



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER,
ELDERLY AND CHILDREN

STANDARD OPERATING PROCEDURE FOR COMMUNITY BASED
HIV AND AIDS SERVICES



NATIONAL AIDS CONTROL PROGRAMME



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JUNE, 2017



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**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY
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Any part of this Standard Operating Procedure for Community Based HIV and AIDS can be used provided that the source which is the Ministry of Health, Community Development, Gender, Elderly and Children, Tanzania is clearly acknowledged.

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FORWARD

In Tanzania the first incidence of HIV/AIDS was discovered about three decades ago. Since then, The United Republic of Tanzania through Ministry of Health Community Development Gender Elderly and Children (MoHCDEGEC) has been developing various Strategies to fight against the HIV and AIDS pandemic focusing to achieve the global three 90s. To realize these, government in collaboration with stakeholders, has introduced Community Based HIV and AIDS Services (CBHS) as one of the interventions to prevent newly HIV infection and care of People living with HIV.

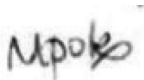
The ministry introduced CBHS in 2016 as a continuation to Home Based Care (HBC) services which was started in 1996 to care and support bed ridden patients at home. However, the use of ART has improved lives of PLHIV through minimum viral load suppression. As a result, PLHIV patient are no longer bed ridden as previous. Moreover, CBHS has expanded scope of services to include the forgotten groups such as Key and vulnerable populations groups and other people at high risk to HIV infection and transmission (Drug abuse, Commercial sex workers, Men having Sex with Men, Miners, Fishermen, Prisoners and long safaris drivers). It also addresses issues related to behavior change and Gender Based Violence and Violence against Children. The services intended to improve health drug adherence and retention of those who are on ART.

To respond to the above challenges, the government through NACP in collaboration with stakeholders has developed Standard Operating Procedures (SOP) manual as a quick reference in implementation of CBHS services in the community.

The manual aims to guide CBHS providers during provision of CBHS at various levels of intervention, and it builds their capacity and competence in providing quality and standardized CBHS services. The SOP is prepared in a simple language in such a way that it is easily understood for effectiveness and efficiency for service delivery at all levels.

On top of that, the SOP has explicitly outlined operational procedures and standards to be used by government, various institutions and stakeholders. In this case, implementing partners are required to adhere to the manual in order to improvement quality of life of People Living with HIV and AIDS.

Therefore, Ministry of Health Community Development Gender Elderly and Children is directing all implementing partner to provide the standards set of services national wide. This manual is a bench mark of CBHS services that guides all stakeholders who are front liner in care and support for PLHIV. In other hands, the manual harmonizes and coordinates the national efforts of CBHS for improved and quality services in the country.



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AKNOWLEDGEMENT

The purpose of developing Standard Operation Procedure (SOP) for Community Based HIV/AIDS Services (CBHS) in 2017 by the Ministry of Health Community Development Gender Elderly and Children (MoHCDGEC) through National AIDS Control Programme (NACP) was to explicitly fight the spread of HIV infection in the country. NACP as health care services delivery coordinating body, has reviewed and developed SOP by involving implementing partners, health departments and district councils in the country. Therefore, the ministry would like to sincerely thank all of those who participated in all stages of developing a standardized and quality SOP to guide CBHS Providers in the community.

The Ministry would like to extend sincerely thanks to all members of technical task force who spearheaded the development of this manual. Indeed, the ministry appreciates the contribution provided by Dr. Angela Ramadhani, Dr. Anath Rwebembera, Dr. Marylad Ntiro, Dr. Boniface Silvan, Mr. Sharon Lwezaura, all from NACP and Mary Manzawa from TACAIDS¹. Furthermore, we recognise the contribution of Mr. Mohamed Mwinyi, Ms. Consolota Mushi and Mr. Kulwa Kindija from National Kiswahili Council (BAKITA) for valuable guidance on translation throughout the process. Also we acknowledge the technical supports inputs from implementing partners namely Tanzania Interfaith Partnership (TIP), University Research Center (URC), Tanzania Red Cross (TRC), National Council of People with HIV/AIDS (NACOPHA), Deloitte, Pharmaces, Management and Development for Health (MDH), PASADA² and Walter reed. Gratitude thanks is also extended to Local Government Authorities - Concils; Mbeya City Councils, Municipal Councils of Morogoro and Temeke, District Councils of Kisarawe, Mvomero, Mkuranga, Mbinga and Kibaha. Thanks should also go to all these who in one way or another contributed and supported the accomplishment of the manual.

Last but not least the Ministry would like to thank and value the contribution from development partners; USAID, WHO and CDC for their financial support.



