### **Decision-making process for differentiated service delivery**

Situation analysis

Define challenges for each facility

Decision-making process for diferentiated service delivery

•

Use the questionnaire in Appendix 1 to guide your assessment.

•

Assess facility routine monitoring and evaluation data and clinic workload.

•

If possible, disaggregated data by age and specific population.

•

Assess challenges being faced by your healthcare workers (HCWs).

•

Assess challenges being faced by clients in your health facilities.

•

Assess activities of civil society organizations (CSOs).

•

What are the challenges faced by most of the facilities in your district?

•

What are the challenges specific to selected facilities or specific

populations?

•

Define which specific population will benefit from differentiated service

delivery models for HIV testing or ART delivery.

•

If there are several service delivery models identified, which should be

implemented immediately and which in the medium or longer term?

STEP 1

STEP 2

**STEP 3**

Design a differentiated service delivery model

Implement and monitor

**For testing, ask:**

•

Where and how is PITC ofered

at the facility?

•

Is index client testing and

partner notification performed?

•

Is targeted community testing

for specific populations

performed?

**For ART delivery, ask:**

•

Is the maximum refill being

ofered?

•

Could ART be offered on

additional days of the week?

Design the service delivery model for testing or ART delivery using the

building blocks.

**HIV testing services:**

**ART service delivery models:**

WHERE

WHO

WHAT

WHEN

WHERE

WHO

WHAT

WHEN

•

Implement the differentiated service delivery model for HIV testing or ART

delivery.

•

Monitor and evaluate the model’s impact.

•

Consider further adaptation of the service delivery model to address any

ongoing identifed challenges.

STEP 4

STEP 5

b

STANDARD OPERATING PROCEDURE

FOR PARTNER NOTIFICATION AND

INDEX CLIENT TESTING IN GHANA

1

.

All clients, when tested HIV positive, should be advised to invite the following

people for HTS:

•

Their current and previous sexual partners if their status is unknown or they

have not been tested within the past six months

•

Their children of any age if their status is unknown

•

Other close household contacts.

2

.

Information on the status of partners and family members should be recorded in

the client care booklet.

3

.

Where the client agrees to notify and invite their current partner, previous

partners and children to attend, they should be given one month to attend for

HTS.

4

.

Where the client does not agree to notify the current partner or previous

partners, the healthcare worker should offer to perform assisted anonymous or

dual notification of the partner.

5

.

If the client has agreed to invite their partners and children for HTS, and they have

not attended after one month, community-based index client testing should be

offered. With the client’s consent, the community health nurse or community

volunteer who is trained to test should be informed of the index family to

be tested. Facilities should establish links with their local CSOs to support

community-based testing.

6

.

HIV testing should be offered at home or in an agreed community location by the

community health nurse or community volunteer as part of an integrated health

screen, including screening for malnutrition, hypertension, diabetes, TB, STIs and

HIV.

7

.

The person performing the test should then ensure linkage to ART services for

any client who tests HIV positive.

.

8

In the future, HIV self-test kits may also be provided to the index client at the

facility so that they can perform the HIV test for their partner and children at

home. With the client’s consent, their community health nurse should follow up

the outcome of the test during a routine home visit and ensure linkage of any HIV-

positive client to the facility.

**Algorithm for partner notification and index case testing**

HIV-positive index client

Current and previous partner

**unknown**

or negative status more

than 6 months ago

Children

**unknown**

status

Ensure linkage to care for any

HIV positive client

Partner/s and

children

tested

HIV-positive

clients initiated

on ART

HIV-negative

clients offered

preventive

services

Partner and children

**not tested**

after one

month

Initiate community-based

index client testing

HIV self-testing for index

(

client testing will be phased

in to support community

based index client testing)

Client

**agrees**

to

HCW-assisted

partner

notification

by provider or

dual referral

?

?

