Community –Based Group ART Drug Collection:

**Community Adherence Groups (CAGs)**

**Training Manual 2017**

**INTRODUCTION**

**The Manual**

The manual has been modeled from [Médecins Sans Frontières (MSF)](https://www.msf.org/sites/msf.org/files/community_art_group_toolkit.pdf) to be used to train health workers both at the health facility and community on delivery of Community ART through a community based ART drug delivery model known as a Community Adherence Group or CAG. The CAG model delivery of ART care was designed in order to improve long-term retention in care by reducing access barriers and enhancing the role of the ART patient in the management of his/her condition. This training manual can act as a guide and reference to facilitators who are providing training to briefing different cadres of workers on CAG model of care.

**Course Aim**

The two-day course is designed to equip health workers and staff involved in the CAG model delivery of ART care with knowledge and skills so that they are able to confidently execute the CAG model at their facility.

**Course Objectives**

By the end of the session participants should have knowledge about:

1. Community Adherence Groups (CAG)

2. Communication in CAG Model of Care: Roles and Responsibilities

3. How to Identify and Enroll Patients in the CAG Model

4. Organization at Health Facility Level

5. Functioning of CAGs and Organization at Community Level

6. Preparations for Implementing CAGs at the Health Facility

Each topic has been explained and step-by-step activities included for easy follow up of the content. However, not every issue has been settled with regards to CAGs. New scientific findings will inform potential modifications for CAGs in your local context. This will require future discussions around modifying tools as new evidence is found. This process will help us keep improving the CAG model of ART delivery.

### **ABBREVIATIONS AND ACRONYMS**

CAG *Community Adherence Group*

HCW *Health Care Worker*

LHCW Lay Health Care Worker/CAG Supervisor

LTFU *Lost to Follow Up*

SOP *Standard Operating Procedure*

***Throughout this document Lay Health Care Worker and CAG Supervisor are synonymous with one another and may be used interchangeably***

**MODULE 1: COMMUNITY ADHERENCE GROUPs (CAG)**

**Time Allocation:** 1 hour 30 minutes

**Purpose:**

This session introduces and enables those involved in the CAG model to acquire knowledge on what a CAG is and how a CAG group is formed.

**Learning Objectives:**

By the end of this session, participants should be able to:

* Define a CAG
* State the criteria for including patients in a CAG
* Mention the benefits of the CAG model of care
* Explain how a CAG is formed

**Suggested Teaching/Learning Methods:**

Lecture, discussion, brainstorming

**Suggested Teaching/Learning Materials:**

Chalk and chalkboard, flip chart papers, permanent markers, transparencies and overhead projectors, audio visual aids.

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**Teaching and Learning Activities**

**ACTIVITY 1: Overview of Community Adherence Groups (1 hour)**

The facilitator should facilitate the discussion on the definition of a CAG, benefits, and criteria to join CAG.

**Definition of CAG**

CAGs are self-forming groups of HIV-positive persons who have been on ARVs for 6 months, living in the same community and organized in groups of 6 members. These members take turns picking up ARVs for the group at the health facility when they are due for their full clinical visit every 6 months (\*per standard of care in Zambia). This means that each CAG member will attend the clinic 2 times in one year to pick up drugs on behalf of the group and to see the clinician. After a members’ clinical visit, the group meets in the community to distribute drugs, discuss adherence and provide support to one another, and perform a symptom screen. The members of the CAGs manage their own health and share experiences about living positive with HIV.

CAGs can be formed with as little as 3 and a maximum of 8 patients. However, this requires adjustments to drug collection and clinical visits. The CAG model is explained below using 6 members as an example.

**Criteria to join CAG**

An individual must meet the following criteria to be eligible to join a CAG of **stable** patients:

|  |  |
| --- | --- |
| **Inclusion criteria** | **Exclusion criteria** |
| Adults (as per national guidelines) | Inability to participate in the group activities due to cognition deficits or mental illness. |
| Stable on ART (Supressed viral load or other national criteria) | Pregnancy**\*** |
| Not acutely ill |  |
| On ART for at least 6 months |  |

**\*Pregnant women in Zambia are transferred from ART Clinics (where we were based) to Maternal and Child Health Clinics.**

**Goals of a CAG**

The objectives of the CAG model of care are to:

* Reduce the workload of the existing health workers in the health facilities
* Improve long-term retention in care by reducing access barriers and
* Enhance the role of the ART patient in the management of his/her condition

**Why CAGs?**

Despite the decentralization of ART to the health centres, many patients continue to face difficulties in accessing ARVs due to:

* Long travelling distances to reach the health facilities that supply ARVs
* Frequent visits to the health facility to pick up ARVs
* Cost and availability of transport to visit the health facility
* Patients have other competing responsibilities (work, social, family, etc.)

**Benefits of CAGs**

***Benefits for CAG members***

* Facilitates ARV refill while meeting at a convenient time/place in the community
* Decreases number of clinic visits, thereby reducing transport costs and clinic queues
* More time to attend to work, family and social obligations
* Ability to share experiences with other people on ART in the community and to help and encourage each other on treatment
* Increased social networks among members
* Taking responsibility for own health improves practice of problem solving skills, increases motivation to adhere, and can result in improved treatment outcomes and long-term retention in care
* Help reduce defaulters due to CAG members’ shared responsibility

***Benefits to the staff at the health facilities***

* Having only one person collecting the ARVs for a group of six, means that the workload for the health workers is decreased. He/she will have more time for the individual care of patients who are ill and need more attention.
* Decreases need for patient tracing, as community members update the health workers about the whereabouts of CAG members.
* Information shared with CAG member attending clinic facilitates diffusion of information among other patients on ART

**ACTIVITY 1: Knowledge Check Game (15 minutes)**

The facilitator will ask the following questions to the group. The first person to raise their hand and answer the question correctly gets a reward (example, candy).

* What does CAG stand for?
* How many people are in a CAG?
* What is minimum number and maximum number that can placed in a CAG?
* What eligibility criteria should be used for someone to join a CAG?
* What should viral load be for someone to be eligible for a CAG?
* How long must someone be on ART before they are eligible to join a CAG?
* Name two things that would prevent someone from being able to join a CAG.
* Name two benefits of being a CAG member.
* Name a benefit to the staff at health facilities when patients are in a CAG.

**CAG Formation**

The facilitators should explain that the formation of CAG is voluntary and HCW Supervisors and Lay HCWs are there to help facilitate and provide support to CAGs. During the enrolment period, patients identified as eligible will be approached to join a CAG. The facility team assigned to implement CAGs (called CAG delivery team from hereon) will explain what a CAG is, how it works, the benefits both to the patient and health workers. Then the patient is given a chance to think about whether they are interested in joining a CAG.

If the patient is interested in joining a CAG, they are invited to find other friends/family members that they believe would be interested in joining the CAG. Those individuals will then be assessed for eligibility. Once a CAG group of 6 members has been formed, the group will identify a CAG Leader, who will serve as the point of contact for the group. If the patient cannot identify 5 other friends/family members, the CAG delivery team at the facility will help organize them into a group of 6 with others who live near them and with whom the CAG is comfortable.

***Note:*** *The facilitator should emphasize voluntary group formation and that* patients *who live close to each other in the community are ideal so that CAG meetings are more convenient for everyone in the group.*

**MODULE 2: COMMUNICATION IN THE CAG MODEL OF CARE:**

**ROLES AND RESPONSIBILITIES**

**Time Allocation:** 1 hour 45 minutes

**Purpose:**

This session introduces and enables participants to acquire knowledge on effective communication. Participants will understand how CAGs can communicate effectively as well as about the roles and responsibilities of staff and CAG members within the CAG model.

**Learning objectives:**

By the end of this session, participants should be able to:

* Define communication
* State the importance of communication in the CAG model of care
* Describe the communication flow in the CAG model of care
* State the roles and responsibilities of different cadres in the CAG model of care

**Suggested Teaching/Learning Methods:** Lecture, discussion, brainstorming, demonstration, role play

**Suggested Teaching/Learning Materials:**

Chalk and chalkboard, flip chart papers, permanent markers, transparencies, overhead projector, and audio visual aids.

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**Teaching and Learning Activities**

**ACTIVITY 1: What is Communication? (30 minutes)**

The facilitator should lead a discussion on how to define communication and the importance of communication in the CAG model of care using the information below.

**Definition of communication**

Communication is a process through which messages / ideas are expressed from one person to another person(s). The messages can be in the form of information, instruction, thoughts, feelings, signals or activities. Communication is most effective when it is a two-way process and all involved can speak and respond without interruption.

The overall aim of communication is to enable the sender to send his/her message to another individual(s) in a clear and effective manner.

Both CAG delivery team members and patients in CAGs must be able to effectively transmit information, instructions, guidance, advice, feelings, or thoughts to other CAG delivery team members, to CAG members, and to other health workers at the facility.

**Importance of communication**

The major purpose of communication in the CAG model is to ensure a high quality of care of patients on ART and to enhance the role of the ART patient in the management of their condition. In order for a CAG to work well, there needs to be good communication.

The main goals of communication for the HCW supervisor are to:

* Ensure that CAG groups are formed and maintained as per national guidance
* Provide support and supervision for the lay HCW in performing their duties
* Ensure that the CAG delivery team and senior facility staff are aware of key events and challenges encountered when forming and maintaining CAGs
* Serve as a liaison between the health facility staff and the CAG delivery team

The main goals of communication for the lay HCW are to:

* Ensure that CAG groups are formed and maintained
* Provide support to CAG members
* Keep HCW supervisor informed of key events and challenges encountered with CAGs
* Serve as a liaison between the CAG group and the health facility
* Serve as the contact person to CAGs and their members for any patient-care issues
* Manage any CAG group disputes

The main goals of communication for CAG members are to:

* Establish & maintain relationships with health workers (community & facility)
* Gather information about their treatment and condition
* Provide information about any side effects or illness
* Self-expression when meeting in a CAG or when visiting the health facility
* Promote equality and security in the CAG group

**Communication in the CAG Model of Care: Roles and Responsibilities**

The facilitator should explain the role of each position and detail responsibilities for each position.

|  |  |
| --- | --- |
| Position | Role |
| Health care worker supervisor | CAG formation, patient file management, patient management, supervision |

**1. HCW supervisor** is responsible for:

* Conducting enrolment procedures
* CAG Assembly
* Pulling and storing CAG members’ files
* Facilitating clinic visits for CAG members
* Coordinating with clinic tracing staff to ensure patient tracing (as outlined in the SOP)
* Supporting and supervising the lay HCW in all their duties
* Alerting the ART in-charge/ ART manager in the event of a hospitalization or death

**2. Lay Health Care Worker (“CAG Supervisor”)** is responsible for:

* Assisting the HCW supervisor with CAG assembly
* Maintaining the group CAG membership register
* Providing orientation to CAG members
* Providing support at CAG meetings which they attend
* Completing and entering the data from the CAG monthly attendance register into central database (paper or electronic format depending on country context) after a CAG meeting
* Facilitating the up-referral of any CAG members who need a clinic visit
* Responding to disputes that cannot be self-resolved by CAG members
* Alerting the HCW supervisor in the event of a hospitalization or death of a CAG member
* Completing an event form in the event of a qualifying event (and entering this data into central database [paper or electronic depending on country context]))

**3. CAG Leader** is responsible for:

* Facilitating the selection of location and time of CAG meetings on a monthly basis
* Leading the monthly CAG meetings including moderating the adherence discussion and ensuring completion of the monthly attendance register
* Ensuring the monthly attendance register is returned to the Lay HCW within 48 hours of meeting
* Contacting a CAG member who misses a monthly meeting
* Notifying the lay HCW if a CAG member misses a monthly CAG meeting
* Notifying the lay HCW if a CAG member needs assistance with up-referral
* Note: *some of the CAG leader responsibilities may rotate or be shared amongst other group members based on the group’s preference, but the CAG leader will remain as the point of contact \*additionally functional literacy of members should be assessed in order to ensure CAG model forms can be filled by patients or to think of alternative tools/ aids that can be supplemented to ensure necessary information is captured*

**4. All CAG members** involved in the study are responsible for attending clinic visits and CAG meetings as specified and for abiding by a code of conduct (as specified in the SOP 2.12: Ethics and Confidentiality – CAG Members).