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² Pastoral Activities and services for people with AIDS Dar es Salaam Archdiocese

ABBREVIATION

ART	-	Antiretroviral Therapy
ARV	-	Antiretroviral
CBHS	-	Community Based HIV and AIDS Services
CTC	-	Care and Treatment Centre
DBS	-	Dried Blood Sample
DOT	-	Directly Observed Therapy
IEC	-	Information, Education and Communication
eMTCT	-	Elimination of Mother to Child Transmission
HBTC	-	Home Based Testing and Counseling
HTC	-	HIV Testing and Counseling
KP	-	Key Population
MoHCDGEC	-	Ministry of Health Community Development Gender Elderly and Children
MVCC	-	Most Vulnerable Children Committee
NACP	-	National AIDS Control Programme
ORS	-	Oral Rehydration Solution
PHDP	-	Positive Health Dignity and Positive
PMTCT	-	Prevention of Mother to Child Transmission
PWD	-	People With Disability
PWID	-	People Who Inject Drugs
STI	-	Sexually Transmitted Infection
WHO	-	World Health Organization

NATIONAL STANDARD OPERATING PROCEDURES (SOP) FOR COMMUNITY BASED HIV AND AIDS SERVICES

Introduction:

Community Based HIV and AIDS Services (CBHS) are comprehensive services which aim to reach all groups in the community. These services comprise Home Based Care services, **People who are on ART, Key and vulnerable populations** and services addressing gender based violence and violence against children.

Furthermore, CBHS provides psychological, social, economical, legal services and continuum of care, referrals and networking, community participation and stakeholder's involvement, client retention on care and treatment, monitoring and evaluation.

Purpose and Objectives of CBHS SOP

Purpose:

The purpose of this SOP is to provide a quick reference to Community Based HIV and AIDS service providers on provision of quality and efficient services according to the National guidelines for Community Based HIV and AIDS services.

Objectives:

- To ensure quality services, uniformity in performance and standards during Community Based HIV and AIDS Services provision
- To provide quick reference to CBHS providers during provision of Community Based HIV and AIDS Services
- To be used during CBHS supportive supervision, monitoring and evaluation.

CHAPTER 1

INTRODUCTION TO COMMUNITY BASED HIV AND AIDS SERVICES IN TANZANIA

Do the following:

- Define the Community Based HIV and AIDS Services
- Explain the objectives of Community Based HIV and AIDS Services
- Explain the benefits of Community Based HIV and AIDS Services
- Describe the roles of key actors of Community Based HIV and AIDS Services.

CHAPTER 2

THE PROCESS OF PROVIDING COMMUNITY BASED HIV AND AIDS SERVICES

2.1 Code of Ethics on Community Based HIV and AIDS Services provision

Do the following:

- Ensure clients confidentiality
- Create good relationship with the community which you serve
- Respect all people and groups in the community
- Use polite and acceptable language
- Be committed all the time
- Recognize your limitations and seek support when necessary
- Respect administrative authorities in the community
- Respect yourself and be tolerant
- Respect norms, customs and beliefs during service provision in the community
- Cooperate with professional staff at the health facilities.

2.2. Visiting clients in the community

Before client visit	
Individual	Groups
<ul style="list-style-type: none">• Ensure visit agreement with the client or care giver• Ask the client if its agreeable to discuss openly his/her HIV status, if not ask the client how you can introduce yourself to the family• Agree with the client on convenient date, time and place for visit• Register the client in the CBHS provider's book if not registered and give ID	<ul style="list-style-type: none">• Ensure visit agreement with the group• Ask the group members if they are willing to discuss their HIV status openly, if not ask them how they can introduce themselves• Agree with the group members on convenient date, time and venue for visit• Register group members who are not registered in the CBHS provider's book

Individual	Groups
<ul style="list-style-type: none"> • Prepare working tools for clients such as bags, brochures and condoms • Prepare/update CBHS stakeholders and other service provider's inventory at your working area to assist referral to other services upon your visit • Ask for client consent to be visited by other stakeholders. 	<ul style="list-style-type: none"> • Prepare working tools for group such as bags, brochures and condoms • Prepare /update CBHS stakeholders and other service provider's inventory in your working area to assist referral of group members to other services upon your visit • Ask the group members consent to be visited by other stakeholders.

During client visit

Individual	Group
<ul style="list-style-type: none"> • If the client is visited at home, assess home environment (in and out) • Greet the client and the family members • Create good rapport, introduce yourself and your colleague to client and explain the purpose of your visit • Familiarize with your client and family members for a few minutes • Ask the client if is willing to be asked a few questions and do physical examination 	<ul style="list-style-type: none"> • Greet group members • Create good rapport, introduce yourself and colleagues to the group members and explain the purpose of the visit • Familiarize with group members for a few minutes • Ask group members questions about the topic to be discussed. • Continue with group discussion on their health status, including HIV infection and disclosure
Individual	Group
<ul style="list-style-type: none"> • If the client agreed, continue with the discussion on his/her health status, including HIV infection and disclosure • Sit in a position that allows good discussion with your client (face to face sitting) • Ensure client confidentiality on your discussion. • Fill all relevant client information in the CBHS provider's book. 	<ul style="list-style-type: none"> • Create friendly environment for group discussion e.g. semi cycle sitting arrangement or "U" shaped • Ensure group members confidentiality on your discussion • Fill all relevant group information in the CBHS provider's book.