Partner

**known**

HIV positive

Children HIV status

**known**

Index client does

**not agree**

to invite partners and

children for testing

Index client

**agrees**

to invite

partners and children for testing

Client

does

**not**

**agree**

to

assisted partner

notification

Continue to

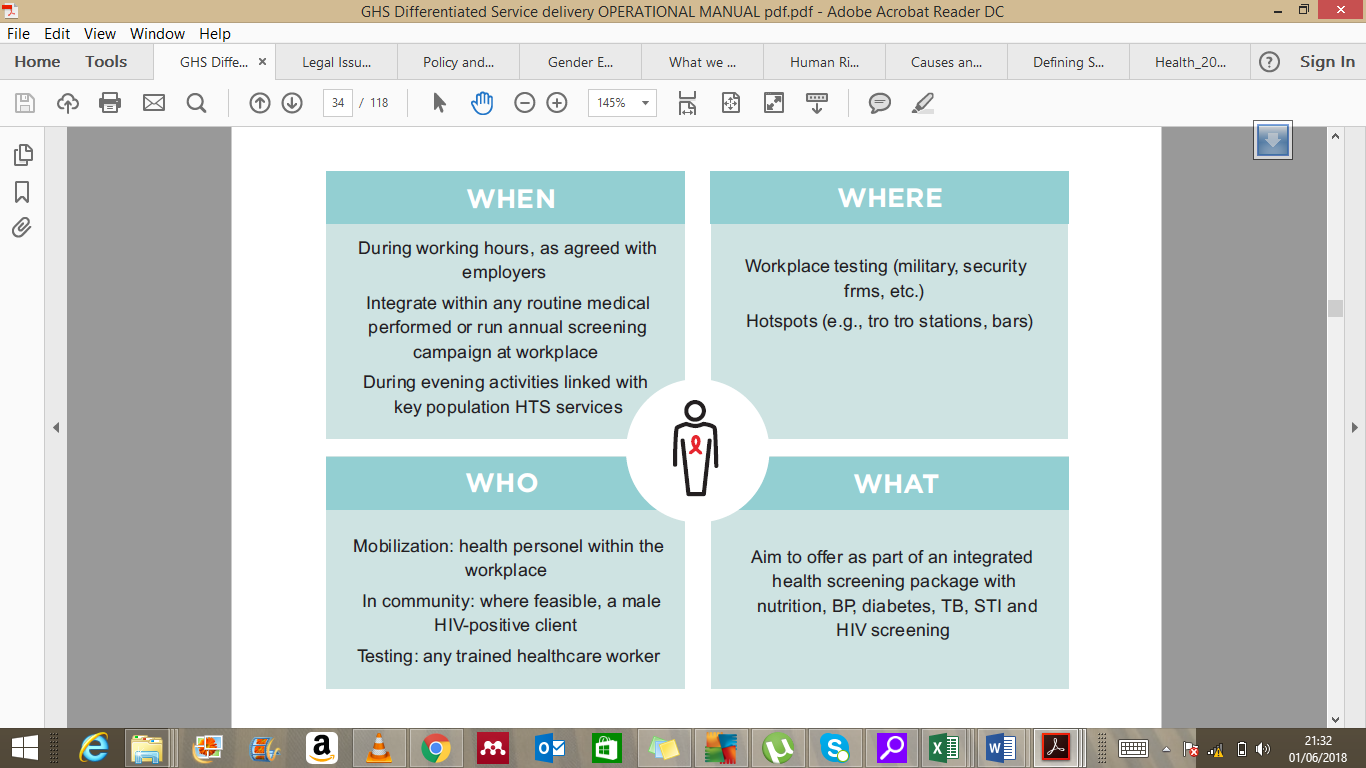
counsel about

benefits of

partner and family

knowing status

### Differentiated HTS for men



**Linkage to care**

### 

* All clients testing HIV positive should be proactively linked to ART services.
* The person performing the HIV test should ensure that the client is linked to ART services.
* With the client’s consent, their contact details should be documented in the HTS register and the client’s chosen ART site recorded.
* In large facilities, linkage may require escorting the client to be registered in the clinic where ART services are offered.
* For clients identified as HIV positive when they are inpatients, ART should be initiated in the ward (unless delayed initiation is indicated due to clinical reasons, such as treatment of cryptococcal meningitis) and a clear referral plan made with the client’s preferred ART site.
* Where the client has been tested in the community, the healthcare worker or lay cadre performing HIV testing should discuss options for ART sites and the client should, with their consent, be linked to a healthcare worker or volunteer (for example, model of hope) from their community.
* Clients who tested HIV positive in the previous month should be followed up to ensure that they have linked to care either through cross-reference in the ART register or by contacting the client by phone.
* If the client has not linked to care, they should be provided with further counselling if reached by phone.
* Where they are not contactable by phone, the community health nurse or model of hope volunteer should schedule a home visit as part of routine health promotion activities to encourage the client to access services.

STANDARD OPERATING PROCEDURE

FOR “FAST-TRACK” REFILL

**Facility-based individual refill from pharmacy or**

**dispensing point**

**WHERE**

**WHO**

**WHAT**

**WHEN**

Every 3 months (see page 34 for

conditions for 6-month refill)

Any time during clinic opening

hours

Accredited ART site

Direct from dispensing point

The client does not see the HCW

for a clinical consultation at the

refill visit; the client sees only the

ART dispenser

ART refills

Cotrimoxazole (CTX) refills as

indicated in the clinical guidelines

What preparation is needed before implementing this

refill model?

•

Training of HCW on the model SOP

•

Agreement with HCWs dispensing ART on the client flow and

documentation for this refill model.

**Where**

**is the refill given?**

Direct from the pharmacy/dispensing point.

