Community Level Care and Support Services Delivery Guideline for PLHIV and Affected Families

Federal Democratic Republic of Ethiopia
HIV and AIDS Prevention and Control Office

April, 2013
Addis Ababa

ACKNOWLEDGMENTS

The Federal HIV AIDS Prevention Control Office (FHAPCO) is cordially to acknowledge partners and stakeholders who have involved in the development of this Community Based Care and Support Guideline for PLHIV and Affected Families. FHAPCO wishes to express its sincere thanks to World Food Program (Ethiopia) for its technical and financial support required to validate and print the guideline.

The FHAPCO would like to extend its gratitude to the National Care and Support Advisory Group members from MOH, MOE, MOLSA, MOWCYA, Ministry of Justice, MOFED, USAID, CDC, WFP, World Vision Ethiopia, EIFDDA, NEP+, UNICEF and OVC Network Ethiopia for the leadership and technical guidance throughout the development of the guideline.

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For the last three decades, in our country, HIV and AIDS has been affecting the well-being of millions of individuals, families and the society at large. According to the (MOH, 2012)1, the projected adult HIV-prevalence rate for 2013 is 1.3%; estimated total of 734,048 people are infected, 3.5 % in urban areas; 0.5 in rural areas. In 2013 the projected number of new HIV infections is 18,385 and new AIDS cases in the adult population are 34,365. There are also approximately 792,840 Orphan and Vulnerable Children due to AIDS, 38,474 HIV positive pregnant mothers and 7,806 positive births in the same year. The same source also indicated that HIV and AIDS has continued to disproportionately affecting women (in 2013, the projected prevalence rate is 1.7% for women while it is 0.9% for males).

The needy PLHIV and affected families should be given care and support services to cope with their living conditions. The quality of services provided so far by different stakeholders and partners to PLHIVS and affected families are not standardized and to the best of their need.

As a coordinator of all HIV and AIDS programmes in the country, FHAPCO, in collaboration with NEP+, has developed this Community Level Care and Support Services Delivery Guideline for PLHIV and Affected Families. The guideline also intends to scale-up effective community-based care and support services provided to PLHIVs and Affected Families.

FHAPCO believes that the document will help as a guide for the provision of the minimum care and support services for PLHIV and affected families by all actors. It will also help mobilization of resources from range of external and local sources including FBOs, CSO, CBOs, the private sector and individuals.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AFs	Affected Families
ART	Anti-retroviral Therapy
ARV	Anti-Retroviral
BCC	Behavior Change Communication
C & T	Care and Treatment
CBCS	Community-Based Care and Support
CBO	Community-Based Organization
CHBC	Community Home-Based Care
CHBCS	Community Home-Based Care and Support
CSO	Civil Society Organization
CCRDA	Consortium of Christian Relief and Development Association
FBO	Faith-based Organization
FHI	Family Health International
FSC-E	Forum for Street Children – Ethiopia
GIPA	Greater Involvement of People Living with HIV
HAART	Highly Active Anti-Retroviral Therapy
HAPCO	HIV/AIDS Prevention and Control Office
HBC	Home-based Care
HCT	HIV Counseling and Testing
HEWs	Health Extension workers
HIV	Human Immunodeficiency Virus
HVC	Highly Vulnerable children
IGA	Income Generating Activity
IEC	Information, Education and Communication Support Organization
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoLSA	Ministry of Labor and Social Affairs
MTCT	Mother-to-child Transmission
NEP+	Network of Networks of HIV Positives in Ethiopia

NGO	Non-governmental Organization
OI	Opportunistic Infections
OVC	Orphans & Vulnerable Children
PLHIV	People Living with HIV/AIDS
PA	Peasant Association
PICT	Provider Initiative Counseling & Testing
PHDP	Positive Health Dignity Prevention
PMTCT	Prevention of Mother-to-child Transmission
PSS	Psychosocial Support
PwP	Prevention with Positives
RH	Reproductive Health
RBoE	Regional Bureau of Education
RBoWCYA	Regional Bureau of Women, Children and Youth Affairs
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNGASS	United Nations General Assembly Special Session
VCT	Voluntary Counseling and Testing
WASH	Water, Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organisation

I. BACKGROUND

Three decades since the first AIDS case was reported, the HIV epidemic remains a major global challenge. The Global AIDS Progress Report for 2011 Estimate2 shows that more than 30 million people have died from AIDS related causes and an estimated 33 million people are currently living with HIV. In addition, more than 16 million children have been orphaned because of AIDS and over 7,000 new HIV infections occur every day, mostly among people in low- and middle income countries. Less than half of the people living with HIV are believed to be aware of their infection.

Africa, in particular sub-Saharan Africa, remains the worst affected region. According to the UNAIDS AIDS Epidemic Update for 2010, Sub-Saharan Africa, which is disproportionately affected by the epidemic, continues to bear the highest share of the global HIV burden. The 2011 Global AIDS progress report indicates that in mid-2010, about 68% of all people living with HIV resided in sub-Saharan Africa, a region with only 12% of the global population. Women comprised 59% of the people living with HIV in that region. The 1.9 million people who became newly infected with HIV in 2010 live in sub-Saharan Africa, representing 70% of all the people who acquired HIV infection globally.3

Ethiopia, with projected population of 84,320,987 (CSA 2012), is one of the Sub-Saharan African countries that is highly affected by the HIV and AIDS pandemic. The multi-faceted poverty coupled with the pandemic is complicating and worsening the living situation of the poor community. According to the HIV Related Estimates and Projections for Ethiopia- 2012 by Ethiopian Health and Nutrition Research Institute-MOH, the adult HIV prevalence for 2013 is 1.3%; estimated total of 734,048 people were infected, 3.5 % in urban areas; 0.5 in rural areas; and disproportionately affecting women (61%). In 2013 the projected number of new HIV infections is 18,385 and new AIDS cases in the adult population are estimated to be 34,365. There are also approximately 792,840 Orphans and Vulnerable Children due to AIDS, 38,474 HIV positive pregnant mothers and 7,806 positive births in the same year.

HIV and AIDS have high impact on men and women at their most productive age (35-39 for men and 30-34 for women) and this affects the entire fabric of families and communities. This in turn often results in economic distress from loss of income due to disability to work, sale of property to cover the persistently rising cost of basic needs and medical care, further driving those affected into abject poverty. In the face of such a situation, women (whether infected or not) and their children are more vulnerable to the resulting hardship, malnutrition, sickness and death. Affected families may also be subjected to a wide array of unconventional survival means, and rely on the support

of useful traditional values. Community-based care and support (CBCS) mechanisms to protect PLHIVs and affected families have to be designed in parallel with other HIV and AIDS epidemic responses in a standardized manner to maintain service quality and efficiency.