**5. Pharmacy Technologist** is responsible for:

* Pre-packing, labeling, and dispensing drugs for **all** CAG members to the rotating CAG member attending the clinical visit
* Completing the facility pharmacy form at the time of group drug dispensation
* Providing the CAG member with the pre-filled monthly attendance register at the time of drug pick-up for that particular CAG group
* Communicating on a daily basis (or as needed) to coordinate with HCW supervisor, lay HCW, and clinic staff about CAG operations

**6. Data Associate** is responsible for:

* Entering completed clinical visit and pharmacy forms into central system.

**7. QA/QC Coordinator** is responsible for:

* Overseeing all quality control procedures related to this model (please refer to SOP 3.5: Quality Assurance/Quality Control).

**ACTIVITY 3: Name Game (30 minutes)**

The purpose of this game is to make sure that everyone clearly understands roles and responsibilities. The facilitator will divide the room into teams of 3-4 people. The facilitator will then state a specific role/responsibility of an individual involved in the model starting with Team 1 who will identify the title of the person who performs that role/responsibility. If they answer correctly they receive a point, if they do not the facilitator will ask the same question to Team 2 and proceed in this manner. The first team to 5 points wins the game. *If participants are having a difficult time understanding individual roles and responsibilities, the facilitator should review the SOP with the group again.*

**MODULE 3: ORGANIZATION OF CAGS AT THE HEALTH FACILITY LEVEL**

**Time Allocation**: 1 hour 45 minutes

**Purpose:**

This session enables health care workers to acquire knowledge on how to handle CAG Groups at the health facility.

**Learning objectives:**

By the end of this session, participants should be able to;

* Define CAG Group Membership Register
* Define CAG Monthly Attendance Register
* Describe the patient flow at health facility
* Demonstrate how to pre-fill the CAG Monthly Attendance Register

**Suggested Teaching/Learning Methods:**

Lecture, discussion, brainstorming, exercise, question and answer

**Suggested Teaching/Learning Materials:**

Chalk and chalkboard, flip chart papers, permanent markers, paper and pens, transparencies and overhead projectors, audio visual aids.

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**Teaching and Learning Activities**

**ACTIVITY 1: Patient flow at the health facility (15 minutes)**

The facilitator should explain to the participants the CAG patient flow using the SOP on *CAG Roles and Responsibilities* procedures section and the *CAG Roles and Responsibilities Flowchart*.

**Preparations for a CAG members’ visit at the clinic**:

It is the responsibility of the HCW supervisor to communicate upcoming clinic visits using the CAG Appointment Diary to the Lay HCW on a weekly basis. One day prior to the monthly visit of a CAG member, the HCW supervisor should pull the ART files for all CAG members in the same CAG as the visiting CAG member from the storage unit (CAG group member files should be stored together) and give them to the pharmacy technologist. The lay HCW will pre-fill the CAG Monthly Attendance Form and provide it to the pharmacy technologist who will prepare and pre-pack medications for all six CAG members. Additionally, the pharmacy technologist should write each CAG members name on the box of drugs to ensure that the correct drugs are provided to the right patients. The HCW supervisor will then collect the folders from the Pharmacy Technician and bring them back to the storage unit so that they remain secured.

**On the day of a CAG members’ visit:**

In the morning of the CAG member’s visit, the HCW supervisor will bring the folders of the visiting CAG to the triage nurse. On the day of a CAG members’ visit the patient will move through the clinic per standard clinic procedures. At the pharmacy the CAG member will collect a bag filled with the pre-packaged ARVs on behalf of the group. Inside the bag there is also the CAG Monthly Attendance Form. This form will be utilized at the CAG meeting in the community.

**After the CAG member has completed their clinical visit:**

After the monthly visit of a CAG member, the HCW supervisor should bring CAG member ART files (with completed pharmacy forms) to the data clerks’ office for expedited data entry into the central system or stored in the individual patient files if using paper. Once this has been completed, the HCW supervisor should place CAG members’ files back into designated storage space after the pharmacy forms have been entered into the central database by data associate.

**What happens if a rotating CAG member misses their clinic visit?**

The lay HCW should contact the CAG leader to (1) arrange for alternate means for medication pick-up and (2) to contact the missing rotating CAG member to come to clinic.

Because the ART files will be with the nurse at triage the day of a CAG member visit, if the rotating member has not arrived to the triage nurse then the triage nurse should alert the HCW supervisor and Lay HCW so that the CAG Leader can be contacted.

Additionally, if the rotating CAG member does not collect the bag of drugs from the Pharm Tech, then the Pharm Tech should also alert the HCW supervisor and Lay HCW so that the CAG Leader can be contacted.

\**Depending who will be managing CAGs at your facility it is important that alert systems are in place to ensure that a CAG group does not go without their medication*

**ACTIVITY 2: Overview of *CAG Group Membership Register*****form** **and the *CAG Meeting Attendance Register* form (30 minutes)**

The facilitator will explain the two forms to the participants. The facilitator should pass out a sample CAG Group Membership Register that is already completed and a blank CAG Meeting Attendance register at the beginning of the discussion. The CAG Group Membership register is filled out during enrolment and how to fill it out will be discussed in more detail in Module 5. The focus of this session will be to describe the use of the completed CAG Group Membership Register to help pre-fill the blank CAG Meeting Attendance Register.

***CAG Group Membership Register***

The CAG Group Membership Registerprovides general information on group members within each CAG. It generally will be filled out only once during patient enrolment into CAGs. If a CAG member departs for any reason, then the last column will need to be updated on the register.

The Group Membership Register has the following fields:

* Clinic name
* CAG group number
* CAG leader name
* CAG leader mobile number
* CAG meeting day
* ART ID Number
* Patient first name and surname
* Sex
* Date of Birth
* Mobile number 1 and 2
* Date patient joined CAG
* Date for scheduled visit 1
* Date for scheduled visit 2
* Date member permanently left CAG (if applicable)

***CAG Meeting Attendance Register***

This form will keep track of attendance at CAG meetings, serve as a check for any members presenting with symptoms over the past two weeks, and document the collection of drugs by all members.

The CAG Meeting Attendance Register has the following variables:

*Pre-filled out prior to CAG Meeting:*

* Clinic name
* CAG group number
* Date of CAG meeting
* ART ID Number
* Patient first name and surname

*Filled out during CAG Meeting:*

* Attended (Y/N)
* Signature
* Pregnant (Y/N)
* Feel ill? (Y/N)
* If you feel ill, have you experienced any of the following in the last two weeks?
  + Fever (Y/N)
  + Night sweats (Y/N)
  + Weight loss (Y/N)
  + Cough (Y/N)
  + Severe headache (Y/N)
  + Other
* Received meds (Y/N)
* Signature
* Referred to clinic (Y/N) (*To be filled by CAG supervisor)*

This form will be pre-filled by the lay HCW prior to a CAG member visit to the health facility. The following fields should be completed by the lay HCW: Clinic Name, CAG Group Number, ART ID, and First Name & Surname for each of the CAG members.

This form is then given to the pharmacist who will use it to ensure medications for the correct patients are being prepared. This form is placed inside the drug carrier bag which is given to the CAG member attending the facility at the time of drug collection. The CAG member will then travel back to the community bringing the form with them to the CAG meeting where the remainder of the fields will be filled out by the group.

The CAG Leader will help make sure that the form is completed (this process can also be supported by other members in the group who have functional literacy). The completed form will then be collected back by Lay HCW from the CAG Leader within 48 hours of the CAG meeting taking place. The information captured on this form, once back at the facility should be entered into the central data server or if using paper stored in the member’s file who collected drugs on that collection day.

**ACTIVITY 3: Pre-Filling CAG Meeting Attendance Register (15 minutes)**

After explaining the fields in both registers, the facilitator should ensure that everyone has received a copy of the sample CAG Group Membership Register (already completed) and a blank CAG Meeting Attendance Register. The participant should then fill out the Meeting Attendance Register using the CAG Membership Register as the CAG supervisor would in preparation for a CAG member visit to the health facility.

**ACTIVITY 4: Follow the Form Game (30 minutes)**

Select four people to play the following roles: HCW supervisor, lay HCW (“CAG Supervisor”), pharmacy technologist, and a visiting CAG member. Give each player a name tag with the name of their role. Provide the HCW supervisor with a stack of fake ARV files and a completed CAG Group Membership Register and a blank CAG Meeting Attendance Register. Provide the pharmacist with some empty ARV pill boxes.

The players should then be asked to walk through the following steps:

* The HCW supervisor should hand over the ARV files to the pharmacist.

The Pharmacist should pre-pack the ARV drugs for all CAG group members, indicating their name on each box.

* The Lay HCW should retrieve the CAG Group Membership Register and a blank CAG Meeting Attendance Register from the HCW supervisor. They should then “pre-fill” the CAG Meeting Register. Then they should take the pre-filled CAG Meeting Register to the pharmacist.
* The pharmacist should give the bag with the pre-packed and labeled ARV pill boxes as well as the pre-filled CAG Meeting Register to the visiting CAG Member.
* The CAG Member will then “walk off” back to his community for the CAG meeting with the ARV pill boxes and the pre-filled CAG Meeting Register.
* The HCW supervisor will pick up the ARV files back from the pharmacist.
* The CAG member will then give the completed CAG Meeting Register back to the CAG Supervisor as well as the bag that drugs were placed inside. The form should be entered into the central database (paper or electronic format depending on country context) within 72 hours.

