

STANDARD OPERATING PROCEDURES FOR POSITIVE PREVENTION PROGRAMS

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Family Health International (FHI) Nepal
ASHA Project



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Standard Operating Procedures for Positive Prevention Programs

**Family Health International
ASHA Project**

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This SOP may be revised as needed as new investigations, situational analyses and approaches are performed and as new information arises regarding the situation of PLHA and the **Positive Prevention Strategy** throughout Nepal.

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List of Acronyms

ART- Anti-retroviral Treatment
ASHA- Advancing Surveillance, Policies, Prevention, Care and Support to fight HIV/AIDS
CHBC- Community and Home Based Care
CM- Community Mobilizer
DACC- District AIDS Coordination Committee
DPHO- District Public Health Office
FHI- Family Health International
FSW- Female Sex Worker
FP- Family Planning
IA- Implementing Agency
IEC- Information, Education and Communication
MARP- Most-At-Risk Population
MOHP- Ministry of Health and Population
MSM- Men who have Sex with Men
MSW- Male Sex Worker
NCASC- National Centre for AIDS and STD Control
OE- Outreach Educator
OI- Opportunistic Infection
PC- Program Coordinator
PLHA- People Living with HIV and AIDS
PMTCT- Prevention of Mother to Child Transmission
PP- Positive Prevention
PSB- Positive Speaker's Bureau
RH- Reproductive Health
STI- Sexually Transmitted Infection
VCT- Voluntary Counseling and Testing
VL- Viral Load

Introduction

Positive Prevention (PP) is HIV prevention both for people who have HIV infection and for their partners, to support them in maintaining safer sexual and injecting practices. **PP** recognizes that people living with HIV and AIDS (PLHA) have the right to be sexually active, that HIV-positive intravenous drug users (IDUs) continue to inject, that HIV-positive women become pregnant, and that behavior change is difficult.

Positive prevention is a means of reducing transmission through active involvement of PLHA because

- one third of PLHA have unprotected vaginal or anal sex;
- PLHA have the right to be sexually active – but need to practice safe sex;
- reducing Sexually Transmitted Infections (STIs) among PLHA will help reduce HIV transmission;
- Anti-retroviral Treatment (ART) increases well-being and reduces viral load (VL);
- development of multi-drug resistance and HIV super infection;
- it includes access to treatment, care and support

Thus, prevention role of PP is two-fold:

- i. Prevention of re-infection of those living with HIV. This also includes prevention of other sexually transmitted infections and OIs;
- ii. Prevention of new infection in people who are not infected with HIV. This could be the partners, children or care givers of people living with HIV.

It has been observed that, PLHA in Nepal also can play an expanded and meaningful role upholding the principal of GIPA.

Potential benefits of a PP program

- Better adherence;
- Lower viral load;
- Less transmission and development of resistance;
- Helps in prolonging lives of PLHA by improving wellness, reducing illness and by delaying HIV progression ;
- Encourages solidarity amongst PLHA;
- Helps PLHA to make informed decisions about health choices including contraception and pregnancy;
- Builds bridges to health and other needed services which ultimately help to delay disease progression: treatment for opportunistic infections (TB, STIs); prevention of sexually transmitted diseases (herpes, gonorrhea, syphilis, Chlamydia, etc.) and other blood-borne illnesses (hepatitis C and hepatitis B);
- Prevents a large group of population from becoming infected with HIV;
- Prevents HIV re-infection and STI infection;
- Prevents PLHA from passing the infection to their partners;
- Full involvement of people with HIV as central to HIV prevention.

Guiding Principles

A PP program should

- be focused on communication, information, support and policy change;
- provide explicit information and practical support to PLHA to ensure that the behaviors they choose are safer for both them and their partners;
- be gender sensitive;
- combine strategies to create enabling environments which facilitate the empowerment of PLHA by actively involving PLHA and those affected by HIV;
- maintain privacy, confidentiality, informed consent, the duty to do no harm and freedom from discrimination;
- respect the rights of PLHA and those affected by HIV.

Levels of Intervention for PP program are:

- Individual level interventions
- Couple level interventions
- Community level interventions
- Advocacy

The SOP will help its users (Implementing Agencies) to

- understand the need for positive prevention;
- effectively implement a Positive Prevention program;
- adopt and conduct awareness programs among PLHA and those vulnerable to HIV;
- regularly monitor and evaluate programs being implemented;
- create a community environment conducive for PLHA to disclose their HIV status and to openly utilize prevention services.

Key strategies for positive prevention

- Voluntary Counselling and Testing (VCT)
 - PLHA do not know they are HIV-positive unless they have a test and receive the result
- Peer-led Strategic Behavioural Communication
- Condoms
- Access to methadone and clean needles for PLHA who inject
- Treatment, care and support
 - maintain low VL and wellness
- Psychosocial support and counselling
 - Disclosure
 - Address personal, relationship and social needs
- Other specialized services
 - Sexual health
 - Drug and alcohol
- Involvement of positive peers, groups
- Stigma, discrimination, privacy & access to services
 - Ethical and legal level
 - Service level
 - Community level

Core working team for a PP program

- **Program Coordinator (PC)** - responsible for the coordination, management, monitoring and evaluation of the entire program for PP. The PC oversees all the staff and ensures that PP program implementation is effective.
- **Finance/ Administrative Officer (FAO)** - responsible to keep records of all financial details and prepare financial reports as per the rules and regulations of FHI. Also maintains details of all staff members and consultants.
- **Community Mobilizers (CM), Outreach Educators (OE) and PLHA Volunteers** - responsible for carrying out individual and community level outreach activities.
- **DIC Operator/counselor** - responsible for managing the daily activities in the DIC and keeping record of all the activities implemented and people who visited. The DIC operator also provides counseling to PLHA.
- **Office Assistant** - assists all the above as and when required.
(Detailed job descriptions may be referenced in Annex 01)

PP 01. Preliminary Activity - Develop an action plan

As with other programs, setting targets and making a detailed action plan is the foremost part of the PP program.

The PC should lead the development of an action plan in consultation with other team/staff members. The action plan should include the following components:

- A list of activities
- Responsible team member to accomplish each activity
- Timeline
- Working areas/locations
- Target group (PLHA)
- Targeted number of people to be reached

An action plan helps the working team

- carry out activities on time
- accomplish goal/s of the program within the targeted time period
- know one's job responsibilities and ways to perform them effectively
- build team spirit and create a conducive working environment
- conduct regular needs assessment of the PLHA support group or network
- know their target groups

The Finance and Admin Associate must also be included in the planning process as s/he requires specific details of all the proposed activities. While developing an action plan all the team members should ensure that

- activities are specifically targeted to **MARP** and people affected by HIV
- times set are practical for carrying out particular tasks
- the chosen working areas are in need of intervention
- PLHA are involved in planning, implementation and monitoring and evaluation of all activities

PP 02. Preliminary Activity - Build capacity of staff/team members

Regardless of their job responsibilities all the staff members and volunteers should be provided with basic training in HIV/AIDS to increase their knowledge and skills. Additional relevant specialized training for selected key staff of the IA should be conducted as required to fulfill their respective job responsibilities.

Staff capacity building can be performed through:

- skills-based participatory trainings
- orientations
- observations
- participation in the relevant staff or volunteer training organized by FHI and or other IAs of FHI

The PC should

- conduct meetings with the team members;
- identify areas of need for staff capacity building;
- consult with the responsible officers of the funding agency before planning for training;
- coordinate for both HIV/AIDS and specialized training for the staff/team members;
- arrange the training in the premise of the IA itself or coordinate with other NGOs to send staff and/or volunteers to receive training;
- ensure that trainings address specific positive prevention issues such as:
 - HIV re-infection and new infection
 - Safer behaviors
 - PMTCT
 - VCT post test counseling,
 - sero-discordant couples issues
 - ART adherence, etc.

Apart from this the CM, OE, and PLHA volunteers should be trained as facilitators, trainers and counselors.

Note: It is important to remember that PLHA should also be trained as Outreach Educators, Community Mobilizers and DIC operators.

PP 03. Preliminary Activity - Create sensitization to the PP program

Positive prevention has only recently emerged as an approach, so sensitization to the PP program among key stake holders and community members is crucial. Working in collaboration with other stakeholders can ensure complimentary programs and effective use of resources. Key stakeholders may include:

- District AIDS Coordinating Committee (DACC)
- District Public Health Office (DPHO)
- Clinics
- Hospitals
- VCT Centers
- Community and Home Based Care (CHBC) and ART sites
- NGOs working in field of HIV
- PLHA support groups
- Rehabilitation Centers, etc.

Sensitization program activities involve the following (arranged by the PC):

- meeting with each stakeholder individually to brief them on Positive Prevention and its importance;
- conducting an orientation and organizing a district level sensitization training program with local stakeholders;
- providing updates on the program through regular DACC and other coordination meetings;
- seeking suggestions and advice from stakeholders for the improvement of the positive prevention approach;
- meeting with the local media;
- organizing district events in coordination with DACC.

With the help of the PC, CM, and OE, PLHA volunteers may

- organize district events in coordination with DACC;
- facilitate community programs;
- arrange to perform street theatre;
- disseminate information with the help of local media (both visual and printed).

PP 04. Preliminary Activity – Conduct activities to identify PLHA

Since the primary, direct target of **PP** program is PLHA, the identification of PLHA **is the first and very crucial step of the PP program implementation**. For this identification, it will be most efficient to intervene with the Most at Risk Population (MARPs).

- Intravenous drug users (IDUs)
- Men who have sex with men (MSM)
- Sex Workers, both male and female (MSW, FSW)
- Clients of sex workers
- Seasonal labor migrants
- Concordant couples (both partners HIV-positive)
- Discordant couples (one partner HIV-positive, one HIV-negative)
- HIV-positive women/couples who want children

PLHA most at risk of transmitting the infection are those who

- use and share injecting equipment
- have anal sex with multiple partners with low or without condom use
- are pregnant or want to become pregnant

Approaches for identification of PLHA

Community assessment

The PC should

- develop operational mapping to identify locations of high risk behavior and available HIV-related services such as VCT, STI, ART, prevention of mother-to-child transmission (PMTCT) and IDU rehabilitation centers;
- design plans for a rapid assessment;
- develop or collect the tools to conduct the rapid assessment; (*see Annex02*)
- brief the CM, OE and PLHA volunteers on how to use the tools and carry out the assessment.

The CM, OE and PLHA volunteers should

- assist PC in compiling a list of all agencies and NGOs working on the HIV response in the district, including a description of their project areas and activities;
- carry out the community assessment with the help of the tools they are given and skills enhanced through training.

Outreach work: One-on-one individual counseling

The CM, OE and PLHA volunteers should

- meet people in various service centers such as VCT, crisis centers, STI clinics, etc.;
- interview key leaders and peers of PLHA volunteers to get an idea of who in the community are susceptible to HIV (or who comprise the MARPs);
- identify locations, families and individuals for counseling;
- make a list of essential issues on which to discuss with people;
- make a list of services available for **PLHA** in the districts or their alternatives;

- assess risk through one-on-one visits with individuals identified as comprising MARPs;
- meet PLHA regularly and inform them of the benefits of PP services.

