**URBAN ADHERENCE GROUPS (UAGS)**

**TRAINING MANUAL 2016**

**INTRODUCTION**

**The Manual**

The manual is to be used to train health workers on a specific model of antiretroviral (ART) delivery called an Urban Adherence Group. The Urban Adherence Group (UAG) model was designed to improve long-term retention in care by reducing access barriers and enhancing the role of the ART client in the management of his/her condition. It will act as a guide and reference to facilitators when giving briefings to different cadres on the UAG Model of care.

**Course Aim**

The three-day course is designed to equip health workers and staff involved in the UAG model with knowledge and skills so that they are able to run the UAG model at their facility.

**Course Objectives**

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

1. Overview of Urban Adherence Groups (UAG)

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

3. Conducting a UAG Meeting

4. Managing UAGs at Health Facility Level

5. Preparations to Implement UAGs

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 regarding UAGs. Iterative discussions should occur to address changes to the tools and information about UAGs. This process will help us continue to improve the UAG Model of ART delivery.

### **ABBREVIATIONS AND ACRONYMS**

SOP *Standard Operating Procedure*

UAG *Urban Adherence Group*

HCW *Health Care Worker*

LTFU *Lost to Follow Up*

**MODULE 1: OVERVIEW of URBAN ADHERENCE GROUPS (UAG)**

**Time Allocation:** 1 hour 15 minutes

**Purpose:**

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

**Learning Objectives:**

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

* Define an Urban Adherence Group
* State the clients’ criteria to join a UAG
* Mention the benefits of the UAG model of care
* Explain how an Urban Adherence Group 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 Urban Adherence Groups (1 hour)**

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

**Definition of an UAG**

An UAG is a group of 30 HIV-positive persons who are on ARVs and who are clinically well. These members meet at the health facility during off-hours of the clinic every three months. At the group meeting, each UAG member receives a symptom screen, a 2 to 3-month supply of ARVs, and adherence counseling. The members of the UAG also support one another and share experiences about living positive with HIV. Every 6 months, each UAG member attends the clinic to see the doctor.

**Criteria to join an UAG**

The following criteria must be met for an individual to be eligible to join a UAG:

**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 cognitive deficits or mental illness.
* Pregnancy

**Goals of an UAG**

The objectives of the UAG model of care are to reduce the workload of the existing health workers in the health facilities and to improve long-term retention in care by reducing access barriers and empowering the ART client to manage his/her condition.

**Why UAGs?**

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

* Long wait times at the health facility
* Frequent visits to the health facility to pick up ARVs that take time and can be costly
* Clinic hours that conflict with work or chores

**Benefits of UAGs**

***Benefits to UAG members***

* Facilitates faster ARV refill at a convenient time in the late afternoon, evening, or weekend
* Decreases frequency of health centre visits, thereby reducing transportation cost as well as long waiting times in clinic queues
* Fewer missed days of work/chores/other obligations
* Ability to share experiences with other people on ART in the community while helping and encouraging one another.
* Taking responsibility for one’s own health improves problem solving skills, increases motivation to adhere, and can result in improved treatment outcomes and long-term retention in care

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

* Having less frequent, group ARV pick-ups means that the daily 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.

**How are UAGs formed?**

Clinic staff will help group eligible patients into groups of 30. If a patient is told about a UAG and they are interested in joining, they will be asked which of the clinic’s UAG groups they are interested in joining (based on the time that the group will meet). The staff will keep track of how many clients have signed up for a particular group. Once 30 people have joined a particular group, the group will be closed and no new members can be added unless someone leaves the group.

***\*****UAG recruitment and enrolment procedures are explained in full detail in Module 5*

**ACTIVITY 2: 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 get a piece of candy.

* What does UAG stand for?
* How many people are in a UAG?
* What is the CD4 count cutoff for someone to be eligible for a UAG?
* How long must someone be on ART before they are eligible to join a UAG?
* Name three things that would prevent someone from being able to join a UAG
* Name two benefits to the client to being in a UAG
* Name a benefit to the staff at health facilities when patients are in a UAG

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

**ROLES AND RESPONSIBILITIES**

**Time Allocation:** 1 hour 15 minutes

**Purpose:**

This session introduces and emphasizes the importance of effective communication within the UAG model of care. Additionally, participants will understand the roles and responsibilities of staff and UAG members within the UAG model.

**Learning Objectives:**

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

* Define communication
* State the importance of communication in the UAG model of care
* Describe the communication flow in the UAG model of care
* State the roles and responsibilities of different cadres in the UAG 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? (15 minutes)**

The facilitator should lead a discussion on how to define communication and the importance of communication in the UAG 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.

In the UAG model of care this means the ability of a clinic staff member to effectively transmit information, instructions, guidance, advice, feelings, or thoughts to other clinic staff, to UAG members, or to other health workers at the facility. For the client who joins a UAG, this means the ability to effectively transmit information, feelings, or thoughts to other UAG members, to clinic staff, and to other health workers at the facility.

**Importance of communication**

The major purpose of communication in UAG model of care is to ensure a high quality of care for clients on ART and to enhance the role of the ART client in the management of his/her own condition. In order for a UAG to work well, there needs to be good communication.

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

* Ensure that UAG groups are formed and maintained as outlined in the protocol
* Provide support and supervision of the lay HCW in his/her duties
* Serve as a liaison between the health facility staff and UAG staff

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

* Ensure that UAG groups are formed and maintained as outlined in the protocol
* Provide support to UAG members
* Ensure that the HCW supervisor is aware of key events and challenges encountered with UAGs
* Serve as a liaison between the UAG group and the health facility

The main goals of communication for the client 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 UAG or when visiting the health facility
* Promote equality and security in the UAG group

**ACTIVITY 2: Communication in the UAG Model of Care: Roles and Responsibilities (30 minutes)**

The facilitator will provide participants with the SOP on *UAG Roles and Responsibilities* and the *UAG Roles and Responsibilities Flowchart*.

The facilitator should first go through the Flowchart so that participants have a general understanding of roles and then proceed to the SOP where detailed responsibilities are outlined.

**1. Health Care Worker Supervisor (HCW Supervisor)** is responsible for:

* Conducting enrolment procedures
* Assembling the UAG (i.e. Creating groups and setting terms of agreement)
* Maintaining the group UAG membership register and updating this information in the central database as specified in this protocol
* At UAG meetings, completing the UAG attendance register and entering the data into the central database
* Maintaining the UAG appointment diary
* Pulling and storing UAG member files for scheduled clinical visits
* Facilitating clinic visits for UAG members
* Coordinating with clinic tracing staff to ensure patient tracing as outlined in the protocol
* Supporting and supervising the lay HCW in all their duties

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

* Assisting the HCW supervisor with enrolment and UAG assembly (i.e. UAG group formation)
* Pulling and storing UAG members’ files for a UAG meeting
* Prior to UAG meetings, pre-filling the UAG attendance register
* At UAG meetings, leading the group adherence discussion
* Alerting the HCW supervisor in the event of a hospitalization or death of a UAG member

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

* Dispensing drugs for all UAG members at UAG meetings
* Completing the pharmacy form at the time of drug dispensation for each UAG member
* Communicating as needed to coordinate with HCW supervisor, lay HCW, and clinic staff about UAG operations

**4. All UAG members** involved in the model are responsible for attending clinic visits and UAG meetings and for abiding by a code of conduct.