**ACTIVITY 5: Knowledge Check Game (15 minutes)**

The facilitator will ask the following questions to the group. The first person to raise their hand and answer the question correctly will receive a piece of candy.

**Sample Questions:**

1. Who is responsible for pre-filling the CAG Group Attendance Register?
2. Who hands over the pre-filled CAG Group Attendance Register form to the CAG member attending the clinic?
3. Where is the CAG Group Membership Register kept?
4. Who is responsible for pre-packing and labeling CAG members’ medications?
5. For how many people will the CAG member attending the facility pick up drugs?

**MODULE 4: CAG MEETINGS AND ORGANIZATION OF CAGS AT THE COMMUNITY LEVEL**

**Time Allocation:** 4 hours

**Purpose:**

This session will enable participants to acquire knowledge on how CAGs function and are organized in the community setting.

**Learning Objectives**

By the end of this session, participants should be able to:

* Define CAG Leader
* State the roles of the CAG Leader
* State the roles of CAG group members
* Explain how CAGs are organized at community level
* Explain what happens if a CAG member is symptomatic
* Understand procedures for missing CAG members or CAG issues
* Define CAG Event Form
* Demonstrate how to fill the CAG Event Form

**Suggested Teaching/Learning Methods:**

Lecture, discussion, brainstorming

**Suggested Teaching/Learning Materials:**

Chalk and chalkboard, flip chart papers, permanent markers, transparencies and overhead projectors, audio visual aids.

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**Teaching and Learning Activities**

**ACTIVITY 1: Who is a CAG Leader and what is their role? (30 minutes)**

The facilitator should lead a discussion on who the CAG Leader is and their role within the CAG group. Roles of the other CAG members should also be discussed.

**Definition of a CAG Leader**:

Once the various CAG groups are formed each group will self-elect a CAG Leader to represent their group.

CAG Leaders will ensure that the *CAG Group Attendance Register* is filled out during the CAG meetings that take place in the community. They will help the group decide on the time and location of the next monthly meeting, and be a point of contact between the CAG group and the health facility in case any group members are ill or missing or if other problems arise. The CAG Leader ideally should be a person who is able to read and write in the local language.

(\**if no member in the group has functional literacy a CAG Leader should still be selected, however, alternative data collection tools should be considered OR increasing the attendance of the lay HCW at CAG meetings in the community).*

**CAG Leader role in the group**

The following are roles of the CAG Leader:

### Facilitate monthly CAG meetings within the community

* Ensure completion of the CAG monthly attendance register form at each CAG meeting
* Meet with the lay HCW within 48 hours of the CAG meeting to provide them with the register form as well as the bag that drugs were carried to the community with
* Notify the lay HCW of any ill CAG members, any CAG members who no longer wish to be in a CAG, and any CAG members who missed the meeting, or any other important information that the lay HCW should be made aware of
* In the event that a CAG member did not attend the CAG meeting, the CAG leader will attempt to contact the missing CAG member (either via mobile or in-person) within 48 hours of the CAG meeting (*If they are not able to contact the missing CAG member, they will notify the lay HCW at the time of transfer of the CAG monthly attendance register and will provide the lay HCW with any unused medications to return to the facility)*
* In the event that a CAG member is identified as being ill (either at the CAG meeting or any time between monthly CAG meetings), the CAG leader will notify the lay HCW to facilitate a clinic visit
* The CAG leader will attempt to help the group self-resolve any group disputes including CAG members not following the rules of conduct or disagreements between CAG members. If the CAG is unable to resolve the dispute, the CAG leader will contact the lay HCW to assist.

***\*Note:*** *Some of the CAG leader responsibilities may rotate or be shared amongst other group members based on the group’s preference, but the CAG leader will remain as the point of contact*

**CAG Group Member role in the group**

The facilitator will explain that in order for the CAG to work effectively, all CAG members have an important role to play. Remind the group that a CAG leader is also a CAG member.

The following are roles of all CAG Members:

* Attend each monthly CAG group meeting
* Visit the health facility once every six months to represent the group members and for him/her to be assessed by the clinician/nurse
* Collect drugs on behalf of the CAG group (during assigned clinical visit) and bring them back to the community for the CAG meeting
* Familiarize themselves and abide by the CAG Code of Conduct which includes being responsible for:
  + The safety and proper storage/transport of medications from retrieval at the facility until the CAG meeting occurs
  + Maintaining the confidentiality of any discussions that occur within the CAG meetings as well as other members’ HIV status
  + Actively participating in adherence discussions during monthly CAG meetings
  + In the event that they are unable to attend the CAG meeting, informing the CAG leader so that arrangements for picking up their medications from another CAG member can be made
  + In the event that they are unable to attend a scheduled clinic visit, informing the CAG leader so that arrangements for picking up the groups’ medications can be made
  + In the event that they become ill, contacting the lay HCW to arrange for a clinic visit

The facilitator should highlight that the CAG members should be able to explain what is going on in their group when asked by the clinician/nurse or other project staff. Also, the CAG member should inform the CAG Leader or Lay HCW if they have any questions or concerns.

**ACTIVITY 2: The CAG Group Meeting (30 minutes)**

The facilitator should explain what will occur at a monthly CAG meeting.

The group members will meet once a month in the community at a time and place of their choosing and convenience. The meeting will occur either on the same day as drug collection or on the following day, depending on what the group has decided.

Each CAG meeting will be led by the CAG Leader who will assist in filling out the CAG Attendance Register Form with each member. All columns should be filled out except for the last column (this last column will be filled out by the lay HCW). The form will confirm a member’s attendance, go through a small symptom check with each member, and confirm dispensation of drugs to a member.

After the form has been filled and drugs dispensed the group will discuss a topic of their choice, providing support to one another.

Topics for adherence counseling can include:

* What it is like to live positive with HIV
* Protecting oneself from STIs
* Steps that can be taken to safely have a child that is born free of HIV
* Disclosing one’s HIV status to others
* Getting support from family and friends to stay on ARVs
* Challenges in remembering to take medications every day

During months 1, 2, 6, and 9 the CAG meetings will be supported/facilitated by the Lay HCW. This is to make sure CAGs are running smoothly.

*\*The frequency at which the lay HCW is in attendance at CAG meetings can be adjusted depending on patient needs*.

**ACTIVITY 3: Managing Ill, Pregnant, or Missing CAG Members (30 minutes)**

The facilitator will use the SOP *CAG Roles and Responsibilities* and the *CAG Roles and Responsibilities Flow Chart* to review what to do when a CAG member is ill, pregnant, missing, or no longer wants to be in a CAG.

**Procedure after a CAG meeting takes place**

After a CAG meeting takes place, the Lay HCW should meet in person with the CAG Leader within 48 hours after the meeting to obtain the CAG monthly Attendance Register as well as handover the bag that drugs were carried to the community with. After receiving the monthly attendance register from the CAG leader, the Lay HCW should review the form to make sure that the CAG members have completed all questions for each CAG member.

The Lay HCW should assess whether any patients need to be referred to the clinic. A patient should be referred to the clinic if they are ill, are pregnant, or no longer want to be in a CAG. By review of the questions on the monthly attendance register the Lay HCW will be able to determine if anyone was reported as ill, pregnant, or missing.

**Procedures for a CAG member who is ill**

In the event that a CAG member is identified as being ill (either at the CAG meeting or any time between monthly CAG meetings), the CAG leader will notify the lay HCW to facilitate a clinic visit either on that day or the next day (if the ill CAG member has not already contacted the lay HCW themselves). An event form should be completed (we will discuss this in more detail in the next activity).

*All CAG members should be encouraged to contact the lay HCW directly if they are ill and need a facility visit.*

If a CAG member requires additional special clinical visits due to illness, the HCW supervisor should communicate with the clinician and other clinic staff after every visit to determine the status of the patient and determine if they will continue receiving medications through the CAG or through alternative measures at the clinic. The HCW supervisor will communicate with the lay HCW regularly to adjust the clinic visit schedule and medication pick-up for the entire CAG accordingly.

If a CAG member is being permanently up-referred after a CAG meeting they should be given a 1-month supply of medications until they are linked back into routine care.

**Procedures for managing a CAG member who is pregnant**

In the event thata CAG member is found to be pregnant, the CAG supervisor should notify the HCW supervisor so that the patient can be seen in the MCH department. The patient can continue in the CAG as a social member but will not continue to receive medications through the CAG. They should be considered a departing CAG member and the medication pick-up for the group should be adjusted accordingly. An event form should be completed (we will discuss this in more detail in the next activity).

**Procedures for managing a missing CAG member**

If a CAG member misses a CAG meeting and has not collected their medicine from the CAG leader within 48 hours of the meeting, the CAG leader will attempt to contact the missing member on two separate occasions. If they are unable to contact the member, the CAG leader should inform the Lay HCW who will inform the HCW supervisor so that this patient can be added to the LTFU list at the facility and can be traced according to current clinic procedures. An event form should be completed (we will discuss this in more detail in the next activity).

**If a CAG member misses more than one meeting,** the CAG member is still potentially eligible to remain in the CAG. However, the decision should be made on a case-by-case basis in conjunction with the other CAG members, the HCW supervisor, and other staff as needed.

**If a missing CAG member later returns to care within 30 days of missed meeting** (either by contacting other CAG members, the Lay HCW, or by visiting the clinic) they should be assessed for whether he/she feels ill. If ill, the HCW supervisor should be notified immediately so that a clinic visit can be arranged. If the patient feels well, the HCW supervisor should be notified so that medication pick up until the next CAG meeting can be arranged. The lay HCW should determine the reason the patient missed his CAG meeting and try to address any barriers.

**If a missing CAG member later returns to care more than 30 days after a missed meeting**, any necessary clinical care and ability to stay in the CAG will be determined on a case-by-case basis with the lay HCW and HCW supervisor.

**Procedures if a CAG member no longer wants to be in CAG**

In the event that a CAG member no longer wants to be in a CAG, the CAG supervisor should notify the HCW supervisor to arrange a clinic visit. In addition, the lay HCW should work with the CAG to adjust the medication pick-up for the CAG group accordingly. An event form should be completed (we will discuss this in more detail in the next activity).

**ACTIVITY 4**: **Resolving and Documenting Issues using The Event Form (30 minutes)**

The facilitator will explain that it is possible for issues to arise within the CAG Group, either for an individual or all group members. When issues arise it is necessary that a *CAG Event Form* be filled. The facilitator should direct patients to the CAG Event Form in the Training Manual.

**What is a CAG Event Form?**

The purpose of the event form is to document all events that require supervision by the CAG supervisor. When such an event occurs, the lay HCW will complete the event form and indicate any actions taken in response to the event.