Note: A person cannot be treated as a PLHA unless the person himself/herself admits that she/he is HIV positive. No secondary information or documents should be considered to determine a person's HIV status.

The PC should coordinate and approve all the programs mentioned above and should ensure that

- CMs, OEs and PLHA volunteers are well prepared and skilled to perform the above tasks;
- they are well quipped with all tools and information required for the execution of the above tasks;
- program messages properly address why people should know their own HIV status, and that of their partners and children.

Note: While it is essential to identify people living with HIV for the successful implementation of a PP program, it is also very crucial to maintain the confidentiality of the HIV status of PLHA, until and unless it requires to be disclosed for the benefit of the mental and physical well-being of the PLHA and based on his/her consent.

The priorities of a PP program vary between MARPs. Recognizing the following priorities can help in tailoring interventions for different MARPs.

Positive prevention priorities for IDUs:

- Targeted VCT
- Focus on individual risk behaviors
- Needle-sharing during injecting drug use
- Sexual behaviors
- Access to drug treatment services (oral users)
- Access to care and treatment including ART
- Good nutrition, mental health care, employment etc.

Positive prevention priorities for FSWs:

- Targeted VCT
- 100% condom use
- STI services
- Contraception, antenatal care (ANC), PMTCT
- Alternative employment options
- Negotiating safer sex
- Access to care and treatment, ART

Positive prevention priorities for MSM:

- HIV+ MSM transmit HIV to other MSM
- Positive prevention for HIV+ MSM acknowledges sex between men – regular partners, casual partners, commercial partners
- Condoms, condoms, condoms
- Lubricant
- Negotiating safer sex
- STI services
- MSW

Positive prevention priorities regarding reproduction:

- HIV affects young women of child-bearing age
- Some PLHA will want to have children
 - PMTCT
- Other PLHA will decide to not have children
 - Contraception
- Some HIV-positive women will have an unintended pregnancy
 - Estimated 2.5 million of the 200 million women worldwide who become pregnant each year are infected with HIV
 - ANC
 - PMTCT
 - Access to safe, affordable abortion services for women who do not wish to continue their pregnancy
- Reproductive health (RH), family planning (FP), ANC, PMTCT, and contraception are all part of positive prevention

PP 05. Activity – Educate PLHA (especially through Positive Speakers' Bureau

Once PLHA are identified and/or the MARPs have been located through outreach, the process of disseminating information and educating them on safer behaviors may begin. This activity will be performed mainly by PE, CM and especially PLHA volunteers from the support group.

A **PSB** can be one of best forums in which to educate PLHA by inviting resource persons from various fields. For example, PLHA volunteers who have worked extensively in the field of HIV, health personnel, counselors, religious leaders, CHBC workers, lab personnel who test blood, PLHA who are experienced in ART and PMTCT, legal advocates, etc.

The **PSB** can also be a forum for PLHA to build capacity and skills in communication, interpersonal relationships, managing stress, coping with emotions, handling difficult situations, fighting stigma and discrimination, advocating for the rights of PLHA for **PP**, building their self esteem, making effective decisions through creative and critical thinking and, in short, improving overall well-being. Members of the **PSB** can also give support for community events focused on sensitization to the Positive Prevention program. However, prior to public exposure it is important for the PC to ensure that all members of PSB are properly trained and that their knowledge about **PP** issues is up-to-date and accurate. Sensitization through **PSB** activities is especially useful among stakeholders and civil society groups.

For the PSB, the PC should ensure that

- Resource persons are well aware of the importance of maintaining the confidentiality of PLHA;
- **PSB** events take place regularly;
- The issues and topics of the **PSB** are decided in consultation with the PLHA and as per their needs;
- A form or contract with the organization demanding for **PSB** is filled out correctly;
- The facilitator of the PSB is remunerated appropriately by the organizing group, club or organization.

The PC should ensure that PLHA and MARPs are provided with

- clear and factually correct information relating to HIV transmission and re-infection;
- information showing that certain sexual activities are riskier than others, and that risk changes according to the HIV status of both partners;
- information about the ABC approach for HIV prevention: Abstinence or delayed sexual onset, Being faithful to one's sexual partner (or reducing the number of concurrent partners) and correct and consistent use of Condoms;
- proper support to make informed decisions about their own sexual health and sexual health of their partner(s);
- proper referral and procedures to receive required services.

Methods for the dissemination and education of PLHA and MARPs:

Individual Awareness

- Individual counseling by peer or outreach educators
- Individual counseling by a senior counselor of the IA

Group Counseling

- Group counseling by PLHA support group, trainers, DIC operators/counselors

Through IEC materials

- Distribute comprehensive IEC materials that include all necessary information for positive prevention
- If available, videos are especially useful manner of communicating such information

Referral

- to a VCT center
- to ART and/or PMTCT service centers
- to risk reduction sites

Training and workshops

- organize trainings or workshops to develop the capacity of PLHA

Media

- Printed
- Audio/Visual

The PC should

- provide the pre-education **knowledge assessment form** (*Annex 03*) to CMs, OEs and PLHA volunteers and provide details on its use;
- collect these forms and review them to estimate the general HIV and PP understanding level of PLHA in the community;
- collect suggestions from the CMs, OEs and PLHA volunteers on deciding the ways to educate PLHA and MARPs identified through outreach activities;
- coordinate with the funding agency and receive approval to carry out educational activities.

CM, OE and PLHA volunteers should

- record the understanding level of PLHA using the tools provided;
- consult with PC after reviewing the form before deciding the method of education.

PP 06. Activity - DIC (Drop-in-Center)

DIC offers MARP a safe place to gather, share their experience-- living positive, bring their concerns. A space within an FHI IA's office for hosting educational events as well as meeting of people living with and affected by HIV/AIDS. Operation of DIC helps in identifying PLHA and providing services to them. PLHA volunteers can assume responsibility for the operation the DIC and/or also work as DIC operators.

A DIC serves as a center for

- education;
- sharing information (through audio/visual/ training/newspapers/experience sharing, etc.);
- individual or group sessions on safer behaviors;
- condom distribution; and
- counseling

The DIC Operator should ensure that

- IEC materials are available for the people in the DIC;
- there is a comfortable and conducive environment for people to discuss their problems;
- activities are well-arranged, informative and entertaining;
- those seeking counseling are **counseled well and/or referred to VCT** or service centers;
- clients are well informed about prevention methods such as the availability, access and affordability of male condoms (the DIC Operator requires the skills to demonstrate correct use of condom and describe its usage);
- the number of people who have visited the DIC are recorded (not necessarily their names);
- records of those who regularly visit are properly kept;
- activities of the DIC are properly recorded using the standard daily log sheet provided by FHI/ASHA
- the confidentiality of those receiving services is well maintained;
- records of all materials distributed by the DIC are well kept.

The DIC Operator submits all daily records to the PC on a weekly basis. The DIC Operator should seek the approval from and consult with the PC to conduct any activities in the DIC.

CM and OE should

- encourage MARP to visit DIC during their outreach work;
- inform MARP about the activities that take place in the DIC;
- assist MARP to DIC and receive information and services.

"The DIC is my second home. Thanks to the CM didi who told me about the DIC and DIC operator dai who provided a lot of chances for me to know so much about living normal and healthy with HIV. "

A PLHA

PP 07. Strategy – Provide Counseling

Counseling can be more effective if a counselor him/herself is a PLHA living a safer life, as s/he can refer to examples of experiences from his/her own personal life. The DIC Operator may also be trained and serve as a counselor.

Counseling can help a PLHA in

- discussing emotions, health concerns, treatment, sex, sexual relationships and other issues that affect the person's daily life;
- removing myths and misconceptions that continue to surround people's understanding of HIV and AIDS;
- becoming accurately informed about issues such as safer sex including condom use, STIs, reproductive choices, and PMTCT;
- receiving prevention commodities such as condoms;
- deciding with whom to disclose their status and effective methods of disclosure;
- encouraging and fostering active involvement of PLHA in health promotion and prevention activities.

During one-on-one counseling for a PLHA the counselor emphasizes the following issues:

1. Living healthy

- Regular exercise, yoga and meditation
- Importance of regular health check-ups (including for TB screening and its treatment)
- Talk about problems with a counselor, peer groups and/or someone trustworthy
- Early treatment for OIs or other illnesses
- Preventing and treating STIs
- Preparing a plan for the future

2. Nutrition and hygiene

- Always wash hands with soap and water before and after eating
- Keep nails short and clean
- Bathe with lukewarm water regularly
- Eat seasonal nutritious food
- Avoid toxics like alcohol, cigarettes, or chewing tobacco

3. ART adherence

- Have a CD4 test before starting ART
- Take medicines exactly on time
- The danger in missing more pills

4. Practicing safer sexual and injecting behaviors

- Avoid multiple sexual partners
- Avoid having sex without condoms

- Receive regular counseling for sexual behavior to gain a better understanding of it
- Correct and consistent use of condoms
- Have one's partner also adopt safe behaviors
- Avoid sharing needles with others
- Seek rehabilitation for drug addiction

5. Using condoms

- Check the expiration date of the condom
- Remove the condom from the package carefully; do not use any sharp instruments, nails or teeth to tear the condom packet
- Squeeze the air out of the tip of the condom
- Unroll the condom onto the erect penis;
- After ejaculation, withdraw the penis while the penis is still erect, holding the rim of the condom to prevent it from slipping off and/or any semen spilling out
- Remove the condom from penis and tie a knot to prevent spills or leaks. Dispose of condom safely (where it cannot cause any hazards)

6. PMTCT

- Comprehensive Four-Pronged Strategy for PMTCT of HIV
 - a. Prevent HIV infection among women of childbearing age
 - b. Prevent unintended pregnancies among women living with HIV
 - c. Prevent HIV transmission from infected mothers to their infants
 - antiretroviral prophylaxis for mother and baby
 - safer delivery practices
 - safer infant feeding choices
 - d. Provide appropriate treatment, care and support to women living with HIV and their children and families
- Without any intervention, up to 30% of children of HIV positive mothers will be born infected with HIV
- In exclusively breastfed infants, the risk for transmission increases by another 4–5% after 6 months
- Babies who receive mixed feeding (i.e. both breastmilk and formula) have a much higher risk of HIV transmission: the cumulative risk is about 42–45% after two years of continuous breast and complementary feeding
- The Ministry of Health and Population (MOHP) provides free ARV drugs to prevent infection in the baby during pregnancy
- The MOHP also provides all necessary follow-up testing for the baby free of charge up to 18 months of age.

Even if a client has not yet been tested for HIV, the counselor can provide information on

- HIV basics;
- Advantages of blood testing;
- Benefits of **PP**;
- Ways to overcome stigma and discrimination;
- Access to other services like PMTCT, CHBC, etc.

