

PODI Model

- In addition to the cross-cutting package of services above, recipients of care should receive:
 - Orientation to the PODI model procedures and schedule
 - Community sensitization and engagement, including possible provision of space for the service
 - “Up referral” to health facilities when needed
- Necessary model-specific processes include:
 - Peers trained in community-based services, screening, documentation, and drug dispensing
 - Systems to track recipients of care and to facilitate “up referral” to health facilities as needed
 - Space for PODI activities
 - Systems to ensure data from PODI services are swiftly entered into the facility M&E system

Community-based Group Models

Community-based ART Groups (CAGs)

- In addition to the cross-cutting package of services above, recipients of care should receive:
 - Access to self-forming CAGs
 - Access to CAGs of the appropriate size (as per national guidelines)
 - Access to CAGs with trained leaders
 - Orientation to the roles and responsibilities of CAG members, including expectations about confidentiality and mutual support
 - Training on how to provide screening (e.g., for OI symptoms) and monitor and support adherence and retention
 - CAG meetings at the appropriate intervals (every 1 to 3 months, depending on country)
- Necessary model-specific processes include:
 - Systems for supporting self-forming CAG groups
 - Ability to train and support CAG leaders
 - Systems for ‘up referral’ from CAGs to health facility
 - Systems to ensure data from CAGs are swiftly entered into the facility M&E system

Appendix 1: CQUIN DSD Model Definitions/Categories - Models for “Stable” Recipients of Care

Category	Examples	Notes
More-intensive models		These are the models used for recipients of care who are: (a) not eligible for less-intensive differentiated service delivery models (DSDM); (b) have not yet been assessed for eligibility for less-intensive DSDM; or (c) who have chosen not to enroll immediately in a less-intensive DSDM. Uganda calls this the facility-based individual model (FBIM) and comprehensive clinical evaluation (CCE); Eswatini calls it “mainstream” ART; and Zimbabwe calls it the “conventional” model.
Facility-based individual models	Appointment spacing without fast track	For recipients of care who meet specified eligibility requirements, clinical visits are less frequent than in the undifferentiated model and recipients of care receive three to six months of ART at a time (multi-month scripting). Unlike the fast-track model, all appointments include a full clinical consultation. Examples: Ethiopia’s six-month appointment spacing model (ASM) and Malawi’s three-month appointment spacing model. <i>Note that it is not the exact visit interval that defines this model, but that it is available only to people who have been determined to meet specific “stability” criteria.</i>
	Fast track + appointment spacing	These models combine appointment spacing (with one to two clinical visits per year) with interim, “fast-track” visits, which generally involve only ART pickup and brief screening questions about adherence and the presence/absence of new symptoms or issues. The visit is designed mainly for swift ART drug pickup at the health facility and includes ART pick-ups that occur only at the pharmacy and/or during extended hours (early mornings, evenings, weekends). This is called “spaced and fast lane (SAFL)” in South Africa and “six monthly appointments (SMA)” in Kenya.
Facility-based group models	ART clubs	Health care worker-led ART distribution to multiple people at a group appointment. The groups meet at the facility either after hours or during clinic hours at a designated place where they receive group adherence counseling, psychosocial counseling, and other clinical services, and then receive their ARVs. The groups can be diverse or gender-specific or designed with specific needs in mind, such as those with both HIV and non-communicable diseases. This is called “facility adherence clubs” in Côte d’Ivoire and “urban adherence clubs” in Zambia.
	Facility-based teen clubs	Health care worker-led group ART distribution for adolescents living with HIV. Services often include group psychosocial support, adherence counseling, and ART refills, as well as sample blood draw/specimen collection for those who are due for routine viral load testing.

Community-based individual models (include clinical assessments every 6–12 months)	Outreach model	Health care worker-led community ART distribution + streamlined clinical services. For example, mobile ART distribution (Zambia), outreach ART (Eswatini), and outreach model (Zimbabwe).
	Community drug distribution	ART distribution only, no/minimal clinical services (e.g., limited to TB screening, adherence review, and pregnancy status). Examples include: CCMDD ¹ (South Africa and Zambia), CDDP ² (Uganda), OFCAD ³ (Zimbabwe), Community retail pharmacy model (Zambia), Home ART delivery (Zambia), PODI (<i>Postes de distribution communautaire d'ARV</i>) model: Peer-led drop-in centers for ART distribution + adherence/symptom check.
Community-based group models (include clinic visits every 6–12 months)	Community ART groups (peer-led)	This is a peer-led model for small groups of individuals on ART (up to six in most cases), who meet regularly in the community every 1 to 3 months. One member of the group collects the drugs on behalf of the group from the health facility and the group members meet in the community to collect and sign for the ARVs. This model is called “CAG” (community ART group) or “CARG” in Zimbabwe, “GAAC” in Mozambique, or “CCLAD” (community client-led ART delivery) in Uganda.
	Family model	Recipients of care pick up ART in facilities and distribute to family members. This is called “family centered model” in Eswatini and “family ART group refill” in Zimbabwe.
	Community-based teen clubs (health care worker-led)	This is similar to facility-based teen clubs, except the meetings happen at a venue within the community.

¹ CCMDD = chronic centralized medication dispensing and distribution (South Africa and Zambia)

² CDDP = community drug distribution points (Uganda)

³ OFCAD = out of facility community ART distribution (Zimbabwe)