Assessment of client's needs	
Individual	Groups
<ul style="list-style-type: none"> • Ask the client concern (mentally, physically, sexually, socially, economically and spiritually) • If is a new client, take thorough history, and if is a follow up client, take client history according to the previous agreement • Ask the client if is on any medication • Ask and observe if the client take the medication appropriately and keep properly, if not advise accordingly • Ask client about partner's HIV status, if not known, advise to go for testing. If the status is known ask how do the client cope with the situation • Screen for STI and TB by using screening tools • List other services required by the clients /household (VCT,TB prevention, ART, Client follow up, ART adherence, drug availability and advise accordingly, Family Planning and proper condom use, PMTCT/eMTCT) • Ask how the client deals with his/her psychological challenges • Ask about the spiritual issues • Ask the client if has joined into economic support groups • Evaluate if there is a need for further management, if referral is required, follow the referral procedures for further services • Ask if the client or care giver has any question or request • Postpone assessment if you observe that the client can no longer proceed with the discussion /service, continue next time 	<ul style="list-style-type: none"> • Ask the group members concerns (mentally, physically, sexually, socially, economically and spiritually) • If is a new group, take thorough history, and if is a follow up group, take history according to the previous agreement • Ask the group members if they are on any medication • Ask and observe if they assist each other on drug adherence and storage, if not advise accordingly • Ask group members about partner's HIV status, if not known, advise to go for testing. If the status is known ask how do they cope with the situation • Discuss on STI and TB by using screening tools • List other services required by the group members (VCT, TB prevention, ART, Client follow up, ART adherence, drug availability and advise accordingly, Family Planning and proper condom use, PMTCT/eMTCT) • Ask how the group members deal with their psychological challenges • Ask about the spiritual issues • Discuss with the group members if they are doing Income Generating Activities (IGA) • Evaluate if there is a need for further group management, if referral is required, follow the referral procedures for further services • Ask if the group members or care givers have any question or request

Individual	Groups
<ul style="list-style-type: none"> Record all client information in the CBHS provider's book at every visit. 	<ul style="list-style-type: none"> Record all group members' information in the CBHS provider book at every visit.

End of visit	
Individual	Group
<ul style="list-style-type: none"> Summarize your findings during client visit: problems identified, their solutions and further action to be taken Provide basic requirements to client/ care giver to carter for physical and social needs as listed in the CBHS provider's kit 	<ul style="list-style-type: none"> Summarize your findings during the group visit: problems identified, their solutions and further action to be taken Provide basic requirements to group members to carter for physical and social needs as listed in the CBHS provider's kit
<ul style="list-style-type: none"> Discuss and support the client for any further referral, if needed Discuss with client the convenient day and time for next visit Remember to involve clients/care givers and family members on their responsibilities to the client. 	<ul style="list-style-type: none"> Discuss and support the group members for any further group referral, if needed Discuss with group members the convenient day and time for next visit Remember to involve group members on their responsibilities to each other.

Post visit	
Individual	Group
<ul style="list-style-type: none"> Record all drugs, equipments and services provided to the client in the CBHS provider's book Keep client's records in safe and secure place Follow up all referrals made to gain feedback Prepare the CBHS provider's kit for the next visit 	<ul style="list-style-type: none"> Record all drugs, equipments and services provided to the group in the CBHS provider's book Review the group attendance form to ensure accuracy and completeness Keep group members records in safe and secure place Make follow up of all referrals made to gain feedback Prepare the CBHS provider's kit for next group visit

Individual	Group
<ul style="list-style-type: none">• Give report to your supervisor on achievements and about those which need further improvement during the next visit• Ask any assistance from your supervisor when required.	<ul style="list-style-type: none">• Give report to your supervisors on achievements and to those which need further improvement during the next group visit• Ask any assistance from your supervisor when required.

CHAPTER 3

COMMUNITY BASED HIV AND AIDS SERVICES (CBHS)

3.1 Community HIV Testing and Counselling (HTC) Services

Do the following:

- Sensitize and mobilize community leaders on the importance of HIV testing
- Participate in various community meetings
- Educate community on HIV/AIDS testing and counselling
- Discuss with clients on the availability of HIV testing services at home, community and health facility level
- Identify and list clients, households and community groups for HIV testing services
- Identify referral needs and link clients to appropriate services
- Communicate with health care provider on clients, households and community groups sensitized for HIV testing
- Accompany the health care provider to the client's household and community groups prepared for HIV testing
- Participate in HIV testing activity as much as required by the Health Service Provider
- Educate your clients on the importance of disclosure
- Make follow up and register identified HIV/AIDS positive clients who are willing to receive CBHS.

