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HIV/TB Agency, Information and Services Activity



Standard Operating Procedures of Community ART Groups

HIV/TB Agency, Information and Services Activity Community Partners International (CPI)

September 2023

Contents

1. Background	1
2. Brief Description of CAGs	1
3. Objectives of CAGs in AIS Funded Sites	2
4. Functions of CAGs in AIS Funded Sites.....	2
5. The Benefit of CAGs	2
6. Eligibility for CAG	2
7. Standard Operating Procedures of Establishment of CAGs	3
8. Recruitment of Clients to a CAG.....	4
8.1 On the day the group is formed	4
8.2 Standard visits for a CAG	5
8.3 Group meeting in the community prior to the consultation visit	5
8.4 Procedures on the day of the consultation.....	5
8.5 CAG meeting after drug pick up by group representative	6
9. Clinic Visit Schedule for CAG Member	7
10. Linkage to Care and Case Management Flow of CAG Member.....	9
11. Roles and Responsibilities of Key Personnel.....	9
12. Defining Systems for Referral Back to Facility/Clinic-Based Care	12
13. Identifying and Supporting CAGs Facing Challenges	12
14. Monitoring and Supervising CAGs	12
15. Summary of CAG	13
16. Monitoring and Evaluation Framework	14
Annex A: Monthly or Quarterly CAG Supervision Form (Sample).....	18
Annex B: ဘဝတူကူညီပံ့ပိုးပေးသူများအတွက် ကွင်းဆင်းဆောင်ရွက်မှုနေ့စဉ်မှတ်တမ်း (Sample)	19
Annex C: နှစ်သိမ့်ဆွေးနွေးပညာပေးသူ၏ လစဉ်/သုံးလတစ်ကြိမ် အစီရင်ခံစာ (Sample).....	20
References:	21

Abbreviations

AIS	HIV/TB Agency Information and Services Activity
ART	Anti-retroviral Therapy
CAG	Community ART Group
CHWs	Community Health Workers
FSW	Female Sex Worker
IPs	Implementing Partners
KP	Key Population
LACs	Local AIDS Committees
LFTU	Lost To Follow Up
MMD	Multi-Month Dispensing
MSM	Men Who Sex with Men
NAP	National AIDS Program
PLHIV	People Living with HIV
PWID	People Who Inject Drugs
TB	Tuberculosis
TG	Transgender
U=U	Undetectable=Untransmissible
UHF	USAID HIV/AIDS Flagship
VL	Viral Load

1. Background

Differentiated ART services are crucial to scale up to reach the 2nd and 3rd 95 to link ART treatment and retention in care. In the rapid scale-up of antiretroviral therapy (ART), patients still encounter various barriers accessing treatment in remote areas and other political and COVID crises situations. On the other hand, the clinic staff is overloaded to handle the many numbers of ART clients. Patient access to treatment and over-burdened health facilities were significant challenges to HIV service delivery and contributed to a loss to follow-up (LTFU) before and after ART initiation.

At that time, the community-based strategies such as a decentralization of services, providing longer drug supplies to patients (MMD) and drug refills through fast track systems, adherence clubs, and community distribution points, have been implemented to reduce the burden on health workers and patients. Community ART Groups (CAGs) are one such strategy for improving access to and retention of ART and social support among group members and overcoming the barriers to frequent access to clinics from the clients living the remote area.

2. Brief Description of CAGs

The AIS Project is scaling up HIV testing and treatment services among key populations and supporting access to ART treatment and retention on treatment. CAGs will strengthen differentiated models of linkage to care, adherence support, and refill of ART for MSM, TG, FSW, and PWID stable on ART. The CAG provides a means of accessing ART for the group members and a social support source, both intended to reduce LTFU. The CAGs model also fosters patient self-management and independence to link with the existing facility services, to support the ART patients in adhering to ART and getting the 95% viral load suppression.

CAGs are self-formed groups of stable patients on ART utilizing differentiated service delivery models for initiating and retaining KP in life-saving treatment. Comprehensive community case management systems (including psychosocial counseling) can help overcome structural and social barriers to partner notification, timely linkage to treatment, and retention. CAGs can establish a trusted relationship with Local AIDS Committees (LACs), KP and PLHIV networks, and CHWs. It is essential to involve local networks of key populations and people living with HIV (PLHIV) in developing and implementing CAGs. They can play a critical role in the promotion and formation of CAGs, linking CAGs to other initiatives such as income-generating activities and treatment literacy, and strengthening the voice of PLHIV within communities. CAG members should receive rigorous training on HIV care and treatment, local healthcare systems, social, stigma and discrimination.

