

STANDARD OPERATING
PROCEDURES
FOR
KEY POPULATION SPECIFIC
COMMUNITY-BASED
ORGANIZATIONS

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ACRONYMS

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|--------|--|
| ART | Anti-retroviral treatment |
| BCC | Behavior change communication |
| CBO | Community-based organizations |
| CNIC | National identity card |
| DIC | Drop-in-center |
| EOBI | Employee old age benefits institution |
| FSW | Female sex workers |
| GF | Global fund |
| HIV | Human immunodeficiency virus |
| HTC | HIV testing and counselling |
| IBBS | Integrated Behaviourial and Biological Survey |
| IEC | Information, education and communication |
| KPs | Key populations |
| TG-HSW | Transgender-Hijra sex workers |
| MARP | Most at risk population |
| MSM | Men who have sex with men |
| MSW | Male sex workers |
| MIS | Management information system |
| ML | Management Letter |
| NACP | National AIDS Control Programme |
| NGOs | Non-government organizations |
| OIs | Opportunistic infections |
| ORWs | Out-reach worker |
| PLHIV | People living with HIV |
| PPTCT | Prevention of parent to child transmission |
| PR | Principal-Recipient |
| PUDR | Progress update and disbursement request |
| PWID | People who inject drugs |
| SOPs | Standard operating procedures |
| SR | Sub-Recipient |
| SSR | Sub-Sub-Recipient |
| STIs | Sexually transmitted infections |
| THQ | Tehsil headquarter hospital |
| VCCT | Voluntary Confidentiality Counseling and Testing |

FOREWORD

The document is aimed at providing a cursory and crisp “**How to Implement Guide**” to Community Based Organizations regarding the standardized operating procedures (SOPs) for implementing the HIV prevention interventions, activities, services, data management, financial management, reporting, record keeping and coordination amongst the stakeholders.

Detailed guidelines for each Key population (MSM/MSW, TG/TGSW & FSW) may be consulted for details.

BACKGROUND

Pakistan continues to have a concentrated HIV epidemic with an estimated prevalence among the general population at less than 0.1%¹. The epidemic is concentrated among key populations (KPs) driven by people who inject drugs (PWID) followed by Hijra or Transgender sex workers (HSW/TGSW), men who have sex with men (MSM), male sex workers (MSW) and female sex workers (FSW). A major shift in the epidemic trend has been noted during the IBBS-2016 Round: the epidemic has reached a plateau in PWID but a surge in populations engaged in and with sexual networks has been reported. Geographic distribution of key populations has shown an expansion from major urban cities and provincial capitals to smaller cities and peripheries.

The National AIDS Control Program (NACP) in its revised Pakistan AIDS Strategy (2015-2021) and New Funding Request approved by the Global Fund (GF) redefined its HIV response to a focussed targeted approach for maximum impact and efficiencies. The response revolves around KP and interventions for these KP are to be provided by Community-Based Organizations (CBOs) comprising of members of the targeted key populations with the aim to scale up case identification, HTC, treatment uptake and programme coverage while addressing stigma, discrimination, human rights and gender issues.

¹ IBBS 2016

INTRODUCTION

Community based organizations (CBOs) have emerged as strong contenders to provide essential HIV prevention, care and treatment services to the most at risk, vulnerable, infected and affected communities. These CBOs work closely with public sector facilities through a wide range of contextually appropriate, community acceptable flexible arrangements to facilitate access to HIV prevention and treatment through advocacy, education, community mobilization, voluntary counselling and testing (VCT), sexually transmitted (STIs) and opportunistic infections (OIs) management, psycho-social support, palliative and home-based care, and mutual support.

CBOs tend to comprise of members of key populations, KP-networks and consortia, support groups, people living with HIV, and/or faith-based organizations². The CBOs are driven by the needs of their respective communities and believe in **“services for the community by the community”**. These organizations provide the much-needed inroads in reaching out to the marginalized and castaway sections of the population that are ignored by mainstream health services and fill the crucial gaps along the HIV continuum of care.

CBOs derive their strength from the diversity of services provided through community compliant arrangements that penetrate access barriers with a better understanding of the community dynamics, behaviours, and community cultures. Services are provided to the clients within their communities in a congenial environment by peers, friends, members of their community whom they can trust and interact with without fear.

Services provided by CBOs are not a replacement of hospital-based care or services provided by public sector health facilities rather they serve to improve the coverage of HIV prevention, care and treatment services, and enhance the impact of the HIV response to control the number of new HIV infections, reduce HIV transmission and improve the quality of life of people living with HIV (PLHIV) with a holistic reach, test, treat and retain approach.

OBJECTIVES

SOPs for CBOs have been developed to provide practical guidance to the CBO staff for effective implementation of the **“HIV Prevention Model”** as per Global Fund guidelines with distinct roles and responsibilities.

SCOPE

These SOPs have been developed for implementation at the sub-sub-recipient (SSR) level.

CBO GUIDING PRINCIPLES

- i. Informed consent
- ii. Client Confidentiality
- iii. Provision of Quality HIV prevention, care and support services
- iv. Needs based Services provision
- v. Voluntary utilization of comprehensive HIV prevention services (KP-specific)