3.2 Community Complimentary Services to Anti-Retroviral Therapy

3.2.1 Drug adherence and retention of clients

Do the following:

- Ask the client about his/her clinic attendance
- Assess client condition and adherence to treatment and scheduled appointments (pills counting, investigation and CTC 1 card)
- Ask the client if she/he has a treatment supporter, if not discuss with client the importance of having a treatment supporter

- Involve treatment supporter about client's treatment
- Ask the client what reminds him/her to take ARV at the right time
- Educate the client on the advantages of drug adherence and avoid alcohol use, cigarette smoking and drug abuse
- Discuss with the client on challenges associated with drug adherence and counsel him/her accordingly.

3.3 Positive Health, Dignity and Prevention (PHDP)

Do the following:

- Facilitate the client to implement Positive Health, Dignity and Prevention (PHDP) by providing knowledge, skills and resources
- Link the client to different support groups and other stakeholders
- Assist client to know his/her HIV status and encourage how to live positively
- Provide PHDP services in every visit
- Record all services provided to the CBHS provider's book.

3.4 Prevention and Elimination of Mother to Child Transmission (PMTCT/eMTCT) Services

Do the following:

- Sensitize and explain the advantages of early Antenatal Care visit once a woman is pregnant and maintain regular RCH attendance
- Identify and list pregnant women within your catchment area
- Refer identified pregnant women to Reproductive and Child Health clinic
- Follow up pregnant women listed and educate them on safe motherhood services
- Assist the pregnant woman to have delivery plan (e.g. transport, emergency budget, clean clothes, facility to deliver, person to care for the family and escort, remind her to take RCH card number 4).

HIV Positive Clients

- Educate HIV positive mother on partner involvement to RCH whenever decides to conceive
- Advise the client on safer sex practice, correct and consistent use of condom

- Advise client on drug adherence and other services
- Educate clients on safe motherhood
- Assist the pregnant woman to have delivery plan (e.g. transport, emergency budget, clean clothes, facility to deliver, person to care for the family and escort, remind her to take RCH card number 4).
- Emphasize on safe breast feeding at least for one year
- Advise client on HIV infection prevention during caring of her child
- Educate the mother on the importance of child ART adherence, HIV testing and returning to the clinic to obtain HIV results
- Identify and track all missed appointments and lost to follow up children
- Sensitize male involvement in Prevention/elimination of Mother to Child HIV transmission(PMTCT/eMTCT)
- Emphasize mother on the importance of Family Planning services immediately after delivery.

3.5 Family Planning Services

Do the following:

- Sensitize the community on the importance of family planning services regardless of their HIV status
- Provide referrals to clients who need family planning services
- Emphasize partners on consistent use of condom to prevent unwanted pregnancies, HIV transmission and provide other family planning methods

3.6 Palliative Care

Do the following:

- Evaluate severity of client's pain
- Give painkiller if necessary
- Link the client to psycho-social, spiritual and other services
- Advise on light physical exercises according to his/her condition
- Discuss with client on the importance of will writing
- Counsel the client to accept his/her condition
- Counsel the family members to accept client's condition and cooperate
- Provide referral where necessary

- Participate in bereavement matters upon death

3.7 Community Collaborative TB/HIV Services

3.7.1 TB/HIV screening

Do the following:

A. Assess signs and symptoms of pulmonary TB by asking the following questions

- Do you have recurrent fever?
- Do you experience night sweating?
- Do you have any cough?
- Do you cough blood-stained sputum?
- Noticeable body weight loss for a new client or a 3kgs weight loss in a month (in subsequent visits)

NOTE: If the answer is YES to one or more symptom(s) above refer the client to the health facility.

If the answer is NO to the above questions reassess the client each visit (every month)

B. Care of TB Patients in the Community

- Follow up the TB patient on drug adherence through DOT by asking treatment supporter
- Check client treatment card at every visit to ensure TB /HIV drug adherence
- Discuss with the client on the importance of anti TB drug adherence and other drugs e.g . ARV, Septrine etc to prevent drug resistance
- Assist the severely ill patients to collect their drugs from health facility
- Encourage the clients to continue with ARV and TB treatment
- Advise patients to cover their mouth and nose when coughing or sneezing
- Advise the TB patient to use sputum covered container
- Advise clients and the community to live in the well-ventilated houses
- Educate the community to avoid unnecessary overcrowding
- Refer patients to health facility for any observed anti TB drugs side effects.

