique individuals who reported that they participated in one (1) psychological, spiritual, or social support service and report on it in the next VRF.
5. **Definition of change:** Outputs do not measure any changes. However, a minimum expectation for any psycho-social-spiritual support to be counted for this indicator is that a OVC, PLHIV and/or caregiver must attend at least one group meeting/intervention, training, peer support activity, or mentorship activity. OVC, PLHIV and/or

caregivers may also be counted if referred to basic services like basic counseling, mental health services or spiritual guidance.

6. **Reporting:** In the case of output indicators, Volunteers only have one box to fill in on their VRF: “total # (number).” This indicator is intended to capture programs targeting PLHIV, OVCs and those affected by HIV. The number can be generated by counting the number of PLHIV reporting they were provided with psychological, social, spiritual, or preventive support.
7. **Reporting on Disaggregated Data in the VRT:** This indicator is disaggregated by Sex and Age. When reporting in the VRF, a Volunteer should disaggregate the total number of individuals by Sex and Age. When reporting in the VRF, a volunteer should disaggregate the total number of male individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years and the total number of female individuals by 0-9 years, 10-14 years, 15-17 years, 18-24 years, and 25+ years.

Data Quality Assessments (DQA): DQA are needed for each indicator selected to align with the project objectives. DQAs review the validity, integrity, precision, reliability, and timeliness of each indicator. For more information, consult the Peace Corps MRE Toolkit.

Alignment with Summary Indicator: No LINK