**When**

**is the refill given?**

The client should be able to attend any time during clinic opening hours on their refill

appointment date or at agreed times for fast-track refills for an individual facility.

Extended opening hours for the pharmacy should be considered.

**Who**

**does the client see during the refill**?

The client goes directly to the dispensing point and sees the HCW who has been

allocated to dispense medication. They do not queue to see the HCW for a clinical

review.

If a six-month refill is feasible (see conditions on page 34), then every visit is a clinical

visit and the client will see the healthcare worker who provides a clinical consultation.

**What**

**happens during the refill?**

The client is asked at the dispensing point if they have any problems today. Full

screening tools are not used. If they have a problem, they are directed to the clinician

for review. If there are no problems, the client receives their ART refill. The refill

documentation is carried out by the dispenser of the medication.

The client should ideally receive their medication within 15 minutes, but should not

wait longer than 30 minutes.

**What**

**happens at the clinical visit**?

A full clinical assessment should be carried out every six months and VL samples

should be drawn annually. Where three-month refills are given, two three-month

scripts should be written indicating the date of the next refill and the date of the next

clinical visit. Only where drug supply can be ensured and the patient chooses, a six-

month supply of medication may be given at the time of the clinical visit.

STEP 1

STEP 2

STEP 4

STEP 5

STEP 3

•

Use the e-tracker appointment list or patient appointment register

to pull out the client care booklets for the next day.

•

Identify which clients are receiving ART in the fast-track model.

•

For clients in the fast-track model, send the client care booklets to

the dispensing point.

•

Client attends on day of refill appointment any time during clinic

opening hours.

•

Client attends the dispensing point directly.

•

Client does not have an individual HCW clinical assessment

unless the patient requests this.

•

Dispenser provides refill as prescribed, and completes client care

booklet for refill visit

•

The client care booklet is sent to the data clerks for entry.

•

At paper-based health facilities, the next refill date should be

written in the appointment register.

•

If any client does not collect medication as per their

appointment, the standard defaulter tracing system should be

triggered (page 52).

**What**

**happens on the day of a fast-track refill?**

**WHERE**

**WHO**

**WHAT**

**WHEN**

At fixed meeting times for the group;

The group meets every three months.

