Circle of Hope Replication Training
June 2023

Module 1: Introduction & Overview of the Community Post Model

Module 1 Objectives

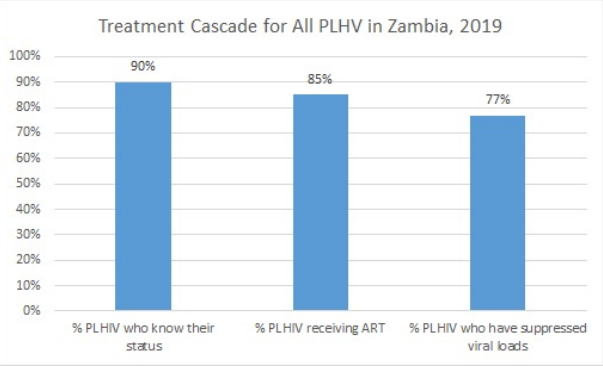
- Describe existing gaps along the HIV prevention, care, and treatment cascade and HIV service access barriers that community posts (CPs) aim to address.
- Describe the three-pronged strategy and the critical elements of the CP model that address the gaps along the HIV prevention, care and treatment cascade.
- Describe the core values or RECIPE of the model.
- Outline the steps to setting up a CP and the overall service delivery strategies CPs employ
- Describe overall impact and successes of the CP Model in Zambia

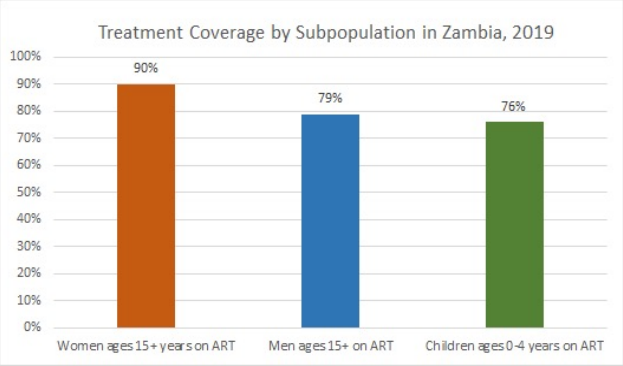
HIV Situation in Zambia

- Estimated 1.3 million PLHIV
- Estimated 66,000 children aged 0-14 living with HIV
- 38,000 annual new infections, including 3,800 infections in children 0-14 yrs
- HIV prevalence of 11.5% among those ages 15-49 years
- Prevalence higher in women (14%) than men (8.9%)
- More than 59% of PLHIV were women
- About 17,000 AIDS related deaths in 2019

Source: UNAIDS, 2022

Treatment Cascade





Source: UNAIDS, 2019

Challenges in ending HIV/AIDS as a public health threat by 2030

- Ineffective case identification approaches (community door-to-door testing has low testing positivity)
- Progress in uptake of HIV testing services stalled during COVID-19 due to declines in outpatient department attendance across the country
- Lower ART coverage among children, men, and young adults compared to women
- Treatment interruption due to side effects, drug fatigue, stigma for adolescents attending boarding school, and inflexible dispensing regimes
- Clients starting and stopping treatment, including mobile populations that stop and start treatment

Barriers to HIV Service Delivery

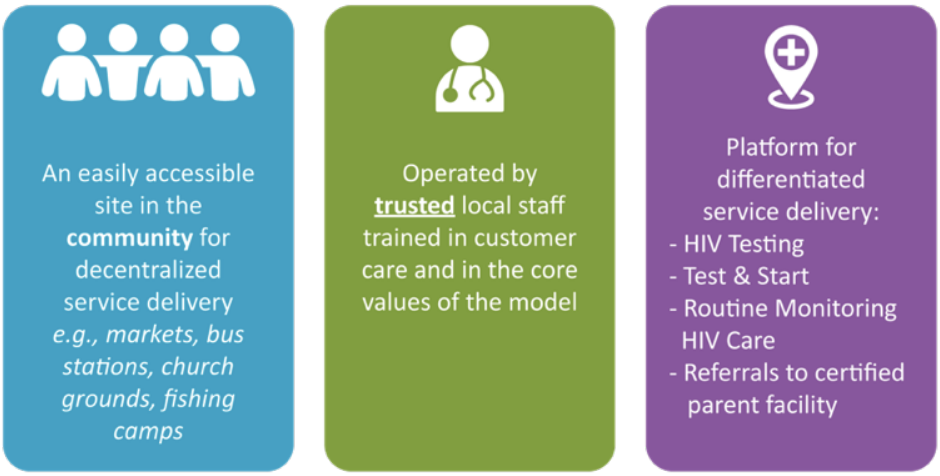
Demand Side (Client)

- **Time** (client wait times and time to reach services)
- **Cost** of access (transport, fees for HIV related services)
- **Stigma** (especially among men and adolescents)

Supply Side (Providers)

- **Poor leveraging** of relationship capital between community stakeholders (gate keepers) and clinic-based providers (silo mentality)
- **Poor customer care** (from service providers) - lack of client centered services
- **Competition** among sector players and stakeholders at various levels limits coordination and effectiveness

What Is a Community Post?



Three-Pronged Response Approach

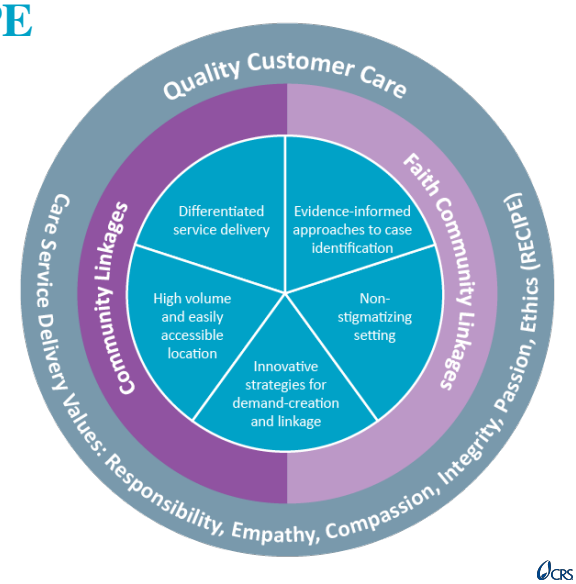
Community posts: Decentralized service delivery for improved case identification & retention
- **WHERE?**

Strategic Partnerships: Leverage trusted CHWs, local and faith communities and net-works to deliver HIV services
- **WHO?**

Core Values: Commitment to building leadership capacity among all staff who internalize RECIPE core values and use hand-holding mentorship and coaching
- **HOW?**

Core Values: The RECIPE

- **R**esponsibility
- **E**mpathy
- **C**ompassion
- **I**ntegrity
- **P**assion
- **E**thics



Linda Compound Community Post, Zambia

Engaging Community/Faith Leaders

- Sensitization and engagement of faith and community leaders (e.g., councils, market leaders, schools) from the outset and throughout operation
- Partnerships with churches create awareness and mobilize demand for HIV services
- "Faith Champions" help promote uptake of HIV testing services
- "Life Coaches" mobilize demand among adolescents

Mapping for Strategic Site Selection

- Decentralized service delivery improves case identification and continuity of treatment
- Key is to identify potential CP close to the community where people live, work, socialise, and worship
  - Markets (trading areas for men, women & adolescents)
  - Bus stops (finding men & adolescents)
  - Busy residential settings (migrant patients; patients ITT)
  - Fish camps and weekly farm produce sales centres for rural areas (migrant patients)
- Sites are NOT branded as CP on the outside

Securing Infrastructure & Supply Needs

- One or two-room building
- Fittings and fixtures
- Laptop or tablet with SC Lite
- Two screens/dividers (for confidentiality)
- File cabinets
- Three (3) tables
- Eight (8) chairs
- One (1) waiting bench
- Hand washing basin and hand wash
- Disinfectant supplies
- Stationary – clinical forms, registers, suspension files (E-Last Patient files), etc.
- Cooler boxes (2) for blood samples
- Adult and baby scales
- Fans for comfortable climate

Identifying the CP Team

- Team leader/clinician (clinical officer/nurse practitioner) (x1)
- Psychosocial counsellor (x1)
- Data entry clerk (x1)
- Community-health worker (CHW) (x4)
  - These are balanced gender and age
  - Expert clients integrated with staff and CHWs

CP Staff Capacity Building & Mentoring

- Initial CP orientation and on-site mentorship
  - All staff, counsellors, CHWs, and data entry clerks are trained in CP data capture for respective Management Information Systems (e.g., registers, etc.)
  - CHWs trained to use a mix of testing approaches (e.g., index testing & partner notification services, targeted testing, HIV risk screening tools)
- Daily coaching (Pep Talk):
- Review of targets and performance, identify challenges, additional guidance and support
- Refresher training and updates

Service Delivery: Employing Diversified Case Identification Strategies

- High yield entry points using Provider Initiated Testing & Counselling (PITC)
- Index Testing of High-Risk Index Cases
- Partner Notification Services (PNS) by trusted local staff
- Application of Social Network Strategy (SNS)
- Use of risk markers to identify candidates for HIV risk factor screening

Service Delivery: Adopting Sustainable Treatment & Viral Suppression Strategies

- Initiate adults and children on efficacious regimens
- Focus on preventing missed appointments and treatment interruptions
- Immediate initiation of tracking missing patients
- Expand access to Viral Load testing
- Engage faith and community leaders to support adherence and optimize viral suppression

CP Performance: Ongoing Team Motivation

- Establish and share daily targets for new people initiated on ART
- Daily inspirational team Pep Talks focusing on the “RECIPE” core values
- Daily performance updates
- Monitoring using WhatsApp groups
- Monthly data/ lab audits
- Peer-to-peer mentoring for skills transfer (pairing low and high performing CHWs)
- CHW stipends for reaching contacts and community members
- Quarterly, non-monetary recognition and awards to CHWs

CP Performance: Ongoing Monitoring and Reporting

- Work not documented is not done
- Data Associates support 2 CPs each to capture the data electronically
- Facilities use MoH provided registers to enter the data (sometimes improvise)
- Daily reports are submitted for consolidation

Key Successes of the CP Model in Zambia

- Improved case identification
- High positivity through index testing
- Has attracted more males compared to conventional health facilities
- Improved continuity of treatment
- Comparable viral load suppression with conventional health facilities
- Recognition from MoH, PEPFAR, CDC, WCC, UNAIDS, CRS, and CAF
- Replicating model in peri-urban and three rural settings

CRS/COH PERFORMANCE STATISTICS

Oct 18-June 20

Circle of Hope

CRS faith. action. results. CATHOLIC RELIEF SERVICES

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

PEPFAR

Key

- EpiC 3-90 facilities: 101 Facilities distributed across 4 provinces of Zambia including COH
- COH: Circle of Hope (and all its 32 CPs) is one of the 101 supported facilities
- Other EpiC 3-90 facilities: All EpiC 3-90 supported facilities with exclusion of COH
- Tx_New: Number of adults and children newly enrolled on antiretroviral therapy (ART)
- Tx_Curr: Number of adults and children currently receiving antiretroviral therapy (ART)

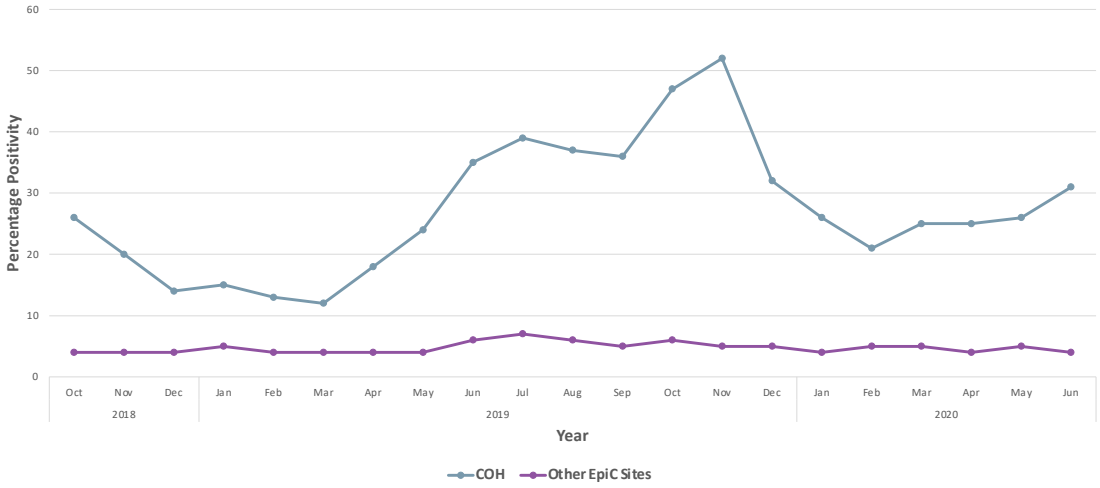
Key

- Community Post scope of services are increased 6-12 months after opening

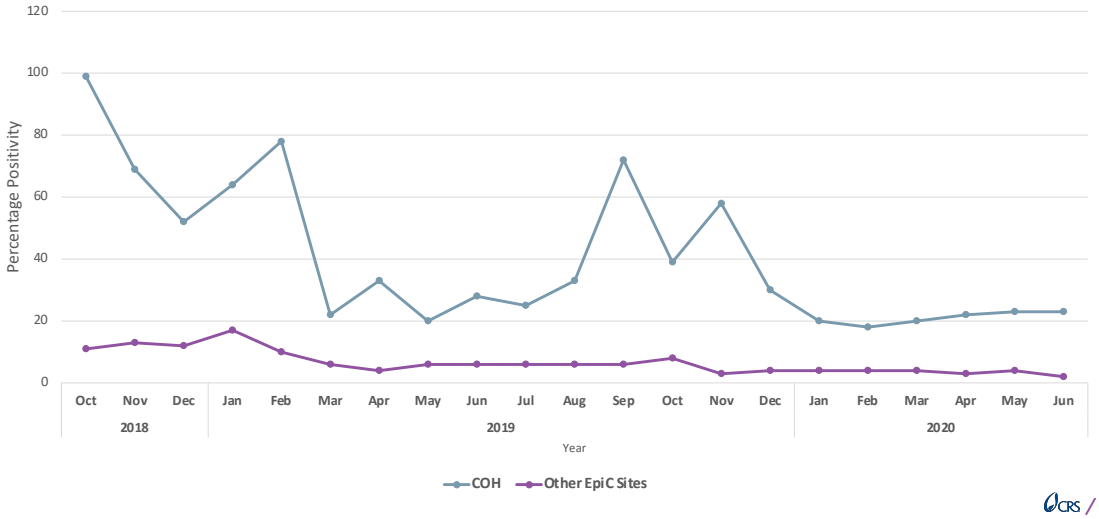
- Additional space is sourced to offer the following services-
  - Voluntary Medical Male Circumcision (VMMC)
  - Cervical Cancer
  - Maternal and Child Health