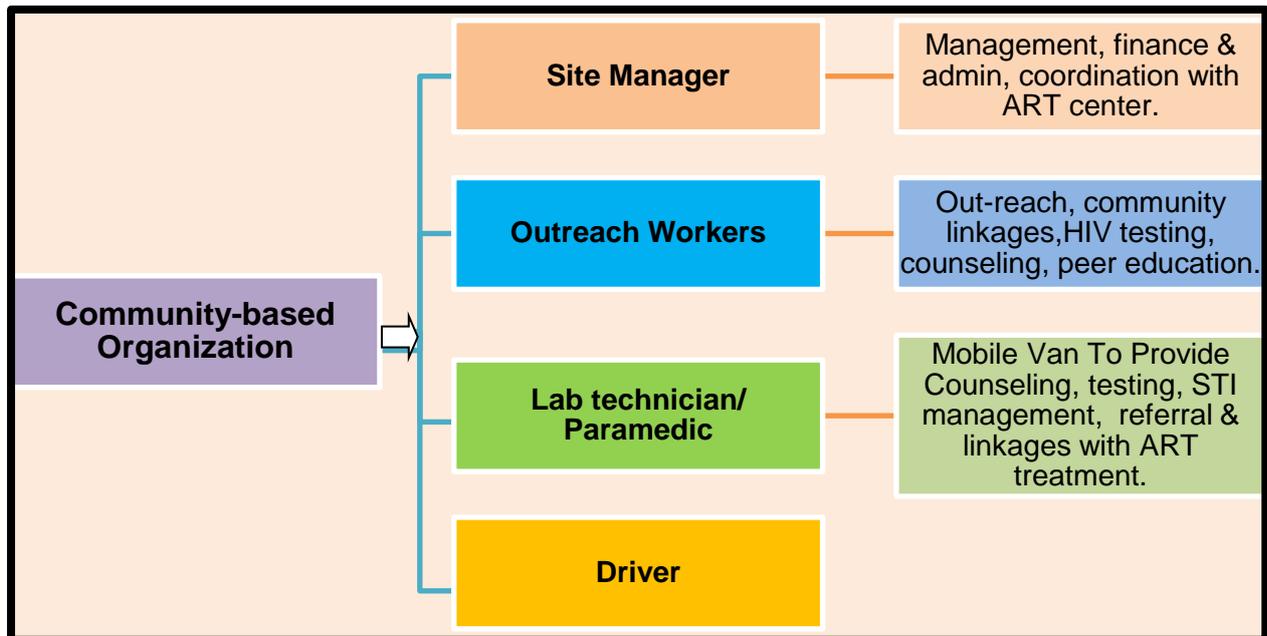
CBO CITIES & CATCHMENT AREAS

City prioritization for CBOs has been done on the basis of epidemiological evidence, presence of target key population groups/identification of hotspots, most at risk target population groups and vulnerable groups within the target community. The boundaries of the catchment areas within the prioritized cities can be further worked out by the CBOs and communicated to the potential clients.

² Expanding access to HIV treatment through community-based organizations (Sidaction, UNAIDS, WHO Joint Publication)

CBO TEAM STRUCTURE (HIV PREVENTION MODEL)

The CBO team should comprise of qualified individuals, well-versed with the CBO model and the distinct community characteristics of the target community (MSM/MSW, TG/TG-SW, FSW) to effectively and efficiently provide comprehensive HIV prevention services to the clients/members of the target key communities/populations while respecting the basic codes, principles and values of CBO based service delivery. The CBO team should preferably comprise of members of the target/specific-KP community. (***Roles and responsibilities of CBO Team attached as Annex-1***)



FUNCTIONS

The CBO managed sites will perform the following functions:

i) GUIDING PRINCIPLES FOR CBO FUNCTIONS

- After identification of potential clients obtain consent from the individual.
- Maintain and ensure confidentiality
- Provide HIV education and promote the “**ABCDs**” (abstinence, being faithful, using condoms, and do not share needles) of HIV prevention
- Respect social, cultural, religious norms, values and worth of clients/PLHIV
- Always act in the best interest of the target population, community and PLHIV
- Make every effort to provide access to HIV prevention and treatment services
- Recognise and respect diversity among people and counter discrimination and oppressive behaviour
- Abide by the laws of the society
- Respect all human rights
- Do not counsel when ORW’s functioning capacity is significantly impaired
- Develop and maintain professional competence
- Use supervision for appropriate personal and professional support and development

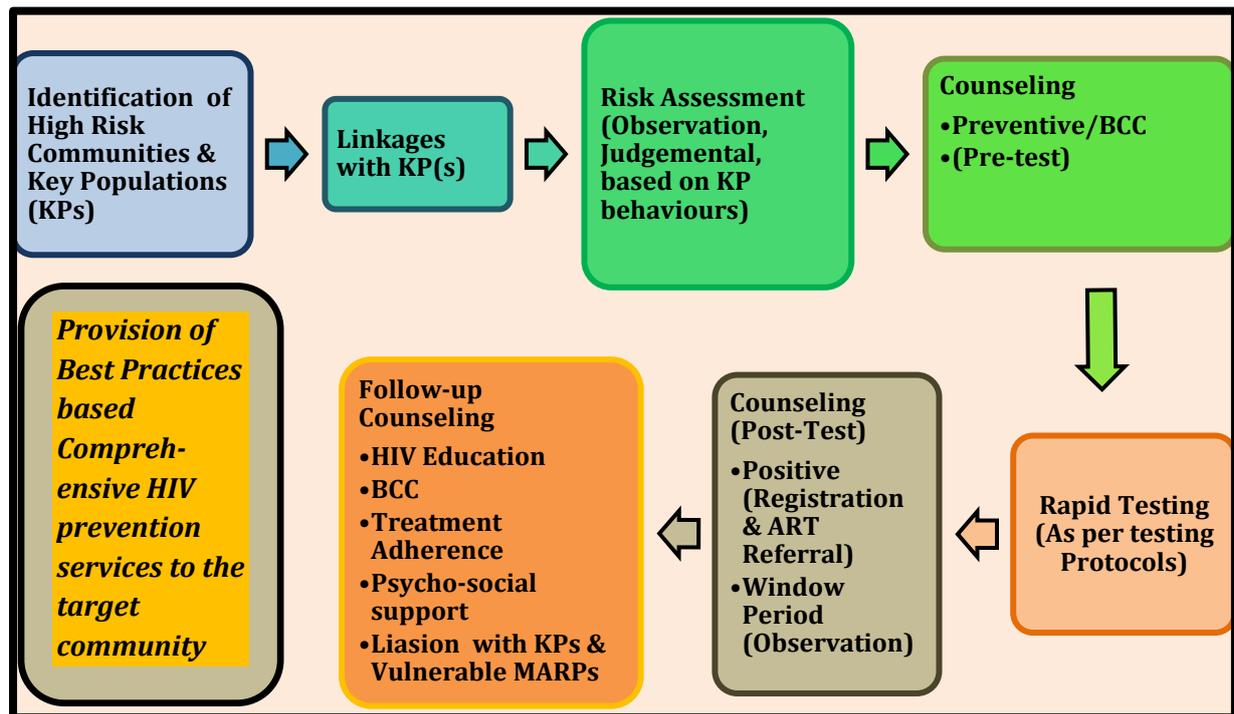
HIV testing and counselling should be voluntary.