Ethiopia and its development partners are working hard to contain the epidemic through creation of an enabling policy and intervention environment and by availing necessary tools and implementation mechanisms. Currently, the 'HIV and AIDS Policy' and the "Strategic Plan II For Intensifying 'Multi-sectoral HIV and AIDS Response in Ethiopia 2010/11-2014/15 are the two major policy documents of the country's HIV and AIDS prevention and mitigation agenda including care and support for persons affected by the epidemic. In addition, "Standard Service Delivery Guideline for Orphan and Vulnerable Children's Care and Support programs" is under implementation.

These policy instruments do not only stipulate the high priority given to HIV and AIDS prevention and control, they also articulate the roles and contributions of partners, the organizational structure from the apex to the grass-roots level, programs and implementation arrangements, co-ordination among partners, monitoring and evaluation of interventions and the mobilization of resources. The multi-sectoral responses are today in place starting from the national to the community level, and there have been major achievements from numerous schemes emphasizing preventive, therapeutic, care and support measures that include:

- The presence of an organizational structure and capacity in most of the woredas and/or kebeles of the country (Health extension program) that are addressing concerns related to HIV and AIDS ;
- A considerable expansion of BCC services, resulting in increased awareness towards HIV and AIDS among all segments of the population;
- Enhancement in the provision of community-based, home-based care and support to HIV infected and affected families;
- Increased access to VCT services;
- The provision of HAART and Opportunistic Infections (OI) treatment to adult and pediatric PLHIVs fulfilling eligibility criteria
- The provision of ARV prophylaxis services to prevent MTCT
- Provision of Post-Exposure Prophylaxis for people who are accidentally exposed to potentially infectious body fluids including sexually assault and work related risks
- The development and production of different guidelines and manuals on various aspects of HIV and AIDS and putting services in easily accessible places;
- The existence of relatively improved collaboration and networking among organizations that are involved in HIV and AIDS prevention and control activities.

The prevailing need for care and support of PLHIVs and affected families is indeed far beyond the existing capacity of public, NGO and private institutions to make the services sustainable. This is well noted in the policy documents mentioned above. It is, therefore, necessary to intensify active participation of the informal sectors, communities and families in the national effort to coordinate and provide care and support services to PLHIVs and affected groups. The Guideline preparation drew together relevant governmental sectors, development partners, and other stakeholders that are providing different services to PLHIVs and affected families in all regions and City Administrations.

1.1 Community-level Care and Support

The word "community" for the purpose of the theme under consideration refers to the informal relations of people living in a locality; and who act with some degree of consensus. The members of the community may organize themselves in various forms for various purposes.

A community-based care and support (CBCS) program is defined as a continuum of care and support that people living with HIV and AIDS, PLHIVs, and affected families receive in their localities through the efforts of the members of their communities outside conventional health facilities (hospital, clinic, health center, health posts) and social welfare systems; but which may also have links with the formal health and welfare sectors, from the time of infection through to death and the impact on survivors. The care and support services need to address the medical, emotional, spiritual, psychological, social and material needs of PLHIVs and their families. Beneficiaries can get all or some of these services based on their eligibility for each services packages and the resource available. This shows that beneficiaries should be selected for the services based on their priorities. The guideline will set directives on how to select the beneficiaries for the services.

The main objective of CBCS is to improve access to services and the quality of life and usefully survival of PLHIVs and their affected families, and to maintain their dignity by aiming at the reduction of stigma and discrimination against these groups; decrease the spread of the virus and the impact of HIV and AIDS on individuals, families and communities through the active involvement of the latter; and also strengthen the economic status of the beneficiaries by providing skill training and providing start-up capital.

The CBCS system offers ample opportunity to mobilize the resources, knowledge and practices of the communities and strengthen collaborative network among relevant bodies involved in provision of basic care and support services to the most needy in the communities through developing cost-effective, sustainable approaches and

also synergizes with the facility based prevention, care and treatment program by enhancing retention of PLHIV in the chronic care service and their treatment adherence. Community Based care and support programs have the following characteristics;

The program contributes to the ongoing care for PLHIVs and chronically ill people based on traditional family and community support systems;
It contributes to reducing stigma and discrimination at home and community level.
It facilitates access to a range of support including social, medical, economic, material, legal, psychological, spiritual and emotional support;
Offers opportunities for prevention education; and promotes the appropriate use of health and welfare system

1.2 An overview of the Current Care and Support Services for PLHIV

The Federal Democratic Republic of Ethiopia has initiated far-reaching policies and favorable interventions for concerted efforts involving national and international actors, CSOs, the private sector and community collaboration to tap the vast positive traditional practices alongside formal efforts to curb the scourge. As a result, care and support services are provided across the country for the different needy groups who are infected and affected by HIV and AIDS. The provision of both ART and the other basic care and support services has benefited quite large number of PLHIV and affected groups so far. Deaths due to AIDS, prevalence rate, number of PLHIV…etc has shown declining trend. The contribution of donors, implementers, CBOs, FBOs, private and public sector actors has played vital role for the exhibited changes in this regards.

Despite this, most of community level care and support services are not comprehensive, not well coordinated and do not have standardized quality assurance mechanisms or monitoring and evaluation systems. Due to this, despite large involvement in the provision of care and support services, a significant portion of the needy and eligible PLHIV and HIV positive pregnant women are still waiting and calling for life saving support.

Therefore, the current situation demands for developing and operationalizing comprehensive community level care and support service guideline for PLHIVs and affected groups.

1.3 Rationale

Even though different efforts have been made on care and support service provision to PLHIVs, it was not reachable for the needy; the service provision was not uniform, not sustainable and was not up to the minimum requirement. At the same time it was not coordinated, easy to monitor and track the changes achieved. Therefore, to make the Care and support services comprehensive, coordinated, accessible and sustainable, FHAPCO and many other partners/stakeholders are working to improve coordination and to clearly set minimum activities to ensure the quality of services.

Moreover, this guideline is intended to set eligibility criteria, provide clear procedures and outlines on exit strategy, to help efforts resource mobilization, to avoid duplications and fill gaps, and strengthen M&E systems.