Anti - TB Drugs Side Effects and How to Overcome

Side Effects	How to Overcome
Minor side effects	Continue with treatment
Nausea, loss of appetite, abdominal pain	Reassure the patient, encourage feeding, advise to drink water at least 2.5Lts per day
Yellow urine	Reassure the patient, advise to drink water at least 2.5Lts per day
Joint pain	Refer the patient to the health facility
Burning sensation of the lower limbs	Refer the patient to the health facility
Severe Side Effects	How to Overcome
<ul style="list-style-type: none"> • Skin rashes and itching • Peel off skin • Yellowish colour of the skin and eyes (jaundice) • Difficulty in breathing • Frequent vomiting • Loss of hearing • Dizziness • Visual impairment 	Refer the patient immediately and if possible escort the client to health facility.

3.8 Community Preventive Services on Sexual Transmitted Infections and Reproductive Tract Infections

3.8.1 Sensitization on Sexual Transmitted Infections and Reproductive Tract Infections.

Do the following:

- Identify different groups in the community who are at risk of STIs
- Prepare health education sessions about STIs and RTIs
- Prepare working tools and IEC materials (handout, brochures, posters, condoms, penile model, etc)
- Identify groups according to their needs (age, behaviour and their common activities)

- Create friendly environments and use group discussion as the teaching method
- Consult your supervisor in case you are dealing with challenging groups for example People who inject drugs and commercial sex workers
- Discuss with the groups on STIs and RTIs at schools, Churches, Mosques, industries, education institutions and community public meetings
- Refer patients who need further management.

3.8.2 Sexually Transmitted Infections Screening

Do the following:

Ask client or partner if has symptoms or have experienced the following symptoms for last months or more:

- Genital itching
- Painful urination
- Painful sexual intercourse
- Lower abdominal pain
- Enlarged lymph nodes
- Fever
- Genital rashes
- Genital discharge with foul smell

Refer client and the partner with any sign or symptom above to the health facility for further investigations and treatment.

3.8.3 Sensitization on correct use of condoms

Do the following:

- Prepare working tools, for example, male/female condoms, penile and pelvic models according to the need
- Discuss and educate clients/community on correct use of male/female condoms as shown on the tables below
- Distribute condoms and emphasize consistent use in the community

Instruct client/community on how to use male condom by doing the following

Before Use:

- Assess the condom packet to ensure its validity
- Squeeze condom in between fingers to check if there is lubricant or not
- Check the expiry date
- Open the condom at the edge as instructed.

During use:

STEP 1: Ensure agreement and prepare your partner

STEP 2: Press the tip of condom to remove air, hold the condom upside down, and unfold it making easily to wear.

STEP 3: Put on condom while the penis is erect

STEP 4: Unfold condom up to the stem of the penis ready for sexual intercourse.

STEP 5: Withdraw the penis from the vagina immediately after ejaculation while holding the fold of the condom carefully.

Note: To avoid contamination use tissue paper or handkerchief/piece of clothes to remove the condom from the penis.

Instruct the client /community on how to use female condom**Do the following:****Before use**

- Check condom packet to ensure validity
- Squeeze condom in between fingers to check if there is lubricant or not
- Check the expiry date
- Open the condom at the edge as instructed
- The outer ring covers the labia majora while the inner ring covers the cervix during sexual intercourse.

During use

STEP 1: Hold the closed end part of the condom while hanging upside-down

STEP 2: Press the inner ring of the condom with three fingers to make figure eight, making it easy to penetrate inside the vagina

STEP3: Choose the best position either squatting, or raising one leg, or lying down

STEP 4: Insert the inner ring ensuring that the penis is correctly inserted into the vagina

STEP 3: Choose the best position either squatting, or raising one leg, or lying down

STEP 4: Insert the inner ring inside the vagina slowly, use another hand to stretch the labia minora

STEP 5: Put the middle finger in the condom up to the inner ring, then, push it inside the vagina until the ring reaches the cervix. Make sure the outer ring covers the labia majora, ready for sexual intercourse with your partner.

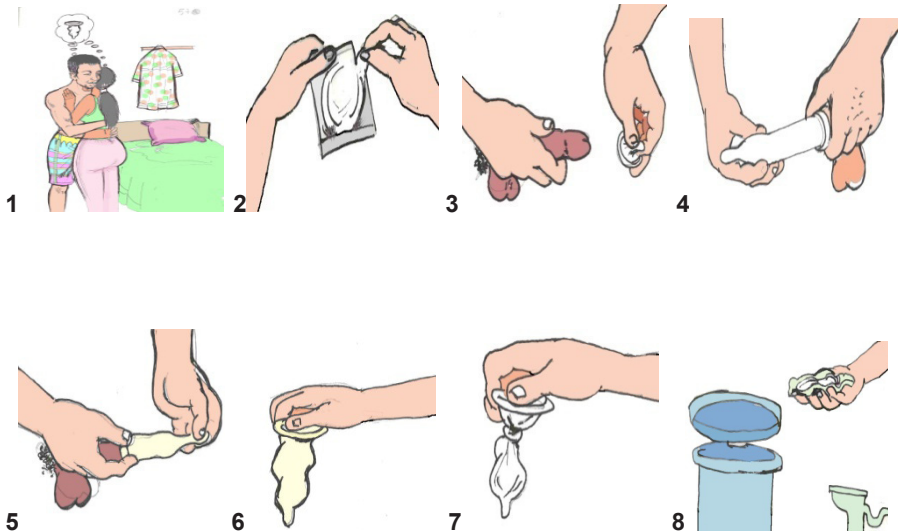
STEP 6: When you are ready for sexual intercourse direct the erected penis inside the vagina slowly ensuring that the penis is correctly inserted into the vagina