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

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

**6. QA/QC Coordinator i**s responsible for:

* Overseeing all quality control procedures related to this model

**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. Team 1 will be asked to 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: CONDUCTING A UAG MEETING**

**Time Allocation:** 3 hours 45 minutes

**Purpose:**

This session will provide participants with information regarding how UAGs meetings are organized and how they function

**Learning Objectives**

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

* Define the UAG Group Membership Register
* Define the UAG Meeting Attendance Register
* State the roles of the lay health care worker, the pharmacy technologist, and the HCW supervisor before, during, and after a UAG meeting
* State the roles of UAG group members and describe the UAG code of conduct
* Explain how a UAG meeting is conducted
* Explain the role of the buddy at UAG meetings
* Explain what happens if a UAG member is ill, pregnant, or no longer wants to be in a UAG
* Demonstrate how to complete the UAG Meeting Attendance Register and how to enter this data into the central database

**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: How to prepare for a UAG meeting (15 minutes)**

The facilitator should use the *SOP on UAG Roles and Responsibilities* procedures section and the *UAG Roles and Responsibilities Flowchart* to lead a discussion on how to prepare for the UAG meeting.

The **lay HCW** will:

* Pull all 30 UAG members’ ART files from designated storage location one to two days before a UAG group meeting
* Use the **UAG Group Membership register** to pre-fill the following fields on the **UAG Meeting Attendance register**: Clinic Name, UAG Group Number, ART ID, and First Name & Surname for each of the UAG members.
* Provide the pre-filled register and the ART files to the pharmacy technologist at least one day prior to the UAG meeting

The **pharmacy tech** will:

* Pre-pack the medications for each UAG member, writing their name on the pill boxes and store the medications and files securely until the UAG meeting

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

The facilitator will explain the two forms to the participants. The facilitator should pass out a sample UAG Group Membership Register that is already completed and a blank UAG Meeting Attendance register at the beginning of the discussion. The UAG 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 UAG Group Membership Register to help pre-fill the UAG Meeting Attendance Register.

***UAG Group Membership Register***

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

The Group Membership Register has the following fields:

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

***UAG Meeting Attendance Register***

This form will keep track of attendance at UAG meetings, serve as a check for any members presenting symptoms, and document the collection of drugs by all members.

The UAG Meeting Attendance Register has the following variables:

*Pre-filled out prior to UAG Meeting:*

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

*Filled out during UAG Meeting:*

* Attended (Y/N)
* Buddy (Y/N)
* 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
* Referred to clinic (Y/N)

The following fields of this form will be pre-filled by the Lay HCW.: Clinic Name, UAG Group Number, ART ID, and First Name & Surname for each of the UAG members.

**ACTIVITY 3: Pre-Filling UAG Meeting Attendance Register (30 minutes)**

After explaining the fields in both registers, the facilitator should ensure that everyone has received a copy of the sample UAG Group Membership Register (already completed filled out with the information for 5 mock patients) and a blank UAG Meeting Attendance Register.

Five mock patients:

1. **Peter Banda**, Male 42
2. **Bwalya Mulenga**: Female 34
3. **Mutale Banda**: Female 29
4. **Mwansa Phiri**: Male 27
5. **Mwanza Miti**: Male 38

The participants should then pre-fill the Meeting Attendance Register using the UAG Membership Register for these five mock patients as the lay HCW would in preparation for a UAG meeting.

**ACTIVITY 4: Overview of the UAG Meeting (45 minutes)**

The facilitator should use the *UAG Roles and Responsibilities Flowchart* and the *SOP on UAG Roles and Responsibilities* to lead a discussion on the roles of the UAG member, the lay health care worker, the pharmacy technologist, and the HCW supervisor during a UAG meeting.

**Basic activities during a UAG meeting**

The group members will meet every two to three months at the health facility at a specific day and time (decided at the time of enrolment based on pre-established days and times – see Module 6). When a UAG member arrives at the UAG meeting they will join the group adherence counseling that is taking place at the front of the room. The lay HCW will be leading this group discussion. UAG members will take turns rotating to the back of the room where they will be checked in by the HCW supervisor who will review if they have any symptoms and complete the UAG Meeting Attendance Register for each member. The UAG member will then move to the Pharmacy Tech who will distribute their medications and complete a Pharmacy form for the patient. The UAG member will return to the adherence group discussion until the end of the end of the meeting. Once all UAG members have been checked in and received their medications and the adherence discussion has been completed, the meeting will be ended and all members are free to leave. Meetings should generally last about 1-2 hours.

**Role of the UAG Members and UAG Code of Conduct**

The facilitator should remind the group of the important role that the UAG member plays. In order for a UAG to work well, the UAG member must abide by the code of conduct.

All UAG members are expected to:

* Attend 2 clinical visits (roughly 6 months apart)
* Attend all scheduled UAG group meetings (every two to three months).
  + In the event that a UAG member is unable to attend a UAG meeting they should designate a buddy to pick up their medication. A UAG member cannot send a buddy to two meetings in a row.
* Familiarize themselves with and abide by the UAG Code of Conduct which includes being responsible for:
  + Maintaining the confidentiality of any discussions that occur within the UAG meetings, as well as other members’ HIV status
  + Actively participating in adherence discussions during group UAG meeting
  + In the event that they are unable to attend a UAG meeting, designating a buddy to pick up their medication

**Completing the UAG Meeting Attendance Register**

Using the SOP for *UAG Roles and Responsibilities,* review how to complete each of the following fields on the UAG Member Attendance Register.

Columns to be filled out during the UAG meeting:

* Attended (Y/N)
* Buddy (Y/N)
* 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
* Referred to clinic (Y/N)

Comments:

* If a patient has come to the meeting themselves then:
  + Attended (Y/N) should be yes
  + Buddy (Y/N) should be no
* If a buddy has come to pick up medicines for the UAG member then:
  + Attended (Y/N) should be yes
  + Buddy (Y/N) should be yes
  + The remaining columns should not be filled out
* If a patient has not come to the meeting and has not sent a buddy, then:
  + Attended (Y/N) should be no
  + The remaining columns should not be filled out
* If a patient is ill, pregnant, or no longer wants to be in a UAG then:
  + Referred to clinic (Y/N) should be yes
  + Appropriate referral to the clinic should be made by the HCW supervisor)

*Note: If a buddy has come twice in a row then the buddy should be given only 5 days of medications and should be instructed to inform the UAG member to report to the clinic within 5 working days.*

**Topics for Adherence Counseling**

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

**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 get a piece of candy.

**Sample Questions:**

1. Who is responsible for pre-filling the UAG Meeting Attendance Register?
2. Who completes the UAG Meeting Attendance Register during the UAG meeting?
3. Who leads the adherence discussion at the UAG meeting?
4. Who is responsible for pre-packing UAG members’ medications?
5. How many times in a row can a UAG member send a buddy to a UAG meeting to pick up their medications?
6. When should a UAG member be referred to clinic?
7. What are the three parts of the UAG code of conduct?

**ACTIVITY 6: Mock UAG Meeting (1 hour)**

The facilitator will divide the participants into groups of 4 and hand out member roles on pieces of paper. One person will be the lay HCW leading the adherence discussion, another person will be the HCW Supervisor/designee completing the UAG Meeting Attendance Register (including symptom screen), another person will be the pharmacy technologist, and the fourth person will be a UAG member. They will use the pre-filled UAG Meeting Attendance Registerform completed in Activity 3 (this form was pre-filled with the ART ID and names of the five mock patients described below). Scenarios will be announced at the front of the room and each group of four will have the opportunity to role play using each scenario. The facilitator should walk around the room to assist the groups. At the end of each scenario, the “correct” actions or handling of each situation should be reviewed by the facilitator at the front of the room. The groups of 4 should then rotate roles before starting the next scenario. At the end of the session, the facilitator should review each groups’ Meeting Attendance Register to ensure that they were filled out completely and correctly for each of the five mock patients.

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

The mock meeting will take place on March 22, 2016.

