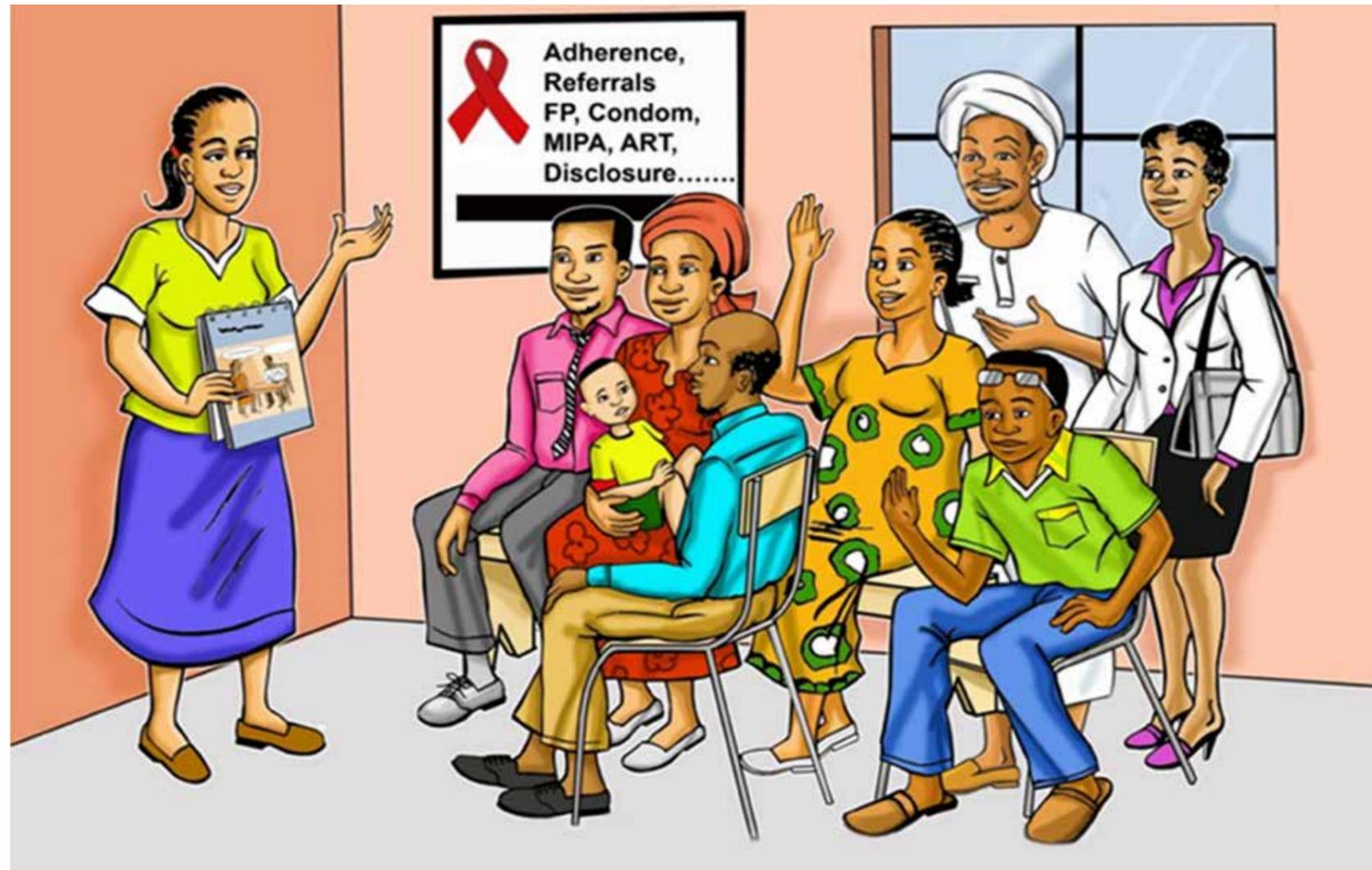




MINISTRY OF HEALTH



# PREVENTION WITH POSITIVES

## National Orientation Package for Managers and Supervisors

Accelerating Prevention among people living with HIV through Positive Health & Dignity

## Citation

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### **PREVENTION WITH POSITIVES**

**National Orientation Package for Managers and Supervisors**

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# Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>NACC</b>	National AIDS Control Council
<b>ANC</b>	Antenatal Clinic	<b>NASCOP</b>	National AIDS and STI Control Program
<b>ART</b>	Antiretroviral Therapy	<b>OI</b>	Opportunistic Infection
<b>CASCO</b>	County Aids and STI Coordinator	<b>PITC</b>	Provider-initiated Testing and Counseling
<b>CHEW</b>	Community Health Extension Worker	<b>PLHIV</b>	Persons Living With HIV
<b>FBO</b>	Faith-based Organization	<b>PWP</b>	Prevention With Positives
<b>FP</b>	Family Planning	<b>SP</b>	Service Providers
<b>HIV</b>	Human Immunodeficiency Virus	<b>STI</b>	Sexually Transmitted Infection
<b>HTC</b>	HIV testing and Counseling	<b>SW</b>	Sex Worker
<b>MIPA</b>	Meaningful involvement of PLHIV	<b>TB</b>	Tuberculosis
<b>M&amp;E</b>	Monitoring and Evaluation	<b>VCT</b>	Voluntary Counseling and Testing
<b>MC</b>	Male Circumcision		
<b>MCH</b>	Maternal and Child Health		

# Goal of the Community PwP Training Package

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The goal is to equip health facility managers and health service supervisors with knowledge on PwP so as to support prevention interventions at their institutions.

# Learning objectives

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**By the end of this training the participant will be able to:**

- Describe the importance of PwP in the context of HIV/AIDS in the community
- Discuss the PwP messages
- Discuss support for PwP services

# Selection criteria for Community PwP TRAINING

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## Training TOTs in Community PwP

- TOTs will comprise program managers and officers who oversee community HIV prevention programs, training coordinators of PLHIV networks, Support group leaders.
- They should be able to read and write and be comfortable to share their HIV status, should be form four and above
- Total number of participants should not be more than 30 in a class
- There should be a minimum of three facilitators in a class of whom one is a counselor
- Training of TOTs should be 5 days

### Note:

- As a trainer one ought to be prepared to deal with emerging psychosocial issues either through individual / group counseling or referral
- Service providers need to meet regularly for updates and psychosocial support sessions
- There should be a minimum of three facilitators in a class

# Selection criteria for Community PwP TRAINING

---

## Training Community level PwP service providers

- Training for Community PwP service providers covers leaders of PLHIV support groups, CHW, Volunteers, peer educators and PLHIVs.
- They should be able to read and write and be comfortable to share their HIV status
- Total number of participants should not be more than 20 - 25 in a class
- Training of Service providers should be 5 days

### Note:

- As a trainer one ought to be prepared to deal with emerging psychosocial issues either through individual / group counseling or referral
- Service providers need to meet regularly for updates and psychosocial support sessions
- There should be a minimum of three facilitators in a class

# **MODULE 1**

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## **Understanding HIV Prevention in the Community**

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# Understanding HIV prevention in the community

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## **Module objective:**

- By the end of this module, participants will be able to discuss HIV prevention in the community.

## **Enabling objectives:**

- Discuss the concept of PwP
- Outline pillars of PwP
- Discuss importance of MIPA in PwP

# Prevention with Positives (PwP)

---

## Unit 1

# What is Prevention with Positives (PwP)?

---

- PwP is an approach to HIV prevention programs targeting individuals who:
  - Have already tested positive for HIV
  - Are at risk of transmitting the HIV virus
- Prevention with Positives programs aim to build
- Self-esteem and enrich coping skills through supportive services
- **Knowledge of HIV status is an important element of PwP**



# What is PwP

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## Prevention with Positives

- **(PwP)** or alternately called Positive Prevention refers to prevention efforts that support HIV-infected persons to reduce the risk of HIV transmission and re-infection

# Why the Emphasis on Prevention with Positives?

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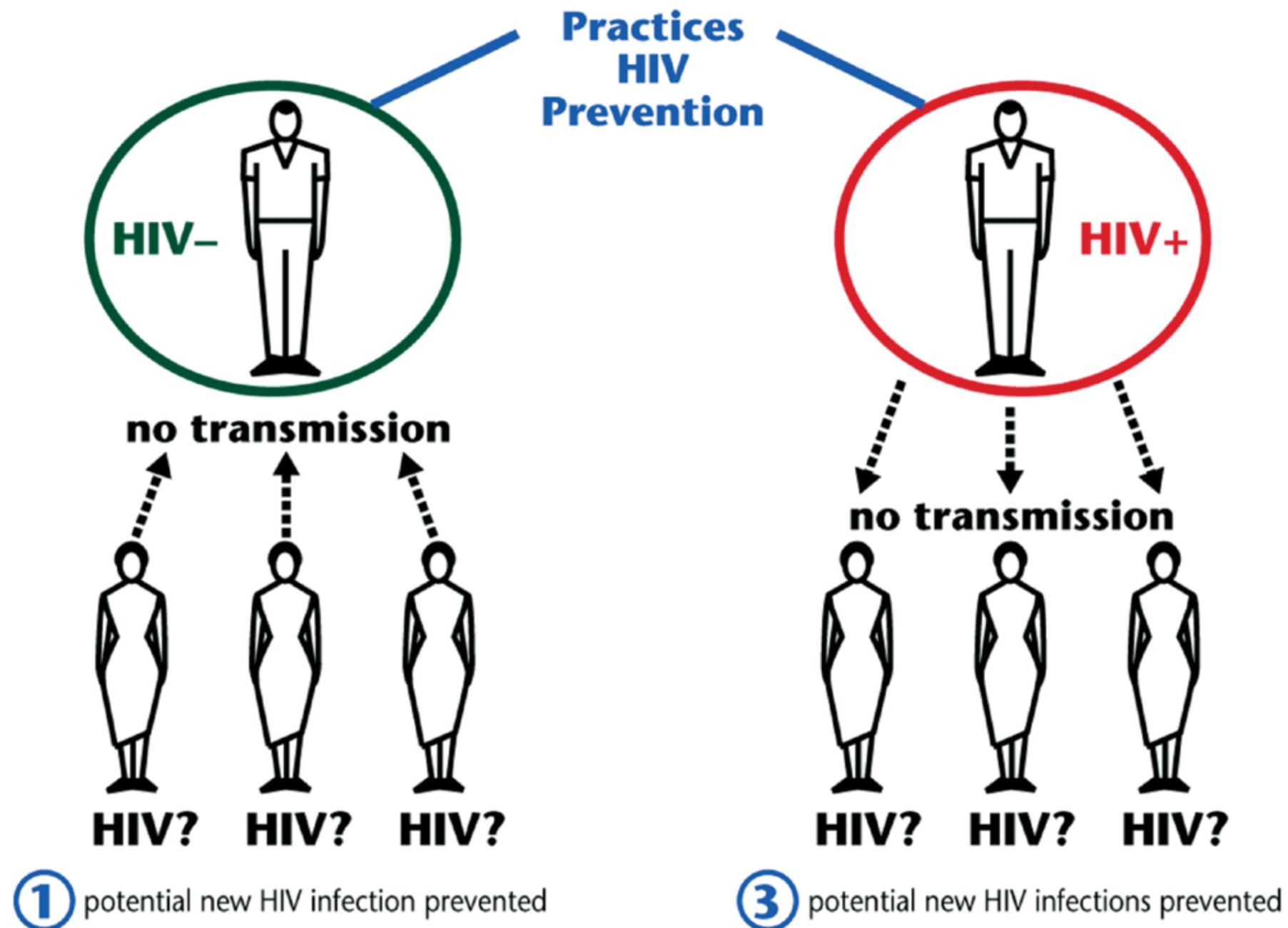
- Every person infected with HIV was exposed by a person who was **HIV positive**
- Prevention with positives is therefore a highly efficient preventive intervention