Example issues that could occur and require that a *CAG Event Form* is filled:

* CAG member is ill but not hospitalized
* CAG member is hospitalized
* Rotating CAG member scheduled to pick up medicines for group did not show up for clinic visit
* Rotating CAG member picked up medicines but did not deliver medicines to the rest of the CAG group
* CAG member did not attend scheduled CAG meeting
* CAG member departing from CAG (e.g. died, pregnant, transferred, lost to follow-up, no longer wants to be in a CAG)
* CAG group dispute

If the CAG leader raises any concerns to the lay HCW apart from the situations described above the Lay HCW will attempt to address the issue directly with the involved CAG member(s). The Lay HCW will fill out an **event form** detailing the event and the measures taken to address the issue. If the Lay HCW is unable to resolve the issue themselves, they will notify the HCW supervisor who will provide additional assistance in resolving the issue at hand.

**Filling out a CAG Event Form**

The CAG supervisor should first indicate the date that the form was started (*ideally this should be the date that the CAG supervisor first learned of the event*). The CAG supervisor will indicate what kind of event he is documenting on the left hand column. Note: Only one event should be filled out on the form. Then indicate the actions taken in response to the event in the right hand column. If the CAG supervisor feels that further details on the event should be documented, they should write them in the notes/comment section on the back of the form.

**Procedures for managing the departure of a CAG member**

There are several reasons why a CAG member may permanently leave a CAG. These include: patient no longer wants to be in a CAG, patient asked to leave because of CAG misconduct, transfer to another CAG or another clinic, pregnancy, death, or lost to follow-up.

\**Lost to follow-up is defined as when a patient cannot be located > 30 days after missing a CAG meeting.*

Three actions should be taken:

(1) On the date(s) that the departing CAG member was scheduled to pick up drugs for the group, another member will need to be identified to pick-up medications on that day. The CAG Appointment Diary should be updated to note that a clinic visit has been replaced with a pharmacy only visit for group drug pick-up.

(2) The CAG Supervisor should fill anevent formto document that the CAG member is permanently departing.

(3) Additionally, the last column of the group membership register should be completed by the lay HCW to record the date that the CAG member departed from the group.

**ACTIVITY 5: Mock CAG Meeting (1 hour)**

The facilitator will divide the participants into groups of 7 and hand out member roles on pieces of paper. One person will be the CAG Leader, one will be the CAG Supervisor/Lay HCW and the other 5 will be CAG members. They will receive a *CAG* *Attendance Register* form to go through the symptom screen with their given roles. The CAG supervisor will receive a blank *CAG Event Form*. For the purpose of practicing the filling of the *CAG Event Form* by the CAG Supervisor, the facilitator will select an issue(s) to have occurred.

While participants are having their mock CAG meetings, the facilitator will walk around the room to see if anyone has any questions or concerns. Once completed the different groups will present their scenarios to the other groups, explaining which forms they filled and the rationale behind their choices. If the facilitator feels it is necessary, additional scenarios can be developed and can be worked with in groups or with the class as a whole.

***Example Scenarios that can be used during the training:***

***Scenario 1:***

**Peter Banda**: **CAG Leader;** Male 42, present at CAG meeting, feeling well

**Bwalya Mulenga**: Female 34, feeling well, attended the clinic for full clinical on the previous day and has brought all members’ medications, present at CAG meeting

**Mutale Banda**: Female 29, missing from today’s CAG meeting without having notified anyone

**Mwansa Phiri**: Male 27, feeling well, present at CAG meeting

**Mwanza Miti**: Male 38, feeling well no longer wants to be in CAG, present at CAG meeting

**Inonge Zulu**: Female 38, feeling well, present at CAG meeting

**CAG supervisor**: attending the CAG meeting and will provide support throughout the meeting

***Scenario 2:***

**Lisa Chileshe**: **CAG Leader**; Female 26, feeling well, present at CAG meeting

**Muki Phiri**: Female 23, feeling well, present at CAG meeting

**Joseph Zulu**: Male, 27, feeling unwell, has a headache and has had night sweats the past week, present at CAG meeting

**Sam Phiri**: Male 28, feeling well; attended the clinic for full clinical earlier in the day and has brought all members’ medications, present at CAG meeting

**Loveness Chikanda**: Female 30, feeling well, present at CAG meeting

**Beauty Pembo**: Female 28, feeling well; just found out she is pregnant, present at CAG meeting

**CAG supervisor**: attending the CAG meeting and will provide support throughout the meeting

**The facilitator can use the above the scenarios and ask the participants additional questions:**

1. **How many event forms are filled in Scenario 1?**
2. **How many event forms are filled in Scenario 2?**

**ACTIVITY 6: Data Entry of Completed CAG Meeting Attendance Register and Event Form Entered into Central Database (if electronic) or into Patient Files (1 hour)**

Training participants will have already received training in the use of a data collection tool. The training participants have already generated filled Meeting Attendance Register and completed Event Forms in Activity 5 above. The facilitator should distribute data collection tools and, using these forms from the previous activity, have the lay HCW practice entering data from the Meeting Attendance Register and the Event Forms into the data collection tool/central database or patient file if paper. The facilitator should walk around the room to assist participants as needed.

**MODULE 5: PREPARATIONS TO IMPLEMENT A CAG (HOW TO RECRUIT ANDENROL PATIENTS)**

**Time Allocation:** 3.5 hours

**Purpose:** This session enables participants to understand the preparations and procedures for implementing the CAG model at their site.

**Learning objectives:**

By the end of this session, participants should be able to;

* Understand the recruitment and enrolment procedures for the CAG model
* Understand the importance of following enrolment procedures

**Suggested Teaching/Learning Methods:**

Lecture, discussion, brainstorming, question and answer, exercise

**Suggested Teaching/Learning Materials:**

Chalk and chalkboard, flip chart papers, permanent markers, pens and papers, transparencies and overhead projectors, audio visual aids.

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**Teaching and Learning Activities**

**ACTIVITY 1: Overview of Participant Recruitment and Enrolment (1 hour 15 minutes)**

Participants have already had modules 1-5 and should therefore have a good understanding of what the CAG model is and how it operates both within the facility and the community. This module is specific to explaining how recruitment and enrolment procedures will operate at the facilities where CAGs operate*.*

The facilitator will pass out the *CAG Enrolment SOP and the CAG Enrolment Flowchart,* to utilise during this module and then proceed with explaining how patients will be made aware that they may join the CAG at their facility. Later in this activity, the facilitator will review the *Viral Load Log Book*, the *CAG Assembly* worksheet, and the *CAG Group Membership Register*.

The facilitator should begin by noting that the next 8 steps that will be reviewed correspond to the ten steps outlined in the CAG Enrolment SOP. They should also be encouraged to write these numbers down on the different areas of the Flowchart.

**1. How will eligible patients be identified?**

Recruitment will occur at clinics participating in the CAG model delivery of care, the amount of CAGs created should be determined by the ART manager. The original invitees will also be given the opportunity to return to the clinic with their friends the subsequent week (week 2).

For every patient that vocalizes they are interested in joining CAG or whose file has been identified as a potential eligible patient, the lay HCW will ask the clinician to review the patient’s chart to determine if they meet eligibility criteria for joining a CAG.

If eligibility criteria are met, the clinician will direct the patient to the lay HCW at the end of the clinical visit. The lay HCW will briefly inform the patient that they have been invited to learn about a program that could make getting ARV’s easier for the patient and if interested will bring them to the HCW supervisor who will discuss the CAG model in full detail with them*.*

For patients that answer that they are unsure of their pregnancy status they will be offered the opportunity to take a pregnancy test by the clinician in order to further determine eligibility or if a pregnancy is unavailable the clinician will probe with questions

**2. How will eligible patients be recruited?**

The HCW supervisor will briefly explain the CAG model using the CAG Model Infographic. The patient will be asked if they are interested in joining a CAG. If they are not interested, then the HCW supervisor should thank the patient and escort them out of the room.

**3. How is the Enrolment Form filled?**

The HCW supervisor will complete the Enrolment Form. Answer each question on page 1 (General) and then answer the questions on page 2 (CAG model only). Patients will provide both a written description and draw a map of how to get to the patient’s house from the clinic. This information will be used both for grouping patients into CAGs as well as to trace the patient if they are lost to follow-up.

This same process outlined above will take place for CAG members recruited by friends if interested and eligible.

1. **Entering the Enrolment Form into the Central Data System**

**At the end of each recruitment day, the enrolment form should be entered into the central data system (if using electronic) if the data collection system is only paper based, then this can be entered into the patients file.**

**5. How are CAG Groups formed?**

Participants should already be aware of how CAG groups can be formed from Module 1 above. The facilitator can remind them that enrolled participants can self-form groups of 6 *or* alternatively if unable to form their own group will be placed into groups of 6 based on geographic location by the HCW supervisor and with the assistance of the Lay HCW. The facilitator should distribute the CAG Assembly Form and discuss how it can be used to help form participants into groups of six (if groups are larger lines can be added).

**6. How is the CAG Group Membership Register filled?**

After CAG formation is complete, each CAG group should be assigned and distributed between the lay HCW such that each lay HCW is responsible for an equal number of CAGs. The responsible Lay HCW will then populate the *CAG Group Membership Register* with the names of the various CAG members.

The instruction for filling the form is as follows:

1. Fill out the information about the CAG at the top of the form including the Clinic Name, the CAG Group Number, and the Staff ID Number. Each CAG supervisor should have received a Staff ID Number at the time of training. Leave the CAG leader and the CAG leader mobile number blank for now.
2. List the ART ID and First Name, Sur Name for each CAG Group member.
3. Use the enrollment forms to complete the next several columns: Sex, Date of Birth, Mobile phone 1, Mobile phone 2.
4. For “Date joined CAG”, write the date of enrolment for that patient.
5. Develop a schedule of all CAG member clinic visits to the facility: Select one of the CAG group members. This person should be assigned a Clinic Visit 1 date two months from their date of enrollment. Add each additional CAG member and assign them a Clinic Visit 1 date one month after the Clinic Visit 1 for the person listed above them. The CAG members do not have to be ordered in any special way, however it is important that the first clinic visit occurs two months after the earliest member in the CAG group enrolled (This is so that no CAG member is without medication for any duration of time). Continue through the list until all six CAG members have been assigned a Clinic Visit 1. Then for each patient assign Clinic Visit 2 to be six months after their Clinic Visit 1.

Update the next appointment date in the clinical form in the **patient’s ART file** using the Clinic Visit 1 date for that patient. Ensure that all CAG member ART files are then given to the data associate for entry into a central database.

**7. What is a CAG Assembly Meeting?**

After CAG formation is complete, the HCW supervisor and the lay HCW will contact each individual in a group by phone and ask them to come to the facility for an introductory CAG assembly meeting.

