Community Client Led ART Delivery (CCLAD)

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icap Global Health

HIV LEARNING NETWORK
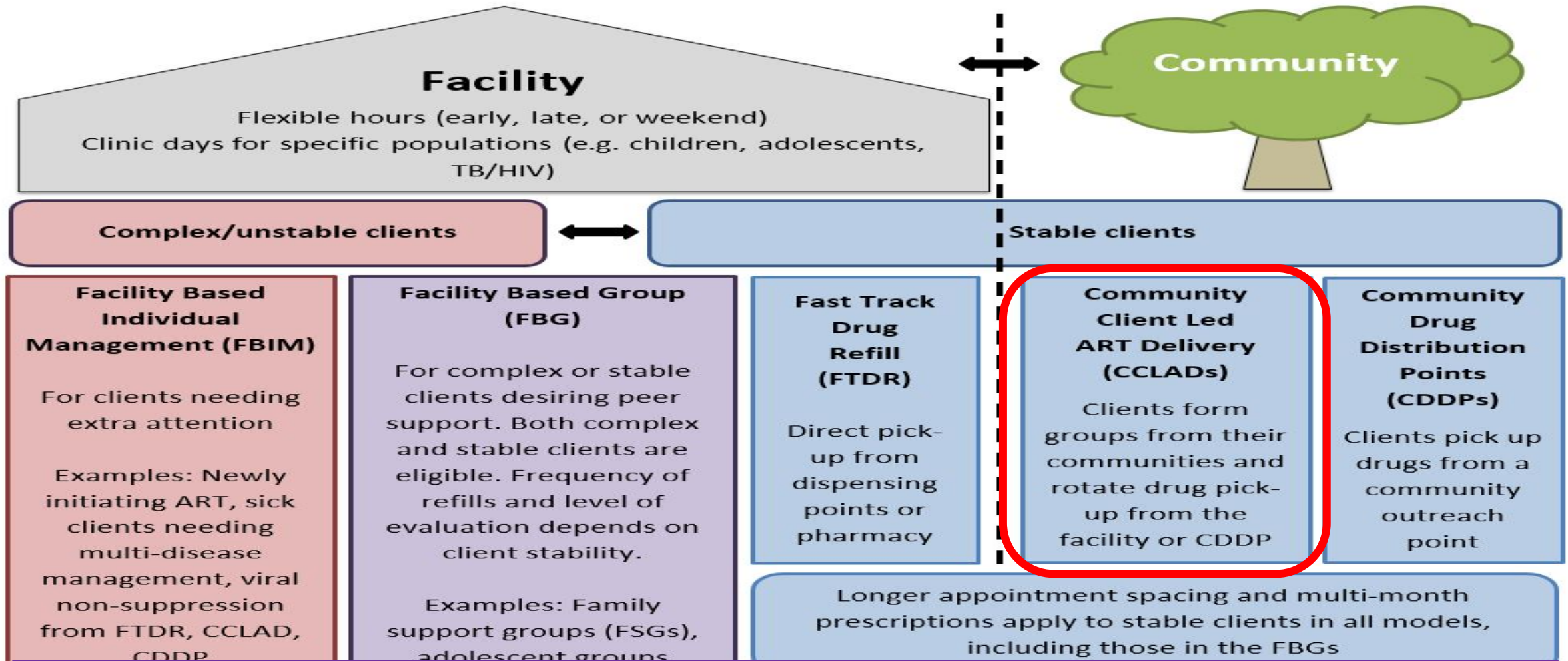The CQUIN Project for Differentiated Service Delivery

Presentation outline

- Why community DSD
- CCLAD – Definition
- Management of CCLAD groups
- Service package for CCLAD
- Visualizing CCLAD Members Visits at the Health Facility
- Roles of Key CCLAD Group Actors
- Termination and Replacement of Group Membership
- DSD Model Mix Jan – Sept 2020
- Challenges
- Lessons learnt from implementation CCLAD

Why Differentiated Community-Based HIV Care and Treatment?

➢ Physical barriers to access (distance to the facility, difficult travel conditions)

➢ Time and cost constraints (e.g. Constraining work hours, travel cost, loss of income while accessing health services, long waiting times,)

➢ Congestion and long waiting times during clinical appointments and at the pharmacy arising from high volume of clients at the facility.

➢ Inadequate space for clinical care, counseling, dispensing medicines, record-keeping, drug storage and security against theft.

➢ Limited human resources for facility based service delivery

Recommended Differentiated HIV Care and Treatment Models

Facility
Flexible hours (early, late, or weekend)
Clinic days for specific populations (e.g. children, adolescents, TB/HIV)

Community

Complex/unstable clients ↔ **Stable clients**

Facility Based Individual Management (FBIM)	**Facility Based Group (FBG)**	**Fast Track Drug Refill (FTDR)**	**Community Client Led ART Delivery (CCLADs)**	**Community Drug Distribution Points (CDDPs)**
For clients needing extra attention

Examples: Newly initiating ART, sick clients needing multi-disease management, viral non-suppression from FTDR, CCLAD, CDDP | For complex or stable clients desiring peer support. Both complex and stable clients are eligible. Frequency of refills and level of evaluation depends on client stability.