# Why Prevention With Positive Persons?

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- People with HIV are often sexually active and desire healthy sexual lives
- When people who are very sick and get treatment, they often feel better and start having sex again
- Getting people with HIV to prevent the spread could protect many people from getting HIV

# Positive Prevention: Making an Impact on HIV



# What PLHIV need for PwP

---

- Knowledge on their HIV status, Prevention with Positives and Beliefs about personal risks
- Means to protect themselves and others
- Skills on risk reduction
- Power to negotiate safer sex
- Responsibility for healthier lifestyles
- Support to access services

# How Does PwP Work?

---

Individual or group-focused PwP activities assist PLHIV reduce their transmission rates through interventions which:

- Help PLHIV feel better about themselves
  - Peer-based workshops and focus groups
  - One-on-one transmission risk counseling
- Decrease the stigma associated with HIV
  - Psycho-social assessment and supportive Interventions
  - HIV positive support groups
- Empower PLHIV take responsibility for their lives and for stopping the spread of HIV

# PWP PILLARS

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## Unit 2

# PWP STRATEGY PILLARS 1

---

- Diagnosing HIV infection
- Supporting disclosure
- Partner testing/child testing/Family and counseling
- Provision of care and ART including cotrimoxazole prophylaxis
- Behavioral interventions for HIV-positive persons and partners

## PWP STRATEGY PILLAR 2

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- Family planning services
- Universal access to PMTCT
- STI screening and treatment
- Promotion of leadership by HIV-positive individuals (MIPA)

# Levels of PwP intervention 1

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## **The Community Level:**

- Supporting the HIV infected to disclose status to their partners and relatives
- Couple/partner and/or family counseling and testing
- Reduction in HIV related stigma and discrimination
- Prevention of vertical transmission and of unintended pregnancies

# Levels of PwP intervention 2

---

## Community

### **Improving quality of life of PLHIV through;**

- Supporting adherence to ART;
- Prevention, diagnosis and management of STIs and OIs including TB;
- Strengthening community-level service delivery to PLHIV;
- Sustaining risk reduction behaviors among the PLHIV.
- Meaningful involvement of PLHIV

### **Meaningful involvement of PLHIV**

# Levels of PwP intervention 3

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## The Clinical Settings:

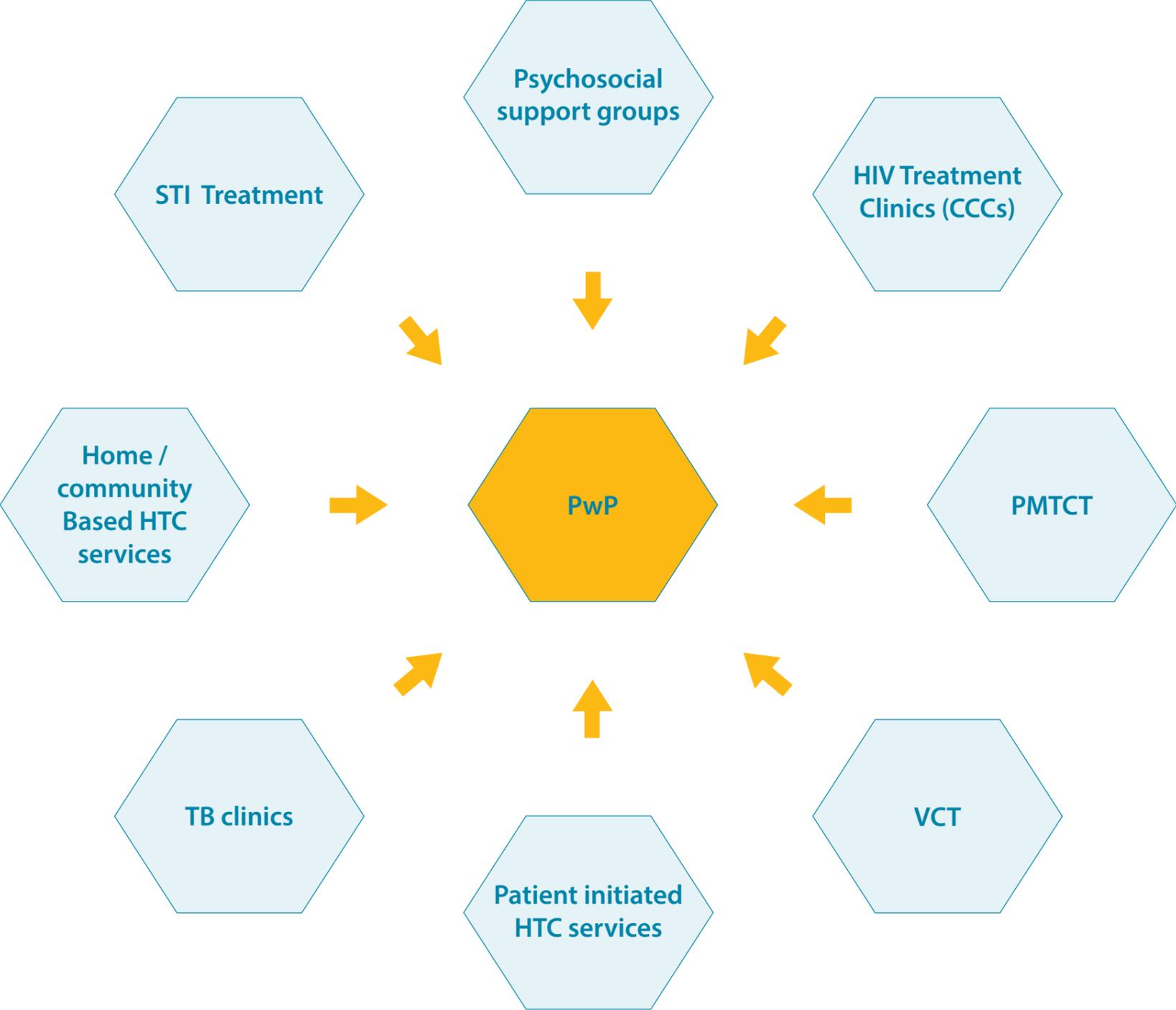
- Knowledge of status
- Partner testing and identification of discordant couples
- Disclosure of status
- Adherence counseling
- Risk reduction / alcohol/substance abuse counseling/condom use
- FP counseling and services
- STI diagnosis and treatment
- Meaningful involvement of PLHIV in HIV control interventions.

# Summary Table of Clinical and Community PwP

Role of Clinical PwP intervention	Role of Community PwP intervention
Identify and enrol clients, Initiate PwP	Continuation of PwP service delivery
Assist clients to identify issues, prioritize, set and document prevention goals	Provide information on 13 messages
Refer to community PwP provider through the community linkage desk	Assist clients to identify issues, prioritize, set and document prevention goals
Provide clinical support (slide 25)	Provide condoms and lubricants (MSMs)
Supervise clinical PwP (service provision)	Refer to health facility for other services e.g. PwP, Family Planning, STI screening/ treatment, OIs
Provide commodities e.g. Condoms, FP, nutrition, BCP, lubricants	Refer to facilities for care, treatment and commodities
Establish and supervise the community desk	

# Entry Points for PwP Services

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# MEANINGFUL INVOLVEMENT OF PLHIV (MIPA)

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## **Unit 3**

# Importance of MIPA

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## The Clinical Settings:

- **UNAIDS** urges all actors to ensure that people living with HIV have the space and the practical support for their greater and more meaningful involvement.
- **MIPA** is a key element to achieving the goal of universal access to prevention, treatment, care and support services.
- **PLHIV** are better placed to counsel one another and to represent their needs in decision making and implementation of prevention, treatment, care and support programs

# Group work on Meaningful involvement

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- In groups the class discusses how they can be involved in [MIPA](#)



# How to achieve MIPA

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- Importance of setting, implementing and monitoring minimum targets for the participation of people living with HIV.
- Including women, young people, persons with disability and marginalized populations, in decision-making bodies.
- Involving people living with HIV in developing funding priorities
- Involving PLHIV in making choices, design, implementation, monitoring and evaluation of HIV programs from their inception.