STEP 7: After sexual intercourse remove the condom slowly while rolling by turning the outer ring outside

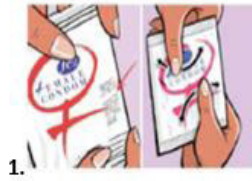
STEP 8: Keep the used condom inside the packet or paper for disposal, dispose in the bin or, pit latrine or bury it, do not flush in the toilet.

Note: Do not re – use Condom.

Pictures showing correct use of Male condoms:



Pictures showing correct use of Female condoms:



3.8.4 Community Sensitization on Medical Male Circumcision

Do the following:

- Prepare health education sessions on the importance of male medical circumcision
- Prepare working tools and IEC materials for example, handouts, posters, brochures and condoms
- Prepare friendly learning environment that allows discussion

- Educate community on the importance of medical male circumcision and risks of HIV infection to uncircumcised men through schools, churches, mosques and public community meetings.
- Identify and register male adults and children who are eligible for circumcision
- Refer eligible clients to the health facility
- Follow up and educate partners on personal hygiene.

3.8.5 Key population and other vulnerable groups services (PWID, OVC, Miners, Fishermen, Adolescents, elderly, bar maids, MVC and people with mental disorders)

3.8.5.1 Prevention services to KVP

Do the following:

- Identify and register individuals and KVP groups (including children) who are at increased risk of acquiring HIV infection in the community
- Assess individual and group KVP needs and separate according to their needs
- Identify available stakeholders in the community who can support and address identified KVP needs /problems
- Refer KVP individuals or groups to respective actors depending on identified needs e.g. HTC, MVCC, Methadone, sober house services etc
- Provide health education to individuals and KVP groups on HIV infection, on risk behaviours contributing to HIV infection as well as prevention. In cases of group education prepare conducive learning environment
- Distribute IEC materials e.g. pamphlets, posters, brochures and condoms depending on availability and needs
- Consult your supervisor in case you encounter challenges while serving KVP groups
- Distribute preventive materials e.g. JIK, gloves and condoms as per needs
- Make follow up to all referred cases and register those who need further services.

3.8.5.2 Care, Treatment and support services to KVP

Do the following

- Identify individuals and groups who are on ART
- Identify lost to follow up/clients who have missed their appointments and

plan for tracking.

- Prepare adherence counselling sessions to individuals and groups for discussion.
- Prepare working tools and IEC materials for ART adherence, nutrition, and psychosocial services
- Identify special needs among KVP eg legal, spiritual, economic etc
- Link KVP to relevant stakeholders according to needs identified
- Track lost to follow up/clients who have missed their appointments by using community tracking tools.

3.8.5.3 Friendly Health services for people with disabilities

Do the following:

- Identify and list people with disabilities within the community and their needs.
- Identify different stakeholders who provide services to people with disabilities, Health facility governing committees, Ward Development Committees, Village Development Committees, and Mitaa leaders
- Involve different stakeholders and other paralegal department for further assistance and services
- Discuss with those groups on risk behaviours contributing to HIV infection
- Make follow up to all referred cases and register those who need further services.

CHAPTER 4

PSYCHOSOCIAL, ECONOMIC AND LEGAL SERVICES

4.1: Psychological services

Do the following:

- Use 5 sense organs to understand problems and ask probe questions (observe, listen, smell, taste and touch)
- Listen carefully with empathy to what the client tells you
- Ask open-ended questions to assist and support the client to determine and solve the identified psychological problems
- Discuss with the client what actions to be taken on his or her problem (observe the client self-determination)
- If the client is emotionally distressed to the extent of attempting suicide, advise and refer him/her to the psychological unit, religious leaders or to health facility, if possible accompany him/her.

4.2: Spiritual services

Do the following:

- Observe the spiritual needs of the client
- Discuss with the client on how to get spiritual services
- Assist or refer the client to the religious/sect leader or for spiritual services and psychological support
- Advise the client to join spiritual groups by considering the freedom of worship for more support
- Involve religious leaders for spiritual support to the bereaved if needed.