Clinical review is six monthly.

Refill duration is every three

months

Refill takes place in a room allocated

for group refills

The group can be facilitated by a

HCW or lay worker

Group discussion and peer support;

ART and CTX refill

STANDARD OPERATING PROCEDURE

FOR GROUP FACILITY-BASED ART

REFILL

This model may be offered at ART sites or health

centre or CHPS refill sites.

Implementation experience to date shows that it is most effective at high-volume

sites in urban settings.

What preparation is needed before implementing this refill

model?

•

Training of HCW on the model SOP and completion of documentation in

the client care booklet

•

If required, agreement with pharmacy staff dispensing ART to pre-pack

and label ART for the group refill session. Pre-packing of medication will

facilitate groups being led by non-clinicians

•

A room or other location (such as a waiting area) should be assigned, and

defned booking times should be agreed on for the groups.

**How are the groups formed?**

•

Groups may consist of between five and twenty clients depending on the cohort

size at the facility.

•

To facilitate group formation, a designated healthcare worker in the clinic should

be allocated to coordinate group formation.

•

Groups are formed primarily by the healthcare worker as they screen the clients

as stable.

•

If there are pre-existing support group members or a subgroup of clients who

would like to receive refills within the same group, then this should be facilitated.

•

The list of group members with their contact details should be kept in the facility-

held facility group ART register (Appendix 2).

•

Each group should be given a specific group number, which is indicated on the

front of their client care booklet.

**Where is the ART given?**

The medication refill is given in the allocated facility room where the group meets.

**When is the ART given?**

•

Each group is booked at a specific time to collect their refill. Ideally, the group

should select the timing of their refill.

•

Groups may be booked during or after clinic hours or at weekends.

•

Three-month ART refills should be given during a group refll.

**Who does the client see during this refll?**

The group should be facilitated, if possible, by the same healthcare worker or lay

worker/model of hope volunteer at each refill visit to establish rapport with the

group.

**What happens during the refill?**

•

Once groups members arrive (a maximum of 15 minutes from the booked time

for the group meeting should be given before the activities start), the healthcare

worker or lay worker leading the group facilitates discussion.

•

Clients are asked as a group if they have any specific clinical problems or any

cough, sweats or weight loss.

•

Any client with a clinical issue is then directed to see the healthcare worker.

•

Clients are then asked to share any other challenges or positive experiences they

have faced with the group members.

•

The length of the discussion is dependent on the participants, but the entire refill

session should not take longer than 60 minutes.

•

The healthcare worker then distributes the ART, which may be pre-packed, to

each group member individually.

**What happens at the clinical review?**

All the group members should be aligned to receive their clinical review at the same

time once every six months. They meet as a group, as described below, but are also

seen individually by the healthcare worker assigned to the group that day (note that

on the refill visit in between, they are not seen individually). The clinician writes two

three-month scripts on the clinical review form of the client care booklets and the

dates for the next refill and next clinical review given. Once a year, they will have

their VL tested. Aligning the clinical visit for the group facilitates uptake of viral load

testing and allows the group to discuss high VL results and other issues that are

raised at the annual review.

**How are the client care booklets fled?**

In health facilities with the e-tracker, the client care booklets should be fled in one

folder labelled with the group number to facilitate pulling of files. The group number

should be written on the front of the client care booklet. At paper-based health

facilities, files may be kept according to groups and replaced for cohort analysis or

pulled individually at each group meeting.

STEP 1

STEP 2

STEP 4

STEP 5

STEP 3

•

Use the e-tracker appointment list or patient appointment diary to

identify which groups are attending the next day.

•

Pull the client care booklets for groups identified.

•

In settings where a lay cadre will distribute ART to the group

(

or where the team feels that pre-packing of medication will

facilitate dispensing in the group room by the HCW), send

the client care booklets to the dispensing point for ART to be

dispensed and pre-packed.

•

At the time of the refill, the client care booklets and dispensed pre-

packed medication should be sent to the group meeting room.