The lay HCW will lead the CAG assembly meeting. The lay HCW will explain the CAG model again and describe the responsibilities of all CAG members and the CAG leader. The group will elect a CAG leader. The CAG code of conduct will be reviewed and the opportunity to adapt or modify the code will be given. The lay HCW will answer any questions that the group has.

The group members will be told of their clinic appointment dates and their ART cards will be updated. The first clinic appointment date in the group (this will be the first rotating CAG member) will correspond approximately with the date of the first CAG meeting.

**8. When is the completed Group Membership Register entered into the central database?**

This form will be complete only ***after*** the first CAG Assembly Meeting where the CAG leader is elected. After the CAG assembly meeting, the Group Membership Register form should be entered into a central database (paper or electronic format depending on country context) within 72 hours.

**ACTIVITY 2: Review of Steps and Matching Game (30 minutes)**

The facilitator should remind the group that there were 8 steps discussed in the previous activity. He will write up at the front of the room ten blank lines and invite the group to help indicate these steps and their appropriate order.

1. Identifying eligible patients
2. Recruiting/explaining the model to eligible patients using the CAG Model Infographic
3. Completion of enrolment form
4. Entering the Enrolment form into the central database
5. CAG group formation
6. Completing the CAG Group Membership Register
7. CAG Assembly Meeting
8. Entering the completed Group Membership register into a central database

Next, the facilitator should ask the training participants to indicate which form is associated with each step.

1. Identifying eligible patients: none
2. Recruiting/explaining the model to eligible patients: *CAG Model Infographic*
3. Completion of Enrolment Form: *Enrolment Form*
4. Entering the Enrolment form into the central database: *Enrolment Form*
5. CAG group formation: *CAG Assembly worksheet*
6. Completing the CAG Group Membership Register: *CAG Group Membership Register, Clinical Form in ART file*
7. CAG Assembly Meeting: *CAG Group Membership Register, patient’s ART card*
8. Entering the completed Group Membership register into a central database: *CAG Group Membership Register*

*\*Once groups have been formed the folders of each group will be kept together with a rubber band. Every participant joining CAG will have sticker or the CAG plus group number on their folder for easy identification that they are enrolled in the CAG model. This is so that if the folder becomes separated, it is easy to determine which CAG the folder belongs to as well as so that facility staff who are not working in the CAG model are aware that this patient belongs to such a model.*

**ACTIVITY 3: Enrolment Role Play (30 minutes)**

The facilitator will hand out “roles” on pieces of paper so that they can practice a mock enrolment scenario in order to make sure that everyone understands how these procedures will be conducted. Roles will include: ART provider, lay HCW, HCW supervisor, patient, and pharmacist. The role play will first be done with five participants at the front of the room and with everyone else observing. Then the entire training group will break up into groups of five and practice the role play within the smaller group. Once they have practiced in their groups they will present to the group at large. If the facilitator finds it necessary, the groups can be re-divided so that different individuals are interacting in different roles.

**ACTIVITY 4: Practice filling out the CAG Group Membership Register (30 minutes)**

The facilitator should distribute a sample of six completed enrolment forms and a CAG assembly form (in which all of those six patients have been assigned to the same CAG). The participant should then fill out the CAG Group Membership Register using the Enrolment forms and the CAG Assembly form (which identifies that those six people are joining the same CAG together).

**ACTIVITY 5: Data Entry of Completed Enrolment Form and CAG Group Membership Register into a central database with tablets (45 minutes)**

\*this activity applies to contexts where data will be collected on tablets and sent to a central data server. If the program is using paper then this activity does not apply, unless the facilitator feels they need to explain in detail how to file forms into patient files

Training participants will have already received training in the use of data collection tools (i.e. a tablet, or other tool). These tools should now be distributed. Completed Enrolment forms were distributed in Activity 4. A completed CAG Group Membership register was generated during Activity 4. The lay HCW should practice entering data from the Enrolment Forms and the CAG Group Membership Register into the data collection tool (if the program will be using tablets). The facilitator should circulate throughout the room to answer any questions that participants have.

**APPENDICES**

**I. STANDARD OPERATING PROCEDURES**

* 2.11 SOP Roles and Responsibilities of CAG Personnel
* 2.12 SOP Ethics and Confidentiality of CAG Members
* 2.7 SOP Dried Blood Spot (DBS) Collection and Handling

**II. FORMS**

* CAG Group Membership Register
* CAG Meeting Attendance Register
* CAG Event Form
* CAG Assembly Worksheet
* Enrolment Form

**III. STUDY INFOGRAPHICS**

* CAG

**IV. FLOWCHARTS**

* 2.11a CAG Flowchart

**SOP 2.1: CAG Intervention Participant Recruitment-Informed Consent-Enrolment**

### **PURPOSE**

This standard operating procedure (SOP) describes the procedures for the recruitment, and enrolment of study participants into the CAG model of differentiated service delivery.

### **SCOPE**

This SOP applies to all personnel involved in the CAG model.

**MATERIALS**

Enrollment Form

CAG Assembly Form

CAG Group Membership Register

CAG Appointment Diary

CAG Model Infographic

**RESPONSIBILITIES**

**Lay Health Care Worker Supervisor (HCW supervisor)** is rresponsible for:

* Conducting enrollment procedures
* CAG assembly
* Generating CAG group membership register, clinic visit schedule, and CAG appointment diary

**Lay Health Care Worker (“CAG Supervisor”)** is responsible for:

* Assisting the HCW supervisor with enrollment procedures, CAG assembly
* Entering data into the central database or filing forms into patient files

**PROCEDURES (See CAG Intervention Enrolment Flowchart)**

**1. Identification of Individuals to Approach for Recruitment**

Patients at clinics with the CAG model will be identified and invited by clinic staff. The original invitees will be given the opportunity to return to clinic with their friends

Recruitment will occur at clinics participating in the CAG model delivery of care, the amount of CAGs created should be determined by the ART manager. The original invitees will also be given the opportunity to return to the clinic with their friends the subsequent week (week 2).

For every patient that vocalizes they are interested in joining CAG or whose file has been identified as a potential eligible patient, the lay HCW will ask the clinician to review the patient’s chart to determine if they meet eligibility criteria for joining a CAG.

Inclusion criteria:

* HIV-positive adolescents and adults (> 14 years of age)
* Last CD4 count (obtained within the last six months) > 200 cells/mm3
* Not acutely ill
* On ART for at least 6 months

Exclusion criteria:

* Inability to participate in the group activities due to cognition deficits or mental illness.
* Pregnancy

If eligibility criteria are met, the clinician will direct the patient to the lay HCW at the end of the clinical visit. The lay HCW will briefly inform the patient that they have been invited to learn about a program that could make getting ARV’s easier for the patient and if interested will bring them to the HCW supervisor who will discuss the CAG model in full detail with them*.*

For patients that answer that they are unsure of their pregnancy status they will be offered the opportunity to take a pregnancy test by the clinician in order to further determine eligibility or if a pregnancy is unavailable the clinician will probe with questions

**2. Describing the CAG Model**

The HCW supervisor will briefly describe the CAG model using the *CAG Model Infographic* The patient will be asked if they are interested in joining a CAG. If they are not interested, then the HCW supervisor should thank the patient and escort them out of the room. If they are interested, then the HCW supervisor will initiate a discussion about enrolment into the CAG model of care.

**3. Completing the Enrolment Form**

Once a patient agrees to join a CAG, the HCW supervisor will complete the Enrolment Form. Answer each question on page 1 (General) and then answer the questions on page 2 (CAG model). Where indicated, provide a written description and a map for how to get to the patient’s house from clinic. This information will be used both for grouping patients into CAGs as well as to trace the patient if they are lost to follow-up.

**4. Assembling CAGs**

After initial enrolment, enrolled patients should be asked to return the following week with any friends with whom they would like to join a CAG. Those who cannot identify any friends do not need to return to clinic at this time. Based on the home location of enrolled patients, the HCW supervisor may suggest that the enrolled patient return with his friends on a specific day so that others from the same neighbourhood might meet each other to form a group together. The friends of the already enrolled patients will have their ART charts drawn from storage and will be assessed by a clinic nurse or clinician for eligibility. If the friend is found to be eligible, they will go through steps 2 through 4 above to become enrolled in the CAG.

TheHCW supervisor (with the assistance of the Lay HCW) will then use the CAG assembly sheet to assist with placement of all enrolled patients into groups of 3-8 based on their home location. This includes those patients who enrolled initially who did not identify any friends. Each group should be assigned a CAG group number (see CAG assembly sheet).

If a patient lives in a community where there are only 1 or 2 people in the same area, then a CAG group cannot be performed and these individuals can be considered for enrolment at a later day if more individuals from their community are identified. If there are 3,5, 7, or 8 people in the same area then the HCW supervisor can offer the group the option to form a CAG with the understanding that frequency of visits to the clinic for drug pick-up would be more frequent since there are fewer than 6 CAG members, or for groups with more and 6 members 2 patients may be due for their clinical at the same time.

After CAG formation is complete, each CAG group should be assigned and distributed between the lay HCWs at the site such that each lay HCW is responsible for an equal number of CAGs.

**5. Generating the CAG group membership register**

Once the groups of 6 have been assembled on the paper worksheet, the CAG group membership register needs to be filled out for each group.

1. Fill out the information about the CAG at the top of the form including the Clinic Name, the CAG Group Number, and the Staff ID Number. Each CAG supervisor should have received a Staff ID Number at the time of training. Leave the CAG leader and the CAG leader mobile number blank for now.
2. List the ART ID and First Name, Sur Name for each CAG Group member.
3. Use the enrolment forms to complete the next several columns: Sex, Date of Birth, Mobile phone 1, Mobile phone 2.
4. For “Date joined CAG”, write the date of CAG enrolment for that patient.
5. Develop a schedule of all CAG member clinic visits to the facility: Select one of the CAG group members. This person should be assigned a Clinic Visit 1 date two months from their date of CAG enrollment. Add each additional CAG member and assign them a Clinic Visit 1 date one month after the Clinic Visit 1 for the person listed above them. The CAG members do not have to be ordered in any special way. Continue through the list until all six CAG members have been assigned a Clinic Visit 1. Then for each patient assign Clinic Visit 2 to be six months after their Clinic Visit 1. (\*Note: It is important that the first clinic visit occurs two months after the earliest member in the CAG group enrolled. This is so that no CAG member is without medication for any duration of time). (\*Additionally, if CAG groups have fewer than 6 members or more than 6 members, this will alter the way that clinic visits are distributed).
6. Update the next appointment date in the clinical form in the patient’s ART file using the Clinic Visit 1 date for that patient. Ensure that all CAG member ART files are then given to the data associate for entry into the central database.