CAG members shall assist newly diagnosed or missed appointment KP PLHIV to overcome barriers to managing their HIV infection. They shall assist in navigating the care system through appointment scheduling, reminders, transportation assistance, and accompaniment to healthcare appointments. Properly trained CAG members can also provide psychosocial counseling and help address personal factors, such as violence and substance use, which may hinder care-seeking behavior. Together with these components, CAGs may help KPs initiate ART rapidly, improve treatment literacy, and achieve undetectable viral loads through treatment adherence.

CAGs shall support attending clinical assessment and monitoring tests at the health facility while collecting drugs for themselves and the other group members as a contingency planning during the COVID-19 pandemic and political crisis. The CAG provides a means of accessing ART for the group members and a social support source to improve the access and retention of ART and provide social support. AIS will also utilize CAGs to message U=U and the importance of VL test results, ensure PLHIV are up taking VL services, and accessing their results on time.

3. Objectives of CAGs in AIS Funded Sites

1. To support in up-taking of ART and overcoming the barrier of ART (3&6)
2. To provide regular psychosocial, adherence, harm reduction counseling support among group members
3. To deliver messages of treatment literacy
4. To support the regular clinical assessment of clinics and monitoring the drugs Adherence.
5. To reduce the workload of health care staff
6. To avoid ART disruption among the members, deliver ART, assist in monitoring and investigations in coordination with NAP and IPs

4. Functions of CAGs in AIS Funded Sites

Based on the above objectives of the CAGs, the uniformed model and functions will be designed to deliver ART across AIS -funded sites.

Two to three PLHIV adherence groups will be organized, trained, and orientated at each piloted site. As an initial step, the well trained PLHIV adherence groups become the part of the HIV services among KP in their community **providing regular psychosocial and harm reduction counseling, adherence support among their group members and delivering treatment literacy** to newly diagnosed patients in accordance with the relevant implementing partners. The groups will be helping for the adherence and compliance of the patients for the optimal treatment retention as well.

5. The Benefit of CAGs

CAGs support key aspects of effective health system management including:

- Improving patient's access to ART by addressing barriers to accessing health facilities
- Reducing the workload of health staff
- Reducing loss to follow-up
- Improving adherence
- Empowering patients to take more responsibility to manage their own health
- Encouraging peer-to-peer support

6. Eligibility for CAG

Eligibility criteria for stable client model,

A client may qualify to join a CAG if (s)he meets the following criteria in accordance with stable client definition:

- Clinically stable adults are defined as those individuals on ART for at least one year without
 - any new WHO clinical stage 2, 3 or 4 events with evidence of immune recovery and/or viral suppression on ART (CD4 count >350 cells/mm³, with viral load suppression, is considered indicative of immune recovery)
 - At least 12 months on ART

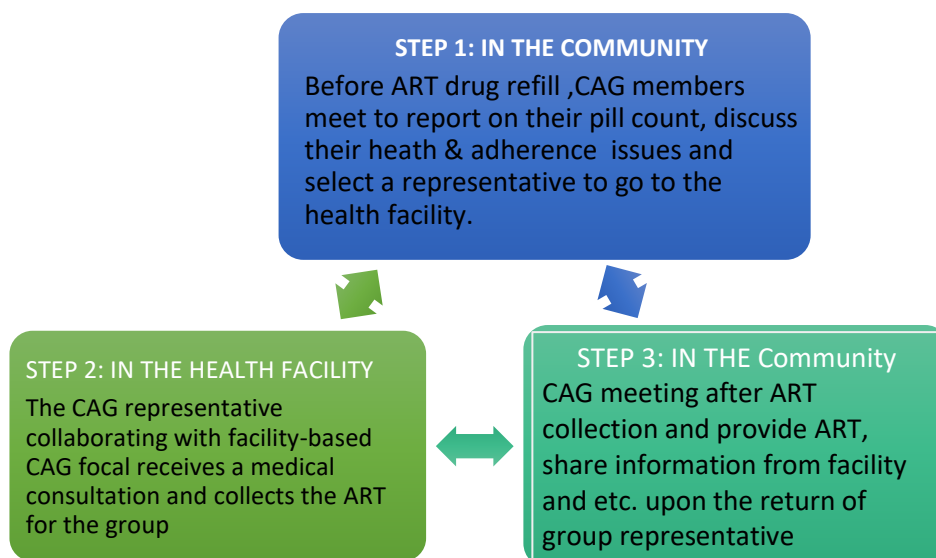
- Most recent consecutive viral loads undetectable; the most recent of these taken within the past six months from eligibility date
- In the absence of viral load monitoring, rising CD4 cell counts or CD4 counts above 350 cells/mm³
- No current TB
- No medical condition requiring regular clinical consultations
- Clinicians and adherence counselors confirm the client's eligibility for membership.
- CAGs shall be prioritized for pre-existing social networks, **such as support groups, workmates and family relations of stable ART clients eligible to above criteria particularly from hard-to-reach populations**
- **As program requirements, any PLHIVs who are willing to be part of CAG and to support their community's accessibility to ART service may be considered.**