The counselor should then refer the client to a VCT center.

Repeat HIV counseling sessions

Issues to be addressed in additional counseling session may include the following:

- How the client is coping
- Success in risk reduction
- Status of disclosure to partners
- Reinforcement of healthy living
- Access to Essential Package of Care (EPC) services
- Access to support services
- Further discussion of other issues such as family planning, STI prevention and treatment, condom use etc.

i. Assess needs of PLHA through counseling

Needs assessment is an integral part of the PP program. The real needs of PLHA must be assessed before the person is referred for or provided any services. Needs assessment can be carried out through various channels and methods. One of the objectives of counseling is to assess need of PLHA.

While providing the counseling the counselor (DIC Operator)

- Uses probing questions to identify the needs of the person. The questions could be
 1. How do you feel about coming to the PP program?
 2. How comfortable do you feel talking about your problems with me?
 3. What do you want to talk about the most?
 4. With what can we help you?
 5. What do you eat for daily meals and for extra energy and nutrition?
 6. Who do you talk to the most at home; with whom do you feel comfortable?
 7. Does anyone know about your HIV status at home?
 8. What are the problems you face the most?
 9. Are you suffering any physical problems?
- Makes a list of all the problems the client has shared with him/her;
- Coordinates with the PC and CM/OEs to prioritize the need of the client and provide referral or other services.

ii. Support PLHA in dealing with disclosure through counseling

Helping a PLHA in dealing with disclosure is also part of the **PP** approach.

This is voluntary and based on informed consent. The PC can refer a client to **VCT** for help in dealing with disclosure. The PC, CM, OE and PLHA volunteers in PP program can also help PLHA clients in dealing with disclosure. However, this activity should begin as a formal process through the counselor of the DIC Center.

The counselor, while counseling about disclosure, makes the following information explicit to the client:

Disclosure leads

- to beneficial results for individual people with HIV
- to beneficial results for their sexual and drug-injecting partners and family
- to greater openness in the community about HIV/AIDS
- to better social support for people with HIV
- to better coping with HIV

Disclosure can be made to

- family and/or friends for support
- sexual partners for support as well as for the prevention of further infection
- organizations and service providers in order to receive treatment, support and information

The counselor can go ahead with a discussion of disclosure by seeking the answers of the following questions from the PLHA clients:

- Who do you want or need to tell about your HIV status? Why do you want them to know?
- What do you think they will do with the information once they know?
- Will they maintain your confidentiality?
- How much are you ready to share? Is the person you want to tell ready to hear?
- How will it affect the person you tell?
- How will they cope?

After assessing the client with the above questions the counselor can help the client with answering the following questions:

- Who can they turn to for information?
- When and where should they tell them?

"I feel very good after I have disclosed my HIV status to my partner. We adopt safer behavior. She is safe from the infection and we are always together. "

A PLHA

Note: For more details and additional information about counseling, especially post-test counseling, the counselor should refer to STANDARD OPERATING PROCEDURES FOR HIV COUNSELING AND TESTING, Family Health International/ASHA project 2007.

PP 08. Activity - Form a support group of PLHA volunteers

A peer support group of PLHA volunteers is one of the most constructive aspects of **PP** program. If the IA is not led by PLHA it should work in close coordination with NGOs led by PLHA for the formation of PLHA support group. However, it should be noted that this SOP may also be used by IAs not led by PLHA. CMs and OEs play vital roles in the formation of the support group.

The PC makes sure that

- training for the support group includes strategies to cope with stresses of this challenging work. Ongoing supervision is also important to ensure that information provided is up to date and accurate;
- support group members are remunerated adequately, financially or in kind;
- support group members meet regularly to discuss PP issues;
- women living with HIV are given particular attention and support to address specific issues such as getting male partners to practice safer sex, disclosing their sero-status to partners and children, and self-help schemes to reduce dependency on male partners;
- proper tools are developed to keep a record of their meetings and activities.

The support group should provide support in

- outreach work offering basic information to PLHA about HIV and living positively with HIV;
- assisting in assessing risk behavior of PLHA and help the IA in its interventions;
- making informed decisions on healthy sexual relationships and on disclosure of HIV status;
- guiding PLHA to access various services related to HIV and AIDS such as sexual and reproductive health care, STI diagnosis and treatment, family planning, PMTCT, ART etc;
- facilitating and managing activities of the Positive Prevention Speaker's Bureau (PSB);
- playing a significant role in promoting discussion on sex and sexuality among PLHA;
- helping PLHA deal with various changes during ART and support protective behavior when health situation improves;
- promoting peer networking and peer support to share personal adherence strategies.

Although the PC is responsible to plan and keep record of all activities of the peer support group, the CMs and OEs have the major responsibility to help PLHA volunteers in the peer support group by suggesting and carrying out activities.

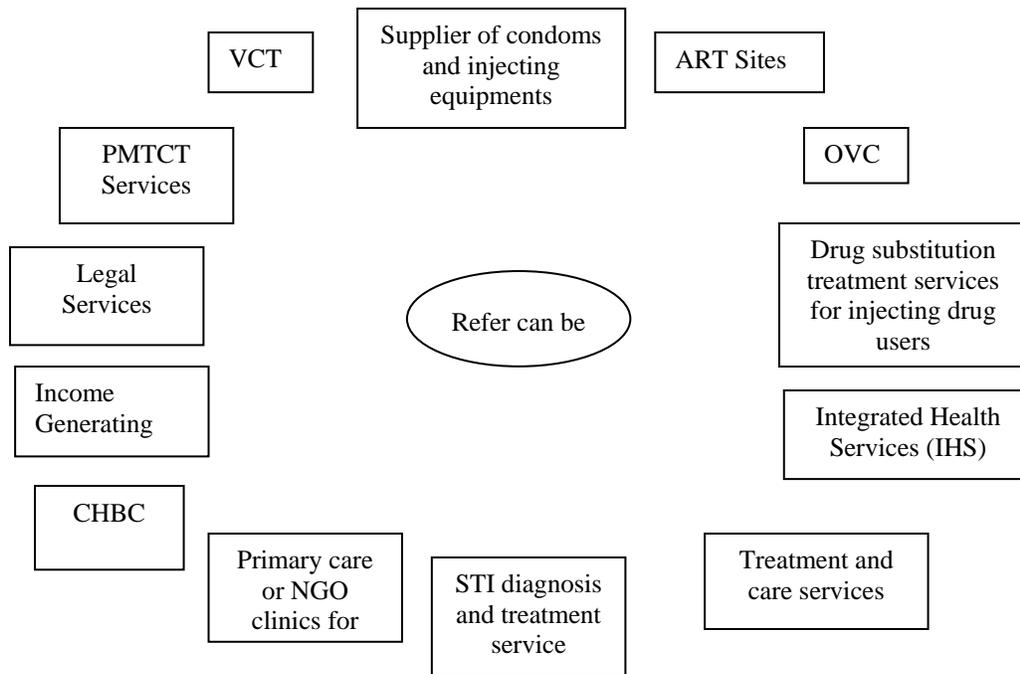
PP 09. Activity - Set up a strong referral mechanism

Developing and setting up a strong referral mechanism is a critical strategy for the effective implementation of a **PP** program, because an IA does not have the capacity to fulfill and maintain all the necessary requirements for PP.

CM, OE and PLHA volunteers should

- make a list of all the available services for the positive prevention program. Availability of a pamphlet listing all accessible services in a particular community may help maintain a good flow in the referral process;
- prepare a map of the service locations;
- prepare a referral directory by listing the names and contact details of the people in the service centers;
- ensure that people benefit from all the services available in the community;
- maintain good coordination and collaboration with other service providers, which promotes a shared understanding of the specific medical and psychological needs of PLHA, current availability of resources to address these needs, and gaps in the resources.

The DIC operator/counsellor refers the client for other services using the referral form after receiving the informed consent of the client.



While setting up a referral system the PC should consider the following points:

- A referral system works best when the referrer is familiar with both the nature and the quality of services provided by each available facility in order to make appropriate referrals. Positive or negative experiences of those using services should also be considered in assessing and improving quality of services.
- It is important to ensure a two-way referral system from the community to health care services and back to the community.
- It is essential for the PP program staff to build a good rapport with all places of referral. They should develop and maintain strong working relationships with other service providers and organizations.
- It is crucial to maintain standards of confidentiality for every client and ensure the same from all places of referral (for more details, see the Code of Ethics on page 38).
- Clients should be given the opportunity to decline a referral if they do not wish it and/or if they fear any breach of confidentiality.
- Referral for children with HIV should be given a special attention. Shelter, nutrition and education are the most vital concerns for them. Hence, referrals should be made to address these needs as well.
- CHBC is a different component than PP but the two are very much interlinked. Hence, the staff and clients should both know that the PP program can be linked with CHBC for symptom management and other psychosocial support. **(For more on CHBC for PP please refer to the section on More for Reference)**
- It must be noted that though a DIC can be operated as a counseling center, this may be just a transit and entry point. For further and better services for PP, the client must be referred to a VCT center.
- Anyone providing a referral must have the authority necessary to accomplish such a referral. This also requires the authority to obtain client consent for release of medical or other personal information.

Follow up on referrals

Referral does not end with referring a client to other service sites. It requires close and regular follow up on the services they are receiving. The PC, through the CM and OE, should keep records of follow up made on referrals. Answers to the following questions should guide the follow up process:

- Is the client comfortable with the service providers?
- Does the client believe in the services being received?
- Is the client well informed about the services s/he is receiving?
- What are the exact services the client is receiving?
- Was the client's informed consent taken before any disclosure about him/her in front of any third parties?
- Has the client been visiting the service center for any follow up and other related services?

- Does the client need to be referred again for any other services?

Note: Maintaining a record of each referral is important for follow up on services as well as for the monitoring and evaluation of the program. The PC keeps record of all referrals and s/he is the one who does all the referral. The follow up records of each client must be kept separately in writing. This record can be placed with the referral form of the same client.

PP 10. Activity – Create a link with other civil society activities

No prevention program can stand alone and be effective without the involvement, understanding, and support of community people. Hence, creating a link with other civil society activities is a necessary strategy for the successful implementation of a positive prevention program.

Linkages can be made with

- livelihood and income generating programs,
- legal and food assistance,
- shelter, education and nutrition facilities for children living with or affected by HIV.

Such linkages can also help PLHA

to locate and take up jobs according to their capacity and skills. This work need not be HIV-related. For example, PLHA may work as teachers in schools, officials of banks, drivers, receptionists, accountants, etc. Linkages to civil society activities can also be made stronger through effective referral mechanisms and positive participation of PLHA in a full range of community activities.

The PC should

- identify and make a list of all possible civil society activities in which PLHA could participate
- conduct sensitization programs and activities among civil society stakeholders similar to those that have been described for stakeholders
- maintain a good rapport with civil society stakeholders

PP 11. Activity – Conduct programs to reduce stigma and discrimination

Stigma and discrimination block PLHA from receiving essential information and services regarding preventing re-infection, treating OIs and preventing others from becoming infected. Positive prevention programs therefore must address stigma and discrimination.