**6. CAG Assembly Meeting**

Next, the HCW supervisor and the lay HCW will contact each individual in a group (via mobile) and ask them to come to the facility for an introductory CAG assembly meeting.

The lay HCW will lead the CAG assembly meeting. The lay HCW will explain the CAG model again and describe the responsibilities of all CAG members and the CAG leader (see SOP 2.11: “Roles and Responsibilities of CAG Personnel”). The group will elect a CAG leader. The CAG code of conduct will be reviewed and the opportunity to adapt or modify the code will be given. The lay HCW will answer any questions that the group has. The group members will be told of their clinic appointment dates and their ART cards will be updated. The first clinic appointment date in the group (this will be the first rotating CAG member) will correspond approximately with the date of the first CAG meeting.

**7. Completion and uploading of the group membership register**

After the CAG meeting is over, the CAG supervisor should complete the CAG group membership register by adding the information about the elected CAG leader’s name and mobile number. The CAG group membership register should now be complete and should be entered into the the data collection tool and uploaded to the central database within 72 hours. If this is not being captured electronically, appropriate arrangements should be made to organize CAG meeting group registers in a binder at the facility.

### **ABBREVIATIONS AND ACRONYMS**

SOP *Standard Operating Procedure*

CAG *Community Adherence Group*

HCW *Health Care Worker*

**HCW supervisor** *Health Care Worker supervisor*

**SOP 2.11: Roles and Responsibilities of CAG Personnel**

### **PURPOSE**

This standard operating procedure (SOP) describes the key roles and responsibilities for all personnel involved in implementation of the Community Adherence Groups (CAG) model.

### **SCOPE**

This SOP applies to all personnel involved in the CAG model of care.

**MATERIALS**

CAG Group Membership Register Form

CAG Monthly Attendance Register Form

CAG Event Form

CAG Appointment Diary

Data collection tool for electronic data collection

**RESPONSIBILITIES**

**Health Care Worker Supervisor (HCW supervisor)** is rresponsible for:

* Conducting enrollment procedures
* CAG Assembly
* Retrieving and storing CAG members’ files
* Facilitating clinic visits for CAG members
* Coordinating with clinic tracing staff to ensure patient tracing as outlined in this protocol
* Supporting and supervising the lay HCW in all their duties

**Lay Health Care Worker (“CAG Supervisor”)** is responsible for:

* Assisting the HCW supervisor with enrollment and CAG assembly
* Maintaining the group CAG membership register and updating this information in the central database using the data collection tool as specified in this protocol
* Providing orientation to CAG members
* Providing supervision of CAG meetings
* Completing and entering the data from the CAG monthly attendance register into the the central database after a CAG meeting
* Facilitating the up-referral of any CAG members who need a clinic visit
* Responding to disputes that cannot be self-resolved by CAG members
* Alerting the HCW supervisor in the event of a hospitalization or death of a CAG member
* Completing the event form in the event of a qualifying event and entering this data into the central database

**CAG Leader** is responsible for:

* Facilitating the selection of location and time of CAG meetings on a monthly basis
* Leading the monthly CAG meetings including moderating the adherence discussion and ensuring completion of the monthly attendance register
* Ensuring the monthly attendance register is returned to the Lay HCW within 48 hours of meeting
* Contacting a CAG member who misses a monthly meeting as specified in this protocol
* Notifying the lay HCW if a CAG member misses a monthly CAG meeting
* Notifying the lay HCW if a CAG member needs assistance with up-referral

**\*Note:** some of the CAG leader responsibilities may rotate or be shared amongst other group members based on the group’s preference, but the CAG leader will remain as the point of contact

**All CAG members** involved in the CAG model are responsible for attending clinic visits and CAG meetings as specified in this SOP and for abiding by a code of conduct (as specified in the SOP 2.12: Ethics and Confidentiality – CAG Members.

**Pharmacy Technologist** is responsible for:

* Pre-packing and labeling all CAG members drugs in their CAG group drug collection bag
* Dispensing drugs for all CAG members to the rotating CAG member attending the clinical visit
* Completing the pharmacy form at the time of group drug dispensation
* Providing the CAG member with the pre-filled monthly attendance register at the time of drug pick-up
* Communicating on a daily basis (or as needed) to coordinate with HCW supervisor, lay HCW, and clinic staff about CAG operations

**Data Associate** is responsible for:

* Entering completed clinical visit and pharmacy forms into the central database

**PROCEDURES (See Appendix 1: CAG Flowchart)**

**HCW Supervisor:**

1. Procedures during the enrolment period
   1. Please refer to SOP 2.1 Recruitment/ Enrolment of CAG Participants) for the following activities: recruitment, enrolment, and CAG assembly.
   2. The HCW supervisor should write the anticipated clinical visits for each CAG member into the CAG Appointment Diary using the CAG Group Membership Register. The CAG group number should be written next to the appointment date.
   3. **Label** each CAG members ART patient file with a sticker on the upper right corner of the cover.
   4. Work with clinic staff to identify an appropriate separate location for CAG member file storage if possible/feasible
   5. Work with clinic staff to ensure they are aware of the CAG filing system
2. Procedures for routine monthly visit of a CAG member
   1. The HCW supervisor should communicate the upcoming clinic visits using the **CAG** **Appointment Diary** to the lay HCW on a weekly basis.
   2. The HCW supervisor should pull CAG members’ ART files from storage location at least one day prior to the monthly visit of a CAG member and give them to the pharmacy technologist for pre-packing and labeling of drugs.
   3. After the pharmacy technologist has prepared the medications for all the CAG members, the HCW supervisor should retrieve the members’ files and provide them to the triage nurse on the day of the CAG member visit.
   4. After the monthly visit of a CAG member, the HCW supervisor should bring CAG member ART files (with completed pharmacy forms) to the data clerks’ office for data entry.
   5. The HCW supervisor should place CAG members’ files back into designated storage space after forms entered into central database by data associate.
3. Procedures for managing up-referrals and down-referrals
   1. Work with clinic staff to facilitate a clinic visit for any CAG member needing up-referral to the facility (either temporarily or permanently). A patient may be temporarily up-referred to the clinic because they are ill. A patient may be permanently up-referred if they no longer want to be in a CAG, are pregnant, or it was determined that they must leave a CAG due to misconduct.
   2. After the clinic visit, consult with the clinician and other clinic staff to determine whether an up-referred patient will need additional clinic visits or whether they can continue the clinic visit schedule assigned to them in their CAG. Determine if they will continue receiving medications through the CAG or through the clinic. Notify the lay HCW of this information so that the lay HCW can inform the CAG group.
   3. If a CAG member requires additional special clinical visits due to illness, the HCW supervisor should communicate with the clinician and other clinic staff after every visit to determine the status of the patient. The HCW supervisor will communicate with the lay HCW regularly to adjust the clinic visit schedule and medication pick-up for the entire CAG accordingly.
   4. For patients who are up-referred because they are pregnant, the HCW supervisor should facilitate a visit to the MCH department.
   5. If a CAG member is being permanently up-referred after a CAG meeting they should be given a 1-month supply of medications until they are linked back into routine care
4. Procedures for managing a CAG member who missed a group meeting or clinic visit
   1. If the HCW supervisor is notified of a patient who missed a CAG meeting or clinic visit (and could not be located by the CAG leader or other group members), the HCW supervisor should communicate with the clinic tracing staff in order to ensure that the patient is traced according to current clinic standards.

If the missing patient returns to clinic:

* + 1. determine if he feels ill or is due for a clinical visit
    2. determine whether the CAG member wants to remain in a CAG or not
    3. determine the date of the last attended CAG meeting
  1. If the patient feels ill or is due for a clinical visit, the HCW supervisor should facilitate a visit with the clinician by communicating with clinic staff
  2. If the patient no longer wants to be in a CAG, arrange for a clinic visit. This patient should be considered a departing CAG member and the group medication pick-up for the group should be adjusted accordingly. See the section below on “Procedures for managing the departure of a CAG member” for additional instructions.
  3. If the patient feels well, is not due for a clinical visit, wants to remain in a CAG, and the date of the last attended CAG meeting was less than 30 days ago, the HCW supervisor should facilitate medication pick-up at the pharmacy until the next scheduled CAG meeting and arrange for an enhanced adherence counseling visit with the CAG supervisor.
  4. If greater than 30 days has elapsed since the last attended CAG meeting, management should be decided on a case-by-case basis. These cases should be discussed with the ART manager at the facility.

1. Events requiring notifications to the ART manager
   1. Notify the ART manager immediately in the event of a hospitalization or death of a CAG member
   2. Notify the ART manager of a CAG dispute that cannot be resolved by the CAG, the lay HCW, or the HCW supervisor.

**Lay Health Care Worker “CAG Supervisor”:**

1. Procedures for supervising CAG meetings
   1. Conduct a CAG orientation meeting after a CAG has been assembled to discuss the code of conduct (see SOP 2.12: Ethics and Confidentiality - CAG) and to provide guidance on group adherence counselling.
   2. Attend and provide supervision at CAG meetings during months 1, 2, 6, and 9. During these supervision visits the CAG supervisor should
      1. Provide the opportunity for CAG members to ask any questions they might have about how a CAG is supposed to function, the roles and responsibilities of CAG members, and the code of conduct (see SOP 2.12: Ethics and Confidentiality - CAG).
      2. Observe the adherence discussion at the CAG meeting
      3. Identify if there are any specific issues or problems in this CAG and discuss these issues with the HCW supervisor.
2. Procedures before and after a monthly CAG meeting
   1. At least one day before a CAG member clinic visit, use the CAG group register to pre-fill the following fields on the **monthly attendance register**: Clinic Name, CAG Group Number, ART ID, and First Name & Surname for each of the CAG members.
   2. Provide the pre-filled register to the pharmacy technologist at least one day prior to anticipated CAG member clinic visit.
   3. After a monthly CAG meeting, meet in-person with the CAG leader within 48 hours after the meeting to obtain the CAG monthly attendance register.
   4. After receiving the monthly attendance register from the CAG leader, review the form to make sure that the CAG members have completed all questions for each CAG member.