- Appointed staff for additional services-
  - VMMC (Clinician and Assistant)
  - CC (Specialty trained nurse and Assistant)

HTS Positivity: CoH vs Other EpiC Sites



Index Testing Positivity: CoH vs Other EpiC Sites

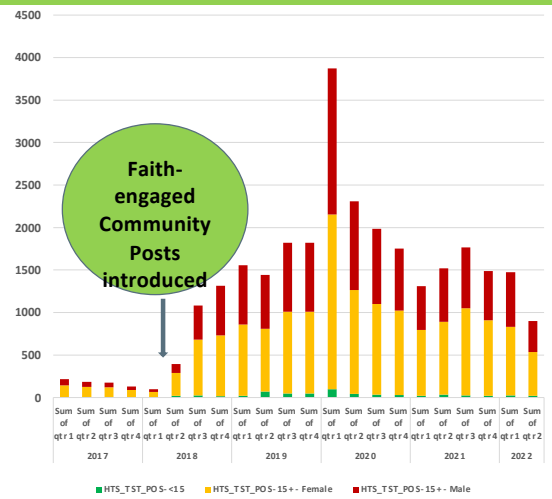


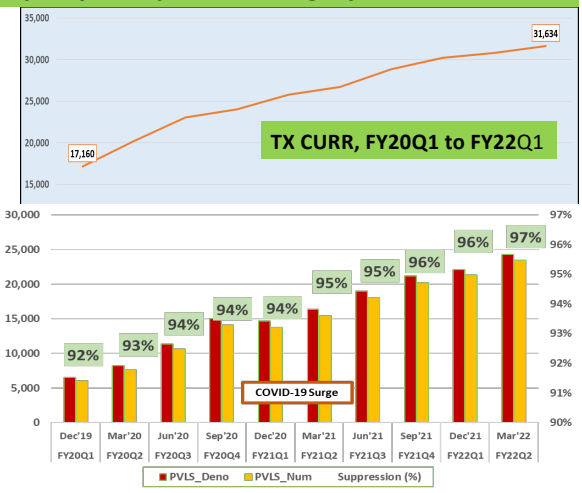
Circle of Hope

Faith-Engaged Community Post Results:
Data Show Success in Closing Access & Equity Gaps by Leveraging Trust of Faith & Community Influencers

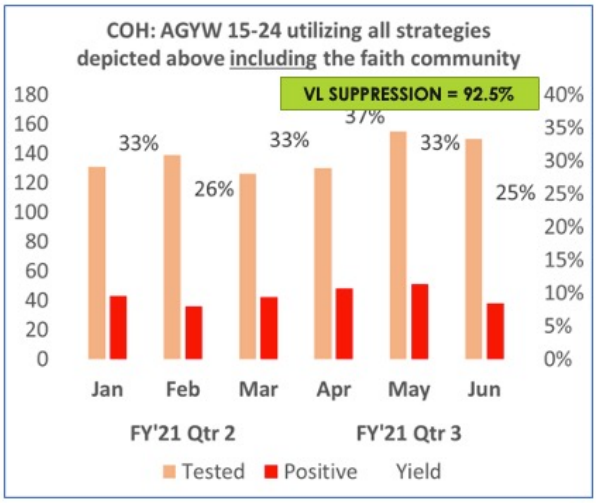
ZAMBIA Circle of Hope: Faith-engaged Community Posts and Performance for 95-95-95 for men and women

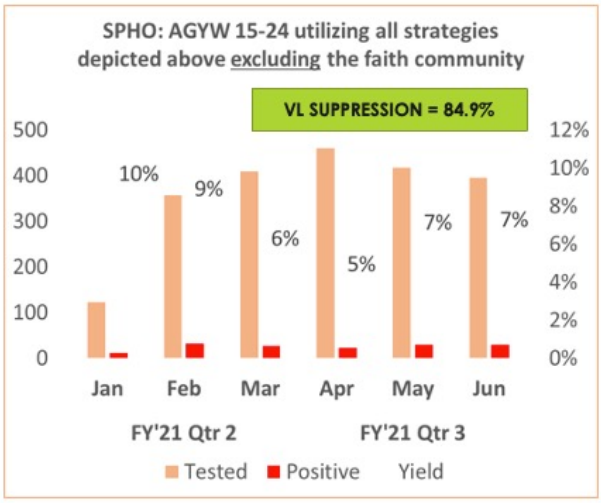
Daily Values Coaching in the *R.E.C.I.P.E.: Respect, Empathy, Compassion, Integrity, Passion, Ethics*



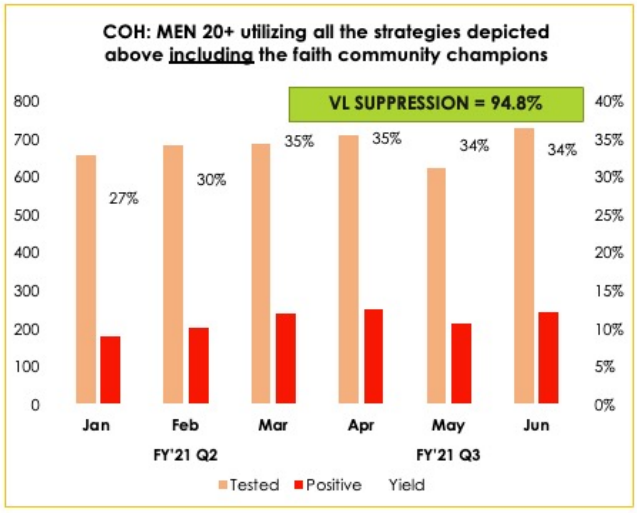


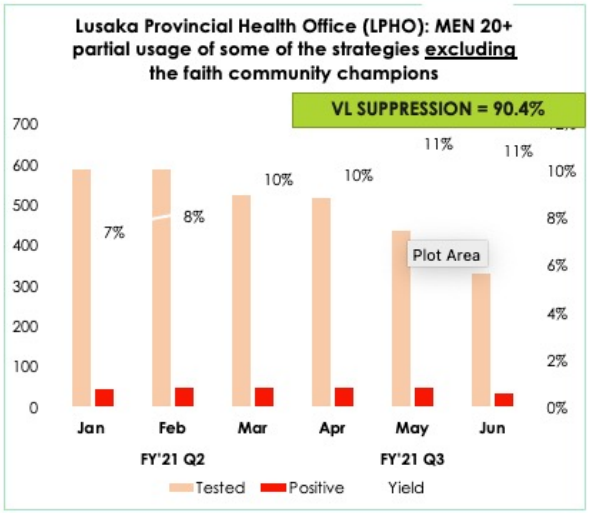
ZAMBIA COH Faith-Engaged Community Posts (CPs) Close Gaps for AGYW: Higher performance than Southern Lusaka Provincial Health Office CPs



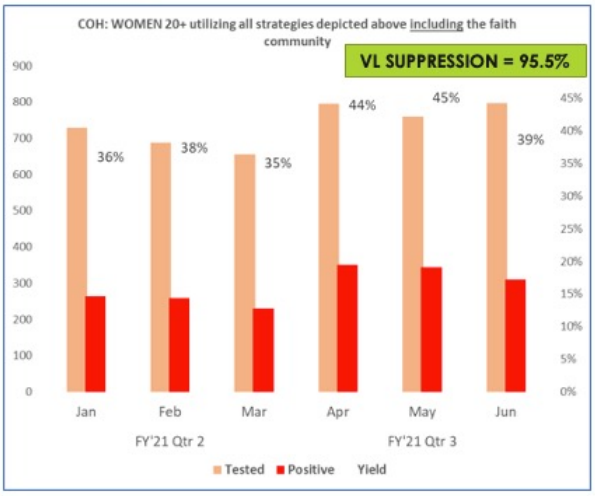


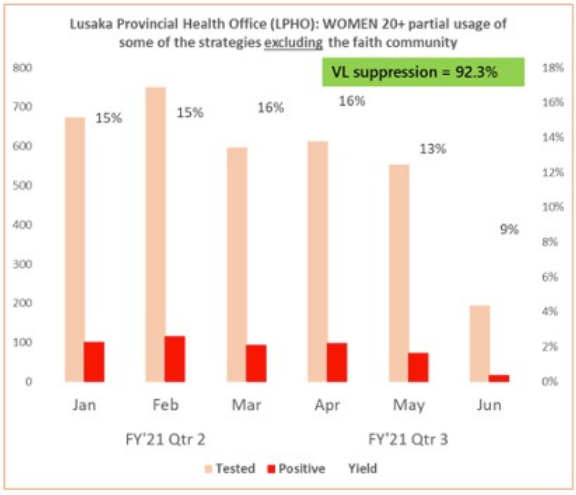
ZAMBIA COH Faith-Engaged Community Posts (CPs) Close Gaps for MEN: Higher performance than Lusaka Provincial Health Office CPs



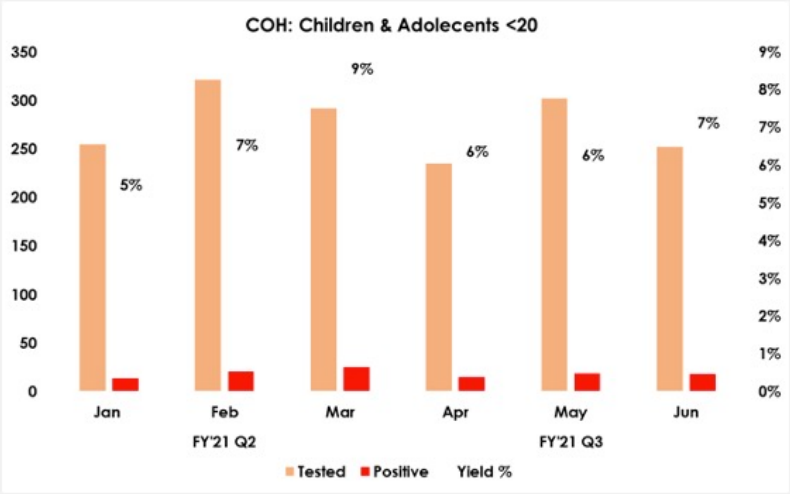


ZAMBIA COH Faith-Engaged Community Posts Close Gaps for WOMEN: Higher performance than Lusaka Provincial Health Office CPs

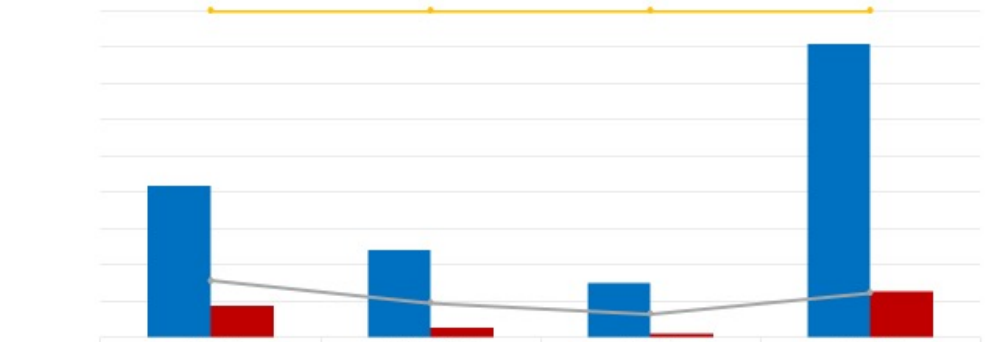




ZAMBIA COH Faith-Engaged Community Posts (CPs) Close Gaps for CHILDREN: High yield, high linkage



COH CP Contribution to DOD/DHAPP CUMMULATIVE HTS_CASCADE BY PROVINCE: 23/12/22 – 17/1/2023



	LUSAKA	COPPERBELT	CENTRAL	OVERALL
HTS_TST	836	481	303	1620
HTS_POS	175	57	24	256
Linkage %	99%	100%	100%	99%
Yield %	21%	12%	8%	16%

COH Circle Of Hope

Thank You!

Circle of Hope

CRS faith. action. results. CATHOLIC RELIEF SERVICES

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

PEPFAR

Module 2:
Core Values & Principles

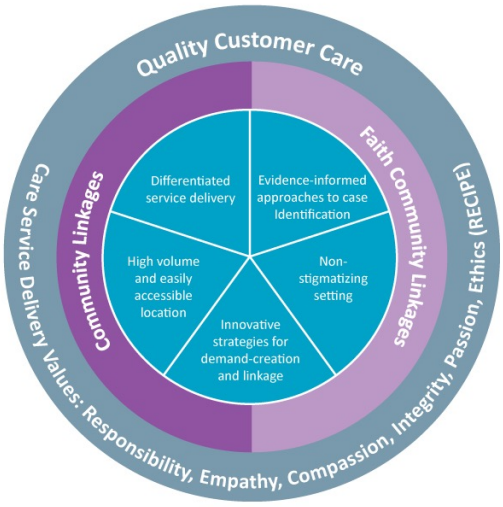
(The RECIPE)

Module 2 Objectives

- Describe each component of the core values of the CP model-the RECIPE and how it contributes to the success of the CP model
- Demonstrate how to implement the RECIPE values in the CP model

Core Values: The RECIPE

- **R** esponsibility
- **E** mpathy
- **C** ompassion
- **I** ntegrity
- **P** assion
- **E** thical



Responsibility

- Responsibility barriers that limit HIV service delivery:
  - Blaming
  - Excuses
  - Self-acquittal
  - Indecision/delayed decision making
  - Deferment
- Responsibility means collective understanding and ownership of challenges/problems
- Instilling CP teams with responsibility leads to collective action to address the problem
- Examples...

