

Standard Sector Indicator Reference Sheet

INDICATOR: Number of people living with HIV (PLHIV) receiving care and support services that promote positive living and/or treatment adherence

STANDARD SECTOR

HEALTH SECTOR 

PROJECT AREA: HIV/AIDS

INDICATOR CODE:

HE_HIV_184

Type: Output

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: Increase access to gender-equitable care, support, and treatment for people living with or affected by HIV/AIDS, including orphans and vulnerable children (OVC) and their families (Objective 2)

Precise definitions

PLHIV: Activities must support PLHIV, including pregnant women, children, adolescents, and adults, to be measured by this indicator. Individuals who do not have HIV who receive 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).

Receiving: includes individuals who have received at least one service (from the list below) during the last three months and who will continue to receive services at least once every three months.

Care and support services:

- 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 antiretroviral treatment (ART) distribution
- Group or individual adherence support, if on ART

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.

Positive living: Self-care and living positively (also called self-management), put simply, is taking care of one's own health and well-being. Self-care and living positively include a number of behaviors, such as good nutrition, moderate exercise, and good hygiene, along with adopting a positive attitude.

Studies have shown that PLHIV who practice more self-care behaviors (for example, a healthy diet, adequate sleep and exercise, and stress management) report better physical and mental health and overall quality of life.¹ Emotional well-being is a key part of self-care and living positively—a person needs to believe they can live a normal, productive, and healthy life with HIV.²

Treatment adherence: Treatment adherence means taking the correct dose of medications every time, exactly as prescribed by a health-care provider or recommended by a pharmacist. To successfully halt HIV replication and keep viral load suppressed, HIV medications need to be maintained at high-enough levels in the blood, 24 hours a day, every day. If the drug levels become too low, drug resistance may occur.

Data collection

Tool: Community Care 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 activities. Data should be aggregated and reported based on the post-determined reporting frequency.

Reporting

To report on this indicator, an activity³ must meet the following criteria:

- Participants are PLHIV.
- Individuals received at least one service during the last three months and will continue to receive services at least once every three months.
- Services were provided by a Volunteer and their counterpart, or with the Volunteer as co-facilitator, in an individual or small group of 25 or less.
- The Volunteer promoted at least one⁴ of the care and support services outlined above that promote positive living and/or treatment adherence.

Note: Individuals may only be counted once as part of this indicator in a given fiscal year (October–September). They may be counted again in a new fiscal year. If the same individual is eligible for measurement for another indicator, he/she may be counted for that indicator according to the guidelines in that indicator’s reference sheet.

Overlap with OVC indicators: Orphans and vulnerable children (OVC) services are intended to increase the stability and resilience in children and families exposed to, living with, or affected by HIV/AIDS through appropriate referrals to case management and linkages to or provision of health and socioeconomic interventions. OVC and caregiver activities can, therefore, be provided to HIV-positive and -negative children as well as their families. If PLHIV participate in activities that meet the criteria to be counted under both OVC- and PLHIV-care and -support indicators, please report them under both.

¹ Gielen, A.C., K.A. McDonnell, A.W. Wu, P. O’Campo, and R. Faden. 2001. “Quality of life among women living with HIV: the importance violence, social support and self-care behaviors.” *Social Science and Medicine* 52 (2001) 315–322.

² Health Communication Partnership (HCP). 2011. *Positive Living Profiling Tool for Health Care Workers Trainer’s Manual*. Kampala: Republic of Uganda Ministry of Health with support from Health Communication Partnership.

³ A PLHIV-care and -support activity may involve more than one encounter with participants to provide ongoing services.

⁴ 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.