1. **Peter Banda**, Male 42, ART ID: 45678920: has sent his buddy to attend the UAG meeting
2. **Bwalya Mulenga**: Female 34, ART ID: 32987030: has been having fever and headache
3. **Mutale Banda**: Female 29, ART ID: 23974108: feels well but just learned she is pregnant
4. **Mwansa Phiri**: Male 27, ART ID: 78205671: did not show up to the UAG meeting and did not send a buddy
5. **Mwanza Miti**: Male 38, ART ID: 92851849: has sent his buddy for the second time in a row to attend the UAG meeting

**ACTIVITY 7: What happens after a UAG meeting? (Data Entry of Completed UAG Meeting Adherence Register into central database) (30 minutes)**

The facilitator should use the UAG Roles and Responsibilities Flowchart to remind participants that after a UAG meeting,

1. Data from the completed meeting attendance register should be entered by the HCW supervisor into the central database within 48 hours of a UAG group meeting.
2. Any unused medications (from missing UAG members) should be returned to the pharmacy by the pharmacy tech.
3. All UAG member files should be taken by the lay HCW to the data associate for database entry the next working day after a UAG meeting. After data entry is completed, the UAG member files should be returned to their storage location.

Training participants will have already received training in the use of the data entry tool. The training participants completed the Meeting Attendance Register during Activity 6 for five mock UAG patients. The lay HCW should practice entering data for these five patients from the UAG Meeting Attendance Register into the data entry tool. The facilitator should walk around the room to assist participants as needed.

**MODULE 4: MANAGING UAGS AT THE HEALTH FACILITY**

**Time Allocation:** 2 hours 45 minutes

**Purpose:**

This session will provide participants with information regarding how to handle UAG member scheduled visits to the health facility for clinical follow-up.

**Learning Objectives:**

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

* Describe how to manage different situations/challenges that may arise in a UAG
* Describe the patient flow at the health facility for a routine/scheduled clinical visit

**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: Managing Different Situations in a UAG (1 hour)**

The facilitator should use the *SOP UAG Roles and Responsibilities* to review how to handle different situations that arise in a UAG. Focus the discussion on management of ill and missing UAG members since these situations are likely to occur most often. The SOP contains details on how to manage less commonly encountered situations.

**Procedures for managing an ill UAG member**

If a UAG member reports being ill (either at the UAG meeting or between meetings), the HCW supervisor should arrange a clinic visit either that day or the next day.

**Procedures for managing a UAG member who misses a UAG meeting**

If a UAG member misses a UAG meeting and did not designate a buddy to pick up his medications, the pharmacy technologist will collect any unused medications at the UAG meeting and return it to the pharmacy. No attempts to contact the patient by the lay HCW will be made. However, if the missing member does not show up to the clinic within 5 working days of the missed meeting, the lay HCW will notify the HCW supervisor of the missing UAG member so that clinic tracing staff can trace the patient according to current clinic standards.

*Note: If a patient misses a meeting but later returns to care, details of the procedures to follow are outlined in the SOP UAG Roles and Responsibilities. Facilitator should read this section of the SOP.*

**Procedures for managing other situations/issues and Completion of the UAG Departure Form in data collection tool**

There are several other less common situations that may arise. Many of these situations will result in a UAG member permanently leaving the UAG. **If a UAG member departs from the UAG**, this should be indicated on the last column of the UAG Group Membership Register: the HCW supervisor should write the date of departure in this column. In addition, the HCW supervisor should enter this information into the central database using the *UAG Departure Form* (note this form is electronic only, there is no paper form).

These are possible reasons for permanent departure from a UAG:

a. **No longer wants to be in a UAG**: If a UAG member no longer wants to be in a UAG, the HCW supervisor should arrange a clinic visit for the patient to return to regular care.

b. **UAG misconduct**: If a UAG member has repeatedly failed to follow the UAG code of conduct, then he/she may be asked to leave the UAG. Such a decision will be made together with the lay HCW, the HCW supervisor, and clinic staff. The HCW supervisor would then arrange for the patient to return to regular care.

c. **Transfer to another clinic or UAG**

d. **Pregnant**: If a UAG member is found to be pregnant, the HCW supervisor should refer the patient to the MCH department.

e. **Death**: If the lay HCW learns that a UAG member has been hospitalized (or has died?), they should notify the HCW supervisor, who should ensure the hospitalization/death register can be completed.

f. **Lost to follow-up**: If a patient cannot be located for > 30 days

Note: Hospitalization is NOT a reason for permanent departure from the UAG. If the lay HCW learns that a UAG member has been hospitalized, they should notify the HCW supervisor. The HCW supervisor in turn should notify the clinic staff so that the hospitalization/death register can be completed. This person can potentially remain in the UAG and should NOT automatically be considered a departing UAG member.

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

**ACTIVITY 2: Managing Different Situations Role Play (1 hour)**

In this role play, participants will be divided into pairs. One person will be the lay HCW and the other person will be the HCW supervisor. As the pair works through each of the scenarios, they should switch off who is the lay HCW and who is the HCW supervisor. The facilitator should remind everyone that for a departing UAG member, HCW supervisor should complete the last column of the UAG Group Membership Register form AND the data should be entered into the UAG Departure Form in the central database (remember: this is an electronic form only, there is no paper form).

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

1. It has now been over 30 days and a UAG member who missed the UAG meeting still has not been located. What do you need to do?

2. You (the lay HCW) have just learned that one of the UAG members in your UAG group has been hospitalized

3. One of the UAG members contacts you (the lay HCW) and tells you that he no longer wants to be in a UAG

4. A UAG member missed the UAG meeting but shows up to the clinic two days later

5. You (the lay HCW) are notified that one of the UAG members has died.

**ACTIVITY 3: Handling a Departing UAG Member (Data Entry into the central database) (30 minutes)**

As noted in previous activities, certain events will result in a UAG member departing from the UAG. When this happens, the lay HCW will need to indicate the date of the departure on the UAG Group Membership Register and will need to complete an electronic only form in the central database, called the **UAG Departure Form**.

The facilitator should distribute data collection tools. The training participants should already have the UAG Group Membership Register for our five mock patients. They should go through each scenario and update the Group Membership Register and enter the departure data into the UAG Departure Form in the data collection tool.

Scenarios:

1. Recall that **Mutale Banda** was found at the last UAG meeting (on March 22, 2016) to be pregnant. What do you do now?

2. Recall that **Bwalya Mulenga** has been having fever and headache. She is hospitalized on March 31, 2015. What do you do? She then dies in the hospital on April 7, 2016. Now what do you do?

3. Recall that **Mwansa Phiri** did not show up to the UAG meeting (on March 22, 2016) and did not send a buddy. His name was given to the clinic tracers. It’s been over 30 days since he missed his UAG meeting and he still can’t be located. What do you do now? [his date of departure from the UAG should be the last UAG meeting date + 30 days]

**ACTIVITY 3: Patient flow at the health facility for a routine/scheduled clinical visit of a UAG member (15 minutes)**

In addition to attending UAG meetings, each UAG member will need to come to the clinic once every 6 months to see the doctor/ART provider. The facilitator should explain to the participants about the UAG patient flow at the clinic for a routine/scheduled visit using the SOP on *UAG Roles and Responsibilities* procedures section and the *UAG Roles and Responsibility Flowchart*.

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

The HCW supervisor should use the UAG Appointment Diary to determine who will be coming to the clinic for a scheduled clinical visit that week. One day prior to the clinical visit of a UAG member, the HCW supervisor should pull the UAG members’ ART files from the storage unit (which are stored together).

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

On the day of a UAG members’ visit the patient will move through the clinic per standard clinic procedures.

**After the UAG members’ visit:**

The HCW supervisor should ensure that the UAG members’ ART file has been given to the Data Associate for entry into the central database. After data entry, the filed should be returned to the storage unit where all UAG member files are kept.