The PC should ensure that anti-stigma and discrimination programs advocate for people's right to access HIV treatment and to education and information on sexual and reproductive health, including information about transmission.

The PC should arrange the following activities which are then conducted by CM, OE, and PLHA Volunteers:

- Meet with the family members of PLHA and provide them with counseling and education;
- Conduct meetings with community leaders;
- Conduct PP awareness as well as stigma and discrimination reduction activities in the communities in which PLHA clients live;
- Organize community planning meetings in which the community includes HIV issues in the VDC agenda and commits to providing support in specific areas such as helping children living with or affected by HIV to go to schools, etc.;
- Link positive prevention and positive messages in various community programs that are organized during various cultural and religious events;
- Organize community meetings and partnerships with religious leaders who can incorporate positive messages and the importance of love, care and empathy towards people living with and affected by HIV and AIDS;
- Share experiences of PLHA who have already come to the media and have already disclosed their HIV status publicly;
- Arrange PSB events facilitated by PLHA.

Note: To explore methods of conducting activities on stigma and discrimination, please refer to *HIV sambandhi lanchana bujhaun ra samana garaun* (Understanding Stigma and Discrimination) Toolkit available from FHI/ASHA Nepal.

PP 12. Activity – Advocate for the rights of PLHA for PP

A PP program must create an organizational culture that is conducive to meaningful involvement of PLHA. This includes promoting behaviors, language and attitudes that encourage involvement.

There are various levels of involvement, and PLHA should be encouraged to consider the level that best suits their capacity and interests. Hence, capacity building for PLHA is important to ensure meaningful involvement, including in decision-making and policy. Areas for capacity development can include:

- personal empowerment
- communication and presentation skills
- HIV and AIDS technical knowledge
- organizational development skills
- legal aspects of HIV and AIDS
- representational skills
- leadership skills
- policy analysis
- documenting and reporting skills

The PC should understand that advocacy efforts are stronger when they include PLHA. Mobilizing PLHA who need services has a powerful effect on decision makers. **Advocacy initiatives for a positive prevention program should include:**

- supporting leadership from within PLHA communities;
- ensuring a sustainable supply of condoms and lubricants to meet the real demands of the population. PLHA need to access free condoms and lubricants from health care facilities, home based care services and community groups to ensure they have the means to maintain safer sex practices;
- ensuring access to clean injecting equipment and to drug substitution programs for people who inject drugs;
- recognizing the particular needs of marginalized groups to access prevention services, such as PLHA people in prisons, mobile and displaced PLHA and asylum seekers;
- increasing prevention options for women living with HIV and AIDS;
- financing for comprehensive HIV prevention, treatment, care and support services.

With outreach workers, the PC should advocate against discriminatory laws and policies and for those that help protect the human rights of PLHA. For this **PC arranges to**

- involve district police and administration officials in HIV awareness and PP sensitization programs;
- maintain a good rapport with protection officials;
- help PLHA participate in the making of laws and policies;
- conduct advocacy campaigns for the rights of PLHA.

PP 13. Activity – Regular monitoring and evaluation

Monitoring and evaluation (M&E) efforts shall focus on ongoing activity/process monitoring. This can be done in three tiers:

1. Routine Data Collection and Reporting

The DIC Operator and Field Support Staff

- record accurate data daily from their interactions with MARPs using standardized data collection tools;
- report results to supervisors.

The Project Coordinator

- coaches field staff on correctly filling in daily data entry forms, clarifying definitions when needed;
- regularly collects completed forms and reviews them for accuracy and completeness;
- conducts periodic supervision of data entry in the field;
- holds regular meetings to discuss progress;
- notes constraints faced;
- reports to FHI/ASHA.

2. Monitoring and Ensuring Quality

The Project Coordinator

- conducts field supervision and support including observation of service delivery;
- provides specific feedback on how to improve project implementation;
- identifies areas where additional capacity building is required.

3. Use of Data for Program Improvement

The Project Coordinator

- holds regular meetings with field support staff to discuss individual and collective results;
- uses these results as well as reports on obstacles or opportunities to make adjustments to work patterns where necessary;
- convenes regular meetings and documents discussions of key indicator results and field supervision visit findings with field workers;
- coaches team in analysis and interpretation of output results; prepares data-driven presentations for quarterly review meetings with FHI;
- disseminates findings of quality monitoring and identifies key areas for improvement;
- discusses collectively the nature of barriers/obstacles and actions which can be taken to overcome them;
- follows-up status of agreed actions from previous meetings/discussions;
- reports corrective actions based on these analyses to FHI;
- notes where additional support is required.

Evaluation of project

Specific evaluation activities intended to inform whether a project has achieved its goals are as follows:

- Compliance with project design, including timeline;
- Compliance with reporting requirements;
- Achievement of project process and output targets;

- Responsiveness to recommendations documented in monitoring activities;
- Findings from quality assessments;
- Findings from the program management team.

Positive Prevention Code of Ethics

General Principles

1. Competence

Staff shall endeavor to maintain and develop their competence and work within the limitations of their expertise.

Specifically they should:

- Refrain from any claim that they possess qualifications or expertise that they do not have;
- Recognize and acknowledge their own limitations;
- Make appropriate referral to others who possess the qualifications or expertise they are lacking.

2. Voluntary

Anyone receiving any services either in IA or referral should be voluntary. No client should be forced to receive any services.

- The PC, CM, OE, DIC operator and PLHA volunteers are expected to ensure that clients have adequately understood all of the issues involved in **positive prevention** program;
- Recognize the right of clients to withdraw their decision on any referral made by the IA.

3. Confidentiality

Staff must maintain adequate records of their counseling and outreach work with clients and take all reasonable steps to preserve the confidentiality of information acquired through the process. They should take steps to protect the identity of individuals, groups and others revealed through their outreach work.

1. The identity of clients utilizing the IA and/or referred for other services remains strictly confidential.
2. All information obtained during all client encounters remain strictly confidential and may only be discussed with other health care providers for the purpose of providing care with permission from the client.
3. All information that is in any way associated with research remains confidential.
4. Informed consent must be obtained before client data can be used for research purposes.
5. All staff working at the IA undergo orientation in confidentiality prior to any client encounter.
6. No pictures are allowed to be taken without specific client consent.

4. Respect for people's rights

Staff must recognize the fundamental rights, dignity and worth of all people.

Staff must:

- Be aware of cultural and role differences of gender, race, ethnicity, caste, religion, sexual orientation, disability and socio-economic status.
- Recognize personal prejudices and biases to the above human differences. Try to deal with them so that they do not compromise non-judgmental qualities or else refer the client.
- Not participate in or condone any discriminatory practices based on the above human differences.

5. Personal conduct

Staff must conduct their activities in a way that does not damage the interest of their clients or undermine public confidence in their colleagues and the service.

Staff must:

- Not attempt to secure financial or other benefits other than that contractually agreed or awarded by salary.
- Not exploit any counseling relationship for the gratification of personal desires. No intimate relationship (sex, dating) should occur between a counselor and a past or current client.
- Refrain from counseling when their physical or psychological condition is impaired through the use of alcohol or drugs or when ill such that the counselor's professional judgment and abilities are impaired.
- No intimate sexual contacts with partners/or illicit drug use on premises.

6. Integrity

Staff must seek to promote integrity through honesty, fairness and respect for others.

Annex

PP Annex 01: Job Description

Position Title: Program Coordinator (PC)

Essential Job Functions: Duties and Responsibilities

The Program Coordinator

1. is fully responsible for all activities of the IA.
2. Coordinates with all IA working staff.
3. keeps regular coordination with the Management Committee.
4. makes the program report and submits it to the ASHA Project.

If the PC is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

Position Title: Finance and Administration Officer (FAO)

Essential Job Functions: Duties and Responsibilities

The FAO

1. is fully responsible for Finance & Administration of Positive Prevention Program of the IA.
2. coordinates with PC and ASHA Project for any financial transactions and for record-keeping.
3. keeps regular coordination with Project Coordinator and Management Committee.
4. prepares a finance report and submits to FHI through the Program Coordinator.

If the FAO is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

Position Title: DIC Operator

Essential Job Functions: Duties and Responsibilities

The DIC Operator

1. is fully responsible for arranging all the activities of the Positive Prevention Program in the DIC of the IA.
2. coordinates with all IA staff and the ASHA Project.
3. coordinates with Program Coordinator and Management Committee of the IA.
4. provides counseling to those receiving services in the DIC.
5. maintains the DIC report and submits it to the Program Coordinator.

If the DIC Operator is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

Position Title: Community Mobilizer/Outreach Educator
Essential Job Functions: Duties and Responsibilities

The CM/OE

1. is fully responsible for carrying out activities of the Positive Prevention Program.
2. coordinates with all the IA working staff.
3. coordinates with Program Coordinator and Management Committee.
4. prepares the outreach report and submits to Program Coordinator.

If the CM/OE is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

Position Title: Office Assistant
Essential Job Functions: Duties and Responsibilities

The Office Assistant

1. is fully responsible for in-house activities of the Positive Prevention Program of the IA.
2. coordinates with all the IA staff.
3. coordinates with Program Coordinator and Management Committee of the IA

If the Office Assistant is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

PP Annex 02: Matrices for Community Assessment for Positive Prevention Partners

Matrix 1: Description of VDCs (Demography, Facilities, Service Centers, Vulnerabilities)

S N	Name of VDC/ Municipality	Population			Main Caste	Main Occupation	Main Language	# of schools/ colleges (disaggregat ed by level)	# of health facilities (disaggregated by types/level)	Name of organization working in HIV/AIDS	Suspected/Identified # of Most at Risk/Vulnerable Population (pl write "S" in brackets for suspected and "I" for identified)						Remarks		
		M	F	Total							PLHA		FSWs	Clients of FSWs	IDUs			Migrants	Spouses of migrants
											M	F			M	F			

Source of Information:

Matrix 2: Description of organizations (HIV/AIDS, health and other social service related: GOs, I/NGOs, CBOs etc)

SN	Name of Organization	Contact Person and Address	Target Areas	Targeted beneficiaries	Major Activities/Services offered	Possible areas of coordination and collaboration

Source of Information:

PP Annex 03: Knowledge assessment form

Code No of the client:

Name and address of the client: _____ (Optional)

What does the person know about?

HIV new infection _____

HIV re-infection _____

ARV _____

PMTCT _____

Preventive methods _____

Harm Reduction _____

Nutrition

Viral load and CD4 count

.....
.....
.....

What does the person/group need to know more about and in detail?

.....
.....
.....

What method does the person prefer for the enhancement of his knowledge and skills?

- group counseling,
- individual counseling
- training
- workshop
- receiving IEC
- referral

.....
.....
.....

