


HE-184	Indicator Title: PLHIV Receiving Care and Support Services Statement: Number of HIV-positive individuals receiving care and support services that promote positive living and/or treatment adherence.
Health Sector	HIV Epidemic Response: HIV Care, Support, & Treatment
Type: Output	Unit of Measure: HIV-positive individuals Disaggregation: Sex: Male, Female; Age (years): <1, 1-4, 5-9, 10-14, 15-19, 20-24, 25-49, 50+
<p>Rationale: As access to treatment increases and care is decentralized from large tertiary hospitals to primary health centers and community settings, an increasing number of People Living with HIV (PLHIV) will be receiving services in the community with the help of community-based supporters, including Volunteers and their counterparts. This indicator measures the total number of PLHIV receiving care and support services in community or household-level settings, which can be used by PC/Posts to inform PEPFAR country programs about the scale-up and coverage of community care and support services in order to ensure access and use of community care services by PLHIV.</p> <p>To report on this indicator, an activity¹ must meet the following criteria:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Participants must be HIV-positive individuals <input checked="" type="checkbox"/> Services must have been provided by the Volunteer or their counterpart, with Volunteer as co-facilitator, in an individual or small-group setting, comprised of no more than 25 people <input checked="" type="checkbox"/> Promote at least one² of the following services that research shows promotes positive living and/or treatment adherence: <ul style="list-style-type: none"> ○ Support group that promotes: positive living, positive prevention strategies, psychosocial support, stigma and discrimination reduction, and HIV care retention ○ Group or individual psychological, spiritual, nutritional, educational, or economic strengthening support ○ Basic client assessments with documentation of clinical and psychosocial needs and linkage/referral to other services as appropriate (e.g., for family planning, social services) ○ Tracking patients lost to follow-up (LTFU) with referral to care and treatment Community-based home visits with facility nurses, community-based cadre/community health workers, and/or patient experts ○ Community ART distribution ○ Group or individual adherence support if on ART <p>How to Collect and Report Data</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> How to collect data? Volunteers should use data collection tools, such as a chart to track services provided to participants, to record the following information to assist with reporting: <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;">  <p>Attendance Chart</p> </div> <div> <p>WHO: Participants' age and sex Names of collaborating organizations/partners</p> <p>WHAT: The name/title of the activity</p> <p>WHEN: The start and end date</p> <p>WHERE: Location where the activity is conducted</p> <p>WHY: A brief description of the activity</p> </div> </div>	

¹ A PLHIV care and support activity may involve more than one encounter with participants to provide ongoing services.

² Volunteers do not have to implement the full array of services listed, but should work with other partners and stakeholders to ensure these services are implemented in the communities that they serve.

- ☑ **How often to collect?** Volunteers should track the number of individuals who participated in each session¹ of the activity.
- ☑ **How to report in VRF?** Volunteers should report the total number of unique participants in the VRF each reporting period, disaggregated by Age and Sex (see Figure 1).³

Programmatic Guidance for PLHIV Care and Support Activities

Figure 1: VRF Data Entry Screen

Males Under 1	0
Males 1-4	0
Males 5-9	0
Males 10-14	0
Males 15-19	0
Males 20-24	0
Males 25-49	0
Males 50+	0
Females Under 1	0
Females 1-4	0
Females 5-9	0
Females 10-14	0
Females 15-19	0
Females 20-24	0
Females 25-49	0
Females 50+	0
Total	0

PLHIV. Activities must support People Living with HIV (PLHIV) to be measured by this indicator, including: pregnant women, children, adolescents and adults. Non-HIV infected individuals receiving care and support services should *not* be reported even though they may benefit from activities aimed at the entire household (e.g., economic strengthening services).

Intervention Delivery Methods:

Group Size. The session must be provided by the Volunteer or their counterpart, with Volunteer as co-facilitator, in a small-group setting. Small-group-level activities are those delivered in small group settings (less than 25 people, e.g., workplace programs, men’s support groups, etc. Group size may vary by context, please consult your PC/Post staff to determine what the best group size is for your site.

Examples of Activities: Supporting or facilitating support groups, adherence clubs, treatment buddies, peer mentoring, mentor-mother groups; or providing referrals for health and community services; etc.

Overlap with OVC Indicators: Orphans and vulnerable children (OVC) services are intended to increase stability and resiliency in children and families-exposed, living with or affected by HIV/AIDS through rigorous case management and provision and access to health and socio-economic interventions. OVC activities can, therefore, be provided to HIV-positive and -negative children as well as their families. If HIV-positive individuals participate in activities that meet criteria to be counted under both OVC and PLHIV care and support indicators, please include them under both.

Volunteer Highlights

For a local HIV support group in my area we held a three day seminar on the organization and purpose of a support group. The group met once a month and had around 80 members coming from all over the sub division, some of which were trekking extremely long distances to come. The first day was a theoretical day where we discussed topics such as HIV basics, treatment, testing, prevention, physical care, mental care, support, and stigma. The second day was a practical day where we divided the group into five smaller groups depending on where they were living and had them discuss what they would like out of a support group and come up with ideas on how to make their meeting more meaningful and supportive. The third day we did the first “general” meeting with all the members where they decided that from then on they would meet in their sub groups each month and have a “general” meeting with everyone once every four months.

³ Individuals receiving more than one care and support service should be counted only once a reporting period.