**What happens if a UAG member misses a clinic visit?**

If a UAG member misses a clinic visit and does not show up to the clinic within 5 working days, the HCW supervisor will notify the clinic tracing staff so that the patient can be traced according to current clinic standards.

*Note: If a patient misses a meeting but later returns to care, details of the procedures to follow are outlined in the SOP UAG Roles and Responsibilities. Facilitator should read this section of the SOP.*

**MODULE 5: PREPARATIONS TO IMPLEMENT A UAG (HOW TO RECRUITAND ENROL CLIENTS)**

**Time Allocation:** 3.5 hours

**Purpose:** This session will provide participants with information regarding the preparations and procedures for recruiting and enrolling clients in the UAG 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 UAG model
* Understand the importance of enrolment

**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)**

The facilitator will begin by explaining that it is important that appropriate procedures are taken to ensure that safety and ethics are upheld for both staff and participants.

Participants have already had modules 1-5 and should therefore have a good understanding of what the UAG model is and how it operates. This module is specific to explaining how recruitment and enrolment procedures will operate at the selected sites.

The facilitator will review the *UAG Intervention Enrolment SOP* and *UAG Enrolment Flowchart* to utilise during this module and then proceed with explaining how patients will be recruited into the UAG model. Later in this activity, the facilitator will review the *Enrolment Form*, the the *UAG Assembly* form, and the *UAG Group Membership Register*.

**1. Establishing UAG meeting times at the clinic**

Prior to the first day of enrolment, the HCW supervisor should establish with the clinic in-charge and other clinic staff what the meeting day and time will be for each of the four UAG groups at that site. The four UAG meeting options at the clinic should be written down on a piece of paper. The question about which meeting time the patient prefers should be used for UAG assembly (see below).

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

For every person that enters the (clinical consultation?) room, the lay HCW will ask the doctor to review the patient’s chart to determine if they meet eligibility criteria for joining a UAG. If eligibility criteria are met, the doctor 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 modelling 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 to further determine eligibility.

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

The HCW supervisor will briefly explain the UAG model using the UAG Model Infographic. The patient will be asked if they are interested in joining a UAG. 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 CLO will proceed with enrolment.

**4. Filling out the Enrolment Form**

The facilitator should direct the participants to the Enrolment Form in their training manual.

Once a patient consent to enrol in the UAG, the HCW supervisor will complete the Enrolment Form. Answer each question on page 1 (General) and then answer the questions on page 3 pertaining to the UAG model.

**6. UAG Group Formation**

The facilitator should distribute the UAG Assembly Worksheet and discuss how it can be used to help form participants into groups of 30.

The HCW supervisor, with the assistance of the Lay HCW, will use the responses on the enrolment form to place the patient into one of four UAG groups at the clinic.

**7. Filling out the UAG Group Membership Register**

**The facilitator should distribute the UAG Group Membership Register Form.**

As each patient is enrolled and assigned to a group, add their information to the UAG group membership register for that group. The Enrolment form should be used to get several of the variables including date of birth, cell phone, etc.

*Perform only when enrolling the first patient joining a specific UAG group:*

The very first time, fill out the information about the UAG at the top of the form including the Clinic Name, UAG Group Number, UAG Meeting Day and Time, and Date of First UAG Meeting. For the UAG Meeting Day and Time indicate both the day of the week and the time of the meeting that was previously decided in Step 1 (for a given site, there should be only four possible meeting day/times, one for each UAG group). The date of the first UAG meeting should be approximately 2 months from the date of UAG enrolment of the first member who joined the group.

Perform each time you add a patient to this UAG group:

1. List the ART ID and First Name, Surname for each UAG Group member.
2. Use the enrolment form to complete the next several columns: Sex, Date of Birth, Mobile phone 1, Mobile phone 2.
3. For “Date joined UAG”, write the date of UAG enrolment for that patient.
4. Develop a schedule of all UAG member clinic visits to the facility. Clinic Visit 1 should be six months from the patient’s date of UAG enrolment. Clinic Visit 2 should be six months after Clinic Visit 1.
5. Update the next appointment date in the clinical form in the patient’s ART file. The next clinical appointment date in the clinical form should be Clinic Visit 1.

**8. Communicating Patient Appointments**

The patient’s new appointment dates, including clinical visits, should be written on their ART card and into the UAG Appointment Diary. The patient should be instructed to return for the first UAG meeting (this is the date 2 months from the first person who enrolled in that group; it is written at the top of the UAG Membership Register under Date of First UAG Meeting). The patient may proceed to the pharmacy to collect their drugs per current clinic practices. The pharmacist should be informed that the patient should receive enough drug supply to last them until their first UAG meeting. The pharmacist should be instructed to put the Date of First UAG Meeting as the next pharmacy appointment date. The patient’s ART file should then be transferred by the lay HCW to the Data Associate for entry into the central database.

**9. Entering the Enrolment Form into the central database**

At the end of the enrolment day, the HCW supervisor should enter the information in the Enrolment form into the central database. All Enrolment forms should be entered and uploaded to the database within 24 hours of a patient’s enrolment into the UAG.

**10. Completion and Uploading of the UAG Group Membership Register into the central database**

After all 30 group members have been added to the group membership register, the form should be complete. The form should then be entered into the central database within 72 hours. Do not enter or upload the membership register until all members have been enrolled and their information is complete on the paper form.

11. **Writing UAG Meeting Dates in the UAG Appointment Diary**

The dates of all planned UAG meetings should be written in the UAG Appointment Diary. For the first six months, meetings will occur every *two* months. The date of the first UAG meeting has already been determined (see the steps above). The second UAG meeting should be 2 months after Meeting 1 and the third meeting should be 2 months after Meeting 2. Thereafter, meetings will occur every *three* months.

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

The facilitator should remind the group that there were ten 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. Establishing UAG meeting times
2. Identifying eligible clients
3. Recruiting/explaining the model to eligible clients using the UAG Infographic
4. Completion of Enrolment Form
5. UAG group formation
6. Filling out the UAG Group Membership Register
7. Communicating patient appointments
8. Entering the Enrolment Form into the central database
9. Entering the completed Group Membership Register into the central database
10. Writing UAG Meeting Dates in the UAG Appointment Diary

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

1. Establishing UAG meeting times: none
2. Identifying eligible clients: none
3. Recruiting/explaining the model to eligible clients: *UAG Model Infographic*
4. Completion of Enrolment Form: *Enrolment Form*
5. UAG group formation: *UAG Assembly Worksheet*
6. Filling out the UAG Group Membership Register: *UAG Group Membership Register, Clinical Form in ART file*
7. Communicating patient appointments: patient’s *ART card, UAG Appointment Diary*
8. Entering the Enrolment Form into the central database: *Enrolment Form*
9. Entering the completed Group Membership Register into the central database: *UAG Group Membership Register*
10. Writing UAG Meeting Dates in the UAG Appointment Diary: *UAG Appointment Diary*

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

The facilitator will hand out “roles” on pieces of paper so that the participants 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 training participants at the front of the room and everyone else observing. Then the entire training group will break up into groups of five and practice the role play within the smaller group.

**ACTIVITY 4: Practice Filling Out the UAG Group Membership Register (30 minutes)**

The facilitator should distribute a sample of completed Enrolment Forms. The participants should then fill out the UAG Group Membership Register using the Enrolment Forms. The facilitator should review the completed registers to ensure that they were completed correctly.

**ACTIVITY 5: Data Entry of Completed Enrolment Form and UAG Group Membership Register into Data Collection Tools (45 minutes)**

Training participants will have already received training in the use of data collection tools. Data collection tools and samples of completed UAG Group Membership Registers and Enrolment Forms should be distributed. The lay HCW should practice entering data from the UAG Group Membership Register and Enrolment Form into the central database. The facilitator should circulate throughout the room to answer any questions that participants have.