Empathy

- Understand the social, economic, psychological, and health factors affecting each client's needs and care plans
- Put yourself in the situation of the client and deliver services accordingly
- Eliminate entitlement mentality among staff at all levels
- Remember – it is an honor to serve another being!
- Examples...

Compassion

- Empathy put into action
- Doing something about how you feel about someone else's situation
- The active force needed to execute positive change towards ending HIV/AIDS as a public health threat by 2030
- Helps leaders to roll up their sleeves and support "field soldiers"
- Moves providers to think outside of the box in terms of new strategies for case finding, linkage and continuity of treatment
- Examples...

Integrity

- Bringing honesty and strong moral principles to the work you do each day
- Ensure clients are treated appropriately/according to care standards across all areas of service, regardless of their situations
- Integrity is important for strengthening/attracting partnerships
- Examples...

Passion

- Energy to serve for the good of others
- Energy to serve with undivided attention to client
- Energy for sustained quality performance
- Energy to overcome new barriers and challenges
- Energy to love unconditionally
- Energy to celebrate and affirm others (e.g., clients, colleagues)
- Energy to innovate
- Examples...

Ethics

- Adhering to quality-of-care standards (e.g. confidentiality)
- Showing total regard/respect for client
- Eliminating shortcuts
- Examples...

Thank You!

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CATHOLIC RELIEF SERVICES

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

PEPFAR

Module 3: Customer Care in the Community Post Model

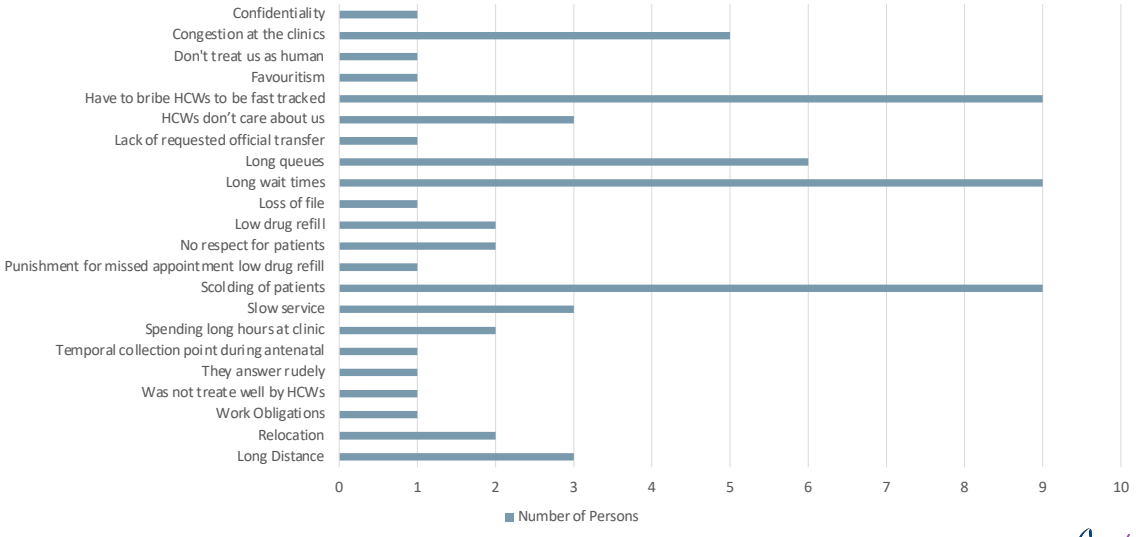
Module 3 Objectives

- Define customer care and its importance to the success of the CP model
- Describe how poor customer care drives clients to exit services
- Explain how customer care is put into action
- Summarize critical competencies of customer care
- Understand how to integrate customer care in staff training, coaching & mentoring
- Describe communication tips for better customer care
- Describe how health providers can overcome personal stigma that affects customer care
- Describe how to sustain and monitor customer care

What is Customer Care?

- The client's experience in interacting with service providers and health service delivery overall
- Involves the provision of care to the client, looking at the whole person, and providing services in the right way, in a timely manner, and according to approved protocols/standards
- A process of looking after customers to ensure their satisfaction
- Practiced throughout the continuum of care from the community to the facility where it is amplified and re-enforced
- More powerful than any marketing strategy – your client hear even what you have not said!

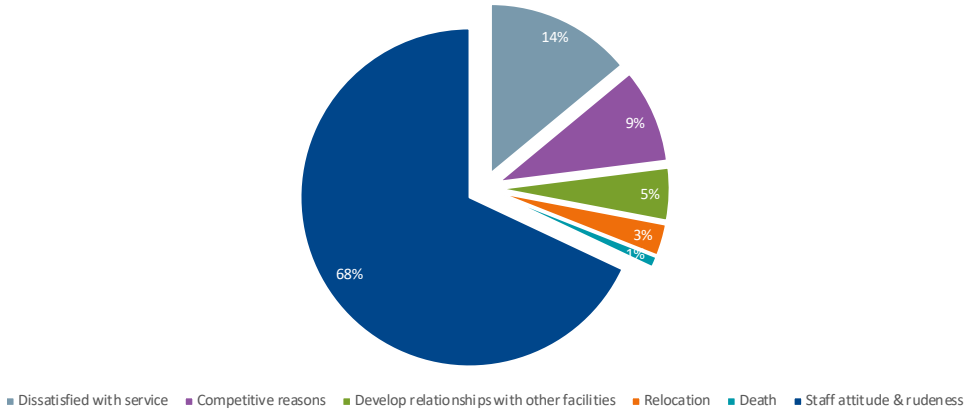
Reasons Clients Leave Services



Data Source: CIDRZ ACHIEVE Project - RAPID APPRAISAL ON REASONS FOR 'Silent transfers' in Lusaka Urban District

[Template:] Reasons Clients Leave Services

Each year, 15% of customers do not return to services and interrupt their treatment (Interruption in Treatment)



Poor Customer Care Drives Clients to Exit

- Clients switch to other service providers because of poor or indifferent customer service (known as “silent transfers”)
- Silently transferring client switch providers because of a **specific** customer service issue
- Clients never stop comparing providers
- Clients are looking for satisfaction and a positive client and transformative experience at each visit

A Satisfied Client

- Helps build the image, brand, and reputation of a facility and of a Ministry
- Is a natural repeat client
- Adheres to treatment and visits
- Progresses along the HIV Cascade continuum of care of the **95-95-95**
- Is the best marketer and advert for others to see and experience
- Is a potential attracter of funding and partnerships

Remember our RECIPE?

- **R**esponsibility
- **E**mpathy
- **C**ompassion
- **I**ntegrity
- **P**assion
- **E**thical

Customer Care is Critical to our RECIPE

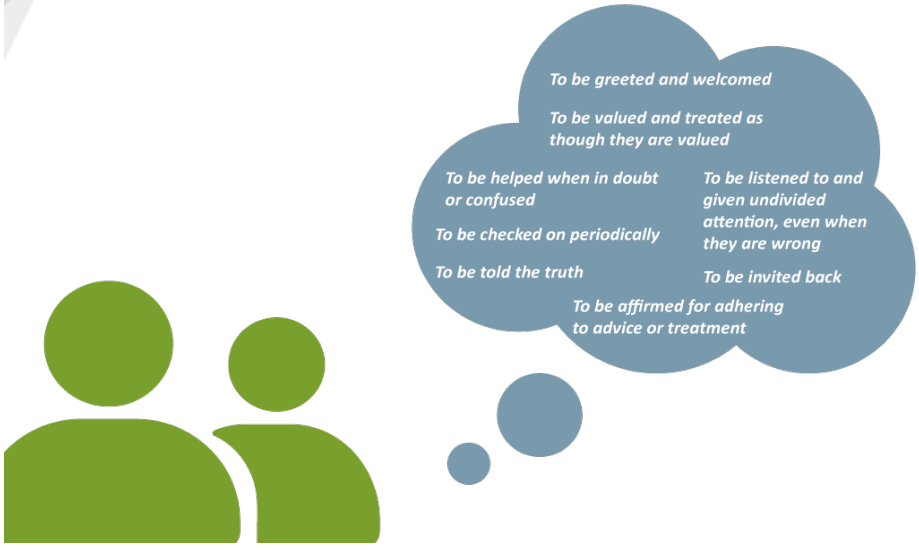
- CPs exist to serve clients
- Clients must be at the centre of CP programming and activities
- Helps CP staff take **RESPONSIBILITY** for the **entire** wellbeing of clients (i.e., psychosocial, clinical, mental health wellbeing etc.)
- It re-enforces **EMPATHY** towards clients
- It brings alive the **COMPASSION** to serve
- It affirms the resolve to serve with **INTEGRITY**
- It helps ignite and maintain **PASSION** to serve due to positive client feedback
- It ensures serving **ETHICALLY** within norms

Health Care Provider Excuses for Poor Customer Care

Delivering Customer Care

- Essential for management and leadership to model customer care in the way they manage and lead CP staff
- CP staff provide customer care for:
  - New client (e.g., Walk Strategy, Welcome Strategy)
  - Existing client (affirming, celebrating, caring, and supporting)
- New ideas for customer care are generated through:
  - Encouraging staff to generate ideas about customer care improvements
  - Promoting creativity and innovation around customer care

Understanding What Clients Want



Critical Competencies of Customer Care

Staff Training, Coaching & Mentoring

- Encourage staff to always strive to go above and beyond in client interactions and care
- Conduct basic and quarterly training on customer care (e.g., workshops, unit discussions, meetings)
- Educate staff on the entire patient experience (reception to pharmacy) and importance of every step in the care process
- Teach staff how to obtain honest feedback from clients (e.g., side effects)
- Teach staff how to identify and analyse client problems
- Engage staff to develop and cultivate healthy, worthwhile client relationships
- Ensure staff learn two things about clients daily and document

Communication Tips for Providers

- Practice two-way, active listening with clients and staff
- Dress code appropriate for the setting and community environment; need to be relatable to clients
- Minimise the use of medical jargon and acronyms
- Learn the art of listening to clients
- Never raise your voice to a defaulting client, rather listen and counsel
- Use varied means of communicating (i.e. texts, phone, visits, gestures, tokens (priority cards in which elderly and children are served first)
- Use local language, as appropriate, and even slang to facilitate understanding by client

Overcoming Stigma

- Personal stigma impacts our treatment of clients and affects Customer Care
- Overcoming stigma means….
  - Accepting love from God or authority figure
  - Accepting forgiveness from God or authority figure
  - Learning to love yourself and accept yourself as you are
  - Learning to forgive yourself and past mistakes or baggage
  - Learning to love others now that you love yourself
  - Deploying self-leadership – this enables you to accept others as you would accept yourself and manage self. You cannot love your neighbor as yourself if you don't love yourself.

How Do We Sustain Customer Care?

- Developing customer care competencies to reinforce the core values in the RECIPE
- Conveying messages that CP staff are here to help client and client feedback is valued
- Capturing and sharing customer feedback with employees/ supervisors
- Recognizing and affirming staff and managers that deliver good customer care
- Create environment where staff have authority to act on good attitude
- Make customer care consistent across parent facility and CP

Monitoring Customer Care

Establish deliberate monitoring system to gauge level of customer care:

- Ongoing exit interviews for clients transferring out, lost to follow up, and defaulting, as well as staff leaving
- Entry interviews for clients transferring in, staff wanting to join a CP, and stakeholders wanting to partner
- Suggestion boxes within and outside the facility
- Walk-throughs during site supervision

Use information from feedback loops to discuss the reality and address specific and common issues related to client care

- In daily pep talks and other interactions, such as daily performance digital platforms, to continuously encourage positive staff attitudes
- Provide coaching and mentorship to build skills of CP staff to address gaps in customer care identified through feedback
- Adapt the operating environment in response to feedback to continuously improve customer care

Remember: Customer Care & RECIPE are Key to ending HIV/AIDS as a public health threat by 2030

Module 4: Stakeholder Engagement

Module 4 Objectives

- Describe the importance of stakeholder engagement when establishing the CP model
- Outline the overall process of stakeholder engagement in the CP model from the initial interest of an IP/local agency to engaging with other IPs to diffuse competition
- Identify the difference between approval and buy-in and the importance of each
- Describe how the CP model addresses HIV service delivery barriers

Overview of Stakeholder Engagement in the CP Model

- Is the first and critical step to introducing the CP model in a new or existing context
- Involves building relationships at every level of the system and with different types of stakeholders (government, authorities, community -, faith-, and business leaders)
- Happens continuously
- The specific process and details associated with stakeholder engagement may vary according to context

Steps

1. Interest in CP model from a local agency (CDC/PEPFAR/USG/DOD) or IP
2. IP receives funding from local agency to implement CP model
3. IP conducts advocacy to the MOH to receive their approval and buy-in at the national level to implement the model
4. IP secures the buy-in of the local decision-maker(s)
5. IP engages with local stakeholders, including community leaders, religious leaders, market executives, etc.
6. Include local stakeholders in site scanning
7. IP engages with other IPs

Getting Buy In

- Buy-In is not the same as getting approval!
- Approval grants the permission to move forward at the national or local level
- Achieving buy-in involves enlisting support and involvement to ensure the success of the model
- Explain how the CP models addresses key barriers to service delivery
- Emphasize “one fight”