Signature _____

Name and designation of the assessor

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Standard Operating Procedures for Positive Prevention Programs

**Family Health International
ASHA Project**

July 2009



This SOP may be revised as needed as new investigations, situational analyses and approaches are performed and as new information arises regarding the situation of PLHA and the **Positive Prevention Strategy** throughout Nepal.

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List of Acronyms

ART- Anti-retroviral Treatment
ASHA- Advancing Surveillance, Policies, Prevention, Care and Support to fight HIV/AIDS
CHBC- Community and Home Based Care
CM- Community Mobilizer
DACC- District AIDS Coordination Committee
DPHO- District Public Health Office
FHI- Family Health International
FSW- Female Sex Worker
FP- Family Planning
IA- Implementing Agency
IEC- Information, Education and Communication
MARP- Most-At-Risk Population
MOHP- Ministry of Health and Population
MSM- Men who have Sex with Men
MSW- Male Sex Worker
NCASC- National Centre for AIDS and STD Control
OE- Outreach Educator
OI- Opportunistic Infection
PC- Program Coordinator
PLHA- People Living with HIV and AIDS
PMTCT- Prevention of Mother to Child Transmission
PP- Positive Prevention
PSB- Positive Speaker's Bureau
RH- Reproductive Health
STI- Sexually Transmitted Infection
VCT- Voluntary Counseling and Testing
VL- Viral Load

Introduction

Positive Prevention (PP) is HIV prevention both for people who have HIV infection and for their partners, to support them in maintaining safer sexual and injecting practices. **PP** recognizes that people living with HIV and AIDS (PLHA) have the right to be sexually active, that HIV-positive intravenous drug users (IDUs) continue to inject, that HIV-positive women become pregnant, and that behavior change is difficult.

Positive prevention is a means of reducing transmission through active involvement of PLHA because

- one third of PLHA have unprotected vaginal or anal sex;
- PLHA have the right to be sexually active – but need to practice safe sex;
- reducing Sexually Transmitted Infections (STIs) among PLHA will help reduce HIV transmission;
- Anti-retroviral Treatment (ART) increases well-being and reduces viral load (VL);
- development of multi-drug resistance and HIV super infection;
- it includes access to treatment, care and support

Thus, prevention role of PP is two-fold:

- i. Prevention of re-infection of those living with HIV. This also includes prevention of other sexually transmitted infections and OIs;
- ii. Prevention of new infection in people who are not infected with HIV. This could be the partners, children or care givers of people living with HIV.

It has been observed that, PLHA in Nepal also can play an expanded and meaningful role upholding the principal of GIPA.

Potential benefits of a PP program

- Better adherence;
- Lower viral load;
- Less transmission and development of resistance;
- Helps in prolonging lives of PLHA by improving wellness, reducing illness and by delaying HIV progression ;
- Encourages solidarity amongst PLHA;
- Helps PLHA to make informed decisions about health choices including contraception and pregnancy;
- Builds bridges to health and other needed services which ultimately help to delay disease progression: treatment for opportunistic infections (TB, STIs); prevention of sexually transmitted diseases (herpes, gonorrhea, syphilis, Chlamydia, etc.) and other blood-borne illnesses (hepatitis C and hepatitis B);
- Prevents a large group of population from becoming infected with HIV;
- Prevents HIV re-infection and STI infection;
- Prevents PLHA from passing the infection to their partners;
- Full involvement of people with HIV as central to HIV prevention.

Guiding Principles

A PP program should

- be focused on communication, information, support and policy change;
- provide explicit information and practical support to PLHA to ensure that the behaviors they choose are safer for both them and their partners;
- be gender sensitive;
- combine strategies to create enabling environments which facilitate the empowerment of PLHA by actively involving PLHA and those affected by HIV;
- maintain privacy, confidentiality, informed consent, the duty to do no harm and freedom from discrimination;
- respect the rights of PLHA and those affected by HIV.

Levels of Intervention for PP program are:

- Individual level interventions
- Couple level interventions
- Community level interventions
- Advocacy

The SOP will help its users (Implementing Agencies) to

- understand the need for positive prevention;
- effectively implement a Positive Prevention program;
- adopt and conduct awareness programs among PLHA and those vulnerable to HIV;
- regularly monitor and evaluate programs being implemented;
- create a community environment conducive for PLHA to disclose their HIV status and to openly utilize prevention services.

Key strategies for positive prevention

- Voluntary Counselling and Testing (VCT)
 - PLHA do not know they are HIV-positive unless they have a test and receive the result
- Peer-led Strategic Behavioural Communication
- Condoms
- Access to methadone and clean needles for PLHA who inject
- Treatment, care and support
 - maintain low VL and wellness
- Psychosocial support and counselling
 - Disclosure
 - Address personal, relationship and social needs
- Other specialized services
 - Sexual health
 - Drug and alcohol
- Involvement of positive peers, groups
- Stigma, discrimination, privacy & access to services
 - Ethical and legal level
 - Service level
 - Community level

Core working team for a PP program

- **Program Coordinator (PC)** - responsible for the coordination, management, monitoring and evaluation of the entire program for PP. The PC oversees all the staff and ensures that PP program implementation is effective.
- **Finance/ Administrative Officer (FAO)** - responsible to keep records of all financial details and prepare financial reports as per the rules and regulations of FHI. Also maintains details of all staff members and consultants.
- **Community Mobilizers (CM), Outreach Educators (OE) and PLHA Volunteers** - responsible for carrying out individual and community level outreach activities.
- **DIC Operator/counselor** - responsible for managing the daily activities in the DIC and keeping record of all the activities implemented and people who visited. The DIC operator also provides counseling to PLHA.
- **Office Assistant** - assists all the above as and when required.
(Detailed job descriptions may be referenced in Annex 01)

PP 01. Preliminary Activity - Develop an action plan

As with other programs, setting targets and making a detailed action plan is the foremost part of the PP program.

The PC should lead the development of an action plan in consultation with other team/staff members. The action plan should include the following components:

- A list of activities
- Responsible team member to accomplish each activity
- Timeline
- Working areas/locations
- Target group (PLHA)
- Targeted number of people to be reached

An action plan helps the working team

- carry out activities on time
- accomplish goal/s of the program within the targeted time period
- know one's job responsibilities and ways to perform them effectively
- build team spirit and create a conducive working environment
- conduct regular needs assessment of the PLHA support group or network
- know their target groups

The Finance and Admin Associate must also be included in the planning process as s/he requires specific details of all the proposed activities. While developing an action plan all the team members should ensure that

- activities are specifically targeted to **MARP** and people affected by HIV
- times set are practical for carrying out particular tasks
- the chosen working areas are in need of intervention
- PLHA are involved in planning, implementation and monitoring and evaluation of all activities

PP 02. Preliminary Activity - Build capacity of staff/team members

Regardless of their job responsibilities all the staff members and volunteers should be provided with basic training in HIV/AIDS to increase their knowledge and skills. Additional relevant specialized training for selected key staff of the IA should be conducted as required to fulfill their respective job responsibilities.

Staff capacity building can be performed through:

- skills-based participatory trainings
- orientations
- observations
- participation in the relevant staff or volunteer training organized by FHI and or other IAs of FHI

The PC should

- conduct meetings with the team members;
- identify areas of need for staff capacity building;
- consult with the responsible officers of the funding agency before planning for training;
- coordinate for both HIV/AIDS and specialized training for the staff/team members;
- arrange the training in the premise of the IA itself or coordinate with other NGOs to send staff and/or volunteers to receive training;
- ensure that trainings address specific positive prevention issues such as:
 - HIV re-infection and new infection
 - Safer behaviors
 - PMTCT
 - VCT post test counseling,
 - sero-discordant couples issues
 - ART adherence, etc.

Apart from this the CM, OE, and PLHA volunteers should be trained as facilitators, trainers and counselors.

Note: It is important to remember that PLHA should also be trained as Outreach Educators, Community Mobilizers and DIC operators.

PP 03. Preliminary Activity - Create sensitization to the PP program

Positive prevention has only recently emerged as an approach, so sensitization to the PP program among key stake holders and community members is crucial. Working in collaboration with other stakeholders can ensure complimentary programs and effective use of resources. Key stakeholders may include:

- District AIDS Coordinating Committee (DACC)
- District Public Health Office (DPHO)
- Clinics
- Hospitals
- VCT Centers
- Community and Home Based Care (CHBC) and ART sites
- NGOs working in field of HIV
- PLHA support groups
- Rehabilitation Centers, etc.

Sensitization program activities involve the following (arranged by the PC):

- meeting with each stakeholder individually to brief them on Positive Prevention and its importance;
- conducting an orientation and organizing a district level sensitization training program with local stakeholders;
- providing updates on the program through regular DACC and other coordination meetings;
- seeking suggestions and advice from stakeholders for the improvement of the positive prevention approach;
- meeting with the local media;
- organizing district events in coordination with DACC.

With the help of the PC, CM, and OE, PLHA volunteers may

- organize district events in coordination with DACC;
- facilitate community programs;
- arrange to perform street theatre;
- disseminate information with the help of local media (both visual and printed).

PP 04. Preliminary Activity – Conduct activities to identify PLHA

Since the primary, direct target of **PP** program is PLHA, the identification of PLHA **is the first and very crucial step of the PP program implementation**. For this identification, it will be most efficient to intervene with the Most at Risk Population (MARPs).

- Intravenous drug users (IDUs)
- Men who have sex with men (MSM)
- Sex Workers, both male and female (MSW, FSW)
- Clients of sex workers
- Seasonal labor migrants
- Concordant couples (both partners HIV-positive)
- Discordant couples (one partner HIV-positive, one HIV-negative)
- HIV-positive women/couples who want children

PLHA most at risk of transmitting the infection are those who

- use and share injecting equipment
- have anal sex with multiple partners with low or without condom use
- are pregnant or want to become pregnant

Approaches for identification of PLHA

Community assessment

The PC should

- develop operational mapping to identify locations of high risk behavior and available HIV-related services such as VCT, STI, ART, prevention of mother-to-child transmission (PMTCT) and IDU rehabilitation centers;
- design plans for a rapid assessment;
- develop or collect the tools to conduct the rapid assessment; (*see Annex02*)
- brief the CM, OE and PLHA volunteers on how to use the tools and carry out the assessment.

The CM, OE and PLHA volunteers should

- assist PC in compiling a list of all agencies and NGOs working on the HIV response in the district, including a description of their project areas and activities;
- carry out the community assessment with the help of the tools they are given and skills enhanced through training.

Outreach work: One-on-one individual counseling

The CM, OE and PLHA volunteers should

- meet people in various service centers such as VCT, crisis centers, STI clinics, etc.;
- interview key leaders and peers of PLHA volunteers to get an idea of who in the community are susceptible to HIV (or who comprise the MARPs);
- identify locations, families and individuals for counseling;
- make a list of essential issues on which to discuss with people;
- make a list of services available for **PLHA** in the districts or their alternatives;

- assess risk through one-on-one visits with individuals identified as comprising MARPs;
- meet PLHA regularly and inform them of the benefits of PP services.