# **MODULE 2**

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## **HIV PREVENTION INTERVENTION MESSAGES**

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# HIV Prevention Messages

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## **Module objective :**

- By the end of this module, participants will be able to explain PwP messages

# PwP messages

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Prevention message 1	Knowledge of Status	Pg 37
Prevention message 2	Partner and Family Testing	Pg 38
Prevention message 3	Child Testing	Pg 39
Prevention message 4	Discordance	Pg 40
Prevention message 5	Disclosure	Pg 43
Prevention message 6	Risk Reduction / Factors	Pg 46
Prevention message 7	Condom Use	Pg 48
Prevention message 8	Alcohol and Substance Abuse	Pg 52
Prevention message 9	Adherence	Pg 55
Prevention message 10	Sexually Transmitted Infections	Pg 56
Prevention message 11	Family Planning	Pg 58
Prevention message 12	PMTCT	Pg 60
Prevention message 13	TB prevention in Community	Pg 62

# Delivering PwP messages

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- PwP messages can be taught to an individual, a couple or a group
- Groups may be adherence groups, youth groups, psycho-social support groups etc.
- Each interactive session with clients either group or individual, should not contain more than two messages
- To facilitate the delivery of messages, the PwP flip chart must be used

# Knowledge of Status

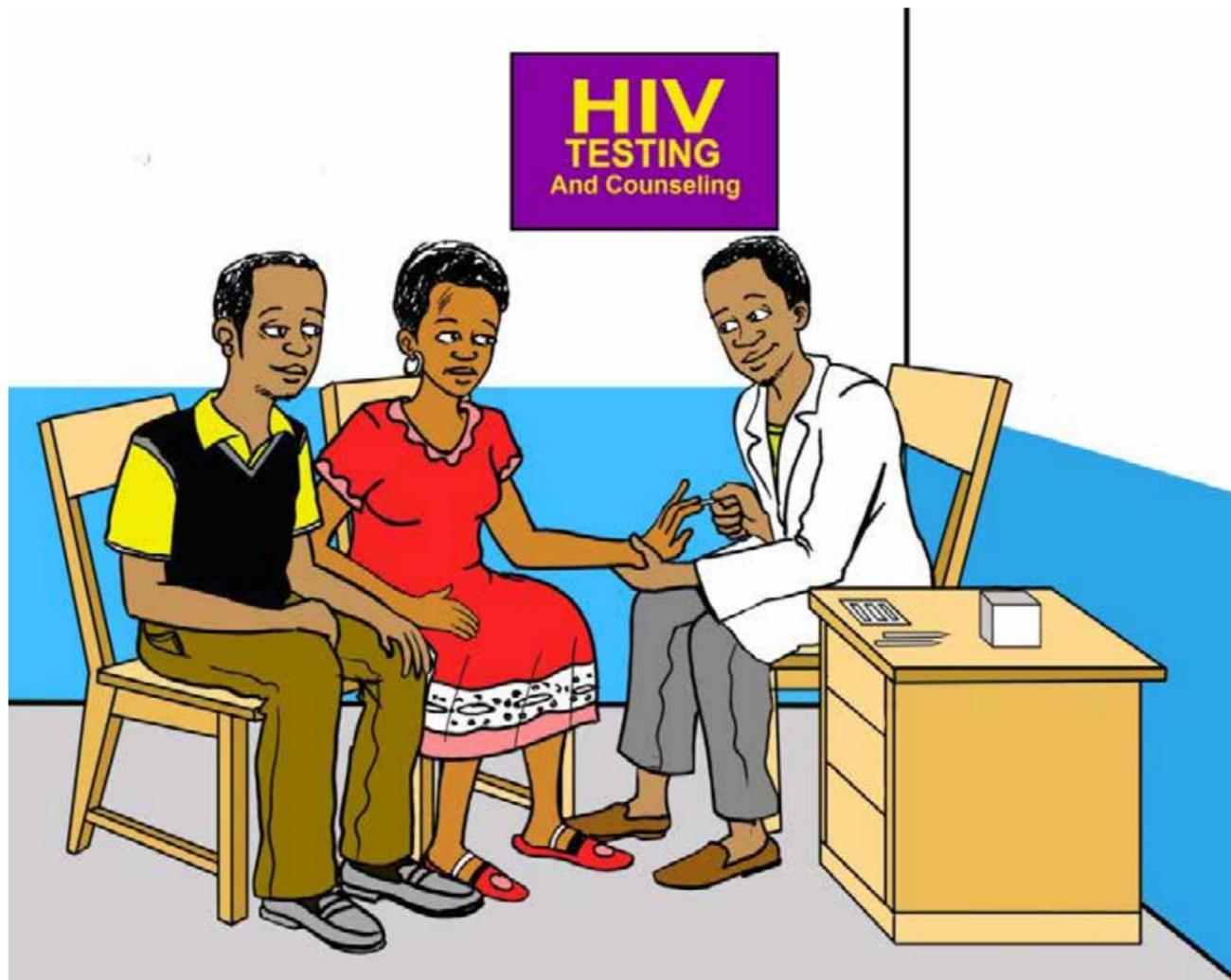
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- Knowledge of status is the entry point to PwP services
- Knowledge of status facilitates access to prevention, treatment care and support services
- Everyone should be encouraged to know their HIV status

# Partner and family testing

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- Its important for partners and all family members to be tested for HIV
- Spouse / partner is better able to support the other partner if they know about their HIV status.
- Encourage the clients to take his or her partner (s) for couples testing and give them results of the test together

# Child testing

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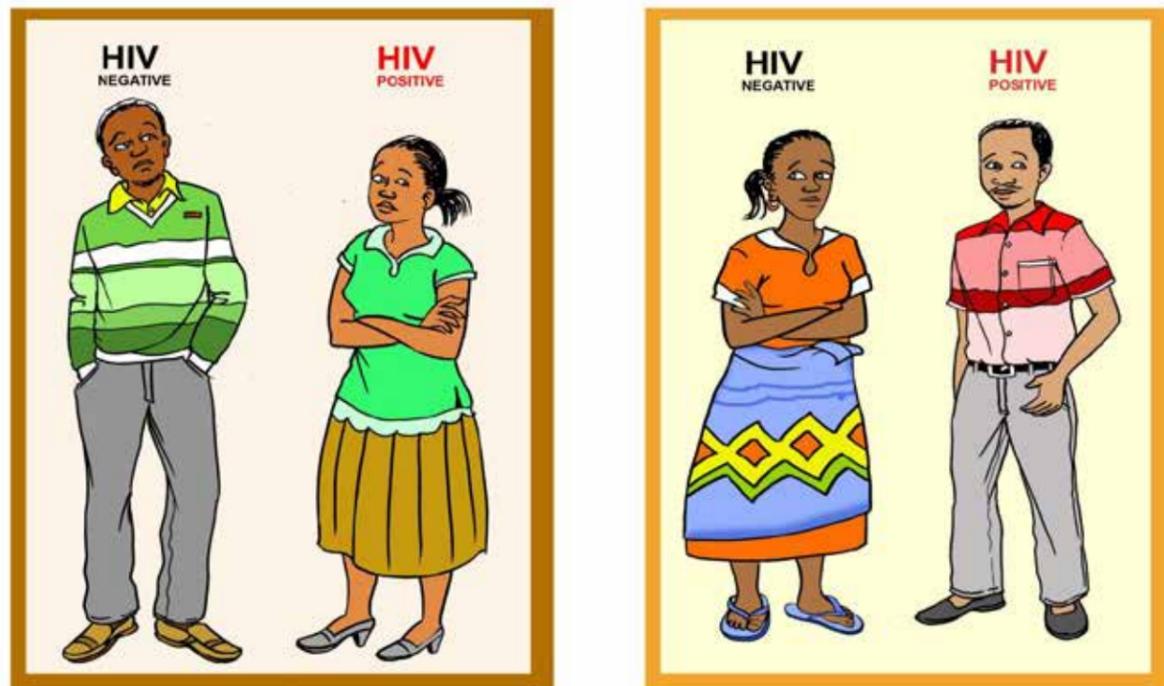


- Encourage all HIV infected female and male clients to get their children tested.
- Encourage all men with HIV positive female partners to have their children tested.
- Encourage all clients with partners of unknown status have their partners tested for HIV. If that partner tests HIV positive it is important to test their children.

# Discordance

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## Messages for the discordant couple

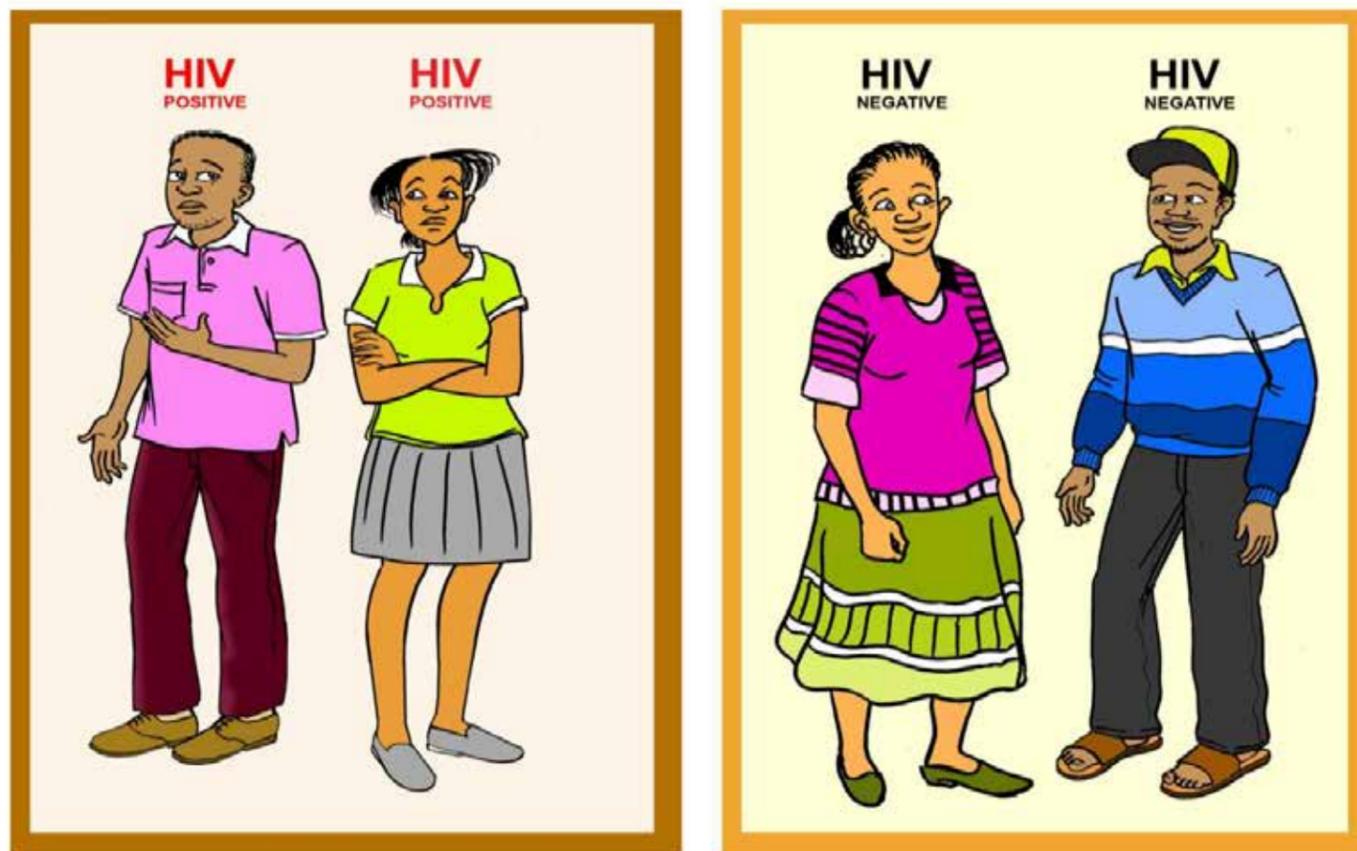


*One partner is infected with HIV and the other partner is not.*

- Couples are not protected by remaining faithful alone
- If transmission did not occur in the past it does not mean that it cannot occur in the future
- Couples need to use condoms to prevent transmission
- Periodic testing is necessary to identify discordance