ii) **KEY CBO FUNCTIONS**

| | |
|---|--|
| Outreach Visits | • Out-reach Workers |
| Active Case Finding | • Out-reach Workers |
| Counseling | • Out-reach Workers • Lab Technician/ Paramedic |
| HIV Testing & Registration of HIV positive clients | • Lab Technician/ Paramedic • Outreach Workers |
| Condoms & Lubes Distribution | • Lab Technician/ Paramedic • Outreach Workers |
| STIs Management | • Lab Technician/ Paramedic |
| Behaviour Change Communication/ HIV awareness | • Out-reach Workers |

- i) CBO Team will conduct **outreach visits** to KP specific hotspots to ensure provision of quality HIV comprehensive prevention services and optimize coverage of HIV prevention services for maximum impact. (**Frequency of Field Visits attached as Annex-2**)
- ii) Active Case-finding and identification of most at risk sub-groups of the target population by focused out-reach activities, developing and strengthening strong linkages with the target key populations (KPs) and communities for easy access, approach and service delivery.
- iii) **HIV Testing and Counseling (HTC)**
 - a. Counseling (community-based, pre and post-test, family, career, ART adherence and psycho-social) depending on the needs of the clients.
 - b. HIV testing that is both community-based as well as at the CBO site/ DIC/ Dera/ Hotspots followed by registration of PLHIV and referral to geographically contiguous ART centers for further management.
- iv) HIV prevention services include condoms and lubes distribution.
- v) Syndromic management of STIs (sexually transmitted infections).
- vi) **Coordination and linkages with ART Centers** for effective tracking of PLHIV along the care, support and treatment cascade and curtailing the loss of clients along the cascade, address and resolve medical/health/treatment issues of PLHIV, smooth functioning of the PLHIV referral and follow-up mechanisms.
- vii) Engagement of/with volunteer Peer Educators to create HIV/AIDS awareness and education about appropriate HIV protection measures, HIV testing and treatment.
- viii) Reporting & M&E

CASE-FINDING & MANAGEMENT PATHWAY



SOPs FOR KEY CBO FUNCTIONS

i) COUNSELING

- Establishing rapport and a trusting relationship with clients both through verbal communication and supportive body language.
- Assure the client of privacy and confidentiality by ensuring respect for person and information.
- The Out-reach worker/Counsellor/person providing counselling services shall show respect for the views, beliefs and lifestyle/behaviour of the client and have a non-judgemental, empathic and supportive attitude towards the client
- The Out-reach worker/Counsellor/person providing counselling services should be attentive, be a good listener, receptive and accepting of the clients' experiences, feelings and thoughts. Impersonal statements may be used to acknowledge the clients' perceptions or hidden fears. The Out-reach worker/Counsellor/person providing counselling services should abstain from issuing sarcastic or incriminatory remarks.
- The Out-reach worker/Counsellor/person providing counselling services shall at each step guide and facilitate the client in making appropriate choices regarding his/her health, while discussing the advantages, disadvantages and implications of their choices.
- The Out-reach worker/Counsellor/person providing counselling services must at all times remember that he/she is there to listen, guide and support clients in making appropriate lifestyle and treatment choices to improve their quality of life NOT to judge and preach.
- The Out-reach worker/Counsellor/person providing counselling services must have a clear understanding of the HIV Prevention Model and the KP-specific comprehensive prevention services packages to guide the clients about necessary HIV prevention and risk reduction measures as well as uptake of HIV prevention services.
- Detailed notes of counselling sessions should be taken and reviewed.
- During counselling sessions, the counsellor shall discuss the following issues:
 - basic information about HIV

- information about HIV transmission and HIV risk reduction
- demonstration and discussion of condom use
- benefits of HIV testing and potential issues
- HIV testing and results
- general information and concerns/queries of the clients
- availability of free of cost HIV treatment services at the HIV treatment centres and the importance of HIV treatment adherence.

ii) Testing

- Informed consent shall be obtained from the client after explaining the testing protocols, procedure, results and interpretation, benefits of testing, information about treatment and appropriate lifestyle modifications and adoption of protective and preventive measures. Aseptic testing techniques and universal precautions should be exercised while conducting HIV tests both in the field and at the CBO site/ DIC/ Dera/ Hotspots.
- Outreach workers will identify most at-risk individuals for HIV testing, provide pre-test counselling and perform tests in the field if number of clients is 05 or less.
- In case of 05 or more clients the outreach worker(s) will call the mobile van for providing HIV testing, syndromic management of STIs, counselling and HIV prevention services.
- **(Testing algorithm (Annex-3))**

HIV Testing and Counselling Guiding Principles

- Consent
- Confidentiality
- Counselling
- Correct test results
- Connections to prevention, treatment and care services

iii) Registration

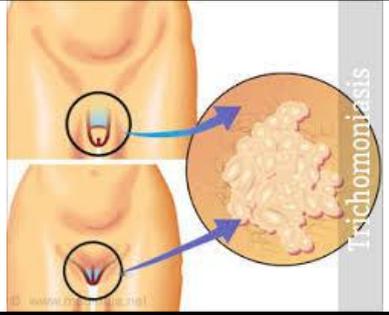
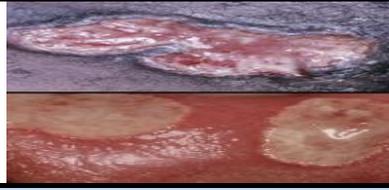
- When a client has been tested and declared positive (as per 3-test protocol) he/she is formally registered at the CBO site. His/her relevant particulars (name, age, gender, address, contact details etc.) in addition to relevant supporting documents (CNIC) should be recorded in the assigned PLHIV Registration Files.
- Post-test counselling is to be provided to the positive client and regular contact is to be maintained with the client to link him/her to the HIV treatment center and retain him/her within the HIV treatment, care and support cascade.
- Positive clients will be registered using biometrics.