**APPENDICES**

**I. STANDARD OPERATING PROCEDURES and FLOWCHARTS**

* 2.2 SOP UAG Participant Recruitment- Enrolment
* 2.2a UAG Enrolment Flowchart
* 2.13 SOP Roles and Responsibilities of UAG Personnel
* 2.13a UAG Model Flowchart

**II. FORMS**

* UAG Group Membership Register
* UAG Meeting Attendance Register
* UAG Assembly Worksheet
* Enrolment Form- Intervention

**III. STUDY INFOGRAPHICS**

* UAG

### **SOP 2.2: UAG Intervention: Participant Recruitment Enrolment**

### **PURPOSE**

This standard operating procedure (SOP) describes the procedures for the recruitment and enrolment of participants into the UAG model.

### **SCOPE**

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

**MATERIALS**

UAG Enrollment Form

UAG Assembly Form

UAG Group Membership Register

UAG Appointment Diary

UAG Model Infographic

**RESPONSIBILITIES**

**HCW supervisor** is responsible for:

* Conducting enrolment procedures
* UAG assembly
* Generating UAG group membership register, clinic visit schedule, and UAG appointment diary

**Lay Health Care Worker** is responsible for:

* Assisting the HCW supervisor with UAG enrolment procedures, UAG assembly
* Entering data into the central database

**QA/QC Coordinator i**s responsible for:

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

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

**1. Establishing UAG meeting times**

Prior to the first day of enrolment, the HCW supervisor should establish with the clinic in-charge and other clinic staff what the meeting day and time will be for each of the four UAG groups at that site. The four UAG meeting options at the clinic should be written down on a piece of paper. The question about which meeting time the patient prefers should be used for UAG assembly/group formation (see below).

**2. Identification of individuals for recruitment**

For every patient that enters the (clinical consultation) room, the lay HCW will ask the provider to review the patient’s chart to determine if they meet eligibility criteria for joining a UAG.

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 provider will direct the patient to the waiting lay HCW at the end of the clinical visit. The lay HCW will briefly inform the patient that they have been invited to participate in a program that could make getting ARV’s easier for the patient. The lay HCW will escort the patient to the room where the Health Care Worker Supervisor (HCW supervisor) is seated.

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.

Recruitment will continue until the enrolment goal of 120 is reached.

**3. Recruitment: Describing the UAG Model**

The HCW supervisor will briefly describe the UAG model using the *UAG Model Infographic.* The patient will be asked if they are interested in joining a UAG. 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 use the information sheet (IC) to initiate enrolment into the study.

**4. Completing the UAG Enrolment Form**

Once a patient agrees to enrol in the UAG, the HCW supervisor will complete the Enrolment Form. Answer each question on page 1 (General) and then answer the questions on page 3 (UAG model).

**5. UAG Group Formation**

The HCW supervisor (with the assistance of the Lay HCW) will use the UAG assembly sheet to assist with placement of enrolled patients into one of four groups (each group has 30 patients) based on the time preference indicated by the patient.

**8. Generating the UAG group membership register**

As each patient is enrolled and assigned to a group, add their information to the UAG group membership register for that group.

Perform only when enrolling the first patient joining a specific UAG group:

The very first time, fill out the information about the UAG at the top of the form including the Clinic Name, UAG Group Number, UAG Meeting Day and Time, and Date of First UAG Meeting. For the UAG Meeting Day and Time indicate both the day of the week and the time of the meeting that was previously decided in Step 1 (for a given site, there should be only four possible meeting day/times, one for each UAG group). The date of the first UAG meeting should be approximately 2 months from the date that the first member was enrolled in the UAG.

Perform each time you add a patient to this UAG group:

1. List the ART ID and First Name, Sur Name for each UAG Group member.
2. Use the study enrolment form to complete the next several columns: Sex, Date of Birth, Mobile phone 1, Mobile phone 2.
3. For “Date joined UAG”, write the date of UAG enrolment for that patient.
4. Develop a schedule of all UAG member clinic visits to the facility. Clinic Visit 1 should be six months from the patient’s date of study enrolment. Clinic Visit 2 should be six months after Clinic Visit 1.
5. Update the next appointment date in the clinical form in the patient’s ART file. The next clinical appointment date in the clinical form should be Clinic Visit 1.

**9. Communicating Patient Appointments**

The patient’s new appointment dates should be written on their ART card. The patient should be instructed to return for the first UAG meeting (this is the date 2 months from the first person who enrolled in that group; it is written at the top of the UAG membership register under Date of First UAG Meeting). The patient may proceed to the pharmacy to collect their drugs per current clinic practices. The pharmacist should be informed that the patient should receive a two-month supply of drugs- this will last them until their first UAG meeting. The pharmacist should be instructed to put the Date of First UAG Meeting as the next pharmacy appointment date. The patient’s ART file should then be transferred to the Data Associate for entry into the central database.

**10. Entering the Enrolment Form into the central database**

At the end of the enrolment day, the HCW supervisor should enter the information in the Enrolment form into the central database. All Enrolment forms should be entered and uploaded to the database within 24 hours of a patient’s enrolment into the UAG.

**11. Completion and Uploading of the Group Membership Register**

After all 30 group members have been added to the group membership register, the form should be complete. The form should then be entered into the central database within 72 hours. Do not enter or upload the membership register until all members have been enrolled and their information is complete on the paper form.

**12. Writing UAG Meeting Dates in the UAG Appointment Diary**

The dates of all planned UAG meetings should be written in the UAG appointment diary. For the first six months, meetings will occur every *two* months. The date of the first UAG meeting has already been determined (see the steps above). The second UAG meeting should be 2 months after Meeting 1 and the third meeting should be 2 months after Meeting 2. Thereafter, meetings will occur every *three* months.