•

The clients in the group attend at the specified time for their group.

•

If any clinical problem is identified, they are referred to see the

HCW.

•

Facilitated discussion is held for 30-45 minutes.

•

The HCW distributes ART to the clients.

•

The HCW distributing the medication should complete the client

care booklets for a refill visit.

•

The client care booklets are sent to the data clerks for entry into

the e-tracker.

•

In paper-based sites, the next refill date for the group, including

the group number, is written into the appointment diary.

•

If any client does not collect medication as per their appointment,

the standard defaulter tracing system should be triggered.

**What**

**happens on the day of a group refill?**

STANDARD OPERATING PROCEDURE

FOR HEALTH CENTRE/CHPS/DROP-

IN CENTRE/COMMUNITY PHARMACY

REFILL

**WHERE**

**WHO**

**WHAT**

**WHEN**

Refill every three months

Clinical visit every six months

Refill at health centre, CHPS refill

site, drop-in centre or community

pharmacy

Clinical visit at ART site

The healthcare worker or lay

worker at refill site

ARVs and CTX refills

**What preparation is needed for this model?**

Refill sites should:

•

Have a defined agreement with a specific ART site that will hold the client

care booklet and provide the ART and clinical follow up

•

Hold an appointment diary for their ART clients

•

Nominate who will collect ART from the ART site

•

Have HCWs trained in completion of the refill form required to collect ART

from the host ART site

•

Have HCWs with basic ART and HIV treatment literacy and be aware of

common ART side effects and red-alert symptoms and signs.

**When**

**is ART given?**

For this model, a three-monthly refill will be given.

**What**

**happens at the clinical visit?**

Clients should attend the ART sites for full clinical review every six months and VL

annually.

STEP 1

STEP 2

STEP 3

•

The host ART site performs the six-monthly clinical review and

scripts two three-month refills.

•

The appointment dates for the next refill and the next clinical visit

are documented on the client’s appointment card.

•

Referral of the client to the refill site should be made using the

referral form in Appendix 2.

•

In the health centre/CHPS refill site, a diary of clients collecting

refills is kept, indicating the name, ART number, contact number

and date of ART refill for each client collecting refills in a given a

month.

•

An agreed date is set with the linked ART site for collecting refills

for the next month.

•

ART supplies for clients attending in a given month, documented

on the ART refill form (Appendix 2), should be collected from

the ART site by the nominated nurse, lay worker, model of hope

volunteer or identified client on behalf of the clients due for ART

that month.

**Steps for HC/CHPS/ Drop-in centre/ community pharmacy refill**

STEP 5

STEP 6

•

The nominated person collecting the ART then returns the

medication to the health centre or CHPS site.

•

Clients may opt to collect their refills at the health centre or CHPS

site individually, or a group ART follow-up approach may be

chosen to provide additional peer support.

STEP 4

•

On arrival at the ART site, the client care booklets are collected.

Where ART is dispensed from a separate pharmacy, the books

with the refills pre-scripted may be taken directly to the dispensing

point.

•

The nurse or pharmacist dispensing ART should complete their

section of the refill form and indicate in the client care booklet that

the refill has been dispensed (Appendix 2).

•

The client care booklet is sent for data entry.

•

On the day of refill, the screening questions on the monthly refill

form are completed, the date of distribution noted, and the date

of the next refill documented on the monthly refill form.

•

All clients registered for ART preparation, ART clinical and refill

visits and PMTCT (including the exposed infant) services should

be given an appointment date, which is recorded in the client care

booklet and in the e-tracker or appointment diary.

•

The appointment diary or appointment list from the e-tracker

should be used to pull the client care booklets the day before and

to pre-pack refills in larger facilities for group refills (see SOPs,

Section 4.4).

•

After the client receives ART services, attendance should be

indicated in the appointment list/diary. The client should be given

an appointment card on which the next appointment date is

documented.