1.4 Guiding Principles

In the provision of care and support services, the following are guiding principles in applying this guideline;

- Avoid Stigma and Discrimination
- Avoid dependency syndrome and promote self-reliance
- Promote community initiatives
- Impartiality (sex, age, ethnicity, religion …etc)
- Greater Involvement of People Living with HIV/AIDS (GIPA)
- Confidentiality
- Faithfulness and trust
- Mutual respect among stakeholders
- Participatory approach
- Results based approach
- Need based approach
- Right based approach
- Evidence Based approach
- Coordinated/integrated approach

1.5 Objectives

The overall objective of the guideline is to serve as an operational guide for all partners involved in the coordination and provision of care and support services for PLHIV and affected families.

- The specific objectives of the guideline are to;
- Formulate a minimum service package of the care and support services, and its implementation mechanisms.
- Design eligibility and exit strategy for the beneficiaries;
- Facilitate referral and networking system among CBC service providers and stakeholders to ensure continuum of care.
- Enrich M & E system through the inclusion of community based care and support related indicators
- Contribute for the development of a comprehensive social welfare system.

II. BASIC CARE AND SUPPORT SERVICES AND THEIR MINIMUM ACTIVITIES

The basic needs of PLHIVs and affected families can be addressed under the following interrelated services:

1. Health Care needs;
2. Food and Nutrition;
3. Shelter Care;
4. Psychosocial and spiritual support;
5. Economic strengthening;
6. Rights protection and legal support ;
7. Access to safe Water, sanitation, and hygiene needs;
8. Prevention with Positives/Positive Health Dignity and Prevention (PHDP/PwP)
9. Home Based and Bereavement Care

The above list of services does not necessarily indicate a priority order. Objective conditions prevailing at the implementation site and the capacity of the implementer may serve as the main determinants of the intervention priority. The magnitude/scale of service provided in any of the packages should be aligned with similar government policies, guidelines, manuals…etc. Partners working on the area of care and support for PLHIV and affected families are expected to ensure application of these minimum activities for a given service in the guideline.

2.1 Health Care Needs

HIV and AIDS have a devastating effect on the health of individuals starting right from the beginning of infection. Therefore, it needs continuum care. Health care is undertaken by the individual (self-care), family, and community as well as at the institutional level. The manner in which this Guideline treats the community-based health care and support is explained below.

2.1.1 Steps to be taken

- Identify health care needs of PLHIV and their families in the community
- Identify resource needs plan for logistics and related supplies

- Assess human resource capacity and plan to fill the gaps.
- Identify health care service centers and other stakeholders
- Explore, facilitate and strengthen partnership/referral linkage
- Monitor the implementation process

2.1.2 Minimum activities for the provision of health care at home and community level

- Provision of information for self-care and positive living.
- Assess and facilitate accessibility of care and treatment services. Follow-up compliance and adherence to care and treatment appointments and prescribed drugs by individuals for OIs, ART, PMTCT, etc.
- Facilitate linkage and referral services through establishing a referral system.
- Ensure proper documentation, reporting, monitoring, and evaluation
- Provide proper feedback intervention based on the identified gaps

2.1.3 Monitoring indicators

- Number of PLHIVs provided with appropriate information.
- Number of PLHIV family members provided with information.
- Number of PLHIVs who are enabled to access care and treatment services.
- Number of care providers trained
- Number of PLHIVs referred to and feedback obtained from.
- Number of PLHIV who received adherence counseling

2.2 Food and Nutrition

Good nutrition is essential for achieving and preserving health while helping the body to protect itself from infections. Good nutrition helps to maintain and improve the nutritional status of PLHIV and delay the progression of HIV to AIDS-related diseases. It can, therefore, improve the quality of life of PLHIV and help them live longer.

2.2.1 Steps to be taken to establish and organize food and nutrition support

- Identify food and nutrition needs of PLHIV and their families
- Identify common diets and feeding habits of the community
- Identify resource needs plan for logistics and related supplies
- Identify stakeholders providing food and nutrition services
- Assess human resource capacity and plan to fill the gaps.
- Explore, facilitate/strengthen partnership/referral linkage
- Monitor the implementation process

2.2.2. Minimum Activities

- Assess the common diet and eating habits of the community.
- Assess the food/nutritional value/content of the common foods.
- Aware PLHIVs and caregivers of the extra energy requirement of HIV infected individuals (refer to HIV and AIDSAIDS and nutrition guidelines).
- Train care providers on how to assess nutritional status and facilitate referral system.
- Train families and care givers on how to prepare a balanced diet from the locally available foodstuffs and on effective methods of food preparation, preservation, and hygiene while preparation, consumption and storage.
- Support PLHIVs and their households to have access to adequate food and nutrition
- Provide food supply for those who are under sever conditions.
- Network and collaborate with organizations that are engaged in promoting food and nutrition programs.
- Mobilize the community for sustainable nutritional support for patients who are bedridden.
- Encourage community initiatives that are designed to address food and nutritional support.
- Encourage urban gardening.
- Facilitate referrals to appropriate bodies for further follow up.
- Conduct monitoring and evaluation of the service.

2.2.3. Monitoring indicators

- Number of trained care providers on nutritional assessment, counseling and support (NACS).
- Number of PLHIVs assessed for their nutritional status.
- Number of PLHIVs and their families who received nutritional counseling.
- Number of PLHIVs and household family members who were provided food and nutritional support.
- Number of PLHIVs graduated from food and nutrition support
- Number of PLHIVs referred to for different food and nutrition services and feedback obtained from.

2.3 Shelter Care

In providing care and support for PLHIVs, CBCS initiatives should address the issues related to shelter care differently in urban and rural locations. While targeting PLHIVs as per the eligibility criteria of this Guideline, CBCS may exercise more flexibility to include non-targeted PLHIVs.

2.3.1 Steps to be taken

- Identify shelter care needs of PLHIV and their families in the community
- Assess human resource capacity and plan to fill the gaps.
- Identify stakeholders that can contribute to address shelter needs
- Identify resource needs plan for logistics and related supplies
- Explore, facilitate/strengthen partnership
- Monitor the implementation process

2.3.2 Minimum Activities

CBCS initiatives, in close association with kebele administrations, should mobilize the communities in the catchments area to facilitate the access for shelter.

- Conduct awareness-raising programs
- Advocates reduce/eliminate stigma and discrimination
- Engage actively in advocacy work to eliminate any renting discrimination on the basis HIV status (formulation and implementation of regulations).

- Arrange for the pre-emptive right to rent kebele administered houses, wherever vacancies are available.
- provide materials, labor and community-based skills to construct houses by the community standards for PLHIVs with priority to those meeting the eligibility criteria of this Guideline
- Negotiate with relevant authorities for targeted rental subsidies; the kebele council should facilitate to take the lead role in this endeavor.
- Cover the expense of house rent, as needed.