iv) STIs Management

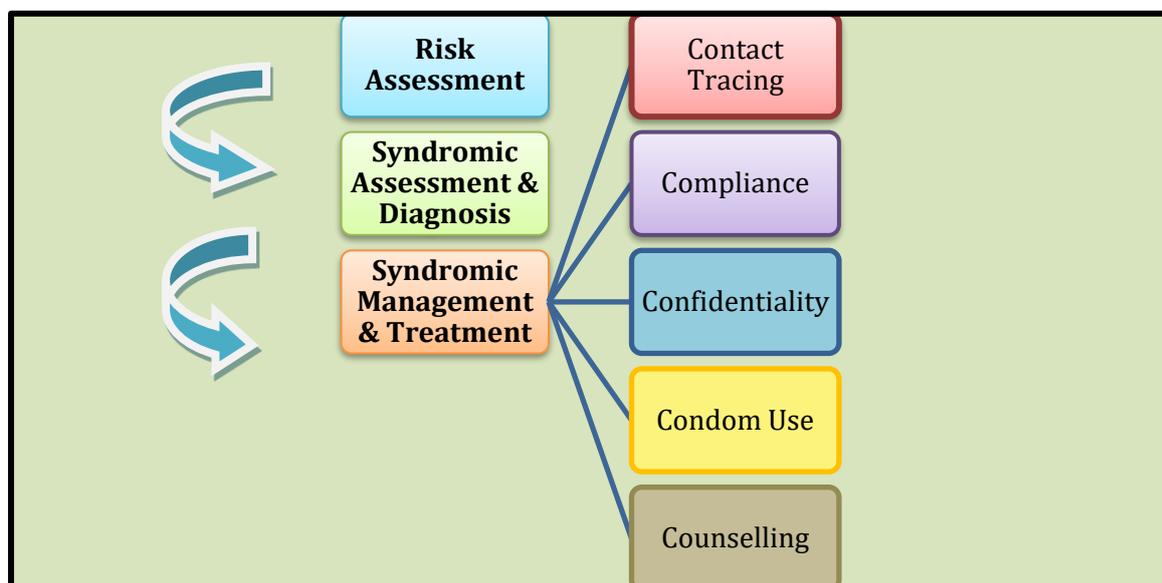
Sexually transmitted infections (previously known as venereal diseases) are infections that are transmitted from one individual to another through sexual contact (that includes sexual intercourse, kissing/oral sex, use of sex toys etc.). STIs commonly include chlamydia, genital herpes and warts, gonorrhoea and syphilis.

Common Presentations of STIs

| STI | Common Presentations | Picture |
|-----------------------|--|--|
| Gonorrhoea | <ul style="list-style-type: none"> - Discharge from the urethra/vagina/penis (pus like/watery/creamy/green, yellow or beige coloured) - Pain or burning during urination with increased frequency - Sore throat \pm Fever - Painful intercourse (females) - Testicular, penile inflammation and swelling - Pain in lower abdomen/ pelvic region | <p>Gonorrhoea bacteria</p> |
| Oral Herpes | <ul style="list-style-type: none"> - Cold sores or fever blisters - Itching of the lips or skin around the mouth - Burning or tingling near the lips or mouth area - Fever, sore throat, painful swallowing - Swollen glands - Rash on gums, lips, mouth and/or throat | |
| Genital Herpes | <ul style="list-style-type: none"> - Painful, fluid filled blisters and crusted sores on the genital areas, buttocks, thighs or anus - Mild tingling or shooting pain in legs, hips and buttocks - May spread to the lips through oral contact | <p>HSV-2 virus</p> |
| Genital Warts | <ul style="list-style-type: none"> - Small bump or group of bumps in the genital or anal region with a cauliflower like appearance. - May be flesh or grey colour outgrowths - Bumps that may be painless - Itching - Discharge | <p>HPV virus</p> |
| Syphilis | <ul style="list-style-type: none"> - Round, firm, painless ulcer on the genitals or anal region - Rash on the soles of hands, feet and/or other parts of the body - Fever with enlarged lymph nodes, fatigue \pm hair loss | <p>Syphilis bacteria</p> |
| Chlamydia | <ul style="list-style-type: none"> - Burning or itching genitals - Discharge - Painful urination - Rectum and throat involvement may also occur | <p>Genital warts: found on shaft of penis (male), gina, vulva, cervix (female), and around anus.</p> |

| | | |
|-----------------------|---|--|
| Trichomoniasis | <ul style="list-style-type: none"> - Burning, painful micturition - Penile/ urethral discharge (men) - Pus like discharge with a strong odor, itching of the vaginal area and painful intercourse |  |
| Chancroid | <ul style="list-style-type: none"> - Painful lumps in the genital area that progress to pus filled sores that eventually rupture/open and are surrounded by a narrow red line. - Can cause painful swelling of the groin lymph nodes and glands if untreated. |  |
| Scabies | <ul style="list-style-type: none"> - Skin rash composed of small red bumps and blisters - Itchy skin and secondary infection may occur due to continuous scratching |  |