Note: A person cannot be treated as a PLHA unless the person himself/herself admits that she/he is HIV positive. No secondary information or documents should be considered to determine a person's HIV status.

The PC should coordinate and approve all the programs mentioned above and should ensure that

- CMs, OEs and PLHA volunteers are well prepared and skilled to perform the above tasks;
- they are well quipped with all tools and information required for the execution of the above tasks;
- program messages properly address why people should know their own HIV status, and that of their partners and children.

Note: While it is essential to identify people living with HIV for the successful implementation of a PP program, it is also very crucial to maintain the confidentiality of the HIV status of PLHA, until and unless it requires to be disclosed for the benefit of the mental and physical well-being of the PLHA and based on his/her consent.

The priorities of a PP program vary between MARPs. Recognizing the following priorities can help in tailoring interventions for different MARPs.

Positive prevention priorities for IDUs:

- Targeted VCT
- Focus on individual risk behaviors
- Needle-sharing during injecting drug use
- Sexual behaviors
- Access to drug treatment services (oral users)
- Access to care and treatment including ART
- Good nutrition, mental health care, employment etc.

Positive prevention priorities for FSWs:

- Targeted VCT
- 100% condom use
- STI services
- Contraception, antenatal care (ANC), PMTCT
- Alternative employment options
- Negotiating safer sex
- Access to care and treatment, ART

Positive prevention priorities for MSM:

- HIV+ MSM transmit HIV to other MSM
- Positive prevention for HIV+ MSM acknowledges sex between men – regular partners, casual partners, commercial partners
- Condoms, condoms, condoms
- Lubricant
- Negotiating safer sex
- STI services
- MSW

Positive prevention priorities regarding reproduction:

- HIV affects young women of child-bearing age
- Some PLHA will want to have children
 - PMTCT
- Other PLHA will decide to not have children
 - Contraception
- Some HIV-positive women will have an unintended pregnancy
 - Estimated 2.5 million of the 200 million women worldwide who become pregnant each year are infected with HIV
 - ANC
 - PMTCT
 - Access to safe, affordable abortion services for women who do not wish to continue their pregnancy
- Reproductive health (RH), family planning (FP), ANC, PMTCT, and contraception are all part of positive prevention

PP 05. Activity – Educate PLHA (especially through Positive Speakers' Bureau

Once PLHA are identified and/or the MARPs have been located through outreach, the process of disseminating information and educating them on safer behaviors may begin. This activity will be performed mainly by PE, CM and especially PLHA volunteers from the support group.

A **PSB** can be one of best forums in which to educate PLHA by inviting resource persons from various fields. For example, PLHA volunteers who have worked extensively in the field of HIV, health personnel, counselors, religious leaders, CHBC workers, lab personnel who test blood, PLHA who are experienced in ART and PMTCT, legal advocates, etc.

The **PSB** can also be a forum for PLHA to build capacity and skills in communication, interpersonal relationships, managing stress, coping with emotions, handling difficult situations, fighting stigma and discrimination, advocating for the rights of PLHA for **PP**, building their self esteem, making effective decisions through creative and critical thinking and, in short, improving overall well-being. Members of the **PSB** can also give support for community events focused on sensitization to the Positive Prevention program. However, prior to public exposure it is important for the PC to ensure that all members of PSB are properly trained and that their knowledge about **PP** issues is up-to-date and accurate. Sensitization through **PSB** activities is especially useful among stakeholders and civil society groups.

For the PSB, the PC should ensure that

- Resource persons are well aware of the importance of maintaining the confidentiality of PLHA;
- **PSB** events take place regularly;
- The issues and topics of the **PSB** are decided in consultation with the PLHA and as per their needs;
- A form or contract with the organization demanding for **PSB** is filled out correctly;
- The facilitator of the PSB is remunerated appropriately by the organizing group, club or organization.

The PC should ensure that PLHA and MARPs are provided with

- clear and factually correct information relating to HIV transmission and re-infection;
- information showing that certain sexual activities are riskier than others, and that risk changes according to the HIV status of both partners;
- information about the ABC approach for HIV prevention: Abstinence or delayed sexual onset, Being faithful to one's sexual partner (or reducing the number of concurrent partners) and correct and consistent use of Condoms;
- proper support to make informed decisions about their own sexual health and sexual health of their partner(s);
- proper referral and procedures to receive required services.

Methods for the dissemination and education of PLHA and MARPs:

Individual Awareness

- Individual counseling by peer or outreach educators
- Individual counseling by a senior counselor of the IA

Group Counseling

- Group counseling by PLHA support group, trainers, DIC operators/counselors

Through IEC materials

- Distribute comprehensive IEC materials that include all necessary information for positive prevention
- If available, videos are especially useful manner of communicating such information

Referral

- to a VCT center
- to ART and/or PMTCT service centers
- to risk reduction sites

Training and workshops

- organize trainings or workshops to develop the capacity of PLHA

Media

- Printed
- Audio/Visual

The PC should

- provide the pre-education **knowledge assessment form** (*Annex 03*) to CMs, OEs and PLHA volunteers and provide details on its use;
- collect these forms and review them to estimate the general HIV and PP understanding level of PLHA in the community;
- collect suggestions from the CMs, OEs and PLHA volunteers on deciding the ways to educate PLHA and MARPs identified through outreach activities;
- coordinate with the funding agency and receive approval to carry out educational activities.

CM, OE and PLHA volunteers should

- record the understanding level of PLHA using the tools provided;
- consult with PC after reviewing the form before deciding the method of education.

PP 06. Activity - DIC (Drop-in-Center)

DIC offers MARP a safe place to gather, share their experience-- living positive, bring their concerns. A space within an FHI IA's office for hosting educational events as well as meeting of people living with and affected by HIV/AIDS. Operation of DIC helps in identifying PLHA and providing services to them. PLHA volunteers can assume responsibility for the operation the DIC and/or also work as DIC operators.

A DIC serves as a center for

- education;
- sharing information (through audio/visual/ training/newspapers/experience sharing, etc.);
- individual or group sessions on safer behaviors;
- condom distribution; and
- counseling

The DIC Operator should ensure that

- IEC materials are available for the people in the DIC;
- there is a comfortable and conducive environment for people to discuss their problems;
- activities are well-arranged, informative and entertaining;
- those seeking counseling are **counseled well and/or referred to VCT** or service centers;
- clients are well informed about prevention methods such as the availability, access and affordability of male condoms (the DIC Operator requires the skills to demonstrate correct use of condom and describe its usage);
- the number of people who have visited the DIC are recorded (not necessarily their names);
- records of those who regularly visit are properly kept;
- activities of the DIC are properly recorded using the standard daily log sheet provided by FHI/ASHA
- the confidentiality of those receiving services is well maintained;
- records of all materials distributed by the DIC are well kept.

The DIC Operator submits all daily records to the PC on a weekly basis. The DIC Operator should seek the approval from and consult with the PC to conduct any activities in the DIC.

CM and OE should

- encourage MARP to visit DIC during their outreach work;
- inform MARP about the activities that take place in the DIC;
- assist MARP to DIC and receive information and services.

"The DIC is my second home. Thanks to the CM didi who told me about the DIC and DIC operator dai who provided a lot of chances for me to know so much about living normal and healthy with HIV. "

A PLHA

PP 07. Strategy – Provide Counseling

Counseling can be more effective if a counselor him/herself is a PLHA living a safer life, as s/he can refer to examples of experiences from his/her own personal life. The DIC Operator may also be trained and serve as a counselor.

Counseling can help a PLHA in

- discussing emotions, health concerns, treatment, sex, sexual relationships and other issues that affect the person's daily life;
- removing myths and misconceptions that continue to surround people's understanding of HIV and AIDS;
- becoming accurately informed about issues such as safer sex including condom use, STIs, reproductive choices, and PMTCT;
- receiving prevention commodities such as condoms;
- deciding with whom to disclose their status and effective methods of disclosure;
- encouraging and fostering active involvement of PLHA in health promotion and prevention activities.

During one-on-one counseling for a PLHA the counselor emphasizes the following issues:

1. Living healthy

- Regular exercise, yoga and meditation
- Importance of regular health check-ups (including for TB screening and its treatment)
- Talk about problems with a counselor, peer groups and/or someone trustworthy
- Early treatment for OIs or other illnesses
- Preventing and treating STIs
- Preparing a plan for the future

2. Nutrition and hygiene

- Always wash hands with soap and water before and after eating
- Keep nails short and clean
- Bathe with lukewarm water regularly
- Eat seasonal nutritious food
- Avoid toxics like alcohol, cigarettes, or chewing tobacco

3. ART adherence

- Have a CD4 test before starting ART
- Take medicines exactly on time
- The danger in missing more pills

4. Practicing safer sexual and injecting behaviors

- Avoid multiple sexual partners
- Avoid having sex without condoms

- Receive regular counseling for sexual behavior to gain a better understanding of it
- Correct and consistent use of condoms
- Have one's partner also adopt safe behaviors
- Avoid sharing needles with others
- Seek rehabilitation for drug addiction

5. Using condoms

- Check the expiration date of the condom
- Remove the condom from the package carefully; do not use any sharp instruments, nails or teeth to tear the condom packet
- Squeeze the air out of the tip of the condom
- Unroll the condom onto the erect penis;
- After ejaculation, withdraw the penis while the penis is still erect, holding the rim of the condom to prevent it from slipping off and/or any semen spilling out
- Remove the condom from penis and tie a knot to prevent spills or leaks. Dispose of condom safely (where it cannot cause any hazards)

6. PMTCT

- Comprehensive Four-Pronged Strategy for PMTCT of HIV
 - a. Prevent HIV infection among women of childbearing age
 - b. Prevent unintended pregnancies among women living with HIV
 - c. Prevent HIV transmission from infected mothers to their infants
 - antiretroviral prophylaxis for mother and baby
 - safer delivery practices
 - safer infant feeding choices
 - d. Provide appropriate treatment, care and support to women living with HIV and their children and families
- Without any intervention, up to 30% of children of HIV positive mothers will be born infected with HIV
- In exclusively breastfed infants, the risk for transmission increases by another 4–5% after 6 months
- Babies who receive mixed feeding (i.e. both breastmilk and formula) have a much higher risk of HIV transmission: the cumulative risk is about 42–45% after two years of continuous breast and complementary feeding
- The Ministry of Health and Population (MOHP) provides free ARV drugs to prevent infection in the baby during pregnancy
- The MOHP also provides all necessary follow-up testing for the baby free of charge up to 18 months of age.

Even if a client has not yet been tested for HIV, the counselor can provide information on

- HIV basics;
- Advantages of blood testing;
- Benefits of **PP**;
- Ways to overcome stigma and discrimination;
- Access to other services like PMTCT, CHBC, etc.

The counselor should then refer the client to a VCT center.