Barriers to HIV Service Delivery

Demand Side (Client)

- **Time** (client wait times and time to reach services)
- **Cost** of access (transport)
- **Stigma** (especially among men and adolescents)

Supply Side (Providers)

- **Poor leveraging** of relationship capital between community stakeholders (gate keepers) and clinic-based providers (silo mentality)
- **Poor customer care** (from service providers)
- **Competition** among sector players and stakeholders at various levels limits coordination and effectiveness

Case Study: Implementing the CP model in Nigeria

- CDC HQ (Atlanta) convened virtual meetings were every two weeks over two months to orient CDC Nigeria and the IPs to the CP model
- CoH conducted abbreviated orientations and trainings for CDC Nigeria and the IPs on most CP model modules virtually
- Stakeholder meetings with CDC Nigeria and the IPs commenced in Nigeria
- Scanning and permissions sought from local MOH at both state and city levels
- 1 CoH; 2 CDC HQ Atlanta Officers; and 1 CDC Zambia Staff took trip to Nigeria
- During trip, orientations and trainings took place at all levels (i.e. CDC Nigeria, IP, Facility, CP staff, Market Executives, State Officials i.e. State Health Secretary)
- During visit the ceremonial ribbon cutting and activation of CP took place
- Follow up support provided through virtual WhatsApp platform support and by weekly online meetings
- CoH provided virtual support through weekly online meetings to IPs, facility staff, and CP Team Leads and Data Associates

Case Study: Implementing the CP model in Zimbabwe

- CDC and USAID Zimbabwe held virtual meetings, orientations, and trainings for three IPs in three sessions
- Who were the participants in the virtual meetings? Who was the target for the orientation and training?
- Zimbabwe IPs (ZACH, AFRICAID, FACT) visit CoH Zambia with CDC Zimbabwe and USAID for onsite orientation, training, mentorship and connecting visit.
- CP staff and IP from Zimbabwe participated in a practical consisting of field visits to CoH CPs with orientation and training
- Training included CoH model cascade modules; role of IP in ensuring success by CRS, role of local CDC in ensuring success; role of CDC HQ in (one officer had travelled from US) supporting CPs through timely provision of support to both IP and Facility, role of MoH in supporting the CP
- CoH visit to Zimbabwe to orient, train, scan, interview short listed staff, review scanned communities, meet stakeholders i.e. market executives, faith communities, provincial ministers and officials
- Training and orientation of PEPFAR interagency in country

Stakeholder Engagement Tool Template (SETT)

S/N	Stakeholder Name	Area of Influence/Interest	Engagement Action	Channel of Engagement	Frequency (By-Weekly)	Anticipated Target/Outcome
1.	Faith leaders : pastors, Imams, youth faith leaders etc. (the name of the stakeholder)	(this stakeholder's identified niche/how/where they can help) e.g Demand creation, Treatment Adherence, Viral Load Coverage and Suppression, AYPs, Finding Men, Pediatric	(to what extent should we engage this stakeholder) e.g Manage closely	(how should we engage this stakeholder) e.g Personal check-in, emails, phone calls etc	(how often should this stakeholder be engage or contacted to keep the relationship) e.g by-weekly/every 2 weeks	(what's the desired impact of engaging this stakeholder) e.g. Collaborate with to bring at least 3 people per week for testing
2	Local leaders (market exec, resident development com., ward chair persons, ward councilors)					
3	Neighborhood health committee					
4	COH (COH staff attending meetings hosted by stakeholders)					
5	Other stakeholders: …… ……					
6	Other stakeholders: …… ……					

Thank You!

Module 5: Community Scanning, Site Selection & Preparation

Module 5 Objectives

- Describe the purpose and process of site scanning and selection
- Explain the considerations when selecting the location and space for the functioning of a CP, including in rural areas
- Understand attributes of a successful site scanning process
- Explain the different aspects of site preparation
- Describe the equipment necessary to set up a CP, including lab and pharmacy supplies
- Understand role of parent facility lab and pharmacy in relation to a CP
- Describe CP budget considerations

Purpose of Site Scanning

- To assess the most strategic locations/areas and structures (e.g., office spaces) within the target community to situate a CP
- To gather information on potential faith organizations and other local resources to potentially support the functioning of the CP
- To introduce the model to community leaders (e.g. civic/political leaders, clergy, market chairperson, etc.) and engage them in identifying strategic positioning of CP

Area Selection Factors

- High population density
- Located within 1-2 km of a public health facility
- Ongoing social, economic, and spiritual activities (markets, churches, busy residential areas)
- Reasonable presence of men engaging in social and economic activities
- Presence of local leadership structures and stakeholders (e.g. market executive committees, pastor fellowships, local development committees)
- Presence of community hots spots (bars/taverns, lodges, football fields, markets, bus stops, night clubs, business offices, churches, large shops/grocery chains)
- Presence of social networks (e.g., brothel rings, commercial sex workers)
- Reasonable number of client's already living in that community (reverse mapping)

Step 1: Pre-Scanning

- **Pre-scanning** is done by IP with parent facility staff or partner organization working with IP before entering the community
- This process helps to identify the community(s) within a given zone/town that may be most strategic to set up a CP and place(s) to conduct the scanning activity
- Involves compiling/triangulating the following information from individual facilities and districts/provinces on:
  - HIV data (e.g., treatment coverage, interruptions in treatment, known status)
  - Number of health facilities in the area
  - Existence of possible hotspots and social networks in the area
- Information can be gathered from statistical data; interviews with individuals familiar with an area; and visits to the community

Step 2: Team Formation

- A technical site scanning team is assigned to carry out site scanning
- The team includes:
  - Program officers and leadership from IP (with at least one person conversant in the local language of the community)
  - Community Leaders
  - Parent facility staff, including in-charge (i.e., clinicians), HTS coordinator, ART coordinator, CHWs
- Once team is formed, it identifies and works with a local person in the target community who understands the area (geographically and in terms of socio-cultural dynamics) and can walk with the site scanning team to assess different locations

Step 3: Community Entry & Scanning

- Prior to the community visit, relevant district authorities are informed about the plans for scanning
- Upon arrival in the community, the technical team meets with the community leader identified
- Together, they make courtesy calls to key community gatekeepers (e.g., ward committee chairperson, market leaders, etc.)
- The team then conducts the scanning activity, walking through the community to assess different areas (based on site selection factors) and possible office spaces within those areas
- Other community leaders (e.g., clergy) may also join the walk-through team, as needed, to inform selection of relevant sites

Step 4a: Site Selection

- Easily accessed within the community scanned (e.g., near markets, bus stops, and residences where the people live)
- Location ideally provides some privacy (e.g., avoid roadside locations)
- Structure must blend into existing physical structures (no branding)
- Structure must have a minimum space of 3.5m x 3.5m
- Structure must have one or two large windows
- Spaces that can be donated by the community (e.g., community halls or market committee offices) or spaces that can be rented from vulnerable groups (e.g., OVC caretaker) are preferred
- For donated spaces, the CP can provide resources towards garbage collection, levies, sanitation, electricity, water, and other related fees

Step 4b: Site Selection (Rural Settings)

- In rural areas, the selection and operation (e.g., days/hours of operation) of CPs is adapted to fit the needs of the given context
- Rural CPs may be situated in a town in a rural area
- Where there is not a big enough town, the CP could be operated as a mobile service during community market days (approx. 2-3x/week)
- Civic spaces used for voting (e.g., schools, local council rooms) may also be viable for setting up a CP
- Engagement of local authorities or health facilities is equally important in selecting appropriate rural sites for CPs

Step 5: Making the Decision

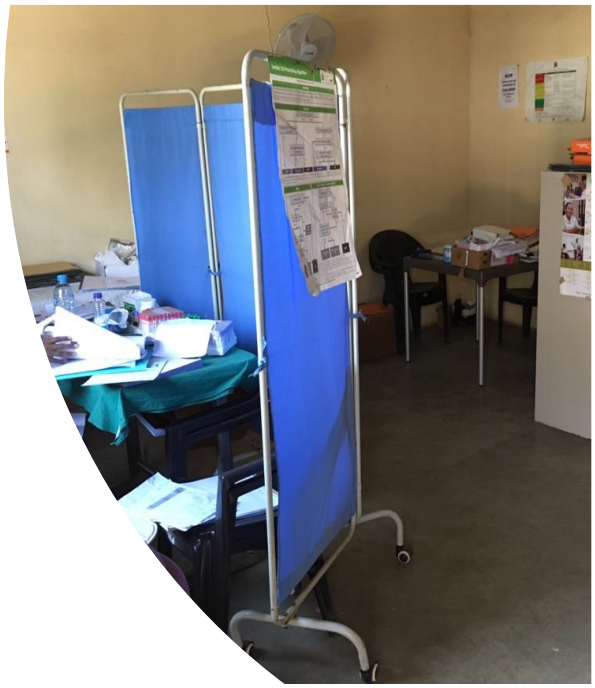
- Following the scanning, the team returns
- Field report is submitted to management (of the implementing partner)
- Management and site scanning team review field report together
- Depending on the findings, they agree on whether the location and existing infrastructure are appropriate/ conducive to setting up a CP

Attributes of a Successful Site Scanning Process

- Timely and thorough pre-scanning efforts to narrow in on specific community(ies) within an identified zone/town
- Efficient planning and preparation of community walk, including timely engagement of stakeholders and logistics
- Active involvement of community leaders/stakeholders on the day of the walk through
- Negotiation with potential landlords for rooms earmarked for selection
- Use of local active clients for their impression of the viability of CP

Step 6: Site Preparation

- Maintenance/refitting of office space selected for Community Post is done immediately after the scanning and payment to secure the site
- Community Posts are painted in a light color (e.g. cream)
- Adequate electrical lighting is installed and sockets for M&E laptops
- Install lock on Community Post door (and possibly install grill doors) for security (local community leader – e.g., market chairperson – keeps keys for Community Post)
- Minimal branding – Community Post must fit the community profile and should not stand out, to avoid stigmatization



Materials

- Laptop for capturing data
- Two screens to ensure confidentiality
- Filing cabinets to store patient records
- Three (3) tables – M&E, Counsellor and Clinician
- Eight (8) chairs (basic)
- One (1) waiting bench
- Hand washing basin and hand wash – Infection control
- Disinfectants for infection control
- Stationary – clinical forms, registers, suspension files, etc.
- Cooler boxes for blood sample collection
- Wall fans for proper circulation
- Water buckets with tap
- Small fridge (if there is electricity)
- Examination table
- Additional COVID-19 infection control as appropriate: masks; thermometer, etc.

Lab and Pharmacy Supplies

- **Lab Supplies:** HIV testing kits (Determine & Bioline) and consumables (EDTA, red top containers, methylated, vacutainer needles and holders, syringes, cotton wool, etc.)
- **Pharmacy supplies** include ARVs and OIs drugs
- Drug supplies are recorded in Electronic Management Information Systems (ELMIS)
- ARVs are reordered every 2-3 months (by parent facilities

Pharmacy

- ARVs
- Cotrimoxazole
- Isoniazid and Vitamin B6
- PrEP
- Basic essential medicines:
  - Paracetamol
  - Ibuprofen
  - Amoxicillin
  - Metronidazole
  - Doxycycline
  - Ciprofloxacin
  - Deworming
  - Injectable Penicillin

Role of the Parent Facility Pharmacy and Lab

- Oversees supply chain management for CP
- Supplies drugs to CP through the government structures
- Forms main storage facility for the CP as they may not have conducive storage
- Some supplies maybe stored at CPs
- Drug quantification & distribution
- Drug redistribution in case of stock-outs or delayed order processing

Image: Lusaka Times

CP Team Leader collects CP supplies from parent facility

Budget Considerations

- Two-to-three scans for CP site selection fuel and other transportation costs) ($30/ trip)
- Two-to-three meetings with stakeholders, community leaders, and health workers for their input ($25/meeting)
- Market and facility contribution (monthly rental) for CP ($80/month)
- HRH salaries (one clinical officer and/or nurse prescriber ($1,100/month); one lay counsellor ($500/month); four community health workers ($150/month/each)
- Community post site renovation ($500)
- Furniture and medical supply costs for initial setup, including tables, chairs, benches, BP machines, scales (adult & pediatric), screens, stethoscopes, thermometers, curtains, consumables for 12 months ($2,000)

Budget Considerations (continued)

- Monthly fuel ($500)
- Support for HTS and continuity of treatment outreach activities, including T-shirts, banners, "I know my status" pins, backpacks, umbrellas, bicycles, and boots ($750/ year)
- Recurrent costs for HTS and continuity of treatment outreach activities, including transport refunds, fuel, community sensitization, lunch for staff for each HTS point ($1,200/ year)
- Timers for HTS ($15/each)
- HTS SOPs: Job aids, Policy, Registers and other printed material ($30/ year)
- Mobile hot spot testing pack, including standard testing supplies ($400/year)

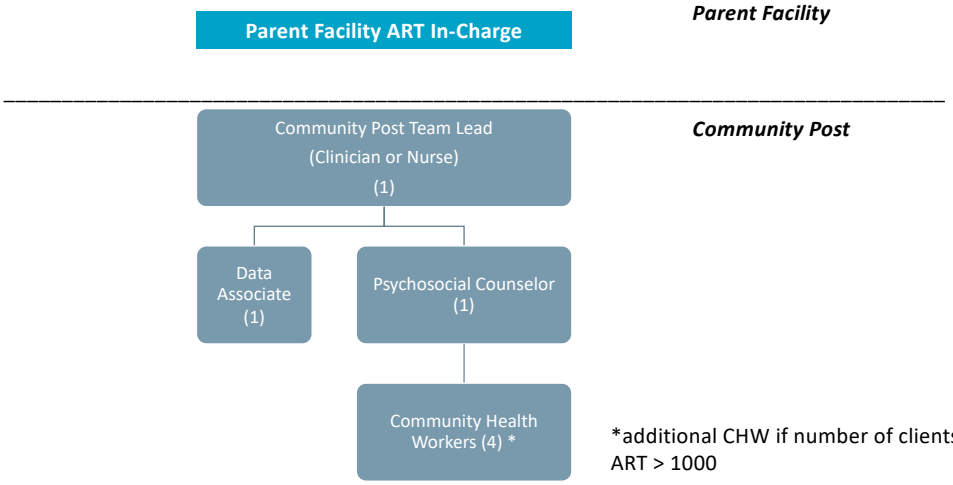
Thank You!