Examples:

* + *For a missing CAG member, “Attended? should be ‘no’.*
  + *If a CAG member reported being ill, then the specific symptom questions for that member should be completed.*
  + *If a member missed the meeting but later obtained his medications from the CAG leader, “Attended” should be ‘no’ but “Received Meds?” should be ‘yes’.*
  1. Assess whether any patients need to be referred to the clinic. A patient should be referred to the clinic if they are ill, are pregnant, or no longer want to be in a CAG. Review the questions on the monthly attendance register to determine if any one reported being ill or pregnant. Complete the last column of the CAG monthly attendance register titled “Referred to Clinic?” by indicating yes (‘Y’) or no (‘N’). If a CAG member is being referred to clinic, then complete the **event form** to describe why.
     1. If a CAG member reported being ill, the CAG supervisor should urgently notify the HCW supervisor to arrange a clinic visit either that day or the next day.
     2. If a CAG member is found to be pregnant, the CAG supervisor should notify the HCW supervisor so that the patient can be seen in the MCH department. The patient can continue in the CAG as a social member but will not continue to receive medications through the CAG. They should be considered a departing CAG member and the medication pick-up for the group should be adjusted accordingly. See the section below on “Procedures for managing the departure of a CAG member” for additional instructions.
     3. If a CAG member no longer wants to be in a CAG, the CAG supervisor should notify the HCW supervisor to arrange a clinic visit. In addition, the lay HCW should work with the CAG to adjust the medication pick-up for the CAG group accordingly. See the section below on “Procedures for managing the departure of a CAG member” for additional instructions.
  2. Assess whether any patients missed the CAG meeting. See “Procedures for managing a missing CAG member” section below for additional instructions.
  3. Enter the data from the CAG monthly attendance register into the central database within 72 hours of receipt of the register
  4. Bring the completed CAG monthly attendance register to the clinic and store in a designated secured storage area

1. Procedures for managing a CAG member who misses a group meeting
2. If a CAG member misses a CAG meeting and has not collected their medicine from the CAG leader within 48 hours of the meeting:
   1. Verify whether the CAG leader attempted to contact them at least two separate times.
   2. Collect the medicines and bring any unused medications back to the clinic pharmacy
   3. Inform the HCW supervisor so that this patient can be traced according to current clinic practices
   4. Complete an **event form** for the missing CAG member.
3. If a missing CAG member later returns to care (either by contacting other CAG members, the CAG supervisor, or by visiting the clinic):
4. Determine if he feels ill or not. If he feels ill, the HCW supervisor should be notified immediately so that a clinic visit can be arranged.
5. Determine the reason the patient missed his CAG meeting and try to address any barriers. If the patient no longer wants to be in a CAG, the CAG supervisor will work via the HCW supervisor to arrange for a clinic visit. They should be considered a departing CAG member and the group medication pick-up for the group should be adjusted accordingly. See the section below on “Procedures for managing the departure of a CAG member” for additional instructions.
6. If the patient feels well, wants to remain in a CAG, and the date of the last attended CAG meeting was less than 30 days ago, communicate with the HCW supervisor to facilitate medication pick-up at the pharmacy until the next scheduled CAG meeting. If greater than 30 days has elapsed since the last attended CAG meeting, management should be discussed with the HCW supervisor and the ART manager and assessed on a case by case basis.
7. Complete an **event form** for the missing CAG member who has now returned to care.
8. If a CAG member misses more than one meeting:
9. The CAG member is still potentially eligible to remain in the CAG. However, the decision should be made on a case-by-case basis in conjunction with the other CAG members and the HCW supervisor.
10. Complete an **event** **form** to document the management of the CAG member who has missed multiple meetings.
11. Procedures for managing a rotating CAG member who missed a clinic visit or failed to deliver medications to the rest of the group

If the rotating CAG member designated to come to clinic for clinical visit and to pick up medications for the CAG does not show up to clinic or does not deliver the medications to the group, then the lay HCW should contact the CAG leader to (1) arrange for alternate means for medication pick-up and (2) to contact the missing rotating CAG member to come to clinic.

Additionally, because ART files will be with the nurse at triage the day of a CAG member visit, if the rotating member has not arrived to the triage nurse then the triage nurse should alert the HCW supervisor and Lay HCW so that the CAG Leader can be contacted.

In addition, if the rotating CAG member does not collect the bag of drugs from the Pharm Tech, then the Pharm Tech should also alert the HCW supervisor and Lay HCW so that the CAG Leader can be contacted.

1. Managing other issues in a CAG
   1. If the CAG leader raises any concerns to the Lay HCW apart from the situations described above (e.g. disputes within the CAG or CAG members not respecting the rules of conduct) the Lay HCW will attempt to address the issue directly with the involved CAG member(s). If necessary, the Lay HCW may assemble an ad-hoc CAG meeting to resolve a group issue. The Lay HCW will fill out an **event form** detailing the event and the measures taken to address the issue. If the Lay HCW is unable to resolve the issue themselves, they will notify the HCW supervisor who will provide additional assistance in resolving the issue at hand.
   2. In the event that a CAG member has given prior notice that they will not be able to attend their clinical visit on their assigned day, the Lay HCW will arrange (via the CAG leader) for another member of the CAG to collect the drugs from the facility and will facilitate (via the HCW supervisor) rescheduling of the members’ clinic visit. The new clinic visit should be recorded in the CAG Appointment Diary.
2. Completion of the Event Form
   1. The purpose of the event form is to document all events that require CAG supervisor supervision. This may include assisting an ill CAG member, identifying CAG members who missed CAG meetings or clinic visits, assisting missing CAG members who seek to re-engage in care, assisting CAG members who no longer want to be in a CAG, and helping to resolve CAG disputes.
   2. The CAG supervisor should first indicate the date that the form was started under Today’s Date (ideally this should be the date that the CAG supervisor first learned of the event).
   3. A separate event form should be completed for each event. The same form should not be used to document multiple events.
   4. After a supervision form is completed entirely, it should be entered into the central database within one week.
3. Procedures for managing the departure of a CAG member
   1. There are several reasons why a CAG member may permanently leave a CAG. These include: patient no longer wants to be in a CAG, patient asked to leave because of CAG misconduct, transfer to another CAG or another clinic, pregnancy, death, or lost to follow-up. Lost to follow-up is defined as when a patient cannot be located > 30 days after missing a CAG meeting.
   2. On the date(s) that the departing CAG member was scheduled to pick up drugs for the group, another member will need to be identified to pick-up medications on that day. The **CAG Appointment Diary** should be updated to note that a clinic visit has been replaced with a pharmacy only visit for group drug pick-up.
   3. An **event form** should be completed to document that the CAG member is permanently departing.
   4. The last column of the **group membership register** should be completed to record the date that the CAG member departed from the group.

**CAG Leader:**

### Facilitate monthly CAG meetings within the community including facilitating agreement on time and location of the meeting and contacting CAG members as necessary

* Ensure monthly meetings occur either on the day of drug collection or the following day depending on what the group has decided upon
* Ensure completion of the CAG monthly attendance register form at each CAG meeting
* Meet with the lay HCW within 48 hours of the CAG meeting to provide them with the register form and notify the lay HCW of any ill CAG members, any CAG members who no longer wish to be in a CAG, and any CAG members who missed the meeting.
* In the event that a CAG member did not attend the CAG meeting, the CAG leader will attempt to contact the missing CAG member (either via mobile or in-person) within 48 hours of the CAG meeting. A minimum of two attempts to contact the missing CAG member should be made. If they are not able to contact the missing CAG member, they will notify the lay HCW at the time of transfer of the CAG monthly attendance register and will provide the lay HCW with any unused medications to return to the facility.
* In the event that a CAG member is identified as being ill (either at the CAG meeting or any time between monthly CAG meetings), the CAG leader will notify the lay HCW to facilitate a clinic visit (if the ill CAG member has not already contacted the lay HCW themselves). Note: All CAG members should be encouraged to contact the lay HCW directly if they are ill and need a facility visit.
* The CAG leader will attempt to help the group self-resolve any group disputes including CAG members not following the rules of conduct or disagreements between CAG members. If the CAG is unable to resolve the dispute, the CAG leader will contact the lay HCW to assist.
* Note: some of the CAG leader responsibilities may rotate or be shared amongst other group members based on the group’s preference, but the CAG leader will remain as the point of contact

**CAG Member:**

* Attendance of 2 clinical visits (roughly 6 months apart). During these clinic visits, collecting medication for all CAG members and bringing this medication back to the community for dispensation at the monthly CAG meeting.
* Attendance at all monthly CAG meetings in the community at a place/time of the CAG's choice for a duration of 12 months
* Familiarize themselves and abide by the CAG Code of Conduct which includes being responsible for:
  + The safety and proper storage/transport of medications from retrieval at the facility until the CAG meeting occurs
  + Maintaining the confidentiality of any discussions that occur within the CAG meetings as well as other members’ HIV status
  + Actively participating in adherence discussions during monthly CAG meetings
  + In the event that they are unable to attend the CAG meeting, informing the CAG leader so that arrangements for picking up their medications from another CAG member can be made
  + In the event that they are unable to attend a scheduled clinic visit, informing the CAG leader so that arrangements for picking up the groups’ medications can be made
  + In the event that they become ill, contacting the lay HCW to arrange for a clinic visit

**Pharmacy Technologist:**

* Work with HCW supervisor to understand the schedule of CAG attendance and medication needs and establish a system for medication preparation and dispensation for CAG members that aligns with clinic operations
* At least one day prior to the CAG member clinic visit, the pharmacy technologist receives the CAG group member files from the HCW supervisor and should prepare a one-month supply of ARV medications for each CAG group member.
* Write each CAG members name on the medication box so that medicine can easily be identified by each CAG member at the CAG meeting.
* Uses the pre-filled monthly attendance register (given to him/her by the CAG supervisor) to ensure that medications have been prepared for the appropriate people and place the medications and the register in the supplied bag until the arrival of the CAG member.
* Completes a pharmacy form for each CAG member and gives the supplied bag (containing the groups’ medications and the monthly attendance register) to the CAG member who is picking up medications for the group
* In the event that a CAG member did not collect medications on behalf of the CAG group on the assigned day, they should alert the HCW supervisor and/or Lay HCW so that the CAG Leader can be notified to contact the missing member and alternative medication distribution arranged

**Data Associate:**

* Enters clinic and pharmacy forms for all CAG members into the central database
* Communicates with HCW supervisor s regarding missing data and/or forms

### **ABBREVIATIONS AND ACRONYMS**

SOP *Standard Operating Procedure*

CAG *Community Adherence Group*

HCW *Health Care Worker*

HCW supervisor *Health Care Worker Supervisor*

**SOP 2.12: Ethics and Confidentiality of CAG Members**

### **PURPOSE**

This standard operating procedure (SOP) is to describe the procedure for establishing a code of ethics and confidentiality for CAG members.

**SCOPE**

This SOP applies to all CAG members at facilities where the CAG model of care is being implemented.