•

At each visit, whoever is registering the client should ensure that

an up-to-date phone number is available and is documented in

the client care booklet.

•

At enrolment, clients should be asked to consent to tracing. Their

decision should be clearly indicated on the client care booklet.

•

All ART sites and refill sites should have an appointment register or

be able to produce daily/weekly lists of booked appointments from

the e-tracker.

•

Each site must be clear on who is responsible for generating the

electronic appointment list or maintaining a paper-based diary.

•

Each site must be clear on which HCW is responsible for triggering

and following up on the tracing process.

**STANDARD OPERATING PROCEDURE**

**4.5**

**FOR TRACING CLIENTS WITH MISSED**

**APPOINTMENTS**

Differentiated ART delivery

•

The outcome of the defaulter tracing should be indicated in the

client care booklet. Outcomes of tracing include:

•

On ART at the clinic (incorrect documentation)

•

Lost to follow up

•

Died

•

Moved away and not on treatment

•

Official transfer out

•

Self-transfer to another health facility; still on ART.

•

Files of clients who have missed appointments should be set aside

in a missed appointment tray/area.

•

If the client has not attended their appointment three days after

they were booked, the tracing procedure should be triggered.

•

Tracing should first be attempted by phone, firstly contacting the

client and if not reachable the treatment supporter.

•

If the client is reached by phone, a date for attendance should be

agreed and documented in the client care booklet and entered into

the e-tracker.

•

If this date is not kept, the client should continue to be traced until

they are declared lost to follow up (non-attendance for three months

from their booked appointment).

•

Where the client or treatment supporter cannot be reached by

phone on three consecutive days, the model of hope volunteer,

community health nurse or community health worker should

attempt to reach the client at home.

•

If the client is not reached on the first occasion, a second attempt

should be made after seven days. When the client is reached, a

date for attendance should be agreed on.

•

If the client has not attended after three months attempt one

further phone call and /or home visit. If client is not found

document as loss to follow up.

**WHERE**

**WHO**

**WHAT**

**WHEN**

3-

monthly refill;

monthly clinical review;

6-

Ideally, outside school hours

Room at health facility

Healthcare worker or lay worker;

Encourage engagement of

adolescent peers

ART;

CTX;

SRH education;

Interactive games and activities

**STANDARD OPERATING**

**PROCEDURE FOR ADOLESCENT**

**GROUP ART REFILL**

**What preparation is needed before implementing this refill**

**model?**

•

Healthcare workers should be trained on specific facilitation methodologies

for adolescents.

•

If feasible, 1-2 peers should be identified. These peers will co-facilitate the

group sessions and provide additional support as required in the community,

including tracing of defaulters.

•

Pre-packing of medication will facilitate groups being led by lay workers.

•

These groups will function as a support group while also providing ART

refills.

**Where?**

The group meets in a defined room at the ART facility or health centre/CHPS refill site.

**When?**

The group meets every three months. Each group is booked at a specific time to collect their refill. Ideally, the group should select the timing of their refill. Groups may be booked after school hours or at weekends.

**Who?**

The healthcare or lay worker facilitates the group. Where possible, an adolescent peer may also facilitate the group discussion.

**How are the groups formed?**

Groups can be made up of between five and twenty clients. In order to facilitate group formation, a designated healthcare worker in the clinic should be allocated to coordinate group formation. Groups are formed primarily by the healthcare worker. They may be formed as the healthcare worker screens clients and determines them as eligible, as consent has been provided by the caregiver, and as referral is made to the designated focal point for the groups. Groups may be formed from existing support groups.

