STANDARD SECTOR INDICATOR CODE: HE-169 PEPFAR CODE: NA	**Established Interventions to Support Treatment Adherence:** Number of evidence-based interventions implemented to promote adherence to ARV treatment as a result of the activities of the Volunteer or their partners.
HEALTH SECTOR	**Sector Schematic Alignment** • **Project Area:** HIV Mitigation • **Project Activity Area/Training Package:** HIV Care, Support, and Treatment

Type: Output	**Unit of Measure**: Evidence-based Interventions	**Disaggregation:** **Sex:** Male, Female **Age:** 0-9 years, 10-14 years, 15-17 years, 18-24 years, 25+ years

To be counted for this indicator the following criteria must be met:
- The intervention must serve people living with HIV.
- A PCV or their partners must have played a significant role in developing, organizing and/or implementing the intervention.
- The intervention must be evidence-based (see list below) and must have promoted adherence to ARV treatment.
- There must be documentation of services provided through the intervention.

Definitions:
Implement is defined as to put into practice or to carry out.

Medication Adherence is defined as the ability to start, manage, and maintain a given medication regimen at the times, frequencies, and under specified conditions as prescribed by a health care provider.

Treatment adherence: refers to the ability of the patient to develop and follow a plan of behavioral and attitudinal change that ultimately serves to empower him/her to improve health and self-manage a given illness.

Evidence-based Interventions shown to increase treatment adherence include:
- Assessing and addressing barriers to adherence. These include both individual and system level barriers:
  - Individual barriers - include alcohol abuse, depression, lack of money for ARVs or transport, and lack of time.
  - System barriers - include stigma, stock-outs, lack of transportation to clinic, long waiting times.
- Establishing support groups to:
  - Train patient advocates and NGOs to provide community support to adherence
  - Training lay providers (PLHIV), caregivers of OVCs as peer counselors providing peer support
  - Establish buddy systems and personal friend or family member to support adherence
- Establishing an incentive program like food supplementation with pick-up of ARVs
- Establishing a direct observation therapy program for ARV medications
- Implementing a forecasting, inventory and ordering system to decrease stock-outs at HIV Treatment Centers or clinics where HIV medications are dispensed
- Implementing a reminder system to improve adherence (cell-phone, pillbox, pill chart, alarm)
- Implementing interventions to address access to treatment issues (setting-up transportation mechanism to clinic or helping address patient flow issues to decrease waiting time

PLHIV: Persons living with HIV/AIDS.

Rationale: At least 95% adherence is required for ARV regimens to be fully effective and to avoid the emergence of resistant strains of the virus. Establishing and maintaining excellent adherence to antiretroviral medication is necessary for viral suppression and the prevention of viral resistance. Suboptimal adherence is strongly associated with treatment failure including increased viral resistance, limited future treatment options, increased risk of HIV transmission to others, and increased mortality. Within 48 hours of not taking ARVs, the effects of treatment in suppressing HIV begin to decline and in two weeks, the effects decrease by 50%. At four weeks, the effects of treatment are almost reversed. After CD4 counts, adherence to antiretroviral medication has been called the next best predictor of progression to AIDS and death. Adherence involves more than taking ART as prescribed. It also includes retention in care and attending regular follow-up visits. Improving adherence to antiretroviral medication can reduce the risk of disease symptoms, progression of functional impairments, medical complications, co-morbidities, and health care utilization.

Measurement Notes:

1. **Sample Tools and/or Possible Methods:** Volunteers should use data collection tools to measure progress against project indicators. 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. Names of organizations/partners collaborated with in implementing the intervention
   f. Beneficiaries – *see disaggregation*
   g. 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, every time the Volunteer conducts an activity that qualifies as a treatment adherence intervention, he/she will want to keep track of the number of unique individuals who participated in the event(s) and report on it in the next VRF.

5. **Reporting**: In the case of output indicators, Volunteers fill the appropriate boxes in the VRF.

6. **Reporting on Disaggregated Data in the VRT:** This indicator is disaggregated by "audience". When reporting in the VRF, a Volunteer should disaggregate the total number of individuals served by the intervention collecting both age and sex of the individuals.

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