2.3.3 Monitoring indicators

- Number of Awareness raising and advocacy sessions on the subject of stigma and discrimination
- Number of PLHIVs renting kebele houses.
- Number of Houses constructed/renovated for PLHIVs.
- Number of PLHIVs whose house rents have covered.

2.4. Psychosocial and Spiritual Support

HIV infection affects all dimensions of a person's physical, psychological, social and spiritual life. Psycho-social support can help people and their caregivers cope more effectively with each stage of infection and enhance their quality of life. Ongoing counseling serves to meet the emotional and spiritual needs of people living with HIV and AIDS and affected families.
CBCS psychosocial interventions should focus on:

1. Encouraging voluntarily disclosure of HIV status to other relevant people (especially sexual partners).
2. Revitalizing cultural/traditional/spiritual values/norms to foster love, empathy and understanding through the active participation of prominent/community leaders.
3. Promoting family and ongoing spiritual counseling through continuous sensitization and use as an entry point to other HIV and AIDS prevention and control services (HCT, PMTCT, ART, ANC, OIs, etc.).
4. Encouraging peer support.
5. Reducing stigma and discrimination
6. Bereavement Care

2.4.1 Steps to be taken to establish and organize psychosocial support

- Identify the needs of psychosocial support.
- Assess the possible ways of providing counseling services in the community (spiritual, family, peer support, and community counseling).
- Assess the situation of stigma and discrimination and design suitable strategies to reduce them in relation to local contexts.
- Design appropriate strategies for IEC/BCC implementation in the local context.
- Explore, facilitate/strengthen partnership/referral linkage
- Monitor and evaluate.

2.4.2 Minimum Activities

- Provide training on counseling skills and procedures for providers.
- Provide the necessary information and skills in all counseling components for counselors.
- Provide life-skills training for PLHIVs.
- Promote and encourage the establishment of support groups.
- Sensitize the need of counseling for individuals, family and community members.
- Providing ongoing counseling services for PLHIVs.
- Providing ongoing family counseling.
- Conduct IEC/BCC activities toward the reduction of stigma and discrimination.
- Provide referral services for psychosocial and spiritual support. .
- Provide home-based care for bedridden patients
- Provide bereavement Care activities such as making memory box, family recording, telling the story, treating family who has difficulties in sleeping, and sharing grief experience, etc.
- Preserve a continuing link with families and facilitate rehabilitation support
- Monitor the overall activities

2.4.3 Monitoring indicators

- Number of Care providers trained on counseling skills and procedures.
- Number of PLHIVs accessing psychosocial and spiritual support.
- Number of PLHIVs' families that have accessed psychosocial and spiritual services.
- Number of Support group established/supported.
- Number of IEC/BCC sessions that have been conducted on HIV and AIDS towards stigma and discrimination.
- Number of needy PLHIV who have been provided with HBC
- Number of PLHIV families provided with bereavement care
- Number of Referrals made and feedback received.

2.5 Economic Strengthening

Economic strengthening is intended to enable needy PLHIV to meet their needs. As a response to needs, there should be strategies to be designed to make them economically self-reliance.

2.5.1 Steps to be taken

- Identify economic needs of PLHIV and their families in the community
- Assess human resource capacity and plan to fill the gaps.
- Identify resource needs plan for logistics and related supplies
- Identify stakeholders that can contribute to address economic needs
- Explore, facilitate/strengthen partnership for economic support
- Monitor the implementation process

2.5.2. Minimum Activities:

- Promote and facilitate establishment of saving and lending groups at community level
- Facilitate access to credit from formal sources like microfinance institutions for PLHIVs. Facilitate access to agricultural inputs credit (fertilizer, seed, chemicals, etc.)
- Facilitate access to business building skills and vocational training, preferably free or at a nominal price.
- Facilitate marketing services to PLHIV entrepreneurs

- Facilitate access to membership in economic and other associations (like cooperatives, idirs).
- Facilitate affirmative action to women and children in accessing economic support, especially where the resource limitation.
- Link with the existing social welfare system at community level.

2.5.3. Monitoring indicators

- Number of beneficiaries benefited from economic activities
- Number of beneficiaries engaged in IGA
- Number of community level saving and lending groups established
- Number of beneficiaries trained in business building and vocational skill
- Number of beneficiaries who have accessed to credit services
- Number of beneficiaries who become economically self- reliant

2.6 Legal Support and Human Rights Protection

The rights of people living with HIV and AIDS are abused in most parts of the world. Different forms of rights violations, among which the following can be mentioned, affect people living with HIV and AIDS and affected families:

- Disguised layoff
- Forceful eviction from where they live (shelter)
- Denial of property inheritance
- Physical, emotional and sexual abuses
- Discrimination and stigma in providing economic and social services (health, education, legal rights, etc.) and in social relationships.

2.6.1 Steps to be taken to establish and organize legal support and rights protection

- Identify legal support and rights protection needs of PLHIV and their families in the community
- Identify resource needs
- Identify stakeholders that can contribute to address legal support and protection
- Assess human resource capacity and plan to fill the gaps.

- Explore, facilitate/strengthen partnership
- Monitor the implementation process

2.6.2 Minimum Activities

- Advocate for the right of PLHIVs and PLHIVs through main cultural and religious institutions.
- Provide training on the human rights of people living with HIV and AIDS and how to mobilize the community in protecting the rights and to reduce stigma and discrimination.
- Make PLHIVs and Affected families aware of their rights and responsibilities.
- Establish/strengthen referral link and feedback with legal/human rights protection institutions.
- Conduct monitoring and evaluation.
- Facilitate litigation services to PLHIVs who fit the eligibility criteria outlined in this Guideline in the court of law.

2.6.3. Monitoring indicators

- Number of Sessions held to create awareness about PLHIV's rights.
- Number of Sessions held to advocate on the rights of PLHIV.
- Number of People trained on the rights and responsibilities of PLHIVs.
- Number of PLHIVs that have been provided legal support.
- Number of referrals made and feedbacks received.

2.7. Community-Based Positive Health Dignity Prevention/Prevention with Positives (PHDP/PWP)

The purpose of incorporating PHDP/PwP is to keep HIV positive persons physically and mentally healthy, prevent HIV transmission to partners and children, and ensuring PLHIVs involvement in HIV prevention activities. The PHDP/PwP service package includes provision of prevention messages and services. Furthermore, evidence indicates that prevention interventions delivered to individuals who are known to be HIV-positive are more effective than interventions delivered to individuals in the general population who may or may not know their HIV sero-status. Hence all community-based programs serving PLHIV should offer a comprehensive package of PHDP/PwP messages on an ongoing basis.