It is suggested that children and adolescents are grouped according to their age groups (10-14, 15-19 and 20-24). The list of group members with the contact details should be kept in the facility-held ART group register (Appendix 2). Each group should be given a specific group number, which is indicated on the front of the client care booklet and on their appointment card

**What happens during the refill?**

Once group members have arrived (a maximum of 15 minutes after the booked time for the group meeting should be given before the activities start), the healthcare worker leading the group should facilitate discussion. Clients are asked as a group if they have any specific clinical problem or TB symptoms, such as any coughs, sweats or weight loss. Any client with a clinical issue is then directed to see the healthcare worker. There should be a specific activity for the day chosen from a selection of topics that can be rotated at each group meeting. The choice of topics should recognize the age and developmental status of each group. Topics may include the following:

•

Growing up: changing bodies, changing emotions, feeling good about ourselves

•

Coping with difficult situations, problem solving

•

Sex and relationships: love and sex, safer sex, social pressures to have sex

•

Unwanted pregnancy and use of contraception; PMTCT

•

Living with HIV

•

ART and adherence

•

Disclosure

•

Relationships with family and friends.

There should also be time allocated for recreational activities, such as singing and

games.

The length of the discussion depends on the participants, but the entire session

should not take longer than 90 minutes.

The healthcare worker then distributes pre-packed and labelled medication to each

group member individually.

**What happens at the six-monthly clinical visit?**

All the group members should be aligned to receive their clinical review at the same

time. For stable adolescents, this should be twice a year. At this visit, they still meet

as a group for the discussion and activities, but the healthcare worker also sees them

individually. Once a year, the HIV viral load sample is drawn. Aligning the clinical visit

for the group facilitates uptake of viral load testing and allows the group to discuss

viral load results and other issues that are raised at the clinical review.

**How are the client care booklets fled?**

The client care booklets should be filed together in a file indicating the group number.

This facilitates pulling of files on days when group refill options are booked.

**What happens for the group refill?**

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

•

Use the e-tracker appointment list or patient appointment diary to

identify which groups are attending the next day.

•

Pull the client care booklets for groups identified.

•

In settings where a lay cadre will distribute ART to the group (or

where the team feels that pre-packing of medication will facilitate

dispensing in the group room by the HCW), send the patient care

booklets to the dispensing point for ART to be dispensed and pre-

packed in named bags.

•

At the time of the refill, the client care booklets and pre-packed

medication should be sent to the group meeting room.

•

The clients in the group attend at the specified time for their group.

•

If any clinical problem is identified, they are referred to see the

HCW. This may be in the clinic, or the HCW may also consult where

the group is facilitated if space allows.

•

Facilitated discussion is held for 30-40 minutes and there are

games and activities for another 30-40 minutes.

•

The HCW distributes ART to the clients.

•

The HCW distributing the medication should complete the client

care booklet according to the SOPs.

•

The client care booklets are sent to the data clerks for entry into

the e-tracker.

•

The next refill date is written into the appointment diary indicating

the group number.

•

If any client does not collect medication as per their appointment,

the standard defaulter tracing system should be triggered.

**Differentiated HIV testing for key populations**

###### 

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**Action on receipt of viral load results**

**VL results arrive**

Enter results into e-tracker and document in client care booklet

If VL >1 000 copies/ml, file should be kept aside and fagged

Open the high viral load summary form

**Review patient with VL 2 result**

If <1 000 copies/ml, continue first line

If >1 000 copies/ml, switch to second line according to VL algorithm

**VL 1**

**Trace all clients with viral load >1 000 copies/ml**

A staff member should be allocated to trace these clients by phone or

through a community visit

The client should be advised to attend the clinic as soon as possible

**VL 2**

1

**First consultation when VL result >1 000 copies/ml given**

The clinician should make a full clinical assessment

If clinically failing an urgent assessment is required for possible expedited

switch to second line

The first enhanced adherence counselling session should be performed

Patient is given a one-month supply and booked for 2nd counselling

session in one month

**One month after 1st EAC**

2

nd enhanced adherence session is given

Give 2 months’ supply and book client for repeat VL testing in 2 months

2

**Two months after 2nd EAC**

Take VL 2

**Switching to second line**

###### Differentiated service delivery model for switching to second-line ART

##### 

82

Differentiated ART delivery for clients with high viral load