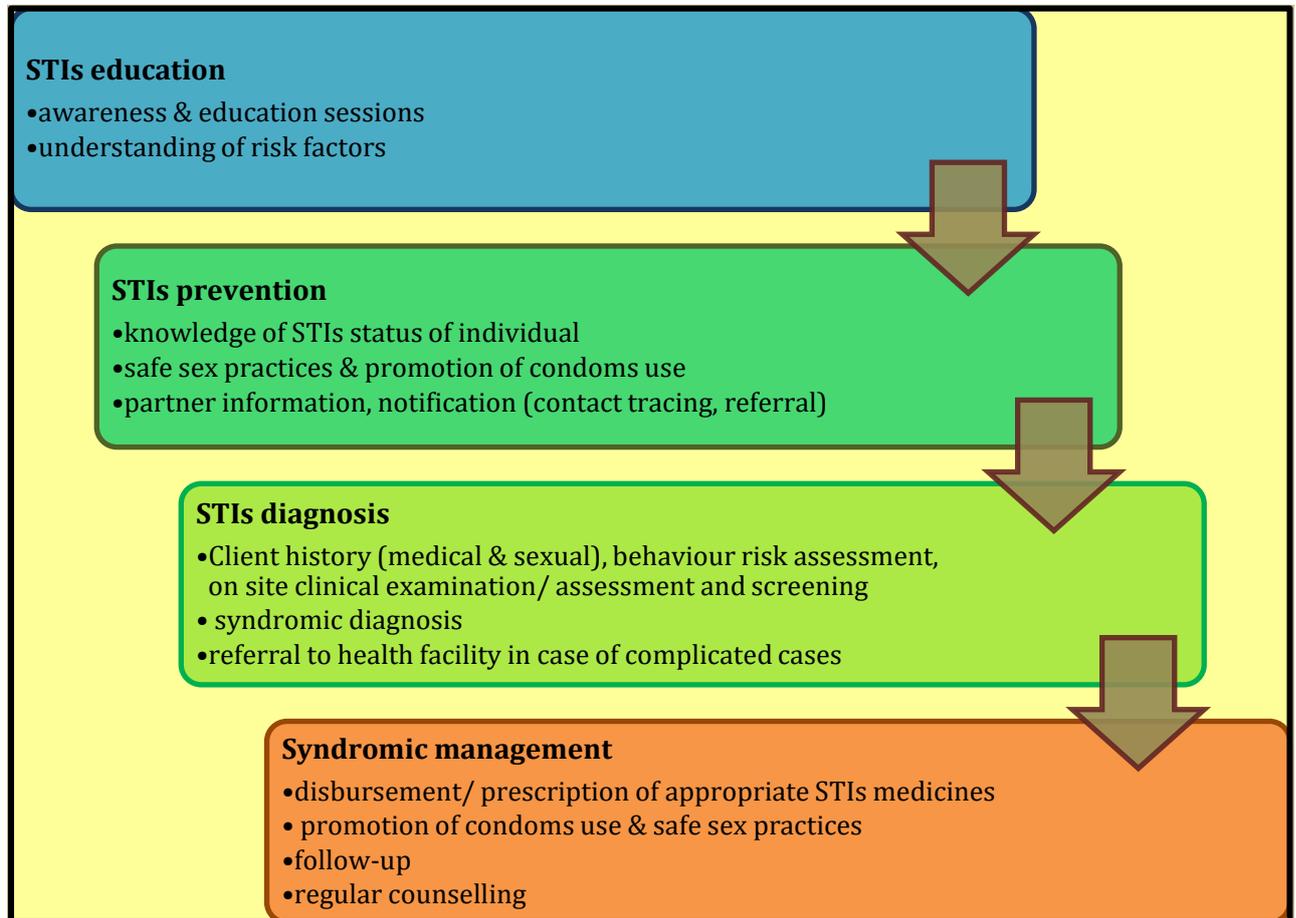
Steps in STIs Management



The basic steps in STIs management include knowledge of STIs and the risk factors associated with contracting STIs. Individuals and communities engaged in sexual networks and polygamous relationships are at an increased risk of getting infected themselves and transmitting STIs to their partners.

Key populations engaging in and with sexual networks need to be adequately educated about the ways and means to reduce the risk of contracting and transmitting STIs as STIs not only result in complications to the affected individuals but also increase their risk to acquiring HIV. A detailed medical and sexual history followed by thorough clinical examination can guide the lab technician/paramedic to identify the type of lesions, appropriately classify and treat them.

The figure below demonstrates a stepwise approach to syndromic management of STIs at the community level.



STANDARD SERVICES AT AND BY THE CBO SITE

All the services provided at and by the CBO site should be displayed on the wall of the premises and every client should be informed of the services available at that particular site. In case some essential services are unavailable the CBO should establish linkages with other partner community organizations or NGOs working in that area to deliver those services. In our current grant NACP has selected a high impact intervention model with the following best practices-based HIV prevention services packages for each key population.

KP-specific HIV Prevention Services Packages

| Intervention Package for MSM/MSW | Intervention Package for HSW | Intervention Package for FSW |
|---|---|--|
| <ul style="list-style-type: none"> ➤ Behavioral change communication through outreach (includes Condom & Lubes, IEC material) ➤ Drop-In Center facility (for repeat BCC /Psycho social support & Counselling) ➤ VCCT with pre-& post counselling & psychological counselling (community-based HIV testing) ➤ STI diagnosis & Treatment ➤ Referral support to PLHIV clients with strong follow-up ➤ Condoms & lubes distribution ➤ Career counselling and family counselling in DIC | <ul style="list-style-type: none"> ➤ BCC - Behavioral change communication through outreach (includes Condom & Lubes, IEC material) ➤ Drop-In Center facility (for repeat BCC /Psycho social support & Counselling) ➤ VCCT with pre-& post counselling & psychological counselling (community-based HIV testing) ➤ STI diagnosis & Treatment ➤ Referral support to PLHIV clients with strong follow-up ➤ Condoms & lubes distribution ➤ Career counselling and family counselling in DIC | <ul style="list-style-type: none"> ➤ Establishment of Drop-In Centers (DIC) to deliver services to FSWs; <ul style="list-style-type: none"> ○ Syndromic Management of STIs; ○ Ensuring confidentiality, collection of client data for access to services ➤ VCCT with pre-& post counselling & psychological counselling (community-based HIV testing) ➤ Community-based outreach through peer educators for behavior change; ➤ Establish condom distribution network to enhance safe sex practices; ➤ Promotion of an enabling environment in the project area ➤ Career counselling and family counselling in DIC |

STANDARD RECORD KEEPING BY THE CBO SITE

(Reporting Protocols attached as Annex-4)

a) Reporting Tools

The following registers/tools have been provided to the CBO sites for record keeping.