Module 6: Staffing & Capacity Building

Module 6 Objectives

- Understand the CP team composition and organization
- Describe core competencies required of all CP staff and why they are essential for working in a CP
- Define the roles and critical competencies of different CP team members
- Understand the recruitment process for CP staff
- Describe initial and ongoing capacity building activities of the CP team
- Identify questions/approaches for assessing the core competencies in CP team candidates

Community Post Composition



Core Competencies Critical for All CP Team Members

Why Are These Core Competencies Essential?

- High performance expectations for case ID, treatment, linkage, and continuity of treatment
- Busy/demanding environment
- Team leader works independently and “wears many hats”
- CHWs work full-time (in contrast to normal structure)
- Earning the community’s trust is a key element of the model’s success
- Understanding of community dynamics (especially among CHWs) is essential for identifying/engaging most at risk

Overview of Team Leader Roles

- Manages the day-to-day operations of a CP
- Provides leadership and oversight to all CP staff and ensures quality of patient care
- Responsible for capacity building of the CP team and community leaders
- As the only clinician at a CP, is responsible for patient care as well as sample collection, dispensing medication, and other pertinent administrative duties
- Monitors and reports on drugs and supplies
- Reviews, analyzes and presents CP data

Overview of Data Associate Role

- Assists in the management and responsible for the accuracy and completeness of CP service data recorded in patient files, registers, and electronic databases and reporting of this data
- Works with CP team leader to resolve questions, inconsistencies, or missing data and verifies accuracy to ensure documentation is correct, consistent, and complete
- Generates all CP-level reports required to support daily activities and performance monitoring
- Triangulates data in electronic database with pharmacy and laboratory records to ensure they are complete, correct, and up to date
- Tracks summary data and source documents and assists in updating and preparation of summary reports
- Ensures that all data tools are available at the CP

Overview of Psychosocial Counsellor Role

- Oversees and conducts confidential HIV counselling service delivery to client at CP to support HIV testing uptake, continuity of treatment, and positive living
- Collaborates closely with the CP team members to determine client follow up needs, and to support effective follow-up of index contacts in the community
- Provides support supervision to CHWs in client counselling, follow-up, client visits, index, and elicitation, and oversees CHW data capture efforts
- Brings passion and energy for delivering non-judgemental, high quality counselling and psychosocial support services to support clients' care and treatment

Overview of CHW Role

- Works collaboratively with other CHWs to create demand for and provide linkages to a range of HIV prevention and treatment services at the CP
- Understands and applies targeted HIV testing approaches to identify and link community members to services, including children and adolescents and men
- Oversees and supports client preliminary enrollment in the CP and facilitate referrals to parent health facility for client requiring additional services
- Organizes/leads various activities to support demand creation, health education, and client continuity of treatment
- Facilitates community-based referrals to the parent health facility for clients needing additional services

Recruitment process

- Adapt job descriptions for the 4 Community Post positions to fit your context (*templates in Community Post Resource Packet*)
- Advertise positions at facility level to identify candidates from within the community
- Consult with community and faith leaders to get recommendations for CHW staff
- Conduct interviews and shortlist candidates
- Consultation with CoH to review candidates and finalize staff selections

Initial CP Team Training

- Critical elements – RECIPE “secret sauce”
- Customer care
- Demand creation strategies
- Service delivery
- Community linkage and integration/patient support and follow up

On-site Mentorship

- Use of risk screening tool
- Index testing and contact elicitation
- Data collection, use, and sharing
- Troubleshooting various issues/challenges as they arise

Ongoing Capacity Building

- Daily morning Pep Talks
- Expert community health worker placement
- Community post team meetings
- Needs based technical and refresher training
- Team leader meetings and performance reviews
- Quarterly award ceremonies
- Technical assistance visits
- Community Post WhatsApp group

Morning Pep Talk

- Daily meeting with entire CP team to share any new information, updates, guidelines, and policy changes
- An element of the RECIPE is highlighted and reflected on each day for sustained daily inspiration and support
- Includes CP team leaders, which inspires and encourages other members of the CP
- Platform also coordinate's all HIV services continuum at the community level.

Components of the Morning PEP Talk

- Updates and announcements
- RECIPE/ inspiration element for the day
- Clinical
- Pharmacy
- Lab
- HTS
- Data
- Logistics

Thank You!

Module 7: Service Delivery in the Community Post Model

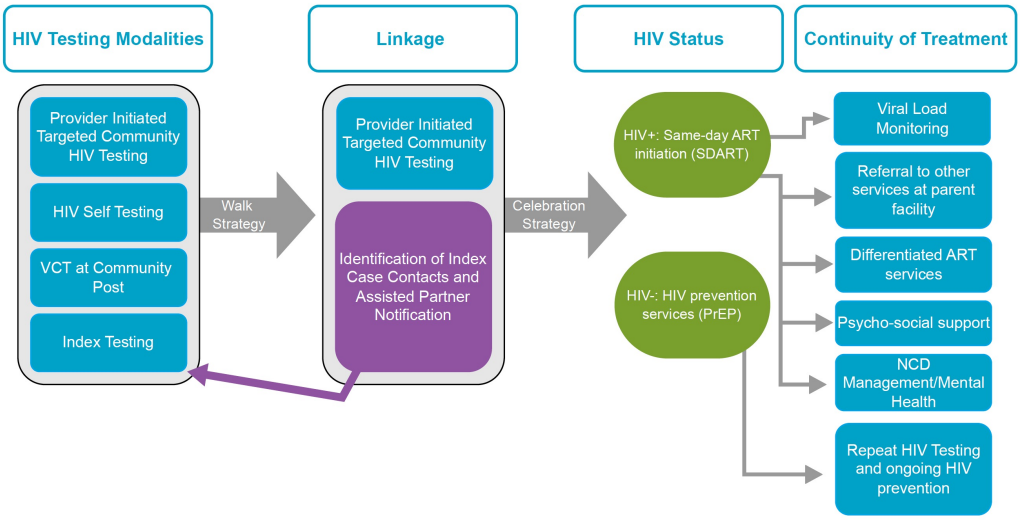
Module 7 Objectives

- Describe the package of services along the HIV prevention, care and treatment cascade that is provided in the CP
- Describe CP staff responsible for provision of the different services provided in the CP
- Describe the five Cs of HIV testing
- Describe flow of laboratory sample referral and results return
- Describe service delivery considerations for pregnant and breastfeeding women, children and adolescents, and TB/HIV co-infected patients
- Describe referral from CP to the parent facility

CP Service Delivery

HIV Testing and Counseling	CP linkage	HIV prevention (incl PrEP)	ART Initiation
Client follow up/adherence support	Clinical screening	Laboratory services (incl VL monitoring)	Drug prescription/ pharmacy

Patient Flow



Service Roles & Responsibilities

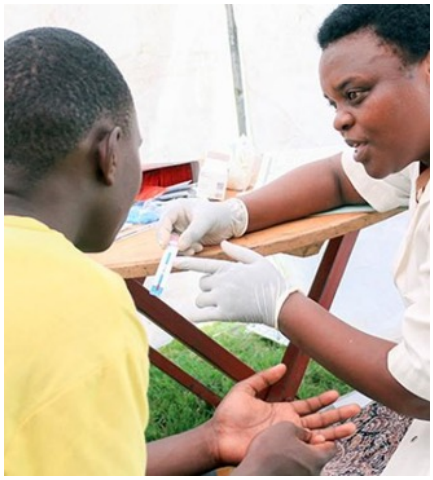
Service	Responsible
HIV Testing	CHWs, PSS Counselor
Pre/Post Test Counselling	PSS Counselor, CHWs
CP Linkage	CHWs, PSS Counselor
ART Initiation	Clinician/Team Leader
Client follow up/adherence support	PSS Counselor, CHWs
Clinical screening	Clinician/Team Leader
Laboratory services (incl VL samples)	Clinician/Team Leader
Drug Prescription/Pharmacy	Clinician/Team Leader

Targeted HIV Testing Strategies

- Provider-initiated community HIV testing & counselling
- Index case testing (including assisted partner notification and testing of biological children of HIV+ clients)
- Voluntary counseling & testing (Clients seeking HTS)
- Self-testing:
  - Sexual contacts of existing clients (especially those with high VL)
  - Faith communities via clergy and church liaisons
  - High-risk individuals via community leaders

The 5 Cs of Testing

1. **C**onsent
2. **C**onfidentiality
3. **C**ounseling and information giving
4. **C**orrect results
5. **C**onnection (Linkage)



HIV Treatment

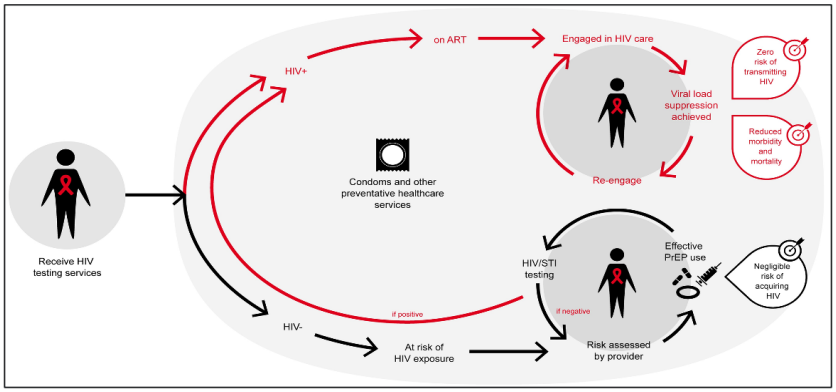
- Same day ART initiation
- ART adherence support
- Viral Load (VL) monitoring
- Tracking of clients with interruptions in treatment (IIT)

Implementing a Status Neutral Approach to HTS

An *example* of offering HIV testing within a universal test-and-connect approach[1]

3 purposes of HTS:

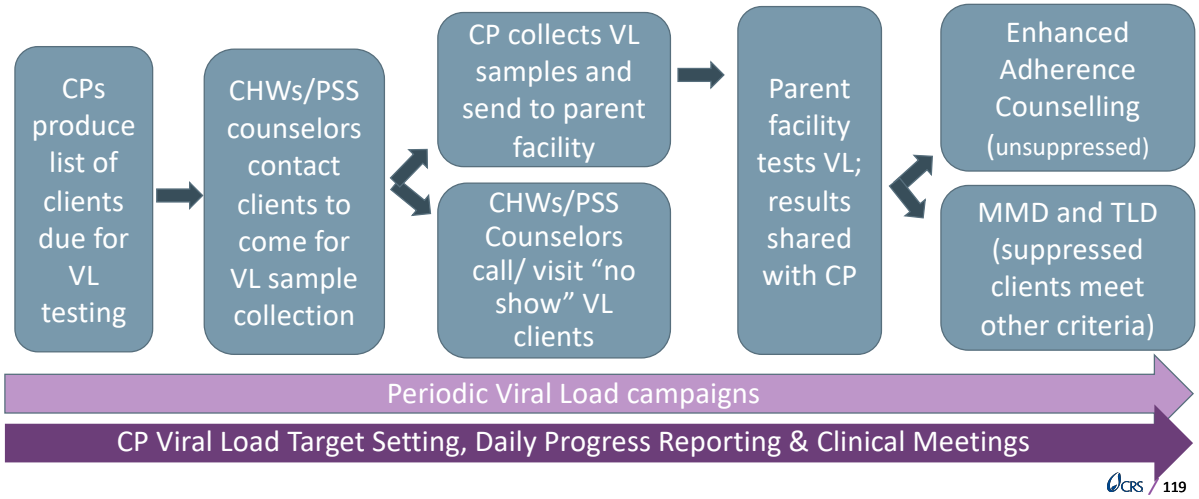
i. Case finding
ii. Reengagement
iii. Linkage to prevention services



A status neutral approach to HTS is *not* the same as universal testing; rather, it is ensuring individuals in need of HTS, receive safe and ethical HTS and support to ensure timely linkage to appropriate prevention and/or treatment services based on the individual's needs.

[1]Grimsrud A, Wilkinson L, Ehrenkranz P, Behel S, Chidarikire T, Chisenga T, Golin R, Johnson CC, Milanga M, Onyekwena O, Sundaram M, Wong V, Baggaley R. The future of HIV testing in eastern and southern Africa: Broader scope, targeted services. PLOS Med. 2023 Mar 14;20(3):e1004182. doi: 10.1371/journal.pmed.1004182. PMID: 36917570; PMCID: PMC10013883.