Examples: Family support groups (FSGs), adolescent groups | Direct pick-up from dispensing points or pharmacy | Clients form groups from their communities and rotate drug pick-up from the facility or CDDP | Clients pick up drugs from a community outreach point |

Longer appointment spacing and multi-month prescriptions apply to stable clients in all models, including those in the FBGs

All PLHIV are eligible for differentiated Care and Treatment. However, the model depends on many factors, including clinical stability

CCLAD - Definition

➢CCLAD is a platform for client groups comprising of stable ART clients living in the same community, to access ART in the community.

➢The group comprises of 3 to 6 people who provide peer support to each other and alternate to pick drug refills from the facility.

➢Why CCLAD?

✓It provides an opportunity for interested PLHIV in a given community to receive HIV treatment care within their community

✓It empowers clients to monitor their own health and take action with the support of HCWs

✓Provides opportunities for peer-to-peer psychosocial support and engagement in other IGAs

Management of CCLAD groups

- CCLAD group formation
  - Categorization, identification, mapping, sensitization and consenting of eligible clients, identification and training of group leaders, harmonization of comprehensive clinical evaluation and VL appointments.

- Organizing CCLAD groups in the community.
  - Group members agree on the location of the group meeting and communicate it to the health worker.
  - Group members agree on the mode of facilitation for the group member selected to pick drugs on behalf of the group e.g. group contributions or from their savings
  - At the end of the three months after their comprehensive clinical evaluation group members hold two meetings
    - ➢ One for community clinical assessment
    - ➢ The other for community ART delivery.

Service package for CCLAD

	Clinical consultations	Refills (ART, CTX, TB, FP)	Laboratory tests	Adherence support
When	• A visit every 6 months	• 4 refills per year (quarterly)	• Annual VL • Quarterly STI screenings • Other tests as needed	• At every visit
Where	• Facility	• Community & facility	• Facility	• Community & facility
Who	• MO/CO, Nurses	• Nurses, Counsellors, Expert Clients, Clients	• Laboratory personnel • Trained nurse/clinician	• Counsellor/ nurse/ expert clients/ peers
What	• OI & TB screening • Adherence assessment • Nutrition assessment • STI screening & treatment • Positive Health Dignity and Prevention (PHDP)	• Dispense ARVs and OI drugs • STI treatment • TB treatment	• STIs, other tests as indicated • VL • Sputum collection	• Adherence support

Roles of Key CCLAD Group Actors – Group Leader

1. Ensure each group member signs the CCLAD monitoring form for drug accountability
2. Conduct monthly monitoring of group members
3. Inform the HCW about clients that have missed meetings and or drug refill pick ups
4. Conduct group counseling and education sessions and record health education topics/issues discussed in the group
5. Carry out clinical assessment of the group members i.e. TB and other OI screening, adherence assessment and nutrition assessment (using a MUAC tape)
6. Facilitate referrals and linkages as well as group psychotherapy sessions
7. Identify and report any adverse outcomes or drug interactions (side effects), assess ability to perform simple tasks (functionality) etc.
8. Ensure each group member undergoes a clinical consultation twice a year and VL monitoring once a year.

Roles of Key CCLAD Group Actors - Group Member

1. Attend clinic on their appointment date for a clinical and laboratory review

2. Pick drug refills for all group members on their clinic appointment days

3. Sign the CCLAD monitoring form as acknowledgement of receipt of his/her drugs

4. Provide peer-to-peer adherence support and psychosocial support

5. Report to the facility, the status of other group members if he/she is picking drugs on behalf of the other group members

6. Take his/her pill balances, if any, to the health facility during their turn to visit the clinic

7. Finish the old supply of pills before starting the new refill, if there are any pill balances

8. Bring a bag to the health facility to carry the pre-packed drugs to members

9. Attend meetings with the other group members

Roles of Key CCLAD Group Actors – Health Care workers

1. Orient CCLAD Group Leaders as one-on-one or as a group

2. Supervise the CCLAD groups under their care at least once every 6 months (a minimum of twice a year)

3. Track and follow up missed appointments of individual group members as reported by the group leader

4. Link CCLAD members to other services at the facility, including FP, cervical and breast cancer screening, etc.

5. Provide comprehensive ART clinical evaluation for clients coming to the facility

6. Dispense the correct drugs to the CCLAD members

7. Review information in the CCLAD monitoring form to ascertain community clinical assessment findings (TB status, adherence, family planning status, nutritional status) and take appropriate action

8. Transfer the information from the CCLAD monitoring form & TB Treatment Card to the HIV Care Card and the registers (ART and TB)

9. Review the list of appointments of CCLAD members prior to clinic appointment, retrieve their files, and pre-pack and label the drugs (the latter can be delegated to expert clients/lay counselors)

10. Receive and file the CCLAD monitoring forms and supply new ones

11. Give and document the next appointment in the appointment book and the client hand-held card

Termination and Replacement of Group Membership

1. When one member, or more, withdraws from a group due to ineligibility, transfer out, death, or LTFU, the group can be supported to replace the member.