# HIV Concordance

## Message for the concordant couple



*Both partners are infected with HIV*

- All persons who test HIV positive should enrol into care as a means of reducing chances of transmission
- Couples need to use condoms to prevent transmission

# Facts about Discordance

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**When couples are discordant, the HIV-positive person could have acquired HIV in different ways**

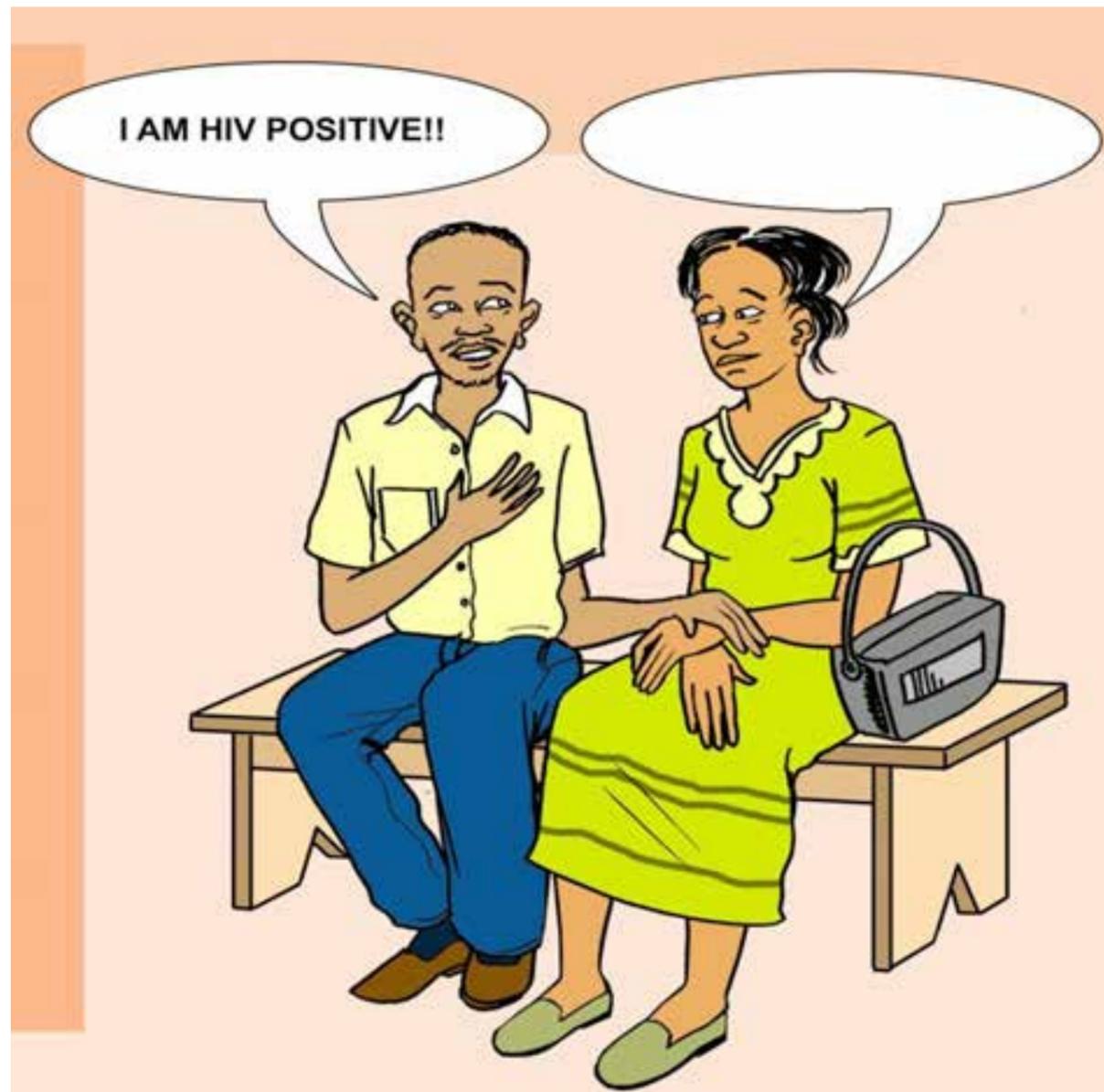


## **The positive partner may have:**

- Been infected before they became a couple.
- Suffered rape or sexual abuse.
- Had other partners outside the relationship
- Used injection drugs or had a medical exposure.
- Acquired HIV through mother-to-child-transmission and survived to sexual maturity.

# Disclosure

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- This is the process of revealing or sharing ones HIV status to others either by self or by a care provider
- In PwP self disclosure and provider assisted disclosure is strongly advocated
- Disclosure could be directed to different people and not only to the sexual partner(s), including family, health care workers, religious/spiritual leaders, peers, etc

# Benefits of disclosure

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- Facilitates early access to care and treatment
- Improves adherence to care, treatment and medication
- Enhances partner testing and prevention, including adoption of safer sex practices
- Helps HIV-infected individuals receive support from their partners and other systems available
- Facilitates stigma reduction by self and others

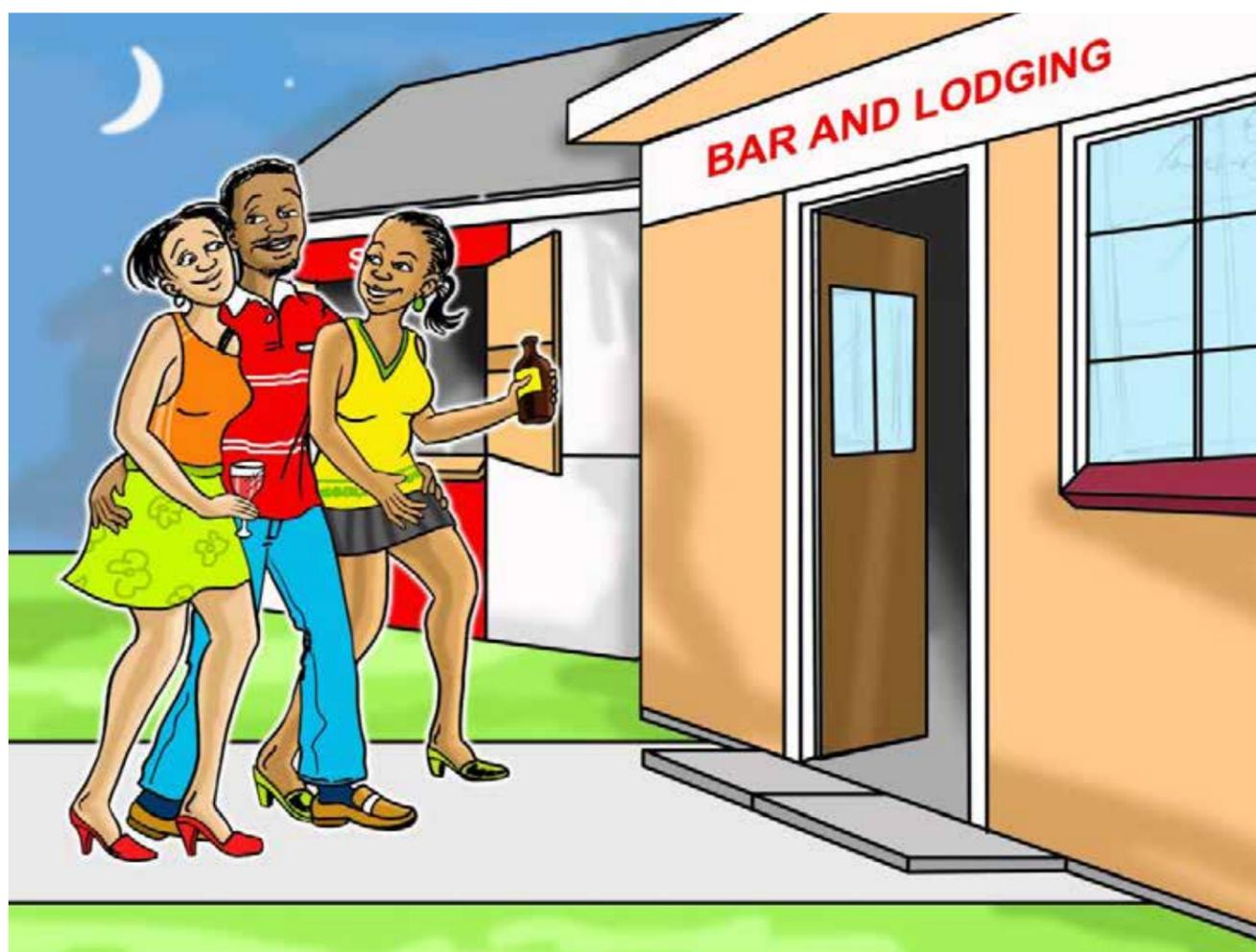
## Group Exercise



**Brain storming on potential reactions of disclosure**

# RISK FACTORS and RISK REDUCTION

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- Deliberate effort to minimize risk of transmission / acquisition of infection
- Risk reduction should start from within the Person Living with HIV (internal urge)
- It is important for persons living with HIV to take lead in reducing transmission (external action)