4.3. Social-economic services

4.3.1. Social services

Do the following;

- Identify the basic social needs which your client seems to lack
- Inform the client on the availability of social services such as Education and Vocational Training Centres within his/her area
- Discuss with the client if there are Gender Based Violence, Violence Against Children or vulnerable situation
- Sensitize on how to reduce stigma and discrimination to PLHIV in the

community

- Involve community leaders, Faith Based Organizations, Civil Society Organizations, peer educators and other support groups in the community
- Provide services regarding the cultural norms and traditions of the entire community
- Participate with families in various community events such as wedding, bereavement and burial services.
- Refer clients to civil society organizations and public institutions which provide social services for example; education to children, clothes, food and mosquito nets (LLITNs).

4.4 .Economic services

Do the following;

- Identify the PLHIV and assist them to create support groups and strengthening income generation activities, for example, groups for VICOBA and entrepreneurship
- Identify and list the public institutions and civil societies which provide economic support services
- Sensitize the client to use the available resources vegetable, fruits and traditional food for nutrition within his/her surroundings
- Refer the client to community income generating institutions for example councils, banks, civil society organizations for business education, loans and grants.

4.5. Nutritional services

4.5.1. Nutritional education

Do the following:

- Assess nutrition status of the client by using different methods such as BMI card, MUAC, RCH card No.1, loose fitting clothes, or nutrition assessment tool
- Discuss with the client on food uptake regarding 5 groups of food available in the area
- Consider the costs of the food and client's beliefs and environment of the client
- Discuss with the client on the importance of balanced diet in relation to nutrition and body immunity
- Discuss with the clients on how balanced diet minimizes adverse effects of the drugs

- Discuss with the client/family on food preparation and safety
- Advise the client on balanced diet and give referral to respective food and nutrition support institutions.

4.6. Legal and Gender Based Violence Services

4.6.1. Legal Services

Do the following:

- Assess the client and identify the legal services required
- Identify legal support groups and link the client for service
- Discuss with the client/family on will writing and plan for inheritance. Also, these can be prepared through social or traditional norms
- Sensitize Village / Mtaa Executive Authorities to establish and sustain inheritance record keeping in the community
- Advise Village / Mtaa Executive officers to initiate inheritance files for client's record keeping and safe custody.

4.6.2 Gender Based Violence (GBV) and Violence Against Children (VAC) Services

Do the following:

- Prepare an open discussion with client, family or community about gender based violence and its effects
- Identify the victims of Gender Based Violence and Violence Against Children, give referral and make follow up
- Direct the client where to get services on Gender Based Violence and Violence Against Children. e.g. refer him/her to the health facility within 72 hours, direct the client where to get PF 3 if has been abused
- Empower the client to disclose Gender Based Violence acts for example sexual harassment.

4.7. Behavioural Change Services

Do the following:

- Identify behaviours, traditional and norms which contribute to HIV and AIDS transmission in the community
- Prepare topics, tools and Information Education and Communication materials (IEC), such as posters, brochures, leaflets and handouts
- Educate and sensitize client/community members on risk behaviours which contribute to HIV transmission, for example, alcohol use, unsafe sex, drug abuse, etc
- Discuss with the client on STIs and proper use of condom

- Enable the clients to share the HIV results among themselves and partners
- Advocate on the community behavioural change and advise those who tested HIV negative to remain uninfected
- Discuss with the women on communication skills and advocate on condom use with their partners
- Educate clients and guardians on the advantages of stress control and early treatment of opportunistic infections
- Distribute IEC materials received from stakeholders to the community
- Participate in community meetings /gatherings and use that opportunity to educate on HIV and risk behaviours.

4.8. Personal hygiene, Water and Environment Sanitation

Do the following:

- Educate the client/family members on control measures to prevent various communicable diseases
- Educate the client and family members on proper hand washing using soap and running water before and after meals, before preparing food and drinks, after toilet and wash the children after toilet.
- Emphasize the community to adhere on personal hygiene, use of safe and clean water and environment sanitation.
- Educate community members on sputum spitting in order to control communicable diseases, e.g. TB
- Educate the family members on caring of hair, nails and oral hygiene for bed ridden patients
- Advise on the importance of using safe and clean water, for example water chlorination, water boiling and filtration
- Advise the client and family members about house general cleanliness e.g. sweeping, mopping and dusting
- Advise the family members to fill holes and cracks on the walls and floors to prevent cockroaches, ticks, bed bugs, scorpions and other insects
- Advise the clients on the importance of constructing and use of standard latrines
- Discuss with the family members on malaria preventive measures e.g. using Long Lasting Insecticidal Treated Nets (LLITNs), bush and grass clearance, removing stagnant water, holes/shores levelling and general environmental cleanliness.