2.7.1 Steps to be taken

- The PHDP/PwP prevention messages include:
- Assess HIV prevention message and service gaps
- Identify resource needs and plan logistics and supplies
- Assess human resource capacity and plan to fill the gaps.
- Identify stakeholders that can contribute to address PHDP/PwP services.
- Explore, facilitate/strengthen partnership
- Monitor the implementation process

2.7.2. Minimum Activities

- Encourage and facilitate greater involvement People Living with HIV and AIDS (GIPA) in all HIV/AIDS related activities
- Encourage and counsel/support HIV status disclosure to sexual partner
- Provide counseling on partner and child testing
- Facilitate access to prevention services (like condom distribution)
- Counsel the client on the importance of safer sex practices including consistent and proper condom use.
- Assess the client for substance use including alcohol and kaht and provide alcohol and khat reduction counseling
- Encourage PLHIV for routine STI screening by healthcare providers
- Provide counseling on importance of ART and other medication adherence
- Provide information on the importance of family planning service and safer pregnancy and to have routine follow-up at health facilities to get the services
- Facilitate capacity building/training on PHDP/PwP to care providers
- Facilitate referral linkage to facility level PHDP services.
- Undertake monitoring and evaluation

2.7.3. Monitoring indicators:

- Numbers of PLHIVs who disclose their HIV sero-status
- Number of PLHIVs whose partner tested for HIV
- Number of PLHIVs whose child/children tested for HIV
- Number of PLHIVs received risk reduction counseling

- Number of PLHIVs referred to health facilities for STI screening
- Number of PLHIVs referred to health facilities for family planning/safer pregnancy counseling
- Number of PLHIVs counseled on regular and consistent condom use
- Number of PLHIVs who received counseling on ART and/ or other medication adherence
- Number of PLHIVs involved in providing PHDP/PwP services
- Number of PLHIVs referred to other care and support services
- Number of PLHIVs who received PHDP/PwP services

In order to count under the PHDP indicator, PLHIV must have received at their last visit (in community/home-based program) all the interventions that constitute the minimum package of PwP. However, the above mentioned indicators may be used to monitor individual components described above in the minimum package of PwP interventions.

2.8 Community Water, Sanitation and Hygiene program

Water, sanitation and hygiene (WASH) practices (e.g. point of use water treatment and safe storage of drinking water, proper hand washing, and sanitation promotion and practice) are essential for maintaining health for PLHIV, and also to prevent caregivers and other household members from contracting water-related diarrheal diseases.

PLHIV have compromised immune systems which predispose them to opportunistic infections, such as diarrheal and skin diseases. Many life-threatening opportunistic infections are caused by exposure to unsafe drinking water, inadequate sanitation, and poor hygiene practices.

Therefore, a significant proportion of this burden could be prevented by integrating evidence-based simple and doable WASH practices which can be implemented by PLHIV at household level.

2.8.1. Steps to be taken

- Assess WASH message and service gaps
- Identify stakeholders that can contribute to address WASH services.
- Assess human resource capacity and plan to fill the gaps.
- Identify resource needs and plan logistics and supplies
- Explore, facilitate/strengthen partnership
- Monitor the implementation process

2.8.2. Minimum Activities

- Provide training to PLHIV and family members on drinking water treatment and storage.
- Provide training to care givers on drinking water treatment and storage.
- Facilitate access to safe water
- Facilitate involvement of PLHIVs in WASH related activities.
- Facilitate access to sanitation facilities (like latrine and waste disposal pits).
- Promoting hand washing during critical times.
- Promote safe handling and disposal of excreta
- Promote sanitary management of menstruation
- Promote safe food preparation, handling and storage
- Personal hygiene of PLHIV and their surrounding
- Facilitate access to necessary WASH supplies (like soap, water treatment chemicals, water storage vessel…etc)

2.8.3 Monitoring indicators

- Number of care providers who are trained on WASH/HIV integration
- Number of PLHIV and family members who are trained on WASH/HIV services.
- Number of PLHIV who are accessed to safe water, Number of PLHIV who are accessed to hygiene and sanitation services
- Number of PLHIV households with designated place for hand washing equipped with hand washing supplies
- Number of female PLHIV who have been educated disposal of soiled feminine hygienic products
- Number of PLHIV households provided with safe water storage water treatment chemicals and sanitary products.

2.9. Home Based and Bereavement Care and Support

WHO defines Community Home-Based Care and Support (CHBCS) as 'any form of care given to ill people in their homes. Such care includes physical, psychosocial, palliative and spiritual activities. The care givers are often family members or close relatives (kin-ship system) in their homes. The goal of CHBCS is to provide quality and appropriate care that helps ill people and families maintain their independence and achieve the best possible quality of life. The CHBCS programmes have been established in many parts of the world as a community response to the HIV epidemic

that resulted in a great number of people living with HIV (PLHIV) experiencing HIV-related illness in the face of limited health care resources. Additionally, the HIV epidemic has placed severe strain on communities in relation to social structures in the family and in communities, meaning that present needs often extended beyond traditional health care.

In Ethiopia, it is common that family members or close relatives are responsible for taking care for PLHIV and affected families. The supports may come from any source but family members usually take the responsibility to provide supports for the PLHIV. The community supervise the needs of the PLHIV and the quality of the services provided to the beneficiaries by the family care givers. The family care providers should be trained with the necessary skills and knowledge.

2.9.1. Steps to be taken

- Identify HBC and bereavement care needs of PLHIV and their families in the community
- Identify resource needs and plan for logistics and related supplies
- Identify stakeholders that can contribute to address HBC and bereavement care needs
- Assess human resource capacity and plan to fill the gaps.
- Explore, facilitate/strengthen partnership
- Monitor the implementation process

2.9.2. Minimum Activities

- Identify problems in early stages or reach those unable to come to clinic
- Assist the patients to keep their hygiene
- Assist preparing/cooking and store food items in a safe and clean place.
- Provision of medical/nursing care in accordance with HBC guideline.
- Provision and refilling of HBC kits.
- Link the patient with health facility
- Mobilize the community for the ownership to address HBC and bereavement needs
- Make the necessary preparations for burial services
- Facilitate psychosocial and spiritual treatment to the family members during and after condolence period and console the affected family.

2.9.3. Monitoring Indicators

- Number of trained HBC providers.
- Number of active HBC providers.
- Number of HBC kits initially supplied and refilled.
- Number of PLHIVs who have been visited and have been provided with medical/ nursing care.