CP Viral Load Monitoring Procedures



Prevention Services

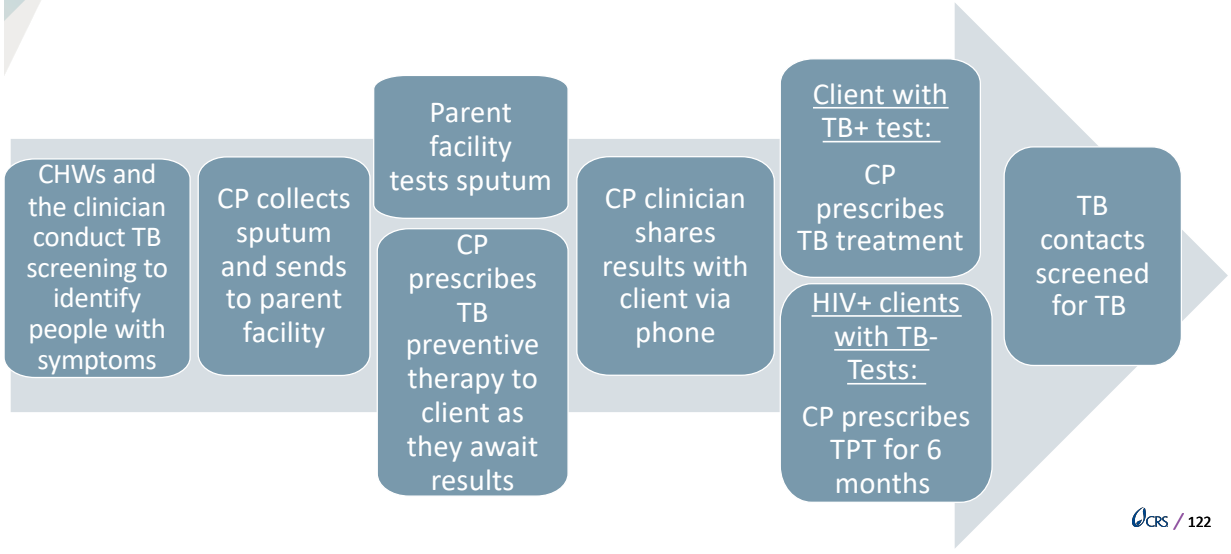
- HIV risk screening and prevention counseling
- Pre-exposure prophylaxis (PreP)
- Post Exposure Prophylaxis (PEP)
- Cervical Cancer Screening
  - outreach to CP
- Hypertension screening
- VMMC
  - to be included in FY2021

Sr. Mercy Mtonga (Livingstone) Picture: Zambia Daily Mail

Clinical Services

- Opportunistic Infection (OI) screening and prevention
- STI screening and STI treatment
- Malaria
- TB screening and treatment/TB Preventative Treatment (TPT)
- Diabetes screening (some CPs)
- PrEP
- Post-violence care/PEP

TB Screening and Treatment



Community Post Laboratory Services

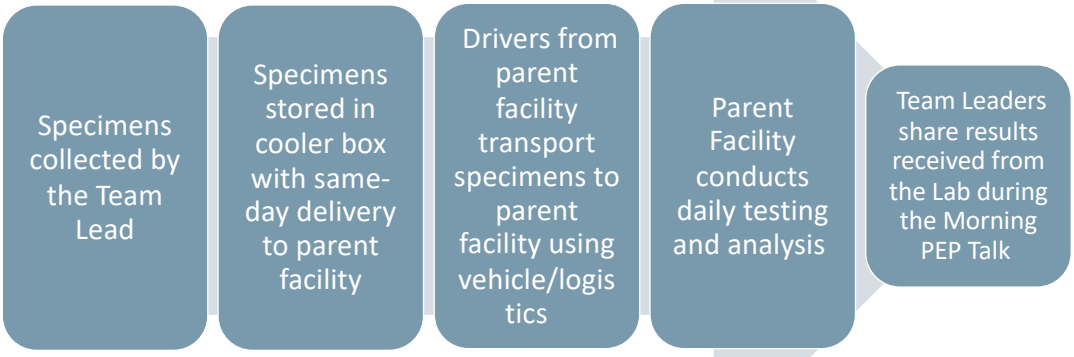
Onsite services

- HIV rapid test
- Syphilis rapid test
- Random blood sugar (RBS)
- Urinalysis
- TB LAM
- [Hepatitis B]

Specimen collection for analysis in referral lab

- Viral load testing
- CD4 count
- Early infant diagnosis (DBS PCR)
- Full blood count
- Serum creatinine
- Blood lipids
- Urine MCS
- Sputum
- CrAg
- [Hepatitis B]
- [Syphilis]

Flow of Laboratory Specimen Collection Services



Special Considerations: Pregnant and Breastfeeding Women

- Women on ART requiring ANC are referred to parent facility
- Are offered all lab requirements and ART
- ANC to be added to the CP model

Photo: Eric Bond/EGPAF, 2019

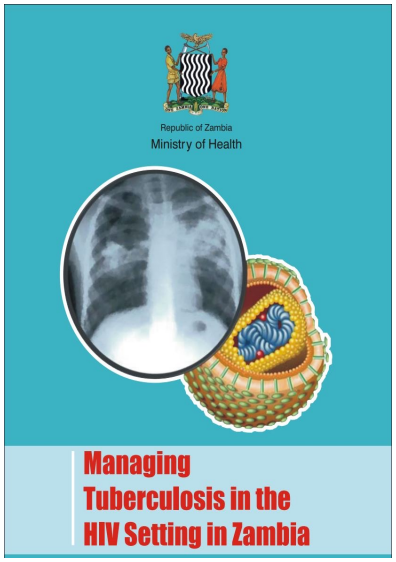
Special Considerations: Children and Adolescents

- Index case testing for biological children (<19) of newly identified HIV+ adults
- HIV testing of children of women on ART > 3 months (Know Your Child's HIV Status)
- Provide HIV testing and linkages for those with special needs:
  - Malnutrition/failure to thrive/poor growth
  - Gender-based violence cases
  - TB symptoms or diagnosis
  - Referral to OVC program for CLHIV
- All HIV+ children and adolescents receive comprehensive HIV care services at CPs

Photo: Eric Bond/EGPAF, 2019

TB/HIV Co-Infected Patients

- All clients at the CPs with HIV/TB co-infections are treated within the CPs
- They are monitored closely esp. in the initial phase of treatment
- Medical refills; appointments; and drug pickups are all done at the CPs



Patient Referral to Parent Facility

- Referral is done through referral and accompaniment to the parent facility
- Examples of cases for which client would be referred include treatment failure; drug resistance; acute malaria; cervical cancer testing; need of a TB test (GeneXpert), or last trimester of pregnancy
- A client in need of care beyond the scope of a CP is referred by the Team Leader/Clinician through a written referral letter
- The client is escorted or accompanied by a CHW to the parent facility and could also be transported by the vehicle collecting lab samples on the way to the parent facility

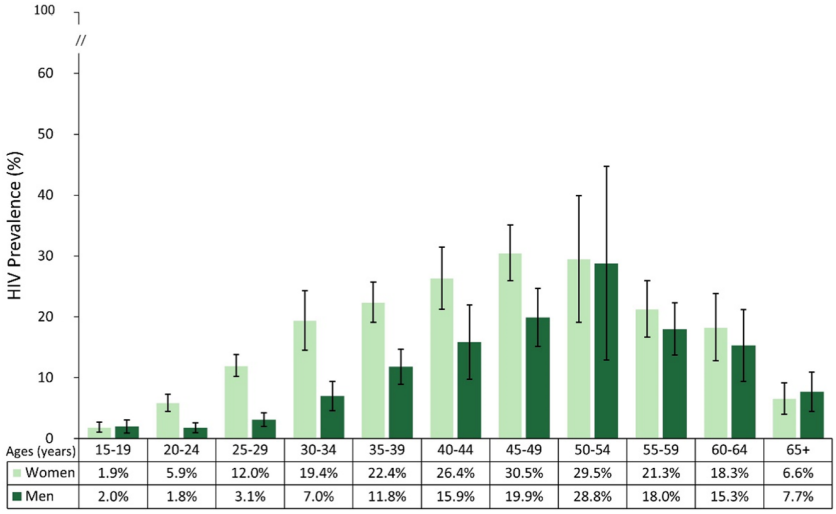
Thank You!

Module 8: Finding and Linking Individuals to Services in the Community Post: Case Identification, Prevention, & Linkage Strategies

Module 8 Objectives

- Understand contextual challenges in ending in ending HIV/AIDS as a public health threat and sustainably strengthening health systems
- Explain the strategies used within the Community Post (CP) model to identify high-risk individuals in greatest need of HIV testing services and promote HIV testing
- Describe the roles of Community Post (CP) teams, and faith and community leaders, in promoting and supporting access to decentralized HIV services in the CP model
- Demonstrate understanding of the Walk and Celebration strategies used within the CP model to link clients to services and support index testing
- Describe the patient flow in the CP, including referral from community to health facility

HIV prevalence by age and sex (ZAMPHIA 2021)



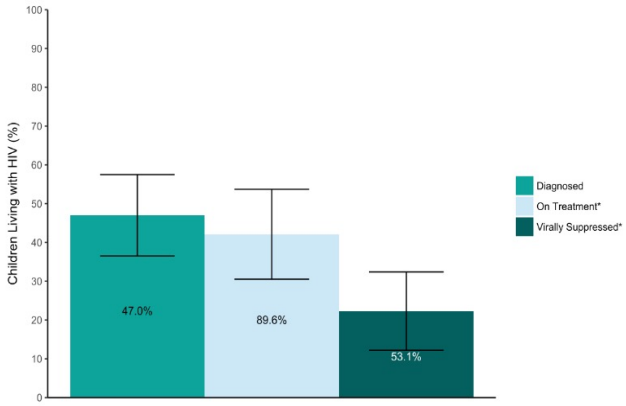
Ages (years)	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Women	1.9%	5.9%	12.0%	19.4%	22.4%	26.4%	30.5%	29.5%	21.3%	18.3%	6.6%
Men	2.0%	1.8%	3.1%	7.0%	11.8%	15.9%	19.9%	28.8%	18.0%	15.3%	7.7%

Error bars represent 95% CIs. Source: https://www.cdc.gov/globalhivtb/what-we-do/phia/zamphia-2021-summary-sheet-december-2022.pdf

Challenges in Closing Equity Gaps for Priority Populations

Zambia 2016 Progress Toward Pediatric 95-95-95

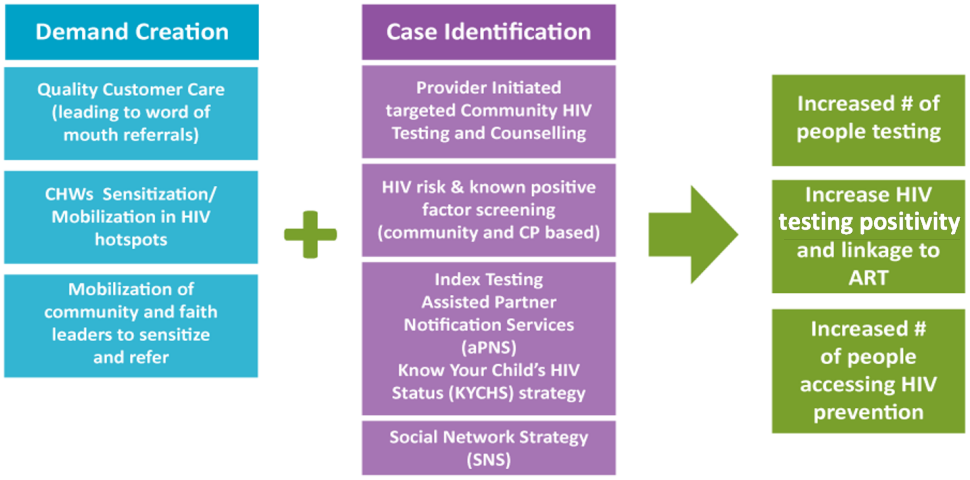
(laboratory ARV-adjusted data): (ZAMPHIA 2016)



Source: ZAMPHIA Report 2019

- Ineffective case identification approaches (community door-to-door testing has low testing positivity)
- Progress in uptake of HIV testing services stalled during the COVID-19 pandemic
- Lower uptake of HIV testing among men, adolescents and young adults
- Insufficient testing of children of adults on ART
- Interruptions in treatment for the working population (focus on income generation activities vs. treatment)
- Interruption in treatment for mobile populations

How do CPs Increase Uptake of HIV Services?



RISK SCREENING in CPs uses 'screen-in tools' to identify high-risk individuals for HIV testing, such as anyone with: rapid weight loss; persistent cough; fever or night sweats; unexplained tiredness; prolonged swelling of lymph glands in armpits, groin, or neck; sores of the mouth, anus, or genitals; For children: recurrent skin problems or infection, swollen abdomen, delayed growth and development, poor health in the last 3 months or hospitalized, swollen lymph nodes, intermittent diarrhea, oral thrush, history of TB or TB symptoms, pus from the ear, discharge, sores in genital area; For women: any mother of a child born with HIV or with unexplained illness who died before age 2 years.

Creating Demand for CP Services: Quality Customer Care

A Satisfied Individual…..