# ABCs of risk reduction

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## Persons living with HIV should:

- abstain from having sex or
- use a condom correctly and consistently every time they have sex
- be faithful to one faithful partner
- reduce their number of sex partners

## Message 7: Condom Use

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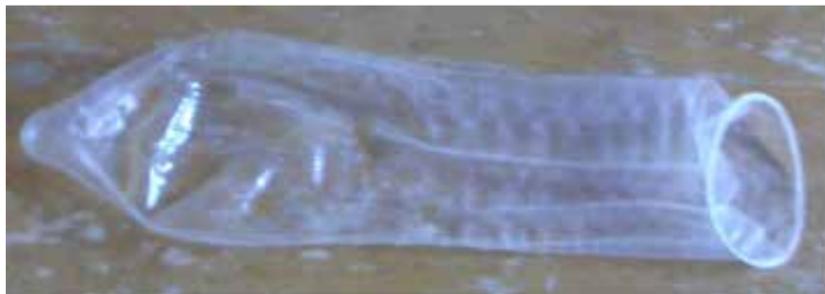
- For persons who opt to engage in sex, condoms offer the best protection against transmission or infection of HIV and other sexually transmitted infections
- For proper condom use, sex has to be discussed and planned always

# Benefits of using Condoms

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Female Condom



Male Condom

- Protects one from other infections including STIs and HIV
- Reduces unintended pregnancies
- Empowers clients to negotiate safer sex
- Prolongs the sexual act

**Group Exercise**



**Condom demonstration**

# Correct Condom Use

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- Give the condom information at every contact, when possible.
- Conduct a condom demonstration using a penile model and female model for female condoms.
- If there are issues hindering correct, and consistent condom use, link clients to a counselor or another provider for further counseling.
- Always provide condoms

## MESSAGE 8: ALCOHOL AND SUBSTANCE ABUSE

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- This is the excessive use of either alcoholic beverages and substances that alter the mind.
- For HIV-positive individuals, it is not known whether any level of alcohol consumption is safe.
- There are no safe drinking levels for individuals on ARVs.
- Taking tobacco and illicit drugs while on ARVs is extremely dangerous

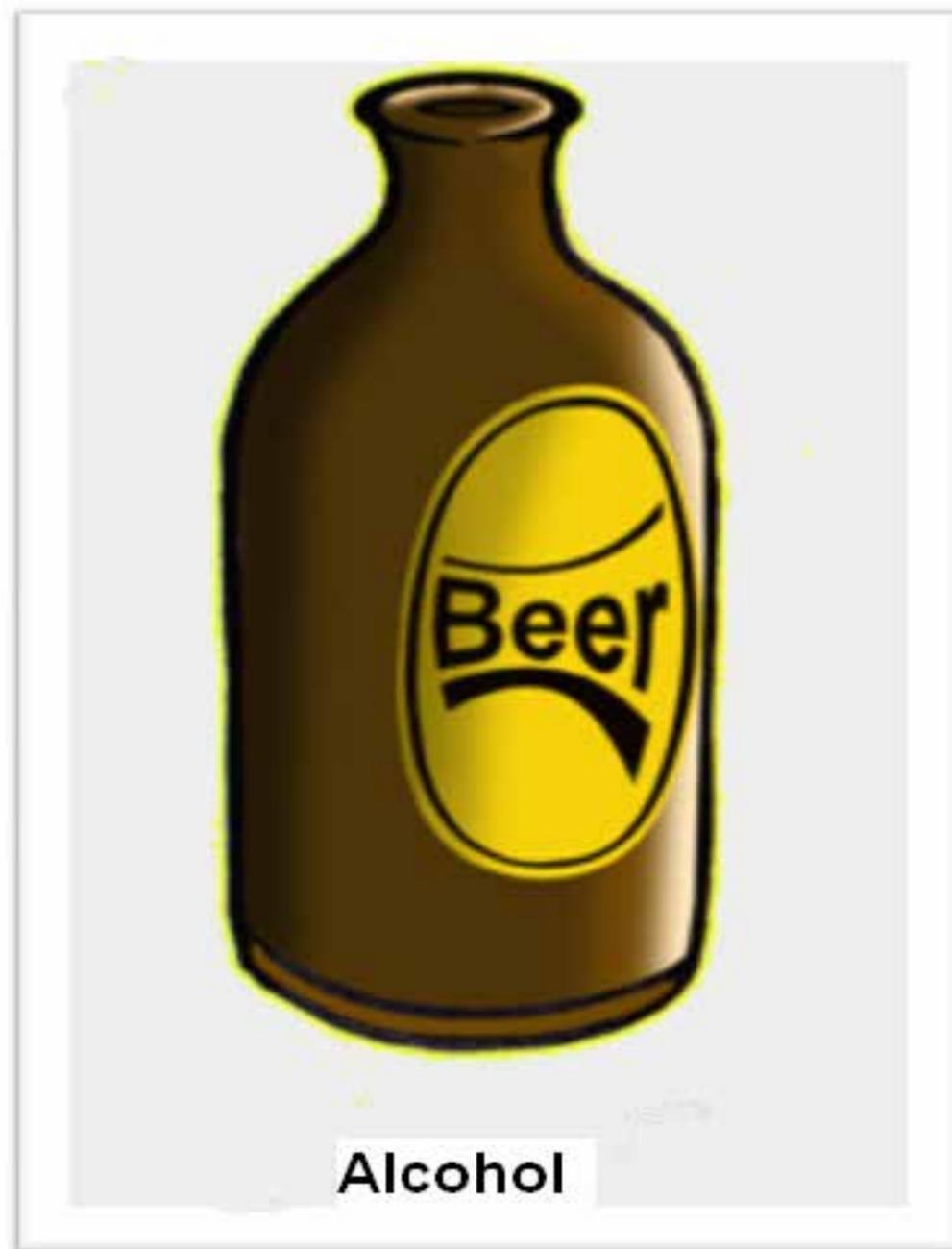
## Group Exercise



**Consequences of drug and alcohol abuse for HIV positive clients**

# Consequences of alcohol abuse

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## Alcohol misuse can:

- Decrease immune system functioning thus increasing the speed of HIV progression.
- Cause harmful reactions when consumed with ARV medications - EFZ, 3TC, d4T, Abacavir and ZDV/AZT
- Cause clients who use alcohol heavily to neglect their overall health and self-care.
- Cause clients with heavy alcohol use to be more likely to engage in risky sexual behaviors.
- Lead to non-adherence to HIV medications.

## MESSAGE 9: Adherence

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- This means following doctors instructions with clear understanding and taking responsibility for their personal health
- It is strictly sticking to the dosage and the prescribed schedule of taking medication
- It also means sticking to other treatment schedule including hospital visits, doctors appointments, nutrition advice, etc

# Sexually Transmitted Infections

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*Urethral Discharge*

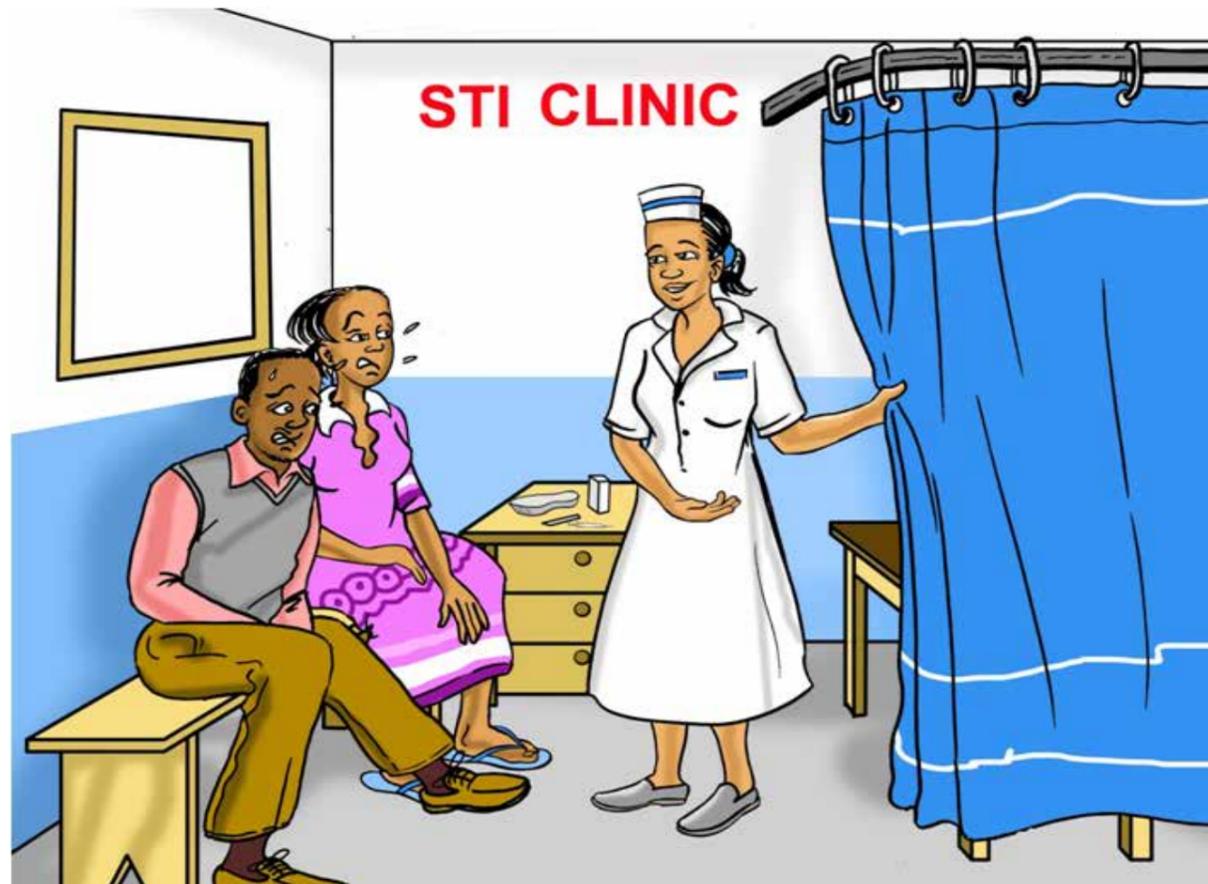


*Genital warts*

## Common STIs

- Gonorrhea
- Syphilis
- Chlamydia
- Chancroid
- Genital warts
- Herpes
- HIV
- Human Papilloma Virus
- Candidiasis
- Herpes Simplex Virus