Repeat HIV counseling sessions

Issues to be addressed in additional counseling session may include the following:

- How the client is coping
- Success in risk reduction
- Status of disclosure to partners
- Reinforcement of healthy living
- Access to Essential Package of Care (EPC) services
- Access to support services
- Further discussion of other issues such as family planning, STI prevention and treatment, condom use etc.

i. Assess needs of PLHA through counseling

Needs assessment is an integral part of the PP program. The real needs of PLHA must be assessed before the person is referred for or provided any services. Needs assessment can be carried out through various channels and methods. One of the objectives of counseling is to assess need of PLHA.

While providing the counseling the counselor (DIC Operator)

- Uses probing questions to identify the needs of the person. The questions could be
 1. How do you feel about coming to the PP program?
 2. How comfortable do you feel talking about your problems with me?
 3. What do you want to talk about the most?
 4. With what can we help you?
 5. What do you eat for daily meals and for extra energy and nutrition?
 6. Who do you talk to the most at home; with whom do you feel comfortable?
 7. Does anyone know about your HIV status at home?
 8. What are the problems you face the most?
 9. Are you suffering any physical problems?
- Makes a list of all the problems the client has shared with him/her;
- Coordinates with the PC and CM/OEs to prioritize the need of the client and provide referral or other services.

ii. Support PLHA in dealing with disclosure through counseling

Helping a PLHA in dealing with disclosure is also part of the **PP** approach.

This is voluntary and based on informed consent. The PC can refer a client to **VCT** for help in dealing with disclosure. The PC, CM, OE and PLHA volunteers in PP program can also help PLHA clients in dealing with disclosure. However, this activity should begin as a formal process through the counselor of the DIC Center.

The counselor, while counseling about disclosure, makes the following information explicit to the client:

Disclosure leads

- to beneficial results for individual people with HIV
- to beneficial results for their sexual and drug-injecting partners and family
- to greater openness in the community about HIV/AIDS
- to better social support for people with HIV
- to better coping with HIV

Disclosure can be made to

- family and/or friends for support
- sexual partners for support as well as for the prevention of further infection
- organizations and service providers in order to receive treatment, support and information

The counselor can go ahead with a discussion of disclosure by seeking the answers of the following questions from the PLHA clients:

- Who do you want or need to tell about your HIV status? Why do you want them to know?
- What do you think will they do with the information once they know?
- Will they maintain your confidentiality?
- How much are you ready to share? Is the person you want to tell ready to hear?
- How will it affect the person you tell?
- How will they cope?

After assessing the client with the above questions the counselor can help the client with answering the following questions:

- Who can they turn to for information?
- When and where should they tell them?

"I feel very good after I have disclosed my HIV status to my partner. We adopt safer behavior. She is safe from the infection and we are always together. "

A PLHA

Note: For more details and additional information about counseling, especially post-test counseling, the counselor should refer to STANDARD OPERATING PROCEDURES FOR HIV COUNSELING AND TESTING, Family Health International/ASHA project 2007.

PP 08. Activity - Form a support group of PLHA volunteers

A peer support group of PLHA volunteers is one of the most constructive aspects of **PP** program. If the IA is not led by PLHA it should work in close coordination with NGOs led by PLHA for the formation of PLHA support group. However, it should be noted that this SOP may also be used by IAs not led by PLHA. CMs and OEs play vital roles in the formation of the support group.

The PC makes sure that

- training for the support group includes strategies to cope with stresses of this challenging work. Ongoing supervision is also important to ensure that information provided is up to date and accurate;
- support group members are remunerated adequately, financially or in kind;
- support group members meet regularly to discuss PP issues;
- women living with HIV are given particular attention and support to address specific issues such as getting male partners to practice safer sex, disclosing their sero-status to partners and children, and self-help schemes to reduce dependency on male partners;
- proper tools are developed to keep a record of their meetings and activities.

The support group should provide support in

- outreach work offering basic information to PLHA about HIV and living positively with HIV;
- assisting in assessing risk behavior of PLHA and help the IA in its interventions;
- making informed decisions on healthy sexual relationships and on disclosure of HIV status;
- guiding PLHA to access various services related to HIV and AIDS such as sexual and reproductive health care, STI diagnosis and treatment, family planning, PMTCT, ART etc;
- facilitating and managing activities of the Positive Prevention Speaker's Bureau (PSB);
- playing a significant role in promoting discussion on sex and sexuality among PLHA;
- helping PLHA deal with various changes during ART and support protective behavior when health situation improves;
- promoting peer networking and peer support to share personal adherence strategies.

Although the PC is responsible to plan and keep record of all activities of the peer support group, the CMs and OEs have the major responsibility to help PLHA volunteers in the peer support group by suggesting and carrying out activities.

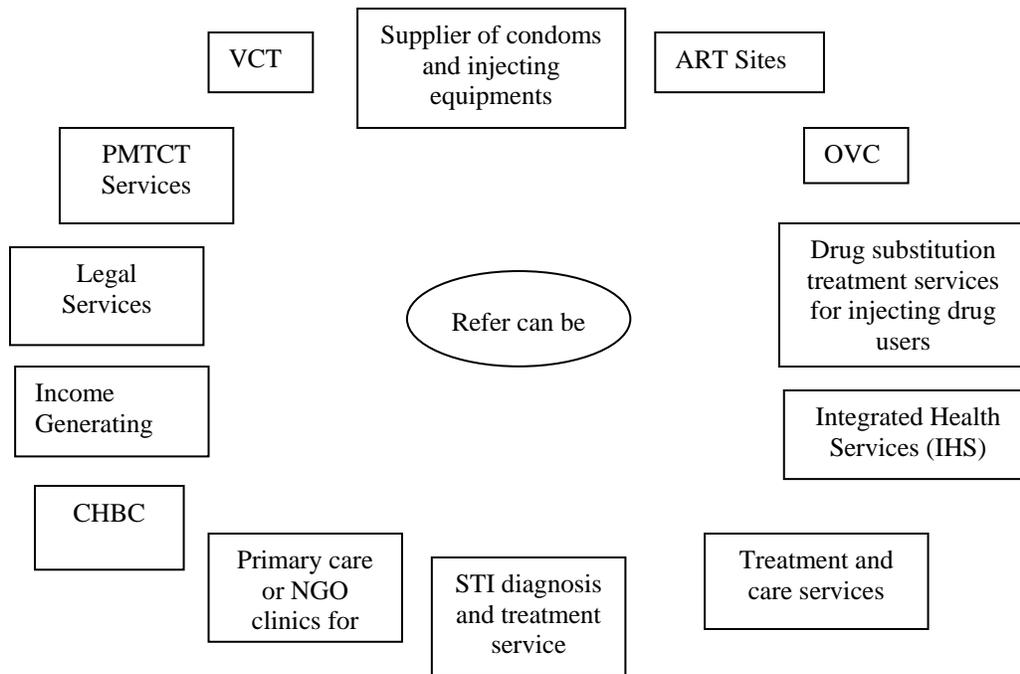
PP 09. Activity - Set up a strong referral mechanism

Developing and setting up a strong referral mechanism is a critical strategy for the effective implementation of a **PP** program, because an IA does not have the capacity to fulfill and maintain all the necessary requirements for PP.

CM, OE and PLHA volunteers should

- make a list of all the available services for the positive prevention program. Availability of a pamphlet listing all accessible services in a particular community may help maintain a good flow in the referral process;
- prepare a map of the service locations;
- prepare a referral directory by listing the names and contact details of the people in the service centers;
- ensure that people benefit from all the services available in the community;
- maintain good coordination and collaboration with other service providers, which promotes a shared understanding of the specific medical and psychological needs of PLHA, current availability of resources to address these needs, and gaps in the resources.

The DIC operator/counsellor refers the client for other services using the referral form after receiving the informed consent of the client.



While setting up a referral system the PC should consider the following points:

- A referral system works best when the referrer is familiar with both the nature and the quality of services provided by each available facility in order to make appropriate referrals. Positive or negative experiences of those using services should also be considered in assessing and improving quality of services.
- It is important to ensure a two-way referral system from the community to health care services and back to the community.
- It is essential for the PP program staff to build a good rapport with all places of referral. They should develop and maintain strong working relationships with other service providers and organizations.
- It is crucial to maintain standards of confidentiality for every client and ensure the same from all places of referral (for more details, see the Code of Ethics on page 38).
- Clients should be given the opportunity to decline a referral if they do not wish it and/or if they fear any breach of confidentiality.
- Referral for children with HIV should be given a special attention. Shelter, nutrition and education are the most vital concerns for them. Hence, referrals should be made to address these needs as well.
- CHBC is a different component than PP but the two are very much interlinked. Hence, the staff and clients should both know that the PP program can be linked with CHBC for symptom management and other psychosocial support. **(For more on CHBC for PP please refer to the section on More for Reference)**
- It must be noted that though a DIC can be operated as a counseling center, this may be just a transit and entry point. For further and better services for PP, the client must be referred to a VCT center.
- Anyone providing a referral must have the authority necessary to accomplish such a referral. This also requires the authority to obtain client consent for release of medical or other personal information.

Follow up on referrals

Referral does not end with referring a client to other service sites. It requires close and regular follow up on the services they are receiving. The PC, through the CM and OE, should keep records of follow up made on referrals. Answers to the following questions should guide the follow up process:

- Is the client comfortable with the service providers?
- Does the client believe in the services being received?
- Is the client well informed about the services s/he is receiving?
- What are the exact services the client is receiving?
- Was the client's informed consent taken before any disclosure about him/her in front of any third parties?
- Has the client been visiting the service center for any follow up and other related services?

- Does the client need to be referred again for any other services?

Note: Maintaining a record of each referral is important for follow up on services as well as for the monitoring and evaluation of the program. The PC keeps record of all referrals and s/he is the one who does all the referral. The follow up records of each client must be kept separately in writing. This record can be placed with the referral form of the same client.

PP 10. Activity – Create a link with other civil society activities

No prevention program can stand alone and be effective without the involvement, understanding, and support of community people. Hence, creating a link with other civil society activities is a necessary strategy for the successful implementation of a positive prevention program.

Linkages can be made with

- livelihood and income generating programs,
- legal and food assistance,
- shelter, education and nutrition facilities for children living with or affected by HIV.

Such linkages can also help PLHA

to locate and take up jobs according to their capacity and skills. This work need not be HIV-related. For example, PLHA may work as teachers in schools, officials of banks, drivers, receptionists, accountants, etc. Linkages to civil society activities can also be made stronger through effective referral mechanisms and positive participation of PLHA in a full range of community activities.

The PC should

- identify and make a list of all possible civil society activities in which PLHA could participate
- conduct sensitization programs and activities among civil society stakeholders similar to those that have been described for stakeholders
- maintain a good rapport with civil society stakeholders

PP 11. Activity – Conduct programs to reduce stigma and discrimination

Stigma and discrimination block PLHA from receiving essential information and services regarding preventing re-infection, treating OIs and preventing others from becoming infected. Positive prevention programs therefore must address stigma and discrimination.