### **ABBREVIATIONS AND ACRONYMS**

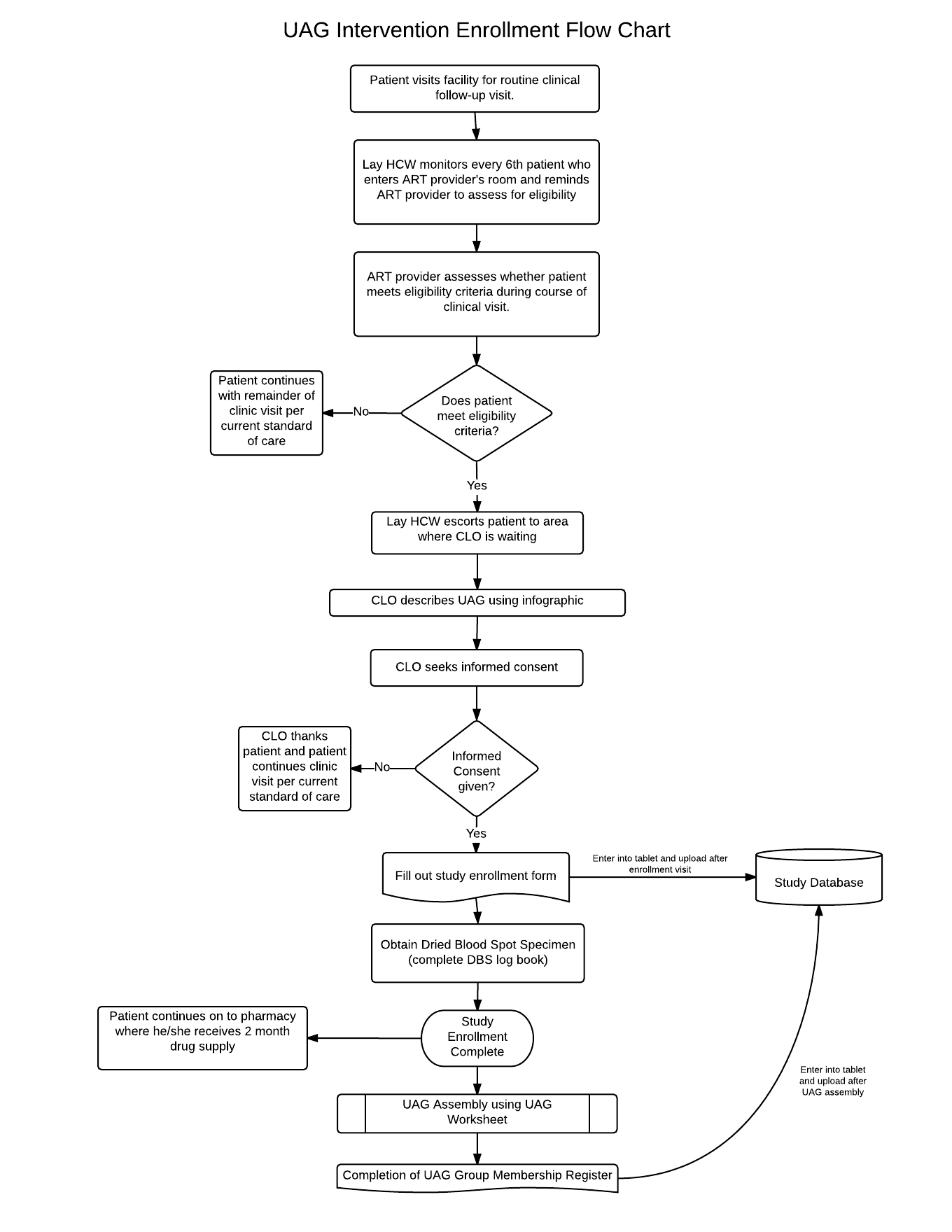
SOP *Standard Operating Procedure*

UAG *Urban Adherence Group*

HCW *Health Care Worker*

HCW supervisor *Health Care Worker Supervisor*

**2.2a Appendix: UAG Enrolment Flowchart**

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SOP 2.13: Roles and Responsibilities of UAG Personnel

PURPOSE

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

**SCOPE**

This SOP applies to all personnel involved in the UAG model of health care delivery.

**MATERIALS**

UAG Enrollment Form

UAG Group Register

UAG Meeting Attendance Register

UAG Appointment Diary

Data Collection Tool

**RESPONSIBILITIES**

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

* Conducting enrolment procedures
* UAG Assembly (i.e. UAG group formation)
* Maintaining the group UAG membership register and updating this information in the database as specified in this protocol
* At UAG meetings, completing the UAG attendance register and entering the data into the central database
* Maintaining the UAG appointment diary
* Pulling and storing UAG member files for scheduled clinical visits
* Facilitating clinic visits for UAG members
* Coordinating with clinic tracing staff to ensure patient tracing as outlined in the protocol
* Supporting and supervising the lay HCW in all their duties

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

* Assisting the HCW supervisor with enrolment and UAG assembly (i.e. UAG group formation)
* Pulling and storing UAG members’ files for a UAG meeting
* Prior to UAG meetings, pre-filling the UAG attendance register
* At UAG meetings, leading the group adherence discussion
* Alerting the HCW supervisor in the event of a hospitalization or death of a UAG member

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

* Dispensing drugs for all UAG members at UAG meetings
* Completing the pharmacy form at the time of drug dispensation for each UAG member
* Communicating as needed to coordinate with the HCW supervisor, lay HCW, and clinic staff about UAG operations

**4. All UAG members** involved in the UAG are responsible for attending clinic visits and UAG meetings and for abiding by a code of conduct.

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

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

**6. QA/QC Coordinator i**s responsible for:

* Overseeing all quality control procedures related to this model

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

**HCW Supervisor**

1. Procedures during the enrolment period
2. Please refer to SOP 2.2 Recruitment and Enrolment of UAG Participants) for the following activities: recruitment, enrolment, and UAG assembly.
3. **Label** each UAG 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 UAG member file storage
5. Work with clinic staff to ensure they are aware of the UAG filing system
6. The dates of the UAG meetings will have been determined at the beginning of enrolment (see: *SOP Participant Recruitment and Enrolment for UAG Model*). The dates of clinic visit 1 and clinic visit 2 for each patient will also have been determined during enrolment (see: *SOP Participant Recruitment and Enrolment for UAG Intervention*). The HCW Supervisor should record the UAG group meeting dates and individual clinic visit dates in the **UAG Appointment Diary**. For clinical visits, indicate the UAG group number next to the ART ID and patient name.
7. Procedures during UAG Meetings

The HCW supervisor is responsible for completing the monthly attendance register during UAG meetings

1. To complete the **monthly attendance register,** the HCW supervisor should answer each of the questions on the form for every patient.
2. If a UAG member is present OR if the UAG member designated a buddy to pick up his medications, then “Attended?” should be marked yes (‘Y’).
3. If a UAG member designated a buddy to pick up his medications, then “Buddy” should be marked yes (‘Y’). If buddy pick-up, then do NOT answer any additional columns for that patient. The buddy should be informed that the UAG member must attend the next visit. If a UAG member sends a buddy for two UAG meetings in a row, then the buddy is given a 5 day ARV supply and told to inform the UAG member that they should report to the clinic within 5 working days. If the UAG member fails to do so, they will be treated as a missing member (see section below).
4. If the UAG member is attending the meeting and says that he/she feels ill, then the specific symptom questions should be asked and each symptom should be recorded as either yes (‘Y’) or no (‘N’). If the UAG member does not feel ill, the specific symptom columns should not be filled out (they should be left blank).
5. 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 UAG. Review the questions on the monthly attendance register to determine if anyone reported being ill or pregnant. Complete the last column of the UAG monthly attendance register titled “Referred to Clinic?” by indicating yes (‘Y’) or no (‘N’).
   * If a UAG member reports being ill, the HCW supervisor should arrange a clinic visit either that day or the next day.
   * If a UAG member is found to be pregnant, the HCW supervisor should refer the patient to the MCH department. The patient can continue in the UAG as a social member but will not continue to receive medications through the UAG. They should be considered a departing UAG member. See the section below on “Procedures for managing the departure of a UAG member” for additional instructions.
   * If a UAG member no longer wants to be in a UAG, the HCW supervisor should arrange a clinic visit. See the section below on “Procedures for managing the departure of a UAG member” for additional instructions.
6. After the UAG meeting is complete, the attendance should be reviewed for any missing UAG members or those who have sent a buddy for two meetings in a row. See section on “Managing a missing UAG member” below for additional instructions.
7. Data from the attendance register should be entered into the central database within 48 hours of a UAG group meeting.
8. Procedures for managing patients who miss a UAG meeting
9. If a UAG member misses a UAG meeting and did not designate a buddy to pick up his medications, the pharmacy technologist will collect any unused medications at the UAG meeting and return it to the pharmacy. No attempts to contact the patient by the lay HCW or the HCW supervisor will be conducted. However, if the missing member does not show up to the clinic within 5 working days of the missed meeting, the HCW supervisor will provide the name of the missing member to the clinic tracing staff so that they can be traced according to current clinic standards.
10. If a UAG member sends a buddy for two UAG meetings in a row, then the buddy should be given only 5 days of medications and should be instructed to inform the UAG member to report to the clinic within 5 working days. If the UAG member fails to do so, they will be treated as a missing member.
11. If a UAG member misses more than one meeting, the UAG member is still potentially eligible to remain in the UAG. However, the decision should be made on a case-by-case basis in conjunction with other clinic staff as needed.
12. Procedures for managing up- and down-referrals
    1. Work with clinic staff to facilitate a clinic visit for any UAG 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 are pregnant, no longer want to be in a UAG, or it was determined that they must leave a UAG due to misconduct.
    2. After the clinic visit, speak with the doctor and other clinic staff to determine whether an up-referred patient will continue receiving medications through the UAG or through the clinic. Notify the lay HCWs of this information so that the lay HCW can prepare for the next UAG group meeting accordingly.
    3. If a UAG member requires additional special clinical visits due to illness, the HCW supervisor should communicate with the doctor 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 medication pick-up for the next UAG meeting accordingly.
    4. For patients who are up-referred because they are pregnant, the HCW supervisor should facilitate a visit to the MCH department. The patient will be considered to be a departing member. See the section below on “Procedures for managing the departure of a UAG member” for additional instructions.
    5. For patients who no longer want to be in a UAG or are asked to leave due to misconduct, the HCW supervisor will arrange for a clinic visit at the facility to get the patient re-established in regular care.
    6. If a UAG member is being permanently up-referred after a UAG meeting they should be given a 1-month supply of medications until they are linked back into routine care.
13. Procedures before and after UAG member’s routine visit to the clinic