# Managing STIs in HIV Infected clients



- All clients who have STI like symptoms should seek treatment immediately at a health facility
- Advise symptomatic clients to abstain from sex until after completion of treatment
- All clients should use condoms to prevent the possibility of transmitting or acquisition of STIs
- Support disclosure to and treatment of partner(s)
- Make a plan for follow up to ensure treatment adherence.
- Give condoms

# MESSAGE 10: FAMILY PLANNING

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- Individuals / couples to anticipate and attain their desired number of children, spacing and timing.
- It is the decision of whether to have or not to have children
- Individuals and couples living with HIV have a right to have children and have the same rights to reproduction
- HIV infected individuals need to be empowered to make informed decisions
- Individuals and couples living with HIV have a right to access modern contraceptive methods

# Family Planning methods

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Pills



Implants



IUCD



Injectables



Spermicides

**Hormonal  
Methods**



Female  
Condoms



Male  
Condoms



Diaphragm\*

**Barrier  
Methods**



Withdrawal



LAM

Lactation Amenorrhea  
Method



Fertility-Awareness  
Based Methods

**Natural  
Methods**



Female  
Sterilization

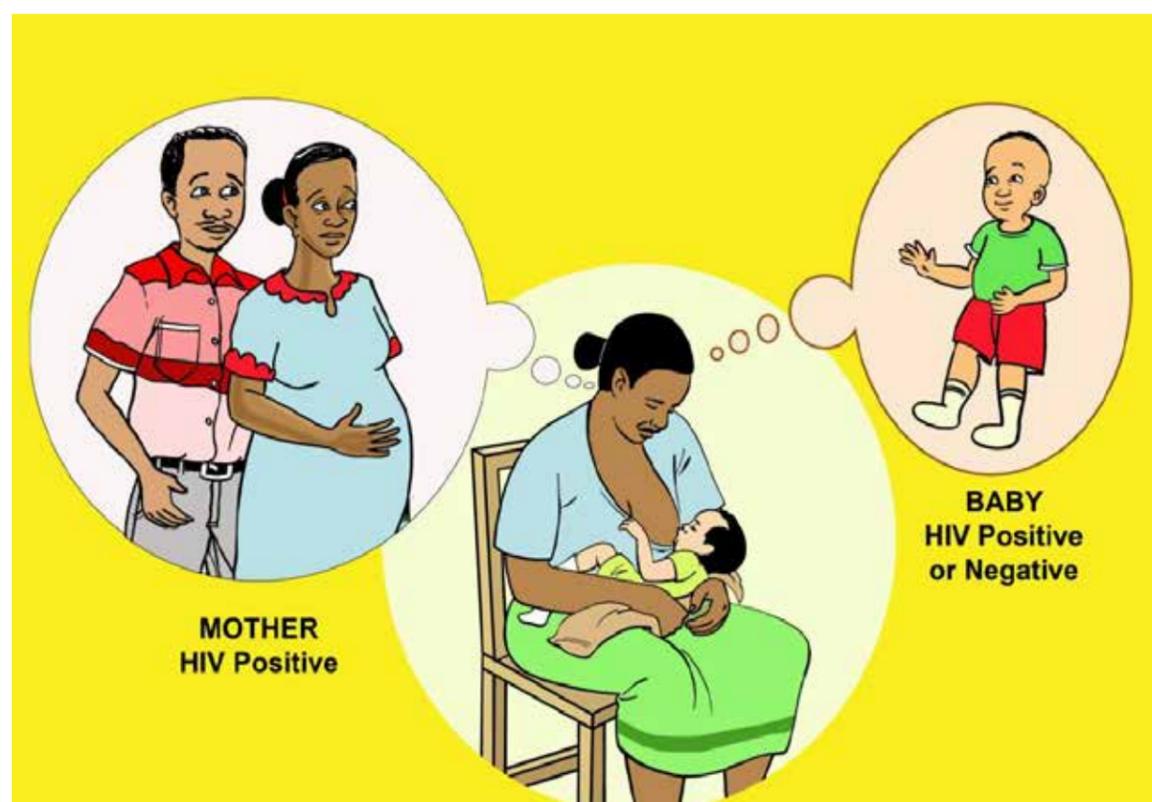


Vasectomy

**Permanent  
Methods**

# MESSAGE 11: Prevention of Mother To Child Transmission (PMTCT)

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- Not all women who are HIV positive and get pregnant will have babies who are HIV positive
- It is important for all HIV positive women who want to have children to know how to stop infection from the mother to the child

# Risk factors for MTCT

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## In pregnancy

- Due to a fall, infection e.g. anemia, malaria, fevers, STIs, high risk sexual practices, high viral load etc

## During delivery

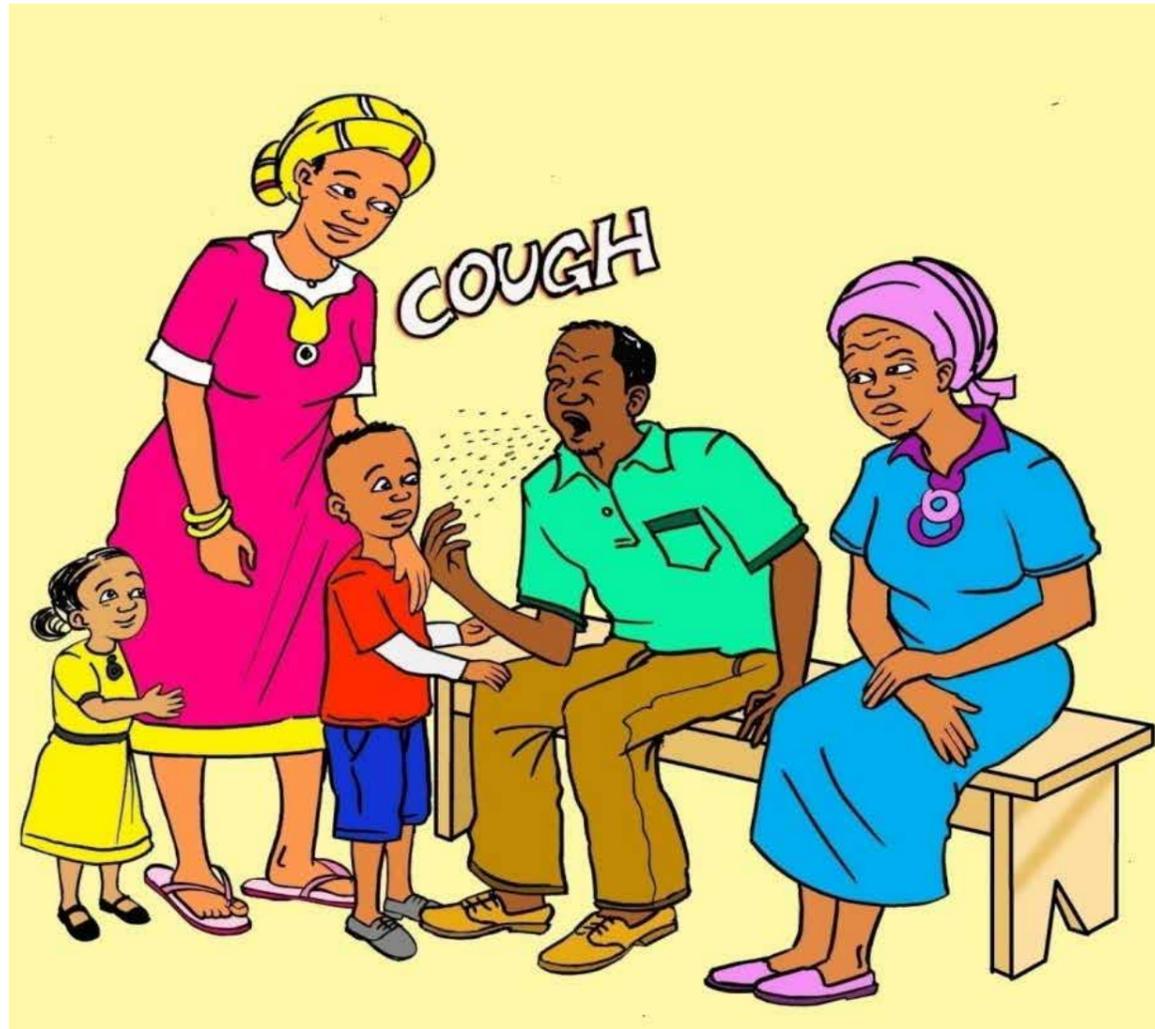
- Due to bruises, tears and cuts, prolonged labor, placental inflammation, STIs, etc

## Breastfeeding

- Sore or cracked nipples, Mixed feeding, high viral load, prolonged breast feeding , sores in the baby's mouth etc

# TB prevention in community

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## **Tuberculosis (TB) is a chronic infectious disease caused by *Mycobacterium tuberculosis***

- Most common disease form is in the lungs, only the lung form is contagious to others
- May occur in any body part except teeth, hair and nails
- Often causes systemic symptoms- cough, fever, loss of appetite, weight loss, night sweats, shortness of breath

TB (lung) is transmitted through droplet infection from a person infected with TB to a healthy person through coughing, sneezing, talking, singing and laughing.