- Helps build the image, brand, and reputation of a facility and MOH
- Is a natural repeat client
- Is a compliant client
- Progresses along the HIV treatment cascade/continuum of care – **95-95-95**
  ……..and is a healthy client!
- Is best at marketing and advertising for others to see and experience
- Can potentially expand partnerships

Creating Demand for CP Services: Mobilizing Faith & Community Leaders/Stakeholders

- Faith/Community Leader Trainings: deliver information/education on services, including HTS
- Ongoing relationship-building and mobilization of key influencers: promote HTS uptake among anyone needing HIV testing
- Distribution of Information, Education and Communication & Social and Behavioral Change Communication materials
- Leverage health and non-health community meetings: Provide information, education, and services (e.g., HTS screening and testing)
- Attend meetings of faith communities (especially 'healing crusades'): screen and follow-up healing seekers

Creating Demand for CP Services: CHW Sensitization and Mobilization in HIV Hotspots

- CHWs embed themselves in the day-to-day life of the community and understand what is happening in relation to the three “95s”
- Establish/build relationships with community members and key influencers to identify individuals in greatest need of testing
- Some CHWs are expert clients who act as models to demonstrate the benefits of ART

Creating Demand for CP Services: Reaching Men

- Community leader endorsement of CP instills trust in men
- Location of the Community Post is convenient for men
  - Located in busy work settings where men work and socialize
  - No additional costs to reach services as they are offered where men are
  - Men spend very little time off their work to access the services
  - Blended into its setting (market, bus stop area) CPs remove stigma attached to accessing a typical clinic
- Walk strategy and partner notification:
  - As more women test for HIV than men, the women who test HIV+ become the index clients to reach their male partners and biologic children

Case Identification

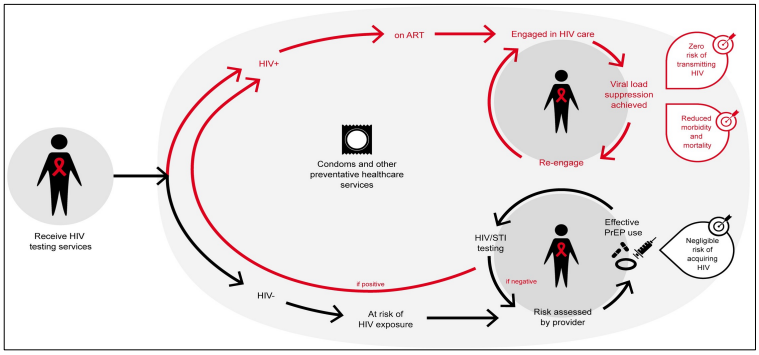
- **Everyone is involved in case identification:** all members of the CP team (Team Leader to CHWs) and community stakeholders have a **shared responsibility** to identify individuals in need of HTS
- Case ID relies on **building relationship and trust** with clients and communities
- Capacity building of Community Post staff focuses heavily on **building their emotional intelligence** to support safe and ethical HIV testing
- **Every person counts:** Individual to be tested -- and eventually put on treatment or offered prevention services -- comes on board one at a time

Implementing a Status Neutral Approach to HTS

3 purposes of HTS:

i. Case finding
ii. Reengagement
iii. Linkage to prevention services

An *example* of offering HIV testing within a universal test-and-connect approach[1]



A status neutral approach to HTS is *not* the same as universal testing; rather, it is ensuring individuals in need of HTS, receive safe and ethical HTS and support to ensure timely linkage to appropriate prevention and/or treatment services based on the individual's needs.

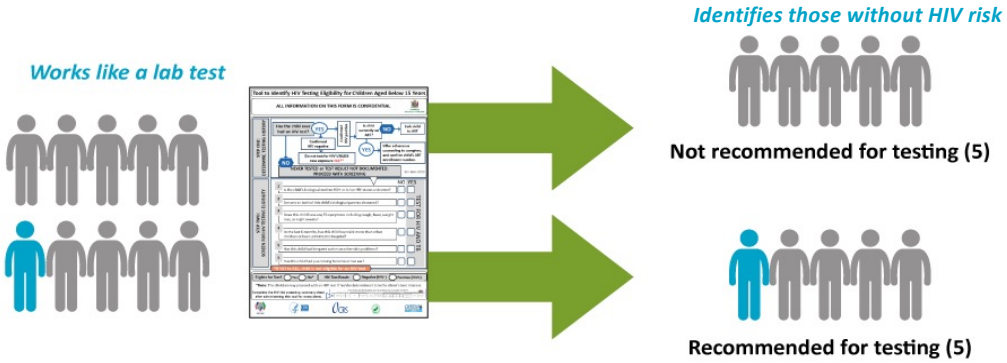
PEPFAR 20 YEARS OF IMPACT

[1]Grimsrud A, Wilkinson L, Ehrenkranz P, Behel S, Chidarikire T, Chisenga T, Golin R, Johnson CC, Milanga M, Onyekwena O, Sundaram M, Wong V, Baggaley R. The future of HIV testing in eastern and southern Africa: Broader scope, targeted services. PLOS Med. 2023 Mar 14;20(3):e1004182. doi: 10.1371/journal.pmed.1004182. PMID: 36917570; PMCID: PMC10013883.

Case Identification: Provider Initiated Targeted Community Testing & Counselling

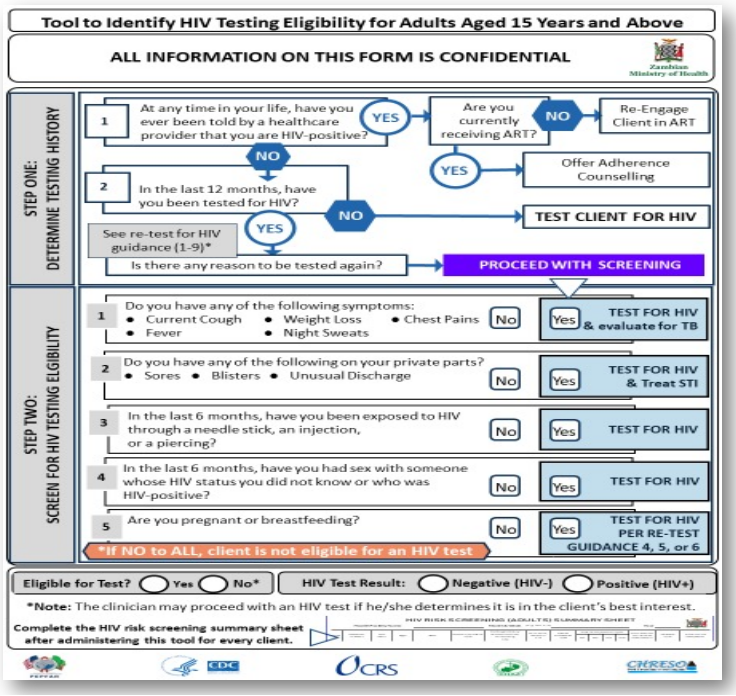
- For CPs, the majority of testing occurs in the community
- CHWs utilize community knowledge, connections, and risk screening tools to identify individuals for testing
  - **Sensitivity and emotional intelligence**
  - **Embedded in community/know networks and hotspots**
  - **Enhanced probing skills/graceful persuasiveness**
- CHWs and Psycho-Social Counsellors (PSS) are certified HTS providers
- Following an initial positive test (in community), the individual is accompanied to the Community Post (Walk Strategy) for confirmatory test

Case Identification: HIV 'Screen-in' Validated Methods *

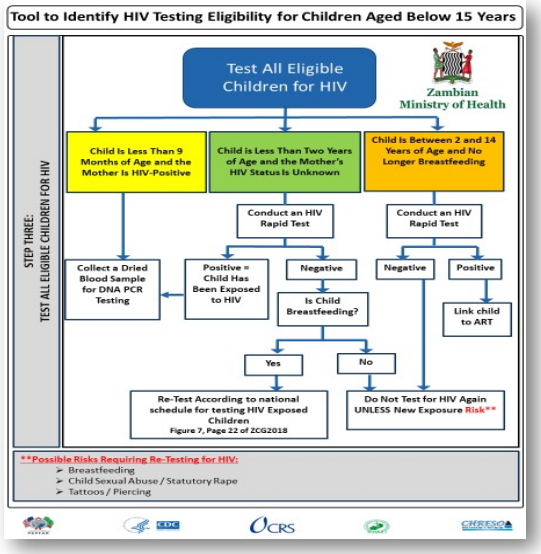


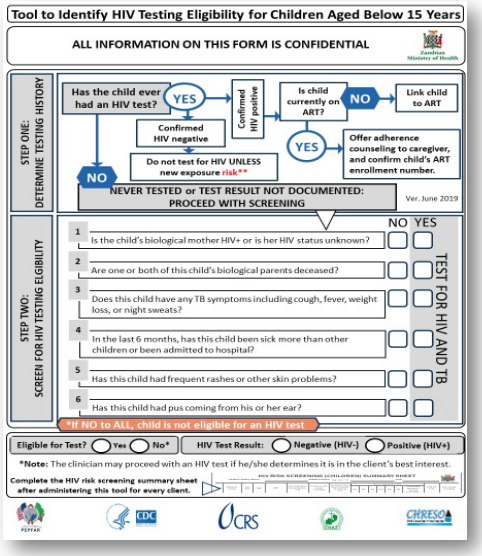
In COP/ROP23 Guidance and FY24 Tech Cons, there's a shift away from risk screening and toward increased use of more affordable HIVST. Risk screening in CPs uses 'screen-in tools' to identify high-risk individuals for HIV testing, such as anyone with: rapid weight loss; persistent cough; fever or night sweats; unexplained tiredness; prolonged swelling of lymph glands in armpits, groin, or neck; sores of the mouth, anus, or genitals; For children: recurrent skin problems or infection, swollen abdomen, delayed growth and development, poor health in the last 3 months or hospitalized, swollen lymph nodes, intermittent diarrhea, oral thrush, history of TB or TB symptoms, pus from the ear, discharge, sores in genital area; For women: any mother of a child born with HIV or with unexplained illness who died before age 2 years.

Adult (15+ years) HIV Risk Screening Tool

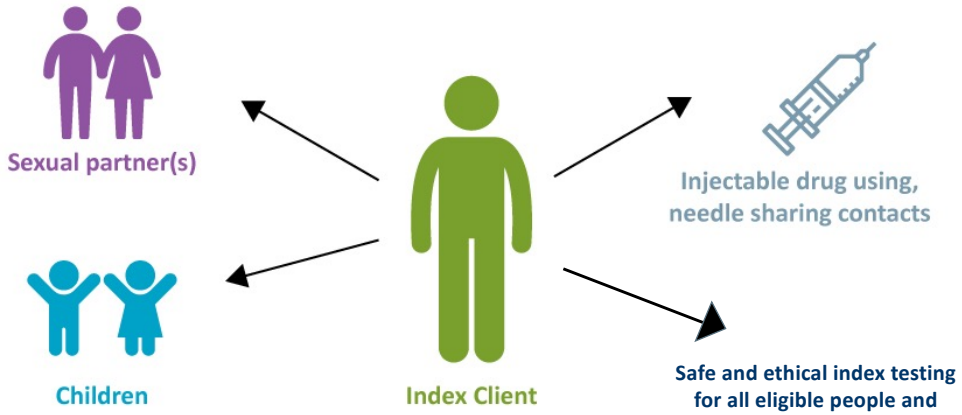


Children's (<15 years) HIV Risk Screening Tool





Case Identification: Index Contact Testing & Assisted Partner Notification



Elements of Successful Index Testing

- Overcoming personal stigma
- RECIPE (Resposibility, Empathy, Compassion, Integrity, Passion, Ethics
- Emotional intelligence
- Index profiling
- Elicited contacts profiling
- Accompaniment; “the Walk”
- Celebration (the welcome)
- Avoiding all stigma and discrimination

Case Identification: Social Network Approaches

- A recruitment strategy for reaching and providing HTS to persons who are unaware of their HIV infection by using social network connections to locate individuals at the highest risk for HIV
- Based on the notion that people may be more likely to accept testing when encouraged by someone within the same social network
- Enlist HIV-positive and high-risk, HIV-negative persons (recruiters) to identify individuals from their social, sexual, and drug-using networks (network members) for HTS

The CP Model Walk Strategy

- Following positive test results in the community, CHWs or PSS Counselors personally walk clients back to CP for confirmatory test AND Same Day ART Initiation (SDART) or PrEP
- During walk (approx. 10-20 minutes), CHWs/PSS Counselor builds a relationship with the client by:
  - Listen more, talk less (allow client to talk about anything and everything)
  - Be aware of client's feelings and affirm those feelings
  - Show empathy/offering holistic care (e.g., connecting on a human level)
  - Support clients to manage personal stress
  - Provide client-centered tailored services
- Gather info/index characterization of client attributes (e.g., male/female; type of dress; language; marital status; employment status and type of work)

How Does the Walk Strategy Increase Client Continuity of Treatment?

- Enhances client's personal contact/trust with CHWs and ART providers
- Improves social support system
- Personal information gathered enables CP to tailor services (index testing, prevention, and treatment) to the need of the individual
- Contributes to improved client tracking as CP staff come to know/understand the client better
- Partner notification introduced at the right time

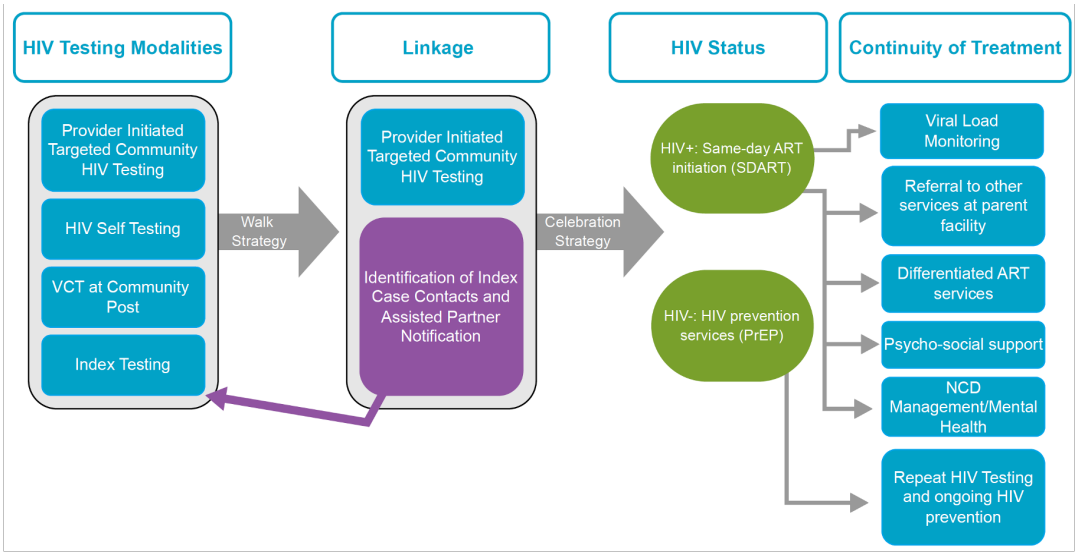
How Does the Walk Strategy Support Index Testing?