III. IMPLEMENTATION STRATEGIES FOR COMMUNITY-BASED CARE AND SUPPORT SERVICES

The implementation strategies for care and support services for PLHIV and affected families underpin the following approaches:

3.1 Linkage and Integration of Prevention and Care Programs

The linkage between prevention and care & support enhances the impact, sustainability and credibility of the response to HIV and AIDS. It contributes to maximizing the use of resources and increases the potential to reach more people, including those who are most vulnerable to the AIDS impacts. HIV and AIDS prevention and care are intrinsically linked in many ways. Care and support activities are also contributing for prevention programs to targeting infected and vulnerable populations, increase the credibility of prevention programs and by strengthening communities, create a sense of ownership of the problem and its solution. More specifically, inclusion of care and support activities in prevention programs, or vice-versa, is a practical strategy in regions with a low visibility of HIV and AIDS and inadequate services for PLHIVs.

There are a number of practical strategies that effectively link care, support and prevention. Inclusion of needy PLHIVs in the delivery of care and support creates opportunities for direct interpersonal links with the community and can have a dramatic effect on behavior change. Providing voluntary testing and counseling services are known to reinforce prevention, care and support efforts. Health Extension Workers and Health Development Army could also be leveraged to enhance the HIV prevention initiative at community level and referral and linkage of PLHIV for care, treatment and support services at both community and health facility level.

Moreover, the relevance and effectiveness of programs could suffer when funding, approaches, and expertise disintegrate them into intervention rubrics such as HIV prevention, voluntary testing and counseling, home-based care for PLHIV, care and protection of orphans, income-generating activities, etc. PLHIV do not segment their lives in this way. Better integration within and among programs can improve the interventions. The added advantage of working with CBOs at the local level is that it allows programs to work in an integrated fashion.

3.2 Strengthening Community Ownership

For reliable and sustainable CBCS programs, the first move would be to create and develop a sense of ownership and responsibility at the community level. Identification of problems pertaining to the effects of HIV and AIDS in the community through the active involvement of community members is a crucial step in the formulation of a CBCS services. Local government structures, PLHIV associations and other institutions should facilitate and support the community to identify and prioritize t needs that would provide the basis for the formulation of care and support programs.

3.3 Ensuring Sustainability

Long-term sustainability has several elements. These include maintaining a strong sense of ownership and responsibility among those carrying out activities, identifying and engaging the internal skills and talents a community already possesses, and learning how to tap external resources when needs go beyond internal capacity. Finding ways to generate a sustainable source of financing necessary to support community activities is essential and this can be achieved through operationalizing social-protection strategies.

3.4. Addressing the Gender Issues

The HIV and AIDS epidemic tends to aggravate gender-based inequalities and discrimination that already exist. To mention a few:

- The burden of caring for PLHIVs are considered exclusively female functions;
- Female children tend to be the first to withdraw from school when a household income is limited because they have to take up more household tasks;
- Girls tend to be more vulnerable to sexual and physical abuses and thus more exposed to HIV infection;
- Rural widows are often obliged to put in additional work hours in the field, thus adding to the already heavy reproductive tasks and care-giving activities that women are often exclusively held responsible for;
- Women and female children are disadvantaged by traditions and customs like the Harmful Traditional Practices (HTP) that do not allow them to inherit land or property.
- Less involvement of male in HIV and AIDS related activities

An effective response to the epidemic needs to be built on an understanding of how gender influences the HIV and AIDS epidemic. Both men and women need to be

involved in developing effective responses to the pandemic at national and community levels. Address how education, prevention and treatment affect the sexes differently. For gender-sensitive material, groups may initially need space for each sex to talk separately, facilitated by a person of their own sex, age and cultural background. In all societies, the experience of living with HIV and AIDS is accompanied by stigma and discrimination. The fear of ostracism and isolation, of losing a job or a house or being denied treatment, prevents many women from confiding their status and seeking the support they need.
Here are some directions in this respect:

- Promote women and men participation at all levels:
- Make gender a public issue:
- Building the capacity of girls and women: Mobilizing the community
- Be aware of the stigma, discrimination and denials associated with HIV and AIDS:

3.5 Capacity Building

In order to have cost effective, efficient and sustainable community-based care and support program, all actors should especially emphasize building the capacity of PLHIVs and their families, PLHIV associations, communities and service-providing institutions as a whole. Specific interventions for effective service delivery should pay special attention to:

Building the Capacity of PLHIVs: Building the capacity of PLHIVs and affected families through measures includes, but is not limited to:

- Life-skill training,
- Creating an enabling environment for engaging in economic strengthening (such as IGA)
- Stigma and discrimination coping skills
- Capacities to claim their rights;
- Advocacy skills to promote their basic interests.

Such endeavors help them to support themselves and their families in the process of self-reliance as the ultimate result.

Strengthening the Capacity of the Family: HIV and AIDS is known to predispose families to impoverishment and accentuate the poverty status of most families. Community empowerment both in technical and economic sense serves to offset the poverty status of families affected by AIDS. Income-generating activities help to augment income and strengthen the capacity of families. Strengthening the caring

and coping capacities of families is a strategic move toward effective care and support. Major activities on strengthening family capacity includes, but is not limited to:

- Improve household economic capacity;
- Ensure that PLHIVs and their families have access to basic needs;
- Link families with poverty alleviation program and social grants; and
- Monitor and evaluate the overall service.

Strengthening Community-based Responses: It is important that communities and their institutions (CBOs, FBOs, idirs, etc.,) agree on a common approach and practical framework defining list of priority measures to respond to effective service delivery for the PLHIVs and Affected families. Harmonization of community efforts and strengthening of their commitment helps to expand the response base, networking and pooling of meager resources. Traditional channels like using local leaders/influential elders help to understand and communicate community problems; this in turn facilitates interventions for identified target groups. Forming co-ordination structures/committees involving all players ensures effective planning, implementation, and evaluation of care and support schemes. Major activities of strengthening of community capacity includes, but is not limited to:

- Enhance awareness of the community on need of minimum care and support services provision by the community itself for the PLHIVs and Affected families;
- Linking communities with poverty alleviation programs such as economic strengthening activities, food production programs and other socialwellfare services
- Building the capacity of caregivers/volunteers (foster parents, extended families who support the PLHIVs and their families) with service and resources;
- Supporting CSOs and other organizations to actively participate in the program;
- Integrate programs to reduce stigma and discrimination in every HIV and AIDS prevention and control program;
- Establish the representation of inter-sectoral forums to manage holistic delivery of training, funding, information dissemination, monitoring and evaluation of community-based care and support.