The PC should ensure that anti-stigma and discrimination programs advocate for people's right to access HIV treatment and to education and information on sexual and reproductive health, including information about transmission.

The PC should arrange the following activities which are then conducted by CM, OE, and PLHA Volunteers:

- Meet with the family members of PLHA and provide them with counseling and education;
- Conduct meetings with community leaders;
- Conduct PP awareness as well as stigma and discrimination reduction activities in the communities in which PLHA clients live;
- Organize community planning meetings in which the community includes HIV issues in the VDC agenda and commits to providing support in specific areas such as helping children living with or affected by HIV to go to schools, etc.;
- Link positive prevention and positive messages in various community programs that are organized during various cultural and religious events;
- Organize community meetings and partnerships with religious leaders who can incorporate positive messages and the importance of love, care and empathy towards people living with and affected by HIV and AIDS;
- Share experiences of PLHA who have already come to the media and have already disclosed their HIV status publicly;
- Arrange PSB events facilitated by PLHA.

Note: To explore methods of conducting activities on stigma and discrimination, please refer to *HIV sambandhi lanchana bujhaun ra samana garaun* (Understanding Stigma and Discrimination) Toolkit available from FHI/ASHA Nepal.

PP 12. Activity – Advocate for the rights of PLHA for PP

A PP program must create an organizational culture that is conducive to meaningful involvement of PLHA. This includes promoting behaviors, language and attitudes that encourage involvement.

There are various levels of involvement, and PLHA should be encouraged to consider the level that best suits their capacity and interests. Hence, capacity building for PLHA is important to ensure meaningful involvement, including in decision-making and policy. Areas for capacity development can include:

- personal empowerment
- communication and presentation skills
- HIV and AIDS technical knowledge
- organizational development skills
- legal aspects of HIV and AIDS
- representational skills
- leadership skills
- policy analysis
- documenting and reporting skills

The PC should understand that advocacy efforts are stronger when they include PLHA. Mobilizing PLHA who need services has a powerful effect on decision makers. **Advocacy initiatives for a positive prevention program should include:**

- supporting leadership from within PLHA communities;
- ensuring a sustainable supply of condoms and lubricants to meet the real demands of the population. PLHA need to access free condoms and lubricants from health care facilities, home based care services and community groups to ensure they have the means to maintain safer sex practices;
- ensuring access to clean injecting equipment and to drug substitution programs for people who inject drugs;
- recognizing the particular needs of marginalized groups to access prevention services, such as PLHA people in prisons, mobile and displaced PLHA and asylum seekers;
- increasing prevention options for women living with HIV and AIDS;
- financing for comprehensive HIV prevention, treatment, care and support services.

With outreach workers, the PC should advocate against discriminatory laws and policies and for those that help protect the human rights of PLHA. For this **PC arranges to**

- involve district police and administration officials in HIV awareness and PP sensitization programs;
- maintain a good rapport with protection officials;
- help PLHA participate in the making of laws and policies;
- conduct advocacy campaigns for the rights of PLHA.

PP 13. Activity – Regular monitoring and evaluation

Monitoring and evaluation (M&E) efforts shall focus on ongoing activity/process monitoring. This can be done in three tiers:

1. Routine Data Collection and Reporting

The DIC Operator and Field Support Staff

- record accurate data daily from their interactions with MARPs using standardized data collection tools;
- report results to supervisors.

The Project Coordinator

- coaches field staff on correctly filling in daily data entry forms, clarifying definitions when needed;
- regularly collects completed forms and reviews them for accuracy and completeness;
- conducts periodic supervision of data entry in the field;
- holds regular meetings to discuss progress;
- notes constraints faced;
- reports to FHI/ASHA.

2. Monitoring and Ensuring Quality

The Project Coordinator

- conducts field supervision and support including observation of service delivery;
- provides specific feedback on how to improve project implementation;
- identifies areas where additional capacity building is required.

3. Use of Data for Program Improvement

The Project Coordinator

- holds regular meetings with field support staff to discuss individual and collective results;
- uses these results as well as reports on obstacles or opportunities to make adjustments to work patterns where necessary;
- convenes regular meetings and documents discussions of key indicator results and field supervision visit findings with field workers;
- coaches team in analysis and interpretation of output results; prepares data-driven presentations for quarterly review meetings with FHI;
- disseminates findings of quality monitoring and identifies key areas for improvement;
- discusses collectively the nature of barriers/obstacles and actions which can be taken to overcome them;
- follows-up status of agreed actions from previous meetings/discussions;
- reports corrective actions based on these analyses to FHI;
- notes where additional support is required.

Evaluation of project

Specific evaluation activities intended to inform whether a project has achieved its goals are as follows:

- Compliance with project design, including timeline;
- Compliance with reporting requirements;
- Achievement of project process and output targets;

- Responsiveness to recommendations documented in monitoring activities;
- Findings from quality assessments;
- Findings from the program management team.

Positive Prevention Code of Ethics

General Principles

1. Competence

Staff shall endeavor to maintain and develop their competence and work within the limitations of their expertise.

Specifically they should:

- Refrain from any claim that they possess qualifications or expertise that they do not have;
- Recognize and acknowledge their own limitations;
- Make appropriate referral to others who possess the qualifications or expertise they are lacking.

2. Voluntary

Anyone receiving any services either in IA or referral should be voluntary. No client should be forced to receive any services.

- The PC, CM, OE, DIC operator and PLHA volunteers are expected to ensure that clients have adequately understood all of the issues involved in **positive prevention** program;
- Recognize the right of clients to withdraw their decision on any referral made by the IA.

3. Confidentiality

Staff must maintain adequate records of their counseling and outreach work with clients and take all reasonable steps to preserve the confidentiality of information acquired through the process. They should take steps to protect the identity of individuals, groups and others revealed through their outreach work.

1. The identity of clients utilizing the IA and/or referred for other services remains strictly confidential.
2. All information obtained during all client encounters remain strictly confidential and may only be discussed with other health care providers for the purpose of providing care with permission from the client.
3. All information that is in any way associated with research remains confidential.
4. Informed consent must be obtained before client data can be used for research purposes.
5. All staff working at the IA undergo orientation in confidentiality prior to any client encounter.
6. No pictures are allowed to be taken without specific client consent.

4. Respect for people's rights

Staff must recognize the fundamental rights, dignity and worth of all people.

Staff must:

- Be aware of cultural and role differences of gender, race, ethnicity, caste, religion, sexual orientation, disability and socio-economic status.
- Recognize personal prejudices and biases to the above human differences. Try to deal with them so that they do not compromise non-judgmental qualities or else refer the client.
- Not participate in or condone any discriminatory practices based on the above human differences.

5. Personal conduct

Staff must conduct their activities in a way that does not damage the interest of their clients or undermine public confidence in their colleagues and the service.

Staff must:

- Not attempt to secure financial or other benefits other than that contractually agreed or awarded by salary.
- Not exploit any counseling relationship for the gratification of personal desires. No intimate relationship (sex, dating) should occur between a counselor and a past or current client.
- Refrain from counseling when their physical or psychological condition is impaired through the use of alcohol or drugs or when ill such that the counselor's professional judgment and abilities are impaired.
- No intimate sexual contacts with partners/or illicit drug use on premises.

6. Integrity

Staff must seek to promote integrity through honesty, fairness and respect for others.

Annex

PP Annex 01: Job Description

Position Title: Program Coordinator (PC)

Essential Job Functions: Duties and Responsibilities

The Program Coordinator

1. is fully responsible for all activities of the IA.
2. Coordinates with all IA working staff.
3. keeps regular coordination with the Management Committee.
4. makes the program report and submits it to the ASHA Project.

If the PC is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

Position Title: Finance and Administration Officer (FAO)

Essential Job Functions: Duties and Responsibilities

The FAO

1. is fully responsible for Finance & Administration of Positive Prevention Program of the IA.
2. coordinates with PC and ASHA Project for any financial transactions and for record-keeping.
3. keeps regular coordination with Project Coordinator and Management Committee.
4. prepares a finance report and submits to FHI through the Program Coordinator.

If the FAO is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

Position Title: DIC Operator

Essential Job Functions: Duties and Responsibilities

The DIC Operator

1. is fully responsible for arranging all the activities of the Positive Prevention Program in the DIC of the IA.
2. coordinates with all IA staff and the ASHA Project.
3. coordinates with Program Coordinator and Management Committee of the IA.
4. provides counseling to those receiving services in the DIC.
5. maintains the DIC report and submits it to the Program Coordinator.

If the DIC Operator is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

Position Title: Community Mobilizer/Outreach Educator
Essential Job Functions: Duties and Responsibilities

The CM/OE

1. is fully responsible for carrying out activities of the Positive Prevention Program.
2. coordinates with all the IA working staff.
3. coordinates with Program Coordinator and Management Committee.
4. prepares the outreach report and submits to Program Coordinator.

If the CM/OE is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

Position Title: Office Assistant
Essential Job Functions: Duties and Responsibilities

The Office Assistant

1. is fully responsible for in-house activities of the Positive Prevention Program of the IA.
2. coordinates with all the IA staff.
3. coordinates with Program Coordinator and Management Committee of the IA

If the Office Assistant is unable to carry out the above mentioned terms and responsibilities and code of conduct of the IA and PP program, this memorandum of understanding between the IA and the PC will terminate automatically.

PP Annex 02: Matrices for Community Assessment for Positive Prevention Partners

Matrix 1: Description of VDCs (Demography, Facilities, Service Centers, Vulnerabilities)

S N	Name of VDC/ Municipality	Population			Main Caste	Main Occupation	Main Language	# of schools/ colleges (disaggregat ed by level)	# of health facilities (disaggregated by types/level)	Name of organization working in HIV/AIDS	Suspected/Identified # of Most at Risk/Vulnerable Population (pl write "S" in brackets for suspected and "I" for identified)						Remarks		
		M	F	Total							PLHA		FSWs	Clients of FSWs	IDUs			Migrants	Spouses of migrants
											M	F			M	F			

Source of Information:

Matrix 2: Description of organizations (HIV/AIDS, health and other social service related: GOs, I/NGOs, CBOs etc)

SN	Name of Organization	Contact Person and Address	Target Areas	Targeted beneficiaries	Major Activities/Services offered	Possible areas of coordination and collaboration

Source of Information:

PP Annex 03: Knowledge assessment form

Code No of the client:

Name and address of the client: _____ (Optional)

What does the person know about?

HIV new infection _____

HIV re-infection _____

ARV _____

PMTCT _____

Preventive methods _____

Harm Reduction _____

Nutrition

Viral load and CD4 count

.....
.....
.....

What does the person/group need to know more about and in detail?

.....
.....
.....

What method does the person prefer for the enhancement of his knowledge and skills?

- group counseling,
- individual counseling
- training
- workshop
- receiving IEC
- referral

.....
.....
.....

Signature _____

Name and designation of the assessor

Family Health International
ASHA Project
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