

Standard Sector Indicator Reference Sheet

INDICATOR: Number of individuals with accepting attitudes toward people living with HIV (PLHIV)

STANDARD SECTOR

HEALTH SECTOR 

PROJECT AREA: HIV/AIDS

INDICATOR CODE:

HE_HIV_182

Type: Outcome

Unit of Measure: Individual

Disaggregation: Male by Age:

<1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+

Female by Age: <1, 1–4, 5–9, 10–14, 15–19, 20–24, 25–29, 30–34, 35–39, 40–44, 45–49, 50+

Related Objective: Improve the community environment to support people living with or affected by HIV/AIDS (Objective 2.2)

Precise definitions

Individuals: The individuals included in this outcome indicator should have attended a multisession training on stigma and discrimination and/or HIV/AIDS co-facilitated by a PCV and their counterpart. The individuals should have attended at least 75 percent of the defined sessions to be counted in the denominator HE_HIV_221, and therefore this indicator.

Accepting attitude: Stigma refers to unfavorable attitudes, beliefs, and policies directed toward people based on a particular health circumstance, such as menstruation or HIV status. HIV-related stigma can reduce the effectiveness of programs and services designed for people living with HIV (PLHIV) and those who are affected by the disease. Trainings to reduce stigma should work to change these negative beliefs into more favorable or accepting beliefs.

HIV-related discrimination refers to the unfair and unjust treatment (act or omission) of an individual based on his or her real or perceived HIV status. Discrimination in the context of HIV also includes the unfair treatment of other key populations, such as sex workers, people who inject drugs, men who have sex with men, transgender people, people in prisons and other closed settings and, in some social contexts, women, young people, migrants, refugees, and internally displaced people. HIV-related discrimination is usually based on stigmatizing attitudes and beliefs about populations, behaviors, practices, sex, illness, and death. Discrimination can be institutionalized through existing laws, policies, and practices that negatively focus on PLHIV and marginalized groups, including criminalized populations.

Data collection

Tool: Stigma Training Tracking Sheet. The post or PCV can modify the Excel template as needed.

Frequency of data collection and tracking: Data should be tracked on an ongoing basis as PCVs implement training activities. Data should be aggregated and reported based on the post-determined reporting frequency.

Reporting

Respondents should first be asked if they have ever heard of HIV. If they answer yes, then they are asked a series of questions about people living with HIV, including:

- If a member of your family became sick with the HIV virus, would you be willing to care for him or her in your household?
- If you knew that a shopkeeper or food seller had the HIV virus, would you buy fresh vegetables from him/her?
- If a female teacher has the HIV virus but is not sick, should she be allowed to continue teaching in school?
- If a member of your family became infected with the HIV virus, would you want it to remain a secret?

Only respondents who report an accepting or supportive attitude on all four of these questions are counted in the "achieved" category. All respondents should be counted in the "total" field. An accepting attitude for the respective questions is considered to be (1) yes; (2) yes; (3) yes; and (4) no.

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

- Individuals received training on stigma and discrimination around HIV that was facilitated by a PCV or their partner using an evidence-based curriculum.
- The training was provided by the PCV or their partner in an individual or small-group setting of 25 or less.
- Individuals attended at least 75 percent of the sessions and attendance at educational session(s) was documented by the Volunteer or their partner (sign-in sheet, photo, etc.).