3.6 Referral Links and Networking for Continuum of Care and Support

HIV and AIDS care requires a comprehensive and holistic approach and partnership among government offices, CBOs, FBOs, NGOs, donors and other stakeholders to meet the needs of PLHIVs and affected families. This entails mapping and creating a directory

of referral services, developing referral registry and utilize standardized formats that are appropriate for the catchment area. A community-based care and support program needs careful planning with the active participation of the community in order to achieve the desired objectives.

To implement a CBCS program, it is crucial that effective operational partnering and two-way referral mechanisms are established at the local, regional and national levels. At community level the concerned government institution should co-ordinate to form a network among the services provides. An organization that is involved in implementing community-based care and support should co-ordinate and closely follow up beneficiaries and provide feedback for the referring organization.

3.6.1 Referral Links

Effective referral networking is necessary invoked:

- When services or resources are not within the reaches of the PLHIV or even when the available services and resources are not adequate to meet their immediate needs.
- When care providers terminate their services and as a result the needy no longer have access to services.
- For effective and efficient service delivery which enhances the quality of life of the target group.
- To complete continuum of care.

3.6.2 Steps to Implement a CBCS Referral System

- Assist PLHIVs, OVCs and their families to identify the support that is needed.
- Identify groups/agencies/individuals that can provide the support.
- Involve concerned bodies so that service providing institutions can form partnerships and thus develop referral systems among themselves.
- Develop registry and other formats
- Develop a feedback mechanism among support-providing organizations and community-based care and support providers.
- Provide information to PLHIVs and affected families about the existing agencies/ individuals providing services in their areas.
- Introduce the identified institutions, groups and individuals to the PLHIVs and affected families.
- Facilitate informal decisions by PLHIVs and affected families to choose the agency/

individuals that could meet their needs.

- Ensure that the services are well coordinated through periodic follow-up.
- Monitor and evaluate the overall process.

3.6.3 Referral Package

- Acquire the lists of organizations/individuals and their addresses that provide care and support services.
- Provide detailed descriptions of the support provided, and the approaches and criteria used for providing the support.
- Standardize referral and feedback formats.
- Provide referral services.
- Put in place monitoring and evaluation tools.

3.7 Beneficiary Selection Procedure

In order to select the beneficiaries, it is necessary that a Selection Committee to be established at all service provision centers. The committee should have representation at least from the community, target groups/beneficiaries, and service providers. Other members could be added to the committee depending on the target area, context, and the level of stigma and discrimination in the community.

3.7.1 Selection Criteria for Needy PLHIVs

PLHIV in need of information, counseling, education have to be considered irrespective of any selection criteria. Selecting PLHIV for care and support programs is necessary when there is resource limitation to address the basic needs of the PLHIV. Depending the availability of the resource mobilized, beneficiary PLHIV and families are selected depending on the severity/magnitude of their problems. Needy PLHIV, in this context, is an individual who is living with HIV or has signs and symptoms of AIDS fulfilling the below mentioned criteria.

- PLHIV referred by health facilities and/or HCT centres, self-referred and/or referred from CBOs and other organizations providing care and support.
- Priority should be given to;
- Those who are bedridden patients for more than one month;
- Those who have no reliable and adequate source of income and that their status is verified by a relevant authority.

- Those who have no family to support her/him (extended family included) and that this is verified by relevant authorities in the community such as the kebele administration, local leaders and other reputed persons.
- Needy women, children, elderly and disabled persons
- Those suffering from food insecurity/malnourishment due to lack or an absence of ownership of productive resources (land, labor, capital) and that this is verified through a home visit by appropriate bodies in the community.
- Homeless and live on the street.
- Those who have not already been targeted for the same/similar care and support services by another organization, and that this is verified through an appropriate community-based networking system.

3.7.2 Selection Criteria for needy Affected Families

A household or families affected due to HIV/AIDS that is ascertained by relevant organs in the community

- Female PLHIV headed House Holds
- Grandparents taking care of orphans and who have no means of subsistence or;
- A household that is not already a beneficiary of an on-going safety net or a development program that an organization operates in the surrounding area or;
- Grandparents who are homeless, chronically food insecure

3.7.3 Monitoring Selection Beneficiary Process

Undertake a community-based rapid appraisal at least biannually to check on:

(a) Inclusion error (persons and families who should not have free access to CBCS products but are made beneficiaries)

(b) Exclusion error (persons and families who should have free access to CBCS provisions but are denied)

It has been preferred that such periodic rapid appraisals should be conducted by those stakeholders and community members (CBOs, PLHIV associations, representatives of beneficiaries, local leaders, NGOs, FBOs, Anti-AIDS clubs in the community) who initially participated in selecting the beneficiaries.

3.7.4 Selection Committee

In most cases it should incorporate influential people and representatives from the following organizations:

The following will be members of the beneficiary selection committee;

1. Kebele/Woreda Administration representative ------ Chair person
2. PLHIV Associations/affected families representative-- Co-Chair person
3. Kebele/Woreda HEWs---------- Secretary
4. CBO representative (Idir/Afocha)---------- Member
5. FBO representative---------- -- Member
6. Elders' association representative---------- Member
7. Disability Association---------- Member
8. Representative of BoWCYA---------- Member
9. Representative of BoLSA---------- Member
10. Implementer/Service provider representative--------- Member

3.8 Compliant addressing Systems

At any level of the service arrangement and provision, there should be a mechanism to address complaints coming from all actors involved in the process. Complaints are common on the beneficiary selection process, on quality of service, quantity and frequency of service distribution. In order to address complaint/grievance of beneficiaries, the following should be undertaken;

i. The selection committee should have a means to entertain compliance/grievance of the beneficiaries, (like suggestion box, Prepare compliant application form, complain registry book ...etc)
ii. Set regular time for
    a. Collection of complaints
    b. Identify, examine/inspect and respond the complain in written form
    c. In case when the committee fails to provide appropriate response, the applicant shall forward complain to the next higher level.
iii. The committee shall decide/judge on the matter and recommend remedial action (corrective measure) to be taken.
iv. The whole process of dealing with complaints should not take more than half a month.

IV. ROLES AND RESPONSIBILITIES OF EACH ACTOR

As indicated above, the government of Ethiopia has created conducive environment to address the challenges of the needy groups. Based on these conditions quite significant numbers of actors have been involved in the provision of care and support services. The government has recognized the role of the actors in mitigating the impacts of HIV and AIDS. It also believes that the application of this guideline will largely rely on the active involvement of the different actors at all levels. Accordingly the expected roles and responsibilities of the actors are indicated below.