- i. Client Registration Files
- ii. Client Register
- iii. Out-Reach Register
- iv. HTC/VCCT Register

These tools have to be filled by the appropriate designated staff and the information should be regularly uploaded into the CBO-MIS.

b) Reporting Indicators/Requirements

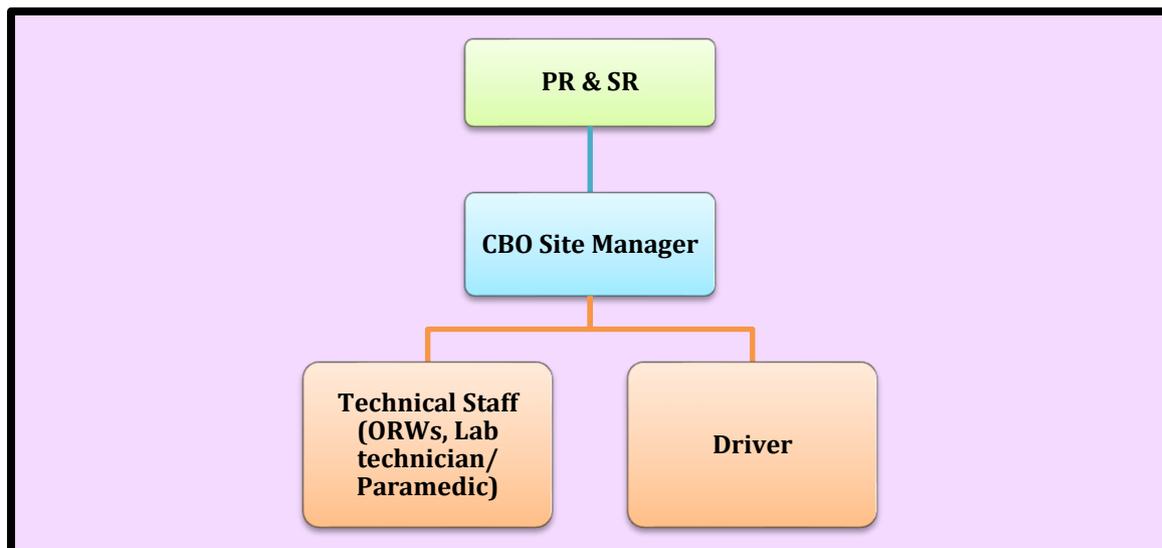
A detailed KP specific indicators recording and reporting sheet is attached for recording the different services provided by the CBO. Performance of the CBO site will be measured using the following grading codes:

Grade (1) = 90% and above = Good
Grade (2) = 85-90% = Satisfactory
Grade (3) = 80-85% = Low performing
Grade (4) = Below 80% = Poor performance

- ✓ ***If one indicator is low performing and another is poor performing (ML) will be issued and 20% of funds will be deducted from HR budget***
- ✓ ***If two or more indicators are poor performing (ML) will be issued and 30% of funds will be deducted from the HR budget.***
- ✓ ***If the site continues to show low to poor performance for two consecutive quarters then the SR has the right to take appropriate action either to deduct upto 50% of the HR budget or consider annulling the contract with the SSR (these decisions have to be taken in consultation with the PR).***

c) Reporting Lines

All staff shall comply with the following reporting lines and any or all documents shall be channeled accordingly.



CBO IMPLEMENTATION SOPs

In addition to the distinct roles and responsibilities of the CBO staff, the following should also be observed:

- CBO sites should be adequately equipped with an efficient, working communication system for information sharing, maintaining manual records and electronic database, transport for referral and out-reach activities.
- Client files and records should be securely kept, regularly up-dated with all supporting documents (CNIC, certificates etc.), coded and with limited access (ONLY Relevant staff). Client information shall not be shared, photocopied or pictured under any condition.
- If a patient has died or has been lost to follow up his file should be considered “closed” after 5 years to protect the client/family. For record purposes it should be locked away.
- Health products and diagnostics kept at CBO sites as per guidelines shall be well stocked and maintained at appropriate storage and temperature conditions at all times. Expiry dates and quantity in stock should be regularly checked and updated on monthly basis to avoid expiries and stockouts.
- Linkages with the local NGOs, community-based organizations, ART centers and health care facilities should be strengthened to facilitate the target population, community and PLHIV in the management of opportunistic infections, HIV-TB and HIV-Hep-C co-infections.
- The CBO staff should strive to promote HIV literacy (prevention, treatment and spread of disease), promote and create awareness regarding CBO services (being provided), build and develop linkages with the community (infected/affected, at-risk-population groups and vulnerable populations) to reduce stigma, promote healthy lifestyle practices via effective self-protection and prevention strategies, increase access and utilization of HIV services (care and treatment).

The CBO staff should foster a close working relationship with the target population and PLHIV to provide holistic care, support and guidance to the clients and PLHIV to effectively achieve CBO objectives, improve the quality of life of the target population and PLHIV through treatment adherence, better healthy lifestyle practices and enable them to become active citizens contributing to socio-economic development of the country.

ANNEXURES

Annex-1: Roles and Responsibilities of CBO Staff

| Staff Member | Roles and Responsibilities |
|---|---|
| <p>CBO SITE MANAGER (Administration, financial management, data entry)</p> | <p><u>Site Management & Administration:</u></p> <ul style="list-style-type: none"> • Overall in-charge of Managing the CBO site as per PR-GF guidelines • Conducts orientation and refresher trainings/sessions of the recruited staff at least once in quarter • Ensures availability of appropriate and relevant documents, manuals, policies, guidelines, SOPs, IEC materials etc. at the CBO site. • Maintains the staff attendance register, reviews and approves the staff field activity work-plan, monitors field activities, develops and strengthens linkages with ART Centres, PPTCT sites, PLHIV networks, NGOs, community organizations, medical practitioners and district healthcare facilities in the area. • Ensure that services are offered regularly and as per protocols • Examines and ensures the timeliness, completeness and accuracy of target population, community, PLHIV records, financial and other administrative records with relevant supportive documentation • Reviews the client records for appropriate action (referrals, follow-ups, treatment, compliance etc.) • Ensures appropriate storage of STIs medicines, test kits and other consumables, their expiry dates, appropriate waste disposal methods and compliance to Universal Precaution principles (hygiene/cleanliness/safety practices) • Monthly progress review meeting with all the staff (minutes or report of the meeting shall be documented and shared with the SR and PR). • An internal monitoring system shall be developed by the site manager (checklist/tools) for monitoring the site performance on a monthly basis, recording findings and sharing the reports with the SR and PR on a quarterly basis. • Data quality checks to ensure accuracy of data generated (both manual and electronic) • Ensure that complete, accurate and verified monthly/quarterly reports are sent in a timely manner • In addition to the assigned roles and responsibilities the Site Manager can assign any other relevant task/assignment to the staff <p><u>Financial Management</u></p> |