2. A group member can become ineligible and will need to be referred back to the facility when he/she;

   a) Develops signs and symptoms of disease

   b) Has unsuppressed VL

   c) Becomes pregnant

   d) Misses 2 consecutive appointments and or defaults on treatment

   e) Requests to exist the group

3. The HCW should be notified and approve the termination and replacement of group members.

DSD Model Mix Jan – Sept 2020
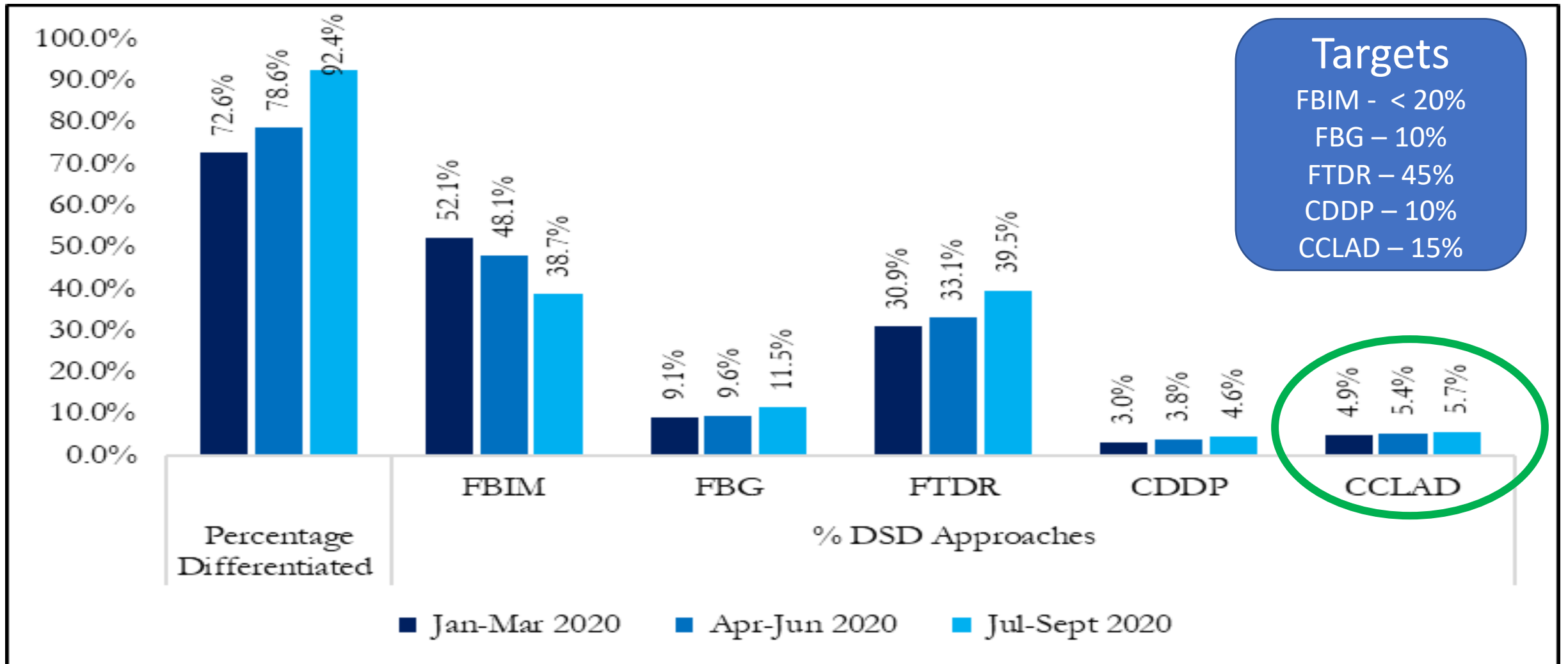
Challenges

- Low literacy levels affecting abilities to effectively implement and document CCLAD
  - Poorly filling CCLAD monitoring form

- Tools not translated into the local language

- Low treatment literacy amongst PLHIV leading to low demand of services

- Poor documentation by both the group leaders and health workers

Lessons learnt from implementation CCLAD

1. Continuous sensitization especially using clients benefiting from CCLADs helps increase uptake by addressing existing uptake barriers

2. Self forming groups last longer and perform better than prescribed groups

3. Group leader trainings are critical for effective management of CCLAD groups

4. CCLAD groups provide a strong opportunity of peer to peer support e.g. Adherence, community TB surveillance,

5. CCLAD groups support facilitate facility-to-client and client to facility communications supports ensures prompt interventions

6. Supervision of community meetings helps address challenges in real time

7. CCLADs have significantly contribute to retention rates, adherence and hopefully VLS

8. CCLADs improve on Viral Load monitoring

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THANKS FOR LISTENING

Questions and comments are welcome!!!