Note: UAG members will make a routine clinical visit to the facility to see the doctor/provider every six months

1. Review the UAG Appointment Diary on a weekly basis to determine who will be coming to clinic that week.
2. Pull a UAG member file from designated storage location the day of or the day prior to a UAG member’s scheduled clinic visit
3. After the clinic visit, bring UAG member clinic file to the data clerks’ office for expedited data entry of the clinical form
4. Place UAG member file back into designated storage space after the clinical form has been entered into the central database by data associate.
5. If the patient misses their appointment and does not come to the clinic within 5 working days of their scheduled clinic visit, the HCW supervisor should communicate with the clinic tracing staff in order to ensure that the patient is traced according to current clinic standards.
6. Procedures for managing patients who re-engage in care after a missed UAG meeting or clinic visit

If the missing patient returns to clinic, determine:

* + If the patient feels ill or is due for a clinic visit
  + Wwhether the UAG member wants to remain in a UAG or not
  + The date of the last attended UAG meeting

1. If the patient feels ill or is due for a clinic visit, the HCW supervisor should facilitate a visit with the doctor by communicating with clinic staff
2. If the patient no longer wants to be in a UAG, arrange for a clinic visit. This patient should be considered a departing UAG 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 UAG member” for additional instructions.
3. If the patient feels well, is not due for a clinic visit, wants to remain in a UAG, and the date of the last attended UAG meeting was less than 30 days ago, the HCW supervisor should facilitate medication pick-up at the pharmacy until the next scheduled UAG meeting and arrange for an enhanced adherence counseling visit with the lay HCW.
4. If greater than 30 days have elapsed since the last attended UAG meeting, management should be decided on a case-by-case basis.
5. Procedures for managing the permanent departure of a UAG member

There are several situations that may result in a member permanently leaving a UAG:

1. No longer wants to be in a UAG (return to care at clinic)

2. Asked to leave UAG because not following UAG rules

3. Transferred to another clinic

4. Transferred to another UAG

5. Pregnant

5. Died

6. Lost to follow-up (patient cannot be located > 30 days after a missed UAG meeting)

If a UAG member departs from the UAG:

1. The last column of the **group membership register** should be completed to record the date that the UAG member departed from the group.
2. The **UAG Departure form** should be completed in the central database

**Lay Health Care Worker:**

1. Reviews UAG code of conduct at first UAG group meeting
2. Procedures before and after UAG group meeting
3. Pull all 30 UAG members’ ART files from designated storage location one to two days prior to a UAG group meeting
4. Uses the UAG group register to pre-fill the following fields on the **monthly attendance register**: Clinic Name, UAG Group Number, ART ID, and First Name & Surname for each of the UAG members.
5. Provide the pre-filled register and the ART files to the pharmacy technologist at least one day prior to anticipated UAG member clinic visit.
6. After a UAG group meeting, bring all 30 UAG members’ files to the data clerks’ office for expedited data entry of the pharmacy form
7. Place all 30 UAG member files back into designated storage space after the pharmacy form has been entered into the central database by data associate.

3. Procedures during a UAG group meeting

1. At a UAG group meeting, the lay HCW will conduct the group adherence discussion at the front of the room while the HCW supervisor will complete the monthly attendance register at the back of the room.

**Pharmacy Technologist:**

* At least one day prior to a UAG group meeting, the pharmacist receives the 30 files of the UAG group members and the pre-filled attendance register from the lay HCWs.
* Prepares a 3-month supply of ARV medications for all 30 UAG members
* Uses the pre-filled monthly attendance register (given to him/her by the lay HCW) to ensure that medications have been prepared for the appropriate people
* Completes a pharmacy form for each UAG member and dispenses medications for all 30 UAG members at UAG group meeting
* Returns any unused medication (due to missing UAG members) to the main pharmacy stock room.

**UAG Member:**

* Attendance of 2 clinical visits (roughly 6 months apart)
* Attendance at all scheduled UAG group meetings (every three months).
  + In the event that a UAG member is unable to attend a UAG meeting they should designate a buddy to pick up their medication. A UAG member cannot send a buddy to two meetings in a row.
* Familiarize themselves with and abide by the UAG Code of Conduct which includes being responsible for:
  + Maintaining the confidentiality of any discussions that occur within the UAG meetings as well as other members’ HIV status
  + Actively participating in adherence discussions during group UAG meeting
  + In the event that they are unable to attend a UAG meeting, designating a buddy to pick up their medication

**Data Associate:**

* Enters clinic and pharmacy forms for all UAG members into the database
* Communicates with HCW supervisors regarding missing data and/or forms