4.9. CBHS providers' services

Do the following:

- Provide the protective gears to the service providers during service provision
- Refer all eligible clients based on prioritization assessment form
- Encourage the provider to continue providing friendly care to the client regardless of available challenges encountered
- Seek further advice from your supervisor when you feel burnout
- Accept feedback from your supervisor
- Give yourself enough time to rest and assign another provider to work with the client on your behalf
- Maintain client(s) confidentiality.

CONTINUUM OF CARE FOR HIV AND AIDS

5.1 Referral and Networking in HIV and AIDS Services

Do the following:

- Identify reasons for giving referral to the client
- Prepare the client for referral
- Identify resources and needs to complete referral
- Use checklist of available services in the community
- Give correct information on the client's referral
- Make follow-up of all referrals provided to clients
- Keep client's records safely and confidentially
- Remind the client to return the referral feedback forms
- Advise and link key population groups to join into Income Generating Activities to raise their income
- Provide referrals and link all pregnant mothers to Reproductive and Child Health Services
- Identify and refer all exposed children to Care and Treatment Clinic or Reproductive and Child Health Services
- Ensure all lactating mothers attend clinic for vaccination and other services
- Refer clients with signs and symptoms of Tuberculosis
- Identify and link disabled clients to respective services
- Refer client who is in need of psychological and legal support.

5.2 Procedures in Providing Referrals to the Clients

Client Condition	Action
Assess client condition	<ul style="list-style-type: none">• If client's condition is stable, do not provide referral• If the client's condition is not good provide referral to the health facility

<p>If the client or family agree to go to the health facility</p>	<ul style="list-style-type: none"> • Reassure the client according to his/her condition • Discuss with family members on availability of transport to the health facility • If possible, escort the client to the health facility • Collect necessary information of the client to assist health providers in the facility
<p>If client/family refuse referral</p>	<ul style="list-style-type: none"> • Educate the client on the importance of referral • Continue with counselling and arrange client visiting schedule • Give client/family members your contact e.g. phone numbers, in case of emergency.
<p>If the client is terminally ill.</p>	<ul style="list-style-type: none"> • Discuss with family members on the possibility of giving more support • Emphasize family members to be close with client • Provide essential services to the client • Explain to the treatment supporter on how to reassure the patient and family members • Provide medicines and medical supplies to the client according to the needs • Provide psychological and spiritual support to the client • Discuss with family members on will writing if the client has not written

5.2.1 Tracking of missed appointment and lost to follow up clients on Care and Treatment Clinic

Do the following:

- Sensitize and educate all clients on the importance of regularly attending clinic
- Communicate with CBHS supervisor/CTC focal person, to get the list of missed appointment and lost to follow up clients
- Develop a plan or strategy for all lost to follow-up clients
- Trace all lost to follow-up clients in the list provided using lost to follow-up form
- Cooperate with PLHIV groups and peer educators on tracing lost to follow-up

- Submit the report on time to CBHS supervisor for update and compilation
- Sensitize the client on the importance of providing accurate information at CTC.

CHAPTER 6

SUSTAINABILITY OF SERVICES

6.1: Community Involvement and Participation

Do the following:

- Identify and list various groups which are related to HIV and AIDS in the community
- Identify needs of each group in the community for involvement in various activities
- Identify various stakeholders in the community dealing with HIV/AIDS services
- Identify the community that you are communicating with (their understanding, norms and customs, environment, life style, economic and political)
- Involve the community from the beginning on any intervention expected to be done through discussion. Example public, groups or individuals meetings
- Identify available resources in the community and utilize them, e.g condoms, brochures and meetings
- Involve the community in all steps of identifying the problem, analysis, planning, implementation, monitoring and evaluation of activities through discussion
- Present correctly the topic which need to be discussed by the community and use simple and clear language
- Involve the community in solving challenges by using available resources
- Use effectively mass media, Information, Education Communication tools such as newspaper, radio, TV, social media networks, brochures, documents and posters
- Participate in sports, tournaments and dramas which provide education on HIV and AIDS.

CHAPTER 7

DATA COLLECTION, ANALYSIS AND REPORTING

Do the following:

- Ensure HIV and AIDS Recording and Reporting tools are in place
- Fill the client prioritization and evaluation form correctly
- Visit high grade clients weekly, if possible refer to health facility and re - evaluate after three months
- Visit middle grade clients monthly or more, re - evaluate after six months
- Visit low grade clients every three months, refer to the PLHIV support groups, and re -evaluate after six months
- Fill CBHS provider's book at every visit
- Review all services provided according to Standard Operating Procedures (SOPs)
- Write summary report of the services provided from CBHS provider's book and fill CBHS monthly summary reporting form
- Record and report missed appointments and Lost to follow up clients
- Submit CBHS monthly report form to your supervisor before 3rd day of the following month
- Share with your supervisor to analyse and use submitted reports
- Keep records for the success stories and lessons learnt
- Fill the monitoring forms of CBHS kit
- Keep records of number and types of events conducted in the community.