



Peer counselling to improve PLHIV access and adherence to care and treatment

Experience from the Vihaan programme in India

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Background

The estimated PLHIV population in India is 2.1 million (NACO 2015). India HIV/AIDS Alliance implements the Global Fund -supported Vihaan Care and Support programme to increase ART adherence, strengthen linkages to social services for PLHIV to enhance their quality of life. By March 2016, Vihaan programme had registered 9, 32,425 PLHIV.

Methods

Vihaan has established 350 Care & Support Centres (CSC) across India. Services in CSCs are provided by dedicated and trained teams comprised of clinical counsellors, peer counsellors and outreach workers. These staff members work towards augmenting clinical health services for PLHIV by encouraging them to access treatment, care and support services. The technically trained counsellor and the peer counsellor provide counselling to PLHIV and their family members on treatment issues and socio-economic challenges. Recognizing that counselling is crucial for PLHIV well-being, Vihaan CSCs provide counselling services on a daily basis.

In order to encourage PLHIV to visit the CSC and access services stigma-free, the Vihaan program has appointed community members as peer counsellors. These peer counsellors encourage PLHIV clients to register at the CSC and counsel them on important issues such as opportunistic infection management, sexual and reproductive health and rights, safe sex education, nutrition counselling, family planning and ART. Peer counsellors provide information and link clients with existing government Social welfare and entitlement schemes. The team of counsellors also refer and accompany the PLHIV clients to the nearby health care centres to help them access other health services.

Results

Between April 2013 to March 2016 since the inception of Vihaan, 350 CSCs in 32 states and territories of India have reached 9, 32,425 PLHIV, of whom 75% have received peer counselling. A total of 11, 99,728 counselling sessions have been conducted so far. These peer counselling services helped motivate 55,067 clients to get their spouses/family

members tested for HIV, of whom 15%, i.e. 8,652, tested positive for HIV. Of these 8,652 PLHIV, 4,552 (53%) were linked with CSCs and ART centres, and the remaining 4,100 (47%) were with constantly followed-up with for early linkages. A total of 434,656 PLHIV were also counselled on ART adherence to ensure their retention within the HIV programme.

Conclusion

In the beginning, it was difficult to motivate PLHIV to access treatment and health care services. The strategy used by Alliance India's Vihaan program to engage community member as peer counsellors has resulted in building camaraderie among PLHIV clients which has proved instrumental in early linkage for access to treatment and care services and retain them on treatment. The peer counselling strategy which complements technical counselling should be continued and expanded to encourage and improve treatment access, positive living by PLHIV.



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