- During Walk, CHW encourages client to take responsibility for their lives and the lives of others, while emphasizing confidentiality and individual privacy
- CHWs captures names/contact info of index case contacts by asking:
  - ***Do you have any contacts (biological children (<19 years of age), sexual/injecting partners) that you care about?***
  - ***Wouldn't it be better if they are also placed on treatment?***
- CHWs highlights benefits of HIV treatment
  - Reduces the amount of HIV (i.e., viral load) in your blood
  - Helps you stay healthy and prevent illness
  - Reduces risk of HIV transmission to HIV-negative partners, to fetuses, and breastfeeding infants/childen **('Undetectable = Untransmittable' (U=U)**

Celebration/Welcome Strategy

- Celebration/Welcome Strategy is designed to make client feel safe, assured, accepted, cared for and celebrated
- Upon arrival at CP, Team Leader and PSS Counsellor warmly welcomes client with a smile, handshake, and/or hug (if possible)
- Through signalling, the CHW gives indicates to the Team Leader/PSS Counsellor if they have asked the client question about sexual contacts
- If not, CP team decides who will inquire about client's sexual partners based on client profiling results

Patient Flow



Prioritizing core values

and

motivating CP teams

are critical to the success by increasing access to HIV testing delivered through a status neutral approach that prioritizes treatment and prevention

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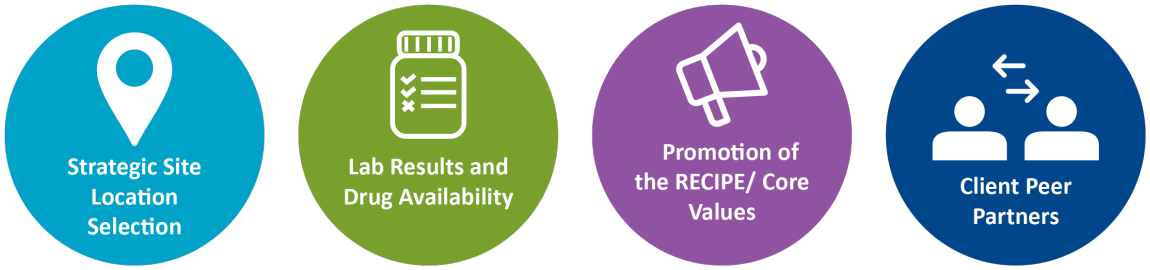
Module 9: Supporting ART Adherence, Continuity of Treatment and VLS

Module 9 Objectives

- Describe the overall strategies implemented in the CP model to promote continuity of treatment, ART adherence and VLS
- Describe specific continuity of treatment strategies for clients new on ART
- Describe the differentiated service delivery (DSD) strategies to promote continuity of care & treatment among clients stable on ART
- Describe enhanced support for clients with difficulty achieving VLS
- Outline the protocol to bring clients with interruption in treatment back to care
- Understand CP staff roles and responsibilities related to supporting client continuity of treatment, adherence and VLS

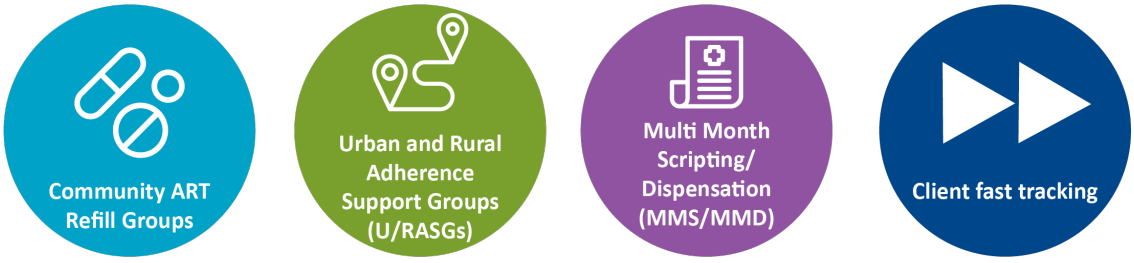
Overall Client Continuity of Treatment Strategies



Overall Client Continuity of Treatment Strategies (cont'd)

Continuity of Treatment Strategies for New Clients

Differentiated Service Delivery for Stable Clients



Enhanced Support for Clients with Difficulty Achieving VLS

Interruption in Treatment Protocol

- Data associate at CP uses an appointment register to track clients with missed appointments
- Data associate provides list of clients who have missed appointments to the CHW
- CHW utilizes client locator form to call and reschedule clients following first missed appointment within X days
- If client misses next appointment, then client is transferred to the community tracking register for appropriate follow up.

Referrals for social/non-clinical support

- Linkage to support services is done through referral and accompaniment to partner organizations providing services

Examples of services for which client would be referred include:

- Nutritional support for client and families in distress
- GBV services
- Counselling and psychosocial support for child abuse
- Educational services for OVC
- OVC programs
- Enhanced/ specialized counseling services for clients with complex social and structural challenges to treatment adherence

CP staff roles in supporting continuity of treatment

Service	Responsible
Launch of Community ART Groups (CAGs)	CP Clinician/Team Leader with ART in-charge at parent facility
Facilitation of CAGs	Counselor and CHW
Client transfer to parent facility	Clinician/Team Leader
Client appointment reminders	CHWs
Updating client locator forms	Counselor
Client appointment/pharmacy pick up tracking	Data Associate
Missed appointment follow up	Counselor and CHW

CP roles in VL monitoring and achieving suppression

Service	Responsible
Produce list of clients needing VL testing	Data Associate
Contact clients in need of VL testing	CHWs/PSS Counselor
VL sample collection & works as VL Champion	Clinician
Call/visit “no show” VL testing clients	CHWs/PSS counselor
Facilitation of Enhanced Adherence Counseling	PSS Counselor
MMS/MMD enrolment	Clinician/Team Leader
Prescribing 2nd line ART	Clinician/Team Leader

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Module 10: Monitoring and Data Use for Program Improvement in the Community Post Model

Module 10 Objectives

- Relay why daily monitoring is important and how it improves CP performance
- Explain the key indicators assessed in the CP model performance
- Describe performance expectations for CP
- Describe the logistics, roles, and responsibilities associated with data associates (DA)
- Explain the flow of data from CP to higher levels
- Provide an overview of best practices in the CP's robust M&E system

Performance Expectations

% HIV-POS (testing positivity) Overall	5%
Linkage to ART	100 %
Index case testing	70% (of all those tested)
% HIV-POS Index (testing positivity)	19%
% Index POS Contribution	65 % (of all testing HIV positive)
Continuity of treatment	95%
Viral Coverage	100%
Viral Load Suppression	95%
Combination Prevention	95%
% TPT Completion	90%

Importance of Daily Monitoring

- Robust, daily monitoring of CP performance is key to maintain high performance.
- It helps to identify gaps, weaknesses, and poor performance among CP and facilitates provision of immediate remedial action.
- Daily reporting (shared with all CP) and feedback motivates delivery of better results.
- It also facilitates the ease and accuracy of weekly and monthly reporting.

Overview of role of Data Associates

- Each data associate (DA) is responsible for two CP
- DAs are supervised by senior M&E officers and based at CPs near clinicians and counsellors
- DA can handle up to 700 clients at one CP.
- DAs are equipped with a laptop/tablet, external hard-drive, and mobile Wi-Fi.
- They use a transport database (TDB) to capture and migrate weekly CP data to the main server for SmartCare (Zambia's patient medical record system), using external hard drives.

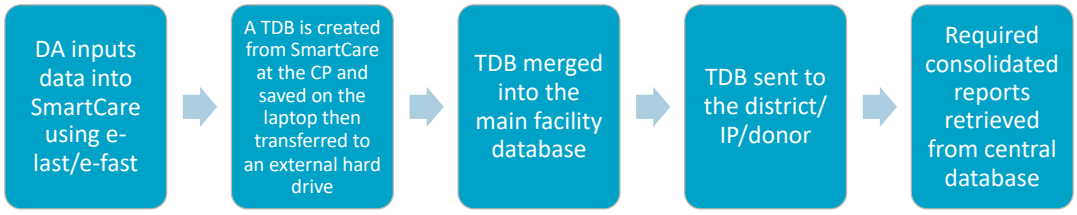
Logistics for Data Associates

- DAs from different CPs convene daily at 08:00 AM at the main facility
- M&E short briefing
- Collection of equipment and tools:
  - Laptops
  - External hard drives
  - Wi-fi
  - Registers and patient forms
  - Lab results
  - ART numbers
- They print out the necessary documents (i.e. daily appointment list, late for pharmacy pickup lists, etc.)

Responsibilities of the DA

- Analyze and visualize data for each of their posts
- Ensure that all patient files are systematically filed in cabinets
- Provide weekly data quality checks and monthly data audits
- All CP reports are submitted to M&E officers at the main facility who validate, verify, consolidate, and submit the reports to CRS and MoH

Summary of Electronic Data Flow at the CP



Best practices - Reporting and Feedback

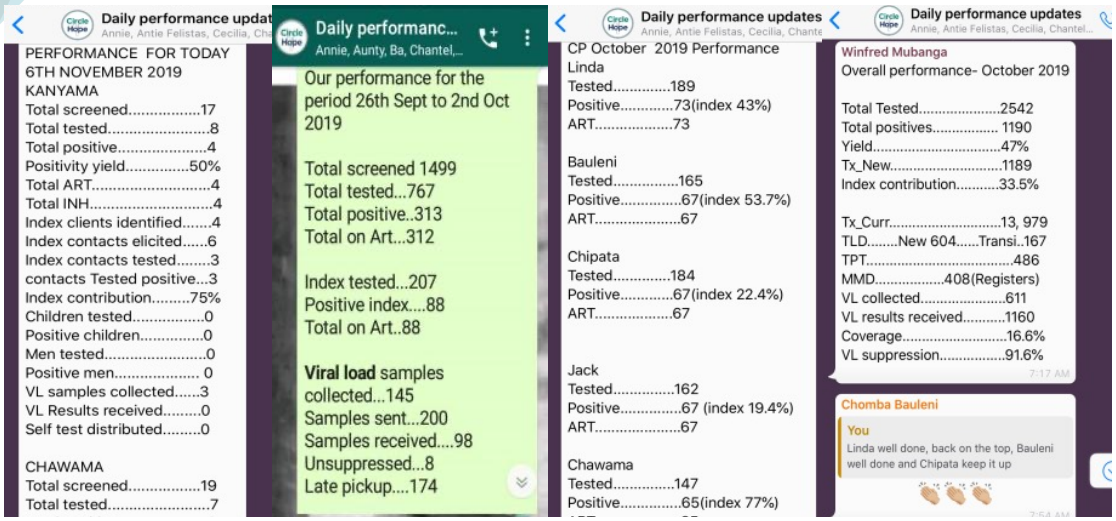
- CoH uses MoH provided registers to capture data
- Were gaps exist, CoH has improvised hard cover books that are used for report compilation at CPs
- Some reporting indicators have been included to make it easier for report consolidation and used as a backup in CPs that do not have SmartCare installed yet.
- The data is collected from the registers.

Best Practice – Daily Reporting

- All CPs submit their performance for key indicators every day by 5:30 PM to a WhatsApp group with all CP team leaders, DA, and management.
  - Aggregate data for key indicators is shared (i.e. HTS_TST, HTS_POS, TX_NEW)
- Daily reporting facilitates continuous monitoring and review of CP performance, motivates performance, enables manager awareness of performance, and allows for immediate corrective actions.
- Team leaders from high performing CPs provide insight on any successful strategies contributing to performance (finding positives, index testing etc.).
- The Team Leader is responsible for the performance of the CP.

Best Practice – WhatsApp Platform for Weekly-Monthly Reporting

- WhatsApp is used as a data review and feedback platform
- DAs submit CP daily performance to a specific DA that compiles the submissions using an excel-based App sheet
- This DA then submits the performances to the WhatsApp platform for review; the parent facility also submits their daily performance to the assigned DA
- The Facility M&E staff send out weekly and monthly performance updates to the WhatsApp platform for each parent facility and CPs
- CPs provide feedback on what accounts for the data and M&E managers provide feedback for improvement



Work not documented = Work not done

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Module 11: Addressing Community Post Implementation Challenges

Module 11 Objectives

- Understand the implementation challenges they may encounter during the implementation of the CP model to be able to anticipate and mitigate those
- Understand how they have been addressed by CoH
- Think through possible other strategies to address common challenges.

Challenges encountered and response strategies: Communities and Community Leadership

Challenge	Response strategy
People would think the CP will not be a permanent facility	Regular meetings with communities and their leaders
Suspicion, belief systems and stigma in communities	Invite community and faith leaders to see the parent facility and IP officers, especially during scanning process and launch (participation in scanning)
	Foster relationship with the community; build trust
	Attend community events
	Share results and obtain community feedback during meetings (with focus on customer care)

Challenges encountered and response strategies: Implementing Partners, MOH

Challenge	Response strategy
Local politics of ownership/success attribution	Orientation of stakeholders on the CP model (IPs, MOH, agencies), including RECIPE and customer care and how this applies also to partnership
Competition among IP/stakeholder/facilities	
IP claims to targeted geographical area	Share data on the success of the CP
Partners implementing the model take time to know the model and adapt supervision approach, monitoring and logistical support needed	Leveraging stakeholder relationship; participate in events when invited to foster relationship

Challenges encountered and response strategies: Service Providers

Challenge	Response strategy
Lack of understanding of the model and RECIPE values by service providers and CHW	Orientation on CP and RECIPE
Lack of capable local CHW compromising the quality of support provided by CHW	Ongoing coaching and mentorship of the CP teams
Silo mentality of service providers and CHW	Customer care training across the full cascade
Stigma among HCP	Pep Talk, performance feedback (encouragement, praise via WhatApp)
	Stigma training for HCP

Challenges encountered and response strategies: Logistics

Challenge	Response strategy
Findings the best fit between a suitable space and an affordable space	Community Scanning
Partners implementing the model take time to know the model and adapt supervision approach, monitoring and logistical support needed.	Orientation of MoH/IPs on the model, including planning for logistics (incluidng for SV and monitoring)
Resource gaps: • Inadequate funding to support logistics, including transportation • Gaps in supply chain (OI drugs)	Facilitate redistribution/stock sharing with other facility partners to ensure steady supply
	Leverage stakeholder relationships/sharing of resources

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