| | |
|---|--|
| | <ul style="list-style-type: none"> • Use GF/standard formats for effective tracking of project budgets/funds by program staff, ensuring completeness of documentation and record keeping • Prepares all vouchers and financial templates including preparation of Bank Receipts/Payments, Journal Vouchers, posting in financial ledgers • Preparation of payrolls and payroll reconciliation. • EOBI preparation and submission. • Acknowledgement of fund receipts. • Preparation and submission of PUDR, Quarterly expenses reporting, Cash balance and any other reports as per given timelines. • Liaison with the program team to provide the reasons for variances in the budget utilization • Closely liaison with the SR & PR financial teams for monitoring and liquidation of the data. • Management of Petty Cash and record keeping. • Management of bank books and transaction including posting and filing. • Managing personal file and record keeping. • Transport and fuel management. • Responsible for the Preparation of Ledger, Trial Balance, Reconciliation Statements. • Prepares accounts/ documents for final Audit of the organization. • Procurement management and record keeping. • Preparation and submission of Withholding tax on staff salary, suppliers' payments on monthly basis • Update inventory of assets on regular basis • Provide administrative support to program staff for effective project implementation <p><u>Data Entry:</u></p> <ul style="list-style-type: none"> • Responsible for operating and managing the CBO MIS by daily uploading the data entries (patient data as well as beneficiary data where necessary) • Converts hard copies of all the documents, forms and records into soft copies • Ensures up-to-date electronic record keeping and verification of manual data • Maintain and ensure completeness of PLHIV and beneficiary data both in the CBO MIS and manual registers • Prepare and share daily, weekly and monthly reports on patient data (Monthly report should be signed by the CBO site manager after verification of data. |
| <p>LAB TECHNICIAN/ PARAMEDIC</p> | <ul style="list-style-type: none"> • HIV/AIDS education and awareness • Use of universal precautions while dealing with clients and/or PLHIV (supportive nursing care/treatment) and conducting community-based testing |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Providing basic nursing and palliative care to clients and PLHIV • Provide Counseling that is effective, ethically appropriate, in-line with HIV confidentiality principles and with respect for human rights and values of target population, community and PLHIV • Types of Counseling to be provided include <ul style="list-style-type: none"> a. HIV prevention/ transmission risk reduction b. Pre-& post-test Counseling c. Treatment adherence d. Couple counseling/ Family planning/ Reproductive Health e. Infant feeding and child care (FSW) f. Nutritional counseling g. Psychological Counselling) • Ensure timely completion, accuracy and documentation of HTC/VCCT Register and ensure that is entered in the required formats (for monitoring and review purposes) • Overall physical assessment of clients, target population, community and PLHIV, taking and recording vitals (temperature, BP, weight, height). In case of any change in client or patient condition/complaints inform CBO site manager for follow-up with ART/Treating Physician or medical referral • Ensure proper storage and report on the status STIs medicines, testing kits and other consumables • Function as case managers for overview of the referrals and linkages integrated care of the client's and/or PLHIV's case Coordinate referrals from and to other medical facilities, follow-up and overview of progress • Coordinate with the ORWs in following the work-plans for out-reach and follow-up activities • Practice Universal precaution principles • Participate in the staff meetings and provide feedback |
| <p>OUT-REACH WORKERS (ORWs)</p> | <ul style="list-style-type: none"> • Active case finding within the target community • Use of universal precautions while dealing with clients and/or PLHIV (supportive nursing care/treatment) and conducting community-based testing (<5 clients) • Types of Counseling to be provided during field visits to hotspots, DIC, community centers, and gatherings include <ul style="list-style-type: none"> a. HIV prevention/ transmission risk reduction b. Pre-& post-test Counseling c. Treatment adherence d. Couple counseling/ Family planning/Reproductive Health e. Infant feeding and child care (FSW) f. Nutritional counseling g. Psychological Support (about coming to terms with the disease) |