**MATERIALS**

Basic Code of Conduct information sheet

**RESPONSIBILITIES**

**CAG members** are responsible for understanding and abiding by the CAG code of conduct

**CAG supervisor (Lay HCW)** is responsible for explaining the CAG code of conduct and providing support in maintenance of the CAG code of conduct

**Basic CAG Code of Conduct**

The basic tenets of the CAG Code of Conduct are the following:

* I will treat all other CAG members with respect at all times
* I will maintain the confidentiality of all other CAG members’ HIV status at all times
* I will not share personal information or what has been discussed within CAG meetings to anyone outside the group
* I will carry and store drugs for other CAG members safely and I will protect the identity of other CAG members during this process
* I will try to resolve any disagreements with other CAG members with care and respect

**Procedures for Establishing a CAG Code of Conduct**

* The lay HCW will distribute the CAG Code of Conduct information sheet at the initial CAG assembly meeting
* The lay HCW will explain the basic elements of the CAG Code of Conduct and will answer any questions posed by CAG members.
* The lay HCW will then invite CAG members to suggest any additional codes of conduct that they wish to add to the basic Code of Conduct. The lay HCW will provide sufficient time for discussion and for consensus to be built among CAG members.
* The lay HCW will document any additional codes agreed upon by this particular CAG group on a copy of the information sheet. This information sheet will be retained by the HCW.
* Each CAG member will provide verbal agreement to abide by the modified CAG code of conduct.
* The lay HCW will then suggest that the code of conduct can be revisited and revised as necessary at the next two CAG meetings based on the group’s experience in the first two months. The lay HCW will bring the information sheet to these future meetings for possible revision.

**Procedures for Handling Breaches in the Code of Conduct**

In the event of a reported breach, the lay HCW will, in the first instance, call an ad-hoc meeting of all CAG members to air the complaint, establish the facts, and come to a mutual agreement on the way forward. Possible outcomes include: the event was determined to be the result of a misinterpretation or misinformation, the responsible CAG member apologizes, the responsible CAG member chooses or is requested to leave, etc.

After resolution of the event, the Lay HCW will be responsible for filling out a Supervision Form to document the event for study/program evaluation.

### **ABBREVIATIONS AND ACRONYMS**

CAG *Community Adherence Group*

HCW *Health Care Worker*

**CAG GROUP MEMBERSHIP REGISTER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name:** |  | | **CAG Group Number:** | | |  | **CAG Supervisor Staff ID Number:** | | |  | | **CAG Leader**  **Name:** | |  | | |
| **CAG Leader**  **Mobile Number:** | |  | | |
|  | | | | | | | | | | | | | | | | |
| **ART ID** | | **First Name** | | **Surname** | **Sex**  **(M/F)** | **DOB**  **(DD/MM/YY)** | | **Mobile Number 1** | **Mobile Number 2** | | **Date joined CAG**  **(DD/MM/YY)** | | **Scheduled clinic visit 1**  **(DD/MM/YY)** | | **Scheduled clinic visit 2**  **(DD/MM/YY)** | **Date permanently left CAG1**  **(DD/MM/YY)** |
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1If patient permanently leaves CAG, fill out Event Form

**CAG MEETING ATTENDANCE REGISTER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Clinic Name:** |  | | | **CAG Group Number:** | | |  | | | | | **Date of CAG Meeting**  **(DD/MM/YY):** | | | | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_** | | | | |
| **CAG Meeting Place:** | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | **TO BE COMPLETED BY CAG SUPERVISOR** |
| **ART ID** | | **First Name** | **Surname** | | **Attended (Y/N)** | **Signature (Initials)** | | **Pregnant (Y/N)** | **Feel ill?**  **(Y/N)** | ***IF YOU FEEL ILL, have you been experiencing any of the following in the last two weeks?*** | | | | | | | | **Received meds (Y/N)** | **Signature**  **(Initials)** | **Referred to clinic (Y/N)**  **(If yes, complete event form)** |
| **Fever (Y/N)** | **Night**  **sweats (Y/N)** | | **Weight loss (Y/N)** | **Cough (Y/N)** | **Severe headache**  **(Y/N)** | | **Other (describe)** |
|  | |  |  | |  |  | |  |  |  |  | |  |  |  | |  |  |  |  |
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CAG EVENT FORM

|  |  |
| --- | --- |
| 1. Today’s Date (D­D/MM/YY) | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ |
| 2. Clinic Name |  |
| 3. CAG Supervisor Staff Name | ­­ |
| 4. CAG Group Number |  |
| 5. Date Event Reported to Lay HCW (D­D/MM/YY) | \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ |
| 6. Does this event involve only one member of the group? | ☐ Yes, Involves only one member. List ART ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ No, Involves more than one member. *Go to “CAG Group Dispute” option below* |
| 7. Indicate the EVENT of concern and the ACTION(s) taken below (REMEMBER: Only **one** event per form) | |

***EVENT ACTION(s) TAKEN***

|  |  |
| --- | --- |
| ☐ CAG member ill but not hospitalized 🡪 | * Did you notify the HCW supervisor so patient can be seen in clinic? 🞏 Yes 🞏 No |
| ☐ CAG member hospitalized 🡪 | * Did you notify the HCW supervisor so clinic staff can be informed? 🞏 Yes 🞏 No |
| ☐ Rotating CAG member scheduled to pick up medicines for group did not show up for clinic visit 🡪 | * Was alternative medication pick-up for CAG group members arranged? 🞏 Yes 🞏 No * Was the missing CAG member located? 🞏 Yes 🞏 No * If missing CAG member was not located, did you notify the HCW supervisor so that their name can be given to clinic tracers? 🞏 Yes 🞏 No 🞏 Not applicable |
| ☐ Rotating CAG member picked up medicines but did not deliver medicines to the rest of the CAG group 🡪 | * Was alternative medication pick-up for CAG group members arranged? 🞏 Yes 🞏 No * Was the missing CAG member located? 🞏 Yes 🞏 No * If missing CAG member was not located, did you notify the HCW supervisor so that their name can be given to clinic tracers? 🞏 Yes 🞏 No 🞏 Not applicable |
| ☐ CAG member did not attend scheduled CAG meeting 🡪  \*Note: If multiple members did not show up to a meeting, fill out an event form for each missing member | * Did the CAG leader attempt to contact the missing CAG member? 🞏 Yes 🞏 No * Was alternative medication pick-up for CAG member arranged? 🞏 Yes 🞏 No * Was the missing CAG member located? 🞏 Yes 🞏 No * If the missing CAG member was NOT located, did you notify the HCW Supervisor so that their name can be given to clinic tracers? 🞏 Yes 🞏 No 🞏 Not applicable |
| ☐ CAG member departing from CAG 🡪 | What is the reason for departure?  🞏 No longer wants to be in a CAG (return to care at clinic)  🞏 Asked to leave CAG because not following CAG rules  🞏 Transfer to another CAG  🞏 Transfer to another clinic  🞏 Pregnant  🞏 Died  🞏 Lost to follow-up (patient cannot be located > 30 days after a missed CAG meeting or clinic visit)  🞏 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ CAG group dispute 🡪 | How was (or will) the dispute be resolved?  🞏 I have/will resolve issue with individual CAG members(s) in person  🞏 I have/will arrange emergency CAG meeting with entire CAG  🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ☐ Other 🡪 | Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

PLEASE WRITE ANY ADDITIONAL NOTES/COMMENTS REGARDING THE EVENT ON THE BACK OF THIS FORM

***PAGE 2- BACK OF FORM***

INSTRUCTIONS FOR FILLING OUT THE CAG EVENT FORM:

1. A separate CAG event form should be filled for *each* event that has occurred
2. Begin by filling fields 1-5 with general details
3. Question 6 should only be marked “Involves more than one member” if the event was a CAG group dispute. All other events will be in relation to an individual member
4. When indicating the “Event” that took place tic only one “Event” box and answer ***ALL*** the questions relating to that Event in the “Action(s) Taken” box
5. If there are additional notes/comments write them below

NOTES/ COMMENTS:

|  |  |  |
| --- | --- | --- |
| **CAG Group 1**  **Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CAG Group 2**  **Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CAG Group 3**  **Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CAG Group 4**  **Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CAG Group 5**  **Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CAG Group 6**  **Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CAG ASSEMBLY WORKSHEET**

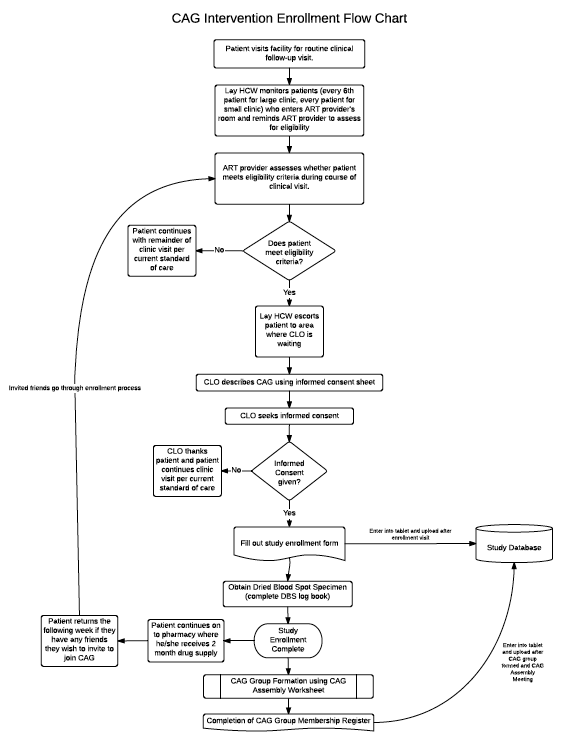
**CAG Model of Care Enrollment Form**

**Part 1: General**

|  |  |
| --- | --- |
|  |  |
|  |  |
| 3. | Date of enrollment (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 4. | Enrolled by: |
| 5. | Clinic Name: |
| 6. | Patient First Name: |
| 7. | Patient Surname: |
| 8. | ART ID: |
| 9. | Sex (M/F): |
| 10. | Date of Birth (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 11. | Patient Mobile Number 1: |
| 12. | Patient Mobile Number 2: |

**Part 2: CAG Model**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. | What type of enrollment is this?  🞏 Patient was invited to participate by clinic staff (Go to Question 2)  🞏 Patient was invited to participate by someone who is already enrolled in a CAG (Do not answer Question 2. SKIP to Question 3) | | |
| 2. | a. | If patient was invited by clinic staff, ask the patient*:* ***To enter this program, people with HIV need to be on ARVs for at least 6 months AND feel healthy. Do you have any friends in your community that you think meet these requirements AND whom you would like to invite to be in a CAG with you?***  🞏 Yes 🞏 No | |
|  |  | ii. | If yes, then ask the patient: ***Can you tell me how many people you think you might invite?***  \_\_\_\_\_\_\_\_\_\_ Number of people |
| 3. | Ask the patient: ***Can you describe how to get to your house from clinic?***  Please provide very detailed directions on how to reach the patient's house from the clinic  **DESCRIPTION:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **MAP:** | | |
| 4 | Based on the patient’s description, what is the name of the neighborhood this patient lives in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 5. | Ask the patient: ***What name do you go by in your neighborhood? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | |

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