4.1 Relevant Government Units at National Level

- Create enabling environments for actors (inclusive of policies, strategies and good governance).
- Develop an overall program strategy for planning resource allocation, implementation, monitoring and reporting.
- Strengthen the legal enforcement of HIV and AIDS prevention and control.
- Create partnership networks and co-ordinate with key partners, including PLHIV associations, and national, regional, woreda coordinating offices.
- Protecting the rights of all target groups.
- Promote GIPA
- Quality assurance of services
- Resource mobilization

4.2 Donor Agencies at National level (International NGOs, bilateral and multilateral Aid agencies)

- Provide resources.
- Lobby for favorable policy initiatives.
- Provide technical support.
- Actively participate in monitoring and evaluating interventions with other stakeholders.

4.3 Civil Society Organizations (CSOs) at National level

- Become actively involved in promoting work pertaining to CBCS.
- Mobilize resources for undertaking interventions.
- Play leadership roles in matters concerning CBCS.
- Rally communities and CSOs for action.

4.4 Relevant Government Offices at Regional Level

- Adapt policies/guidelines in relation to the regional context.
- Create conducive working atmospheres for all actors.
- Mobilize resources.
- Ensure that at least the minimum packages are in place for undertaking CBCS program.
- Provide capacity building to program implementing partners at woreda/kebele level.
- Co-ordinate the various program being undertaken by partners.
- Ensure CBCS program are heedful in accordance to the principles outlined.
- Provide support for the documentation of best practices and disseminate lessons of experience.
- Monitor and participate in evaluating activities and submit periodic reports to the appropriate bodies.

4.5 Regional NGOs/FBOs/CSOs

- Build and strengthen both the organizational and programmatic capacities of the implementing partners.
- Establish networking mechanisms among relevant actors, NGOs and CSOs and co-ordinate their efforts.
- Mobilize resources.
- Establish/strengthen systematic referral links for service users.
- Monitor and participate in the evaluation of CBCS.
- Submit periodic reports to appropriate sections and publicize best practices.

4.6 Zone/Sub-city and Woreda Government Offices

- Co-ordinate and follow up program implementations.
- Strengthen/enhance woreda level HIV and AIDS committees.
- Direct program activities and ensure equitable distribution of resources.
- Make sure a favorable atmosphere exists for program operations.
- Facilitate the advancement of community mobilization.
- Become involved in planning, coordinating and executing program activities.
- Enhance networking and partnership.
- Facilitate joint supportive supervision and performance review meetings.
- Ensure standards and norms are maintained.
- Ensure referral links between CBCS services and primary health care units.
- Participate in monitoring and evaluation, document and disseminate best practices.
- Support and monitor implementing partners at zone(Sub-city/woreda levels

4.7 NGOs/FBOs/CSOs at Zone and Woreda Levels

- Strengthen the program implementation capacity of the woreda.
- Mobilize resources.
- Participate in the planning and implementation of the programs.
- Establish an effective networking system.
- Support the existence of systematic referral links.

- Participate in the monitoring and evaluation of activities.
- Document and disseminate best practices.

4.8 Government Offices/Representatives at Kebele Level

- Participate in problem identification and in planning solutions.
- Become involved in targeting groups that deserve the services.
- Participate in mobilizing community resources and co-ordinate the responses of the different sectors at the kebele level.
- Co-ordinate and participate in implementing the activities.
- Facilitate the integration of various CBCS activities with kebele level facility-based services.
- Facilitate networking, service mapping and referral linkages.
- Assist the establishment of support groups.
- Direct activities that reduce stigma and discrimination.
- Promote the observation of human and legal rights.
- Establish beneficiaries complain mechanism
- Recording and documentation
- Participate in the monitoring and evaluation of activities and submit periodic reports to appropriate units.

4.9 CSOs, CBOs, NGOs, FBOs, etc) and Private Sectors at Kebele Level

- Participate in identifying eligible individuals for support and keep records of them.
- Participate in needs assessment.
- Mobilize resources.
- Make relentless efforts towards empowering households for the use of support services.
- Sensitize the community for the purpose of reducing stigma and discrimination.
- Facilitate networking among and between appropriate service providers
- Train and deploy care and support (HBC) providers.
- Participate in the monitoring and evaluation of activities and submit periodic reports to the appropriate bodies.

4.10 Care providers

- Sensitize the communities about HIV and AIDS prevention and control.
- Impart knowledge and skills to PLHIVs and family members about prevention, treatment, self care and support.
- Inform community members as to what services are currently being provided.
- Facilitate referrals and follow-up users service utilizations.
- Promote the opportunity of positive living/positive health, Dignity and prevention (PHDP).
- Identify potentially needy PLHIVS and PLHIV for CBCS program either in readily available systems or through referrals.
- Finally ensure service utilization of the beneficiaries

4.11 Family

- Assist or take care of PLHIVs personal hygiene (use of safe water etc).
- Help PLHIVs, or affected members of the family to feel at ease and to become physically and emotionally and psychosocially stable.
- Ensure PLHIV in the family is/are not denied, stigmatized and discriminated
- Ensure the responsibility of caring is equally taken on by male and female family members.
- Promote/protect the welfare of PLHIV and children in the family.

4.12 PLHIVs

- Become involved voluntarily in advocacy work to improve the situation of PLHIVs.
- Participate actively in the program planning process of CBCS.
- Voluntarily disclose one's HIV status and seek care and support services.
- Promote voluntary discloser of HIV status
- Promote consistent condom use
- Claim/stand for one's rights.
- Plan for self and family future living conditions, particularly children.
- Actively participate in support group/s
- Avoid self discrimination
- Utilize care and support services appropriately
- Actively participate in all HIV prevention activities
- Remember always to hold on to positive living and avoid dependency.

V. MONITORING AND EVALUATION OF THE CARE AND SUPPORT SERVICES

A functional monitoring and evaluation system is quite indispensable for the realization of care and support programs. In this regard, the existing M & E system should capture and report the necessary details on quality and quantity of the services. As indicated above, each of the nine basic services has its own major indicators which are expected to be aligned with the M & E systems of actors using this guideline.

In order to ensure the application of this guideline the following monitoring standards should be critically considered;

Effective monitoring system and clear procedures must exist or be established to ensure that programmes keep the confidentiality of any information regarding the identification by name, place of residence, and or HIV and AIDS status of PLHIV or household being assisted through programmes

Careful advance planning is crucial for data collection from PLHIVs. Data collectors need to think through the consequences, both intentional and unintentional miss of the information gathering activity on PLHIV. If appropriate safeguards cannot be put in place, the activity should not proceed.

Harmonized Reporting system

- The reporting system must be aligned with FHAPCO's M & E system
- The data should be disaggregated; like by age, sex…etc

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