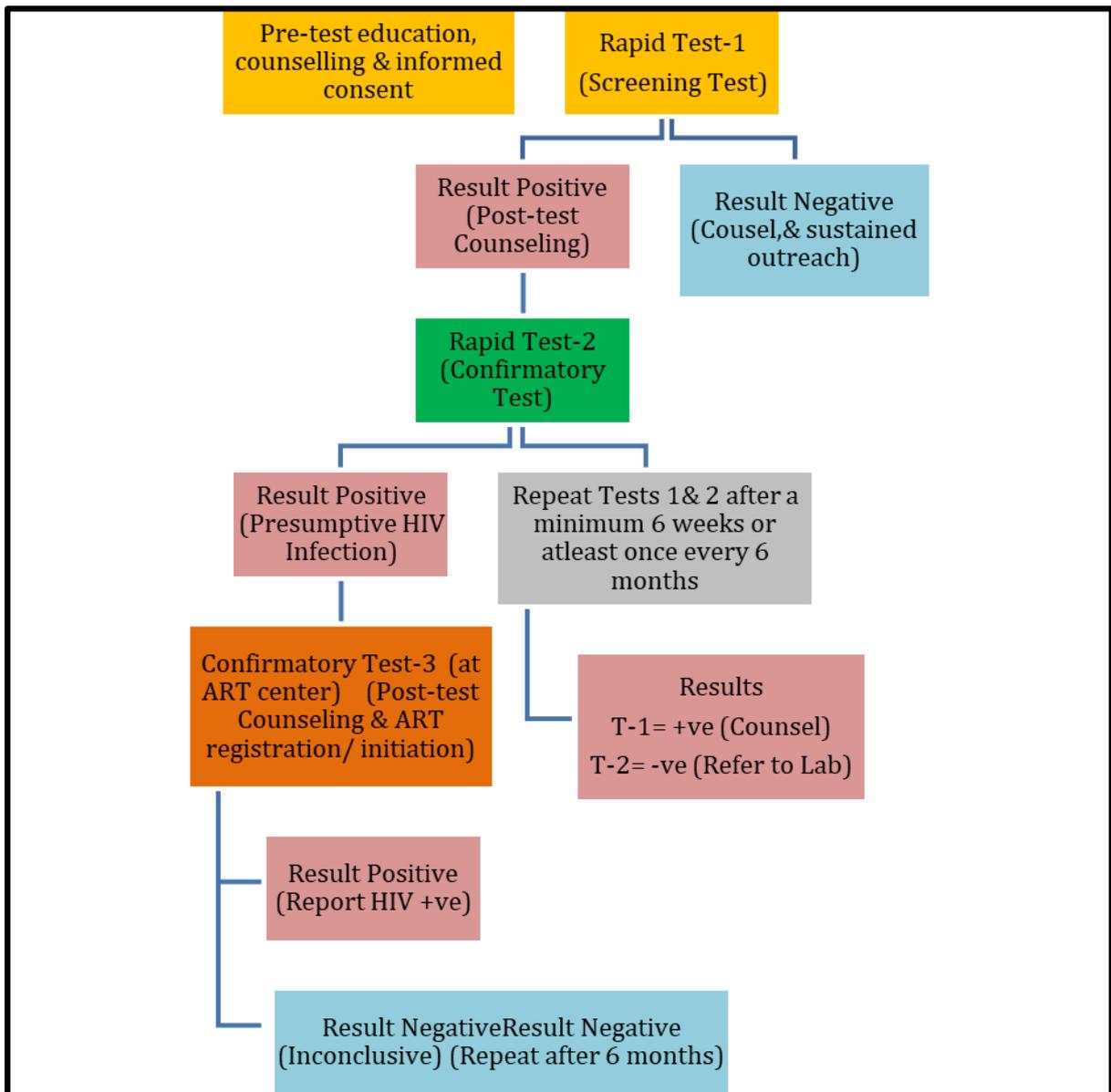
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| | <ul style="list-style-type: none">• Providing basic nursing and palliative care to the clients• Ensure PLHIV is adhering to treatment• Provide needs-based care and support services• Facilitate referrals to CBO sites, ART centres, external services and entities• Attend staff meetings when required• Ensure timely completion, accuracy and documentation of Outreach Register and ensure that is entered in the required formats (for monitoring and review purposes)• General physical assessment of clients, target population, community and PLHIV. In case of any change in client or patient condition/complaints inform CBO site manager for follow-up with ART/Treating Physician or medical referral. |
|--|---|

Annex-2: Frequency of Field Visits by CBO Team

A detailed weekly and monthly workplan should be developed by the ORWs to the different hotspots/ community centers/ gathering or meeting spots/ Dera/ DICs etc. CBO Site Manager should sign the workplan. Out-reach log should be maintained and signed by the CBO Site Manager after verification.

| S. No | Clients/PLHIV Condition | Frequency |
|-------|--|---|
| 1. | Clients who are low risk/ asymptomatic (HIV reactive) and don't need too much support from the team | One visit per month |
| 2. | Clients who are at moderate risk/ stable but symptomatic (HIV reactive may include those in the window period) | One visit per week |
| 3. | Clients in more serious condition (HIV reactive & may have additional co-illnesses, co-infections etc.) | Daily visits depending upon the need of the clients, target population and community |
| 4. | Clients starting ART treatment | 2-3 visits per week to ensure treatment adherence, help in teaching the right way to take medicines |
| 5. | Clients recently discharged from the hospital | May require more visits therefore should be dealt with appropriately |

Annex-3: HIV Testing Algorithm



Annex-4: Record Keeping Protocols

- All the CBO staff will have to ensure **ACCURACY, TIMELINESS, COMPLETENESS** of records, data, client/patient files, financial records etc.
- Staff (as per job description) shall be made responsible for ensuring **ACCURACY, TIMELINESS, COMPLETENESS** of assigned registers/records/supporting documents that are to be counter checked and counter signed by the CBO Site Manager.
(Site Manager shall be held responsible for incompleteness of record if reported by SR/PR M&E officers or LFA)
- Respective staff (as per job description) shall collect and put in place any pending documents/copies of CNICs etc. upon receipt of documents. Incomplete files should be reviewed and followed up till completion. Clients shall be reminded for furnishing the incomplete documents.
- Staff shall have complete understanding of respective reporting formats, reporting indicators and reporting timelines and shall display compliance.
- In Global Fund grants, funds disbursement is performance based. CBO Site Manager shall also keep track of the overall performance of the CBO site. Quarterly review of performance will be done both by the respective SR and PR.
- The CBO Site Manager shall hold weekly staff meetings to review progress, get feedback from staff regarding different aspects of program implementation and take appropriate actions. These meetings will be followed by a “Monthly Progress Review Meeting” *(minutes or report of the meeting shall be documented and shared with the SR and PR).*
- **Definitions**
 - **ACCURACY:** It refers to correctness of entries (freedom from error) in conformance with standard criteria (Global Fund formats and requirements).
 - **TIMELINESS:** Data is representative of the specified data reporting time period and is available, analyzed and shared with reporting competent authority within the specified due dates/deadlines. (1 week after completion of the reporting month)
 - **COMPLETENESS:** It is defined as the degree to which the set of data characteristics fulfill the pre-defined requirements (Global Fund formats and requirement).
(PUDR filing SOPs to be shared by the M&E staff)

Annex-5 CBO Functions and Services Verification Checklist

Excel sheet for recording information regarding the following CBO Services is attached.

[**CBOs Services Recording Final \(2\).xlsx**](#)