# Risk factors for TB

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- HIV infection
- Malnutrition
- Overcrowding
- Chronic diseases (e.g. Diabetes)
- Immunosuppressive drugs (e.g. cancer drugs)
- Age (there is increased susceptibility in the very young and very old)
- Low social economic status
- Chronic alcoholism / smoking

# Signs and Symptoms of TB

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- Persistent Cough over three weeks
- Night sweats
- Loss of appetite
- Weight loss
- Shortness of breath

## Note:

If above signs are present refer to health facility for assessment

# TB treatment

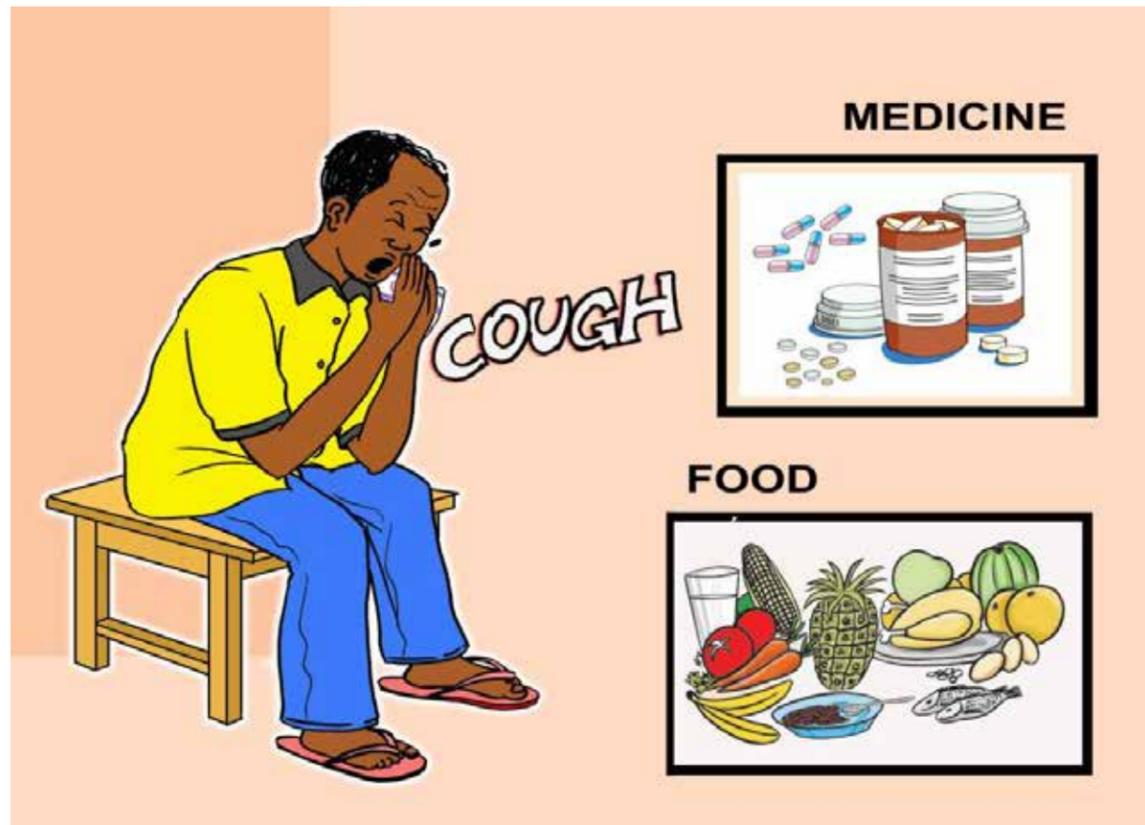
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- TB is the most common cause of death in persons living with HIV/AIDS
- TB is a treatable disease
- Adherence to treatment is important

**Non adherence to TB treatment may lead to MDR TB**

# Infection Prevention and Control of TB

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## People who are sick with TB can prevent spreading TB to others in their family and community by:

- Going for treatment and adhere to TB medication.
- Covering their mouth and nose when coughing and sneezing.
- Refer family members for TB screening
- Avoiding overcrowding and stay in a well-ventilated house.
- Immunizing young children with BCG vaccine,
- Eating a well-balanced diet, by using locally available food.

# **MODULE 3**

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## **ADVOCACY**

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# Advocacy

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## Module objective :

- By the end of this module, participants will be able to describe how to advocate for PwP services

# Advocacy

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- Advocacy is described as a process by which community members become involved in the institutions and decisions that will have an impact on their lives.
- Advocacy assumes people have rights that they are entitled to which are enforceable.
- Advocacy works best when it is focused on identified/specific issues.
- Advocacy efforts must be based on evidence, have clear goals and objectives and be supported by the community.

# Advocacy strategies

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**Advocacy strategies can build team spirit, increase membership, expand leadership and its experience, and build community power.**

## **These strategies include:**

- Personal visits to sensitize or lobby key decision makers and elected officials,
- Rallies,
- Telephone calls,
- Campaigns to decision makers,
- Letters to editors and media.

# Entry steps

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## **Step 1** **Creating Awareness**

Create awareness among opinion leaders and gate keepers, other groups e.g. churches/mosques, schools and social welfare groups or meetings.

## **Step 2** **Situation analysis**

Carry out a situation analysis using participatory methods.

## **Step 3** **Planning actions for improving the health status**

The obtained and processed findings are used for designing communication strategies for stakeholders and to prioritize issues and decide on action.

# **MODULE 4**

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## **STRENGTHENING FACILITY COMMUNITY LINKAGES**

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# Strengthening facility community linkages

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## **Module objective :**

- By the end of this module, participants will be able to discuss how to strengthen community linkages

# STRENGTHENING FACILITY LINKAGES

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## **Unit 1**

# Strengthening facility community linkages

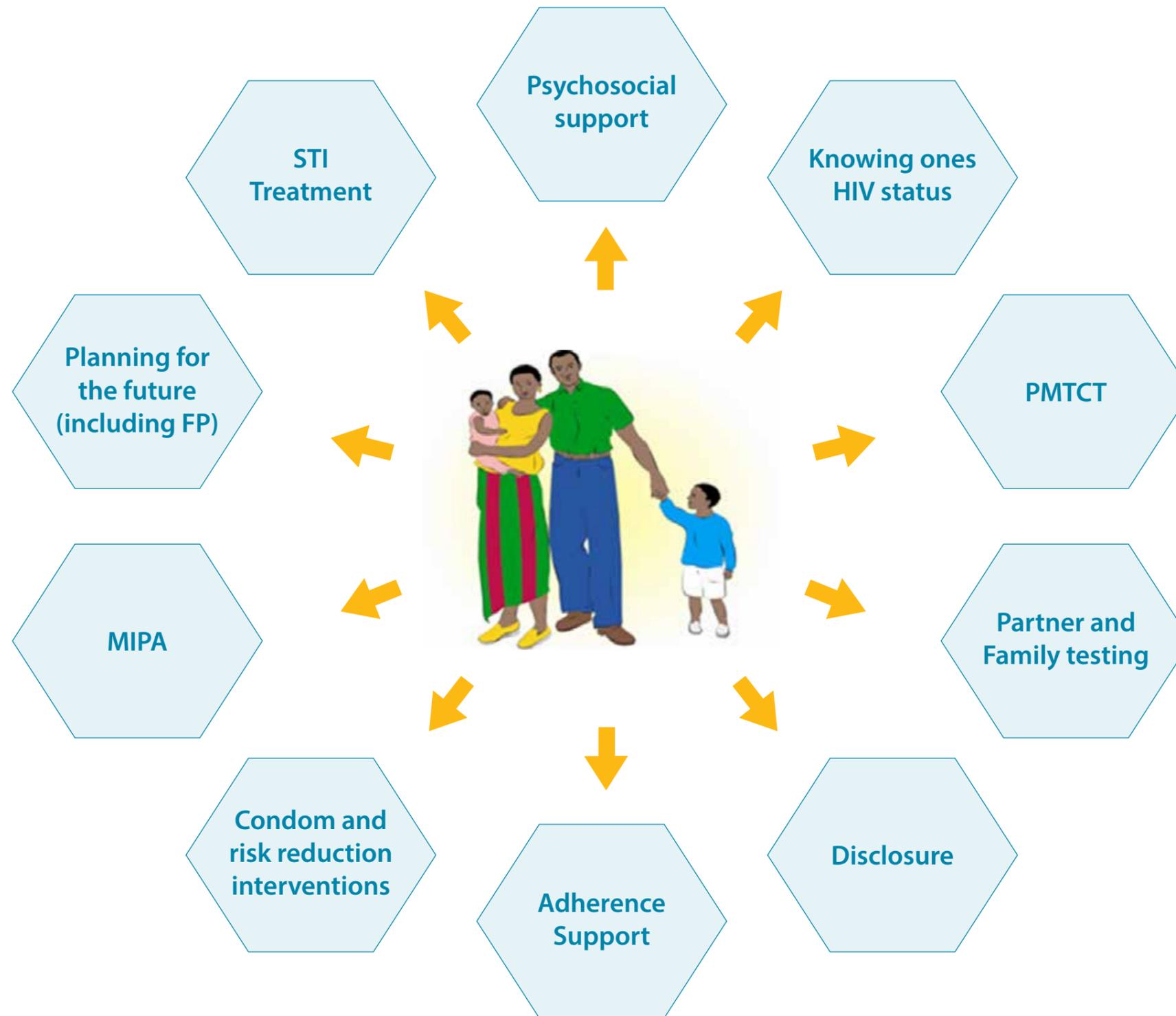
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- Each facility should have a Community linkage desk
- This community desk should provide linkage between the facility services and the community services for clients
- The desk should be manned by community health worker/Peer educator / Volunteer supervised by the CHEW
- The person manning the desk should Have general knowledge on the services offered;

***Support groups, Directory, Referral forms***

# Points of Referrals

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## Group exercise

### Identifying available referral points

-  Group participants from the same geographical area and identify the working referral sites as per the table below.
-  Group presentation and plenary discussion
-  Keep directory of all the identified working referral sites in their locality.