### **ABBREVIATIONS AND ACRONYMS**

SOP *Standard Operating Procedure*

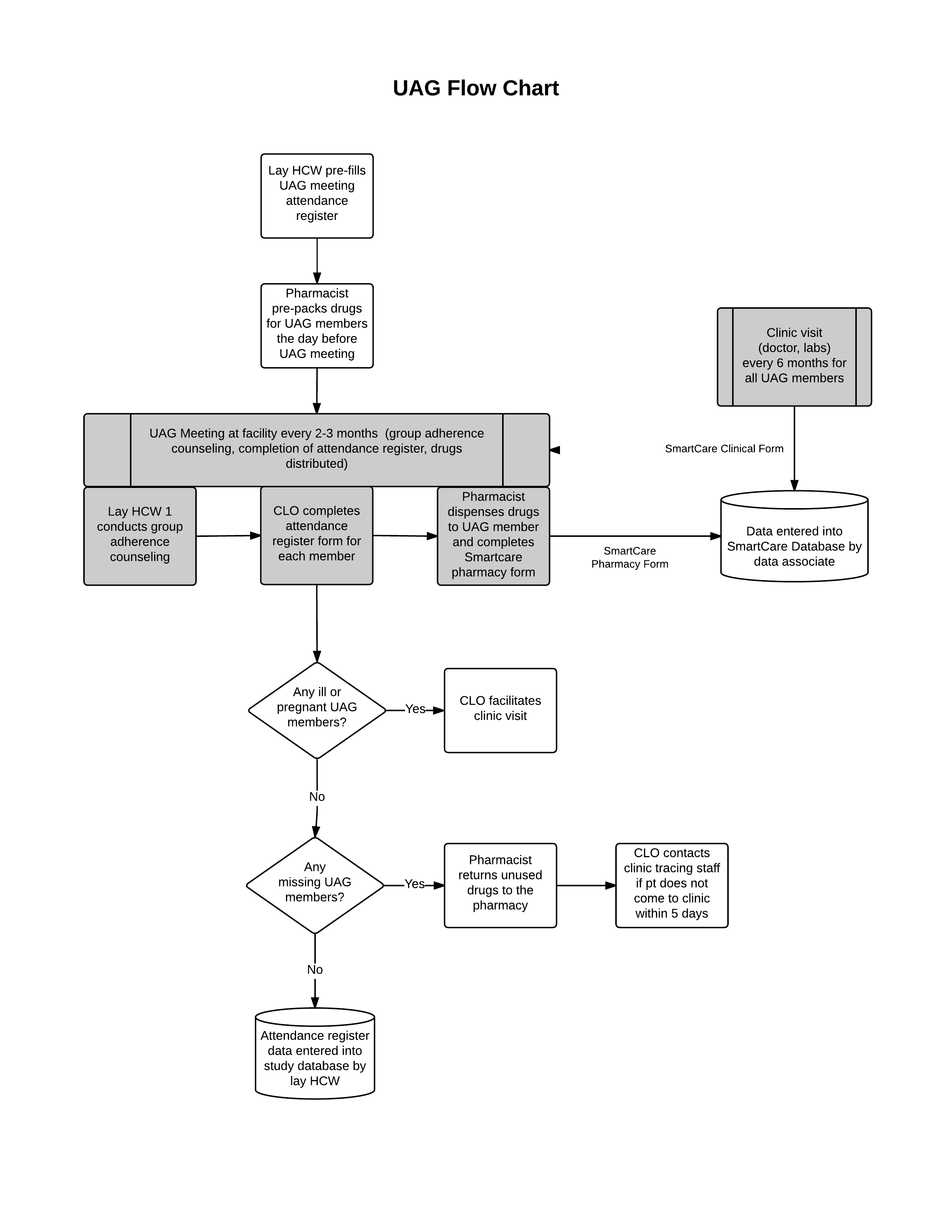
UAG *Urban Adherence Group*

HCW *Health Care Worker*

HCW Supervisor Health Care Worker Supervisor

LTFU *Lost to Follow Up*

**2.13a Appendix: UAG Model Flow Chart**

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**UAG GROUP MEMBERSHIP REGISTER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name:** |  | | **UAG Group Number:** | | | |  | **UAG Meeting Dayand Time:**  **(e.g. Monday 16:00)** | |  | | **Date of First UAG Meeting:**  **(DD/MM/YY)** | | \_ \_ / \_ \_ /\_ \_ | |
|  | | | | | | | | | | | | | | | |
| **ART ID** | | **First Name** | | **Surname** | **Sex**  **(M/F)** | **DOB**  **(DD/MM/YY)** | **Mobile Number 1** | **Mobile Number 2** | **Date joined UAG**  **(DD/MM/YY)** | | **Scheduled clinic visit 1**  **(DD/MM/YY)** | | **Scheduled clinic visit 2**  **(DD/MM/YY)** | | **Date permanently left UAG1**  **(DD/MM/YY)** |
|  | |  | |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ |
|  | |  | |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ |
|  | |  | |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ |
|  | |  | |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ |
|  | |  | |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ |
|  | |  | |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ |
|  | |  | |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ |
|  | |  | |  |  | \_ \_ / \_ \_ /\_ \_ |  |  | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ | | \_ \_ / \_ \_ /\_ \_ |

1If patient permanently leaves UAG, fill out Departure form in study tablet

**UAG MEETING ATTENDANCE REGISTER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinic Name:** | |  | | **UAG Group Number:** | |  | | | | | **Date of UAG Meeting**  **(DD/MM/YY):** | | | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_** | | | | |
|  | **ART ID** | | **First Name** | | **Surname** | | **Attended (Y/N)** | **Buddy1 (Y/N)** | **Pregnant (Y/N)** | **Feels ill?**  **(Y/N)** | ***IF PATIENT FEELS ILL, have they experienced any of the following in the last two weeks?*** | | | | | | | **Referred to clinic (Y/N)** |
| **Fever (Y/N)** | **Night**  **sweats (Y/N)** | **Weight loss (Y/N)** | | **Cough (Y/N)** | **Severe headache**  **(Y/N)** | **Other (describe)** |
| **1.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **2.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **3.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **4.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **5.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **6.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **7.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **8.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |
| **9.** |  | |  | |  | |  |  |  |  |  |  |  | |  |  |  |  |

1 If buddy pick-up then STOP and do not fill out any other columns for this patient

**UAG GROUP ASSEMBLY WORKSHEET**

INSTRUCTIONS: 1. Indicate the meeting times for each group at this clinic in the first column 2. Please mark with an X when a patient is assigned to a particular group

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLINIC NAME** |  | | | | | | | | | | | | | | |
| **GROUP** | **NUMBER OF ADDED MEMBERS** | | | | | | | | | | | | | | |
| **GROUP 1**  DAY OF THE WEEK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  WEEK OF THE MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| **GROUP 2**  DAY OF THE WEEK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  WEEK OF THE MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| **GROUP 3**  DAY OF THE WEEK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  WEEK OF THE MONTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| **GROUP 4**  DAY OF THE WEEK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: \_\_\_ \_\_\_ : \_\_\_ \_\_\_  WEEK OF THE MONTH: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |

**Enrollment Form - Intervention**

**Part 1: General**

|  |  |
| --- | --- |
| 1. | Which model is patient being enrolled into?  🞏  🞏 UAG  🞏 |
| 2. | Date of enrollment (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 3. | Enrolled by: |
| 4. | Clinic Name: |
| 5. | Patient First Name: |
| 6. | Patient Surname: |
| 7. | ART ID: |
| 8. | Sex (M/F): |
| 9. | Date of Birth (DD/MM/YY): \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ |
| 10. | Patient Mobile Number 1: |
| 11. | Patient Mobile Number 2: |

**Part 2: UAG 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 the UAG (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 UAG 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | |

**Part 3: UAG Model**

|  |  |  |
| --- | --- | --- |
| 1. | Ask the patient: ***Which of the following adherence groups do you prefer to join?***  (Show patient the card of the four options at the clinic)  ***Please tell me your first choice. If that is not available, what is your second choice?***  First Choice Second Choice  Group 1 🞏 🞏  Group 2 🞏 🞏  Group 3 🞏 🞏  Group 4 🞏 🞏 | |
| 2. | Ask the patient: ***In the future, if you could pick when your adherence group meets,*** | |
|  | a. | ***Which day of the week would you prefer the most?*** (pick one)  Monday 🞏 Tuesday 🞏 Wednesday 🞏 Thursday 🞏 Friday 🞏  Saturday 🞏 Sunday 🞏 |
|  | b. | ***What time of day would you prefer the most?*** (pick one) Read out all options  🞏 Morning (between 8:00 – 12:00)  🞏 Early Afternoon (between 12:00 – 14:00)  🞏 Late Afternoon (between 14:00 – 17:00)  🞏 Evening (between 17:00 – 19:00) |
| 3. | Ask the patient: ***In the future, there may be adherence groups that are only for women or only for men. Do you think it’s important for men and women to be together or separate, or that it’s not important either way?***  🞏 I think men and women should be in the same group together  🞏 I think men and women should be in separate groups  🞏 I don’t have a strong feeling about it either way | |
| 4. | Ask the patient: ***In the future, there may be adherence groups that are only for younger adults (for example, younger than 25) or only for older adults (for example, older than 25). ). Do you think it’s important for younger and older people to be together or separate, or that it’s not important either way?***  🞏 I think everyone should be in the same group together, regardless of their age  🞏 I think younger people and older people should be in separate groups  🞏 I don’t have a strong feeling about it either way | |

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