# Identify available working sites in your locality

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Org / CBO	Where situated	Service provided	Working time	Contact person	Telephone number

# SUPPORT GROUPS

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## **Unit 2**

# Support Groups

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- It's a group of people coming together to share challenges, experiences and roles they have in common.
- Support groups create a safe and open space for people to come out of isolation and reduce stigma by giving infected and affected persons a place to come together and share

# Support Groups

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- It is an important driver to strengthening referrals between the community and health facilities
- Beneficiaries of HIV support groups are PLHIV, families and friends affected by it and workers caring for people living with the virus

# Advantages of Support Groups

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## **A support group offers many advantages to its members including**

- Medical and clinical knowledge
- Practical advice and experience sharing
- Emotional and spiritual support
- Promoting prevention, encourage healthy living, and can be classrooms where treatment literacy is cultivated
- Allows members to come together to learn, to share and when necessary grieve and celebrate

**It's a good avenue to advocate and implementing PwP pillars**

# Roles of support groups in promoting PwP

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- Advocates to each other and the community
- Directly and indirectly educate communities on PwP messages
- Supportive and willing to listen
- Respect personal differences, recognize commonalities and draw on collective strengths

# **MODULE 5**

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## **COMMUNITY PWP MONITORING AND EVALUATION (M&E)**

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# Community PWP Monitoring and Evaluation (M&E)

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## Module Objective

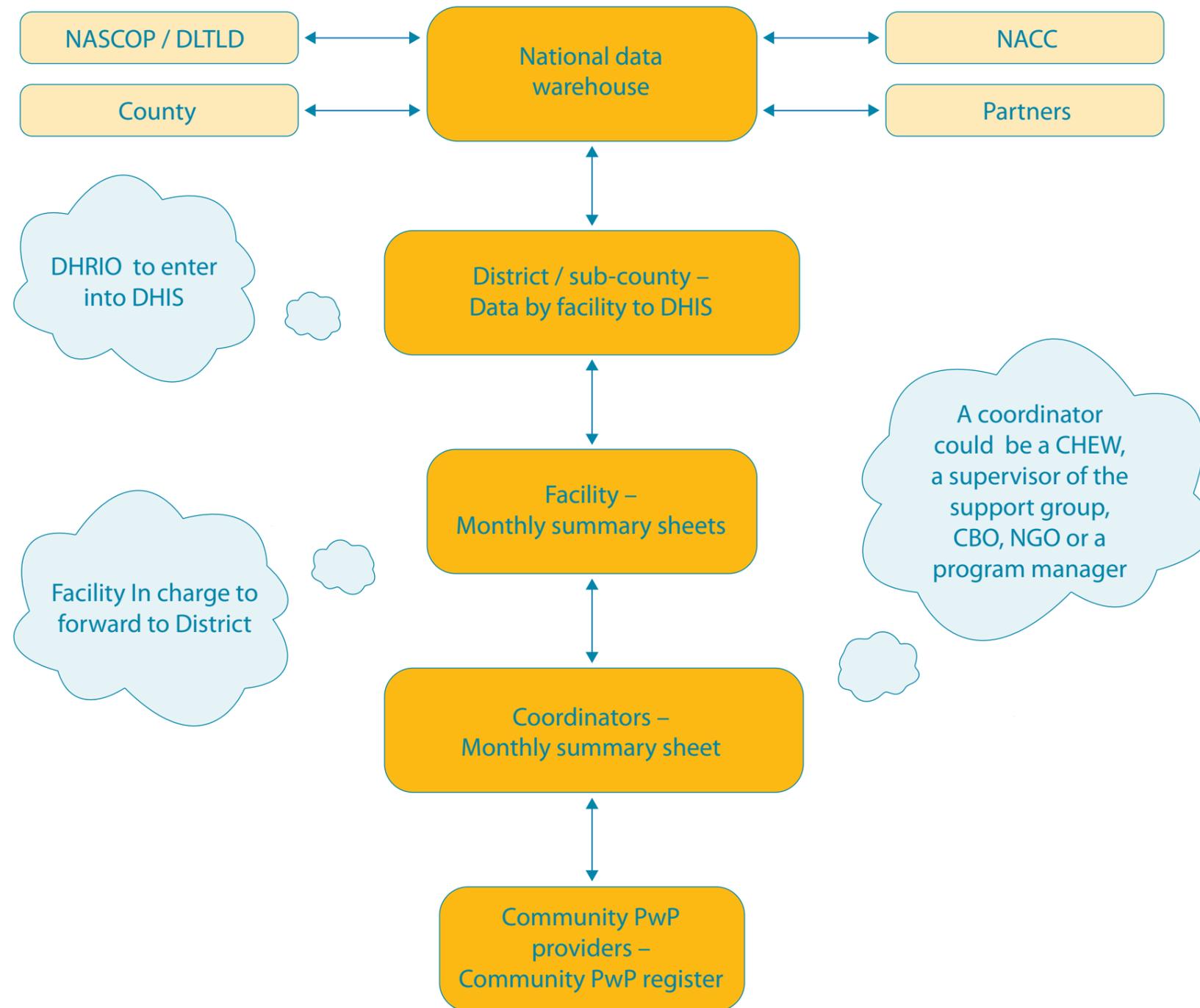
- By the end of this module the participants will be able to use PwP community data tools

# MONITORING AND EVALUATION

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## **Unit 1**

# Data Flow



# What Information to collect?

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## Source Document

- This is the PwP register where information on the national indicators, program indicators as well as the minimum package is documented

## Summary Sheet

- This is the tool used to summarize information documented in the PwP register

# What Information to collect?

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## Indicators collated in the summary sheet are as follows:

- Program level - 17
- National level – 5

## Minimum package

- Adherence + any other 3 Indicators

# Program level indicators

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- 1** No. of PLHIV (15 years and above) provided with information on knowledge of status
- 2** No. of PLHIV (15 years and above) provided with information on partner testing
- 3** No. of PLHIV (15 years and above) provided with information on child testing
- 4** No. of PLHIV (15 years and above) provided with information on Discordance
- 5** No. of PLHIV (15 years and above) provided with information on disclosure
- 6** No. of PLHIV (15 years and above) provided with information on risk reduction
- 7** No. of PLHIV (15 years and above) provided with information on alcohol and substance abuse
- 8** No. of PLHIV (15 years and above) provided with information on STIs
- 9** No. of PLHIV (15 years and above) provided with information on modern family planning

# Program level indicators

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- 10** No. of PLHIV (15 years and above) provided with information on condom use
- 11** No. of PLHIV (15 years and above) provided with information on PMTCT
- 12** No. of PLHIV (15 years and above) screened for TB
- 13** No. of PLHIV (15 years and above) seen as individuals
- 14** No. of PLHIVs (15 years and above) seen as couples
- 15** No. of PLHIVs (15 years and above) seen in a group setting
- 16** No. of PLHIVs (15 years and above) referred for other services
- 17** No. of PLHIV (15 years and above) who received services they were referred for

# National Level indicators

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- 1** No. of PLHIV (15 years and above) reached with PwP minimum package
- 2** No. of PLHIV (15 years and above) provided with information on adherence
- 3** No. of PLHIV (15 years and above) provided with condom
- 4** No. of PLHIV (15 years and above) referred to health facility
- 5** No. of PLHIV (15 years and above) enrolled in Community PwP

# PWP DATA TOOLS

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## **Unit 2**

**COMMUNITY PREVENTION WITH POSITIVE (cPwP) REGISTER**

County \_\_\_\_\_ District / Sub-

County \_\_\_\_\_

Affiliate Community Unit \_\_\_\_\_ MCUL

Code: \_\_\_\_\_

Affiliate Facility Name \_\_\_\_\_ MFL code: \_\_\_\_\_

Location/Site

Name \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

*Note: Please read the instructions inside before using this register*

		Month _____																				Received referral Service		Remarks			
		PwP Services Provided at current contact																		Referral							
Date of Enrolment (dd/mm/yy)	Name of Client	Sex (M/F)	DOB (date of birth)	Age	Knowledge of status	Partner testing	Child Testing	Discordance	Disclosure	Risk Reduction	Information Condom	Alcohol and substance abuse	Adherence	Sexually transmitted infection	Family Planning PMTCT	PMTCT	Screened for TB	Minimum Package (Adherence and any three)	Condom provided	Service provided ( to Individual, Couple or Group)							
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
1																											
2																											
3																											
4																											
5																											
6																											
<b>Page Summaries (Totals)</b>																											

Total M (      )  
 Total F (      )

- PwP Referral and Linkages**
- |                     |  |                   |
|---------------------|--|-------------------|
| 1. Care & treatment | 6. STI creening / treatment                            | 11. Other specify |
| 2. Partner testing  | 7. TB screening / treatment                            |                   |
| 3. Child testing    | 8. Alcohol & drug abuse counseling / treatment         |                   |
| 4. FP               | 9. VMMC (for HIV negative male partner in discordance) |                   |
| 5. PMTCT            | 10. Support group                                      |                   |



**COMMUNITY PWP MONTHLY SUMMARY REPORT**

County ..... District/ Sub County .....

Month ..... Year .....

Facility / Organization .....

MFL Code for affiliate Health Facility .....

**Section A: National Reporting Summary**

		M	F	Total
1	No. of PLHIV (15 years and above) reached with PwP minimum package			
2	No. of PLHIV (15 years and above) provided with information on adherence			
3	No. of PLHIV (15 years and above) provided with condom			
4	No. of PLHIV (15 years and above) referred to health facility			
5	No. of PLHIV (15 years and above) enrolled in Community PwP			

**Section B: Programme Level Summary Report**

		M	F	Total
1	No. of PLHIV (15 years and above) provided with information on knowledge of status			
2	No. of PLHIV (15 years and above) provided with information on partner testing			
3	No. of PLHIV (15 years and above) provided with information on child testing			
4	No. of PLHIV (15 years and above) provided with information on Disclosure			
5	No. of PLHIV (15 years and above) provided with information on disclosure			
6	No. of PLHIV (15 years and above) provided with information on risk reduction			
7	No. of PLHIV (15 years and above) provided with information on alcohol and substance abuse			
8	No. of PLHIV (15 years and above) provided with information on STIs			
9	No. of PLHIV (15 years and above) provided with information on modern family planning			
10	No. of PLHIV (15 years and above) provided with information on condom use			
11	No. of PLHIV (15 years and above) provided with information on PMTCT			
12	No. of PLHIV (15 years and above) screened for TB			
13	No. of PLHIV (15 years and above) seen as individuals			
14	No. of PLHIVs (15 years and above) seen as couples			
15	No. of PLHIVs (15 years and above) seen in a group setting			
16	No. of PLHIVs (15 years and above) referred for other services			
17	No. of PLHIV (15 years and above) who received services they were referred for			

Report Prepared by --

Name ..... Facility email and Tel No. ....

Date ..... Signature .....

# Next Steps

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# References

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## **For more information refer to the following documents;**

National Guidance for HIV Prevention with Positive  
Management of Sexually Transmitted/Reproductive Tract Infections  
Adherence In HIV Care and Treatment - Trainers Manual  
National Guidelines on Prevention of Mother to Child Transmission of HIV  
HIV Testing and Counseling Guidelines



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