7. Standard Operating Procedures of Establishment of CAGs

The group members must meet at least 24 hours prior to the members' scheduled refill date. During this initial meeting, the booklets for group members are handed over to the group representative. The representative will also ask general screening questions as elaborated in the standard operating procedures. Unwell group members should accompany the representative to the clinic so that their conditions are reviewed.

Since every member must have at least one clinical review in six months with a nurse or a doctor, the length of period of the refill is dependent upon the size of the group. After the visit to the facility, the group representative should meet with the group members within 24 hours preferably on the same day of collection, to distribute and return the members' medicines and booklets. If necessary, the facility-based HCWs can conduct random follow-up checks on group members to confirm timely receipt of drugs.

Figure 1: Model of Community ART group working in 3 steps in ART provision



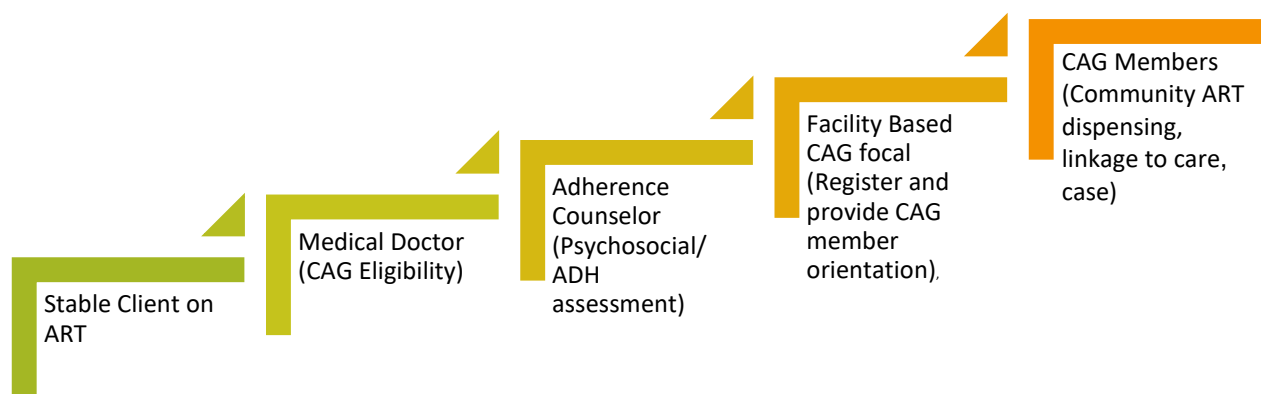
Each group's files should be stored at the same place, facilitating recording of information, finding test results and identifying which member has come to represent the group. Group folders containing all members' files can be used to improve filing efficiency.

The pharmacy department should be actively engaged and be able to support the preparation of medicines for the groups. All test results should be inside the client file prior to the visit.

8. Recruitment of Clients to a CAG

The focal person of the clinic team, medical doctor or nurse, should screen clients to assess them based on eligibility criteria for the groups during a clinical visit. Once assessed as stable, the client can choose to join a CAG and be referred to the focal point coordinating CAG formation. A client who has joined a CAG should have an orientation session to the model which should highlight expected procedures for CAG members and representatives.

Figure 2: Flow of newly recruited CAG member at Health facility



8.1 On the day the group is formed

The CAG members have all their files reviewed and eligibility is confirmed by the nurse/Medical Doctor.

- Group members are informed about CAG rules and regulations.
- The newly recruited CAG member is trained on:
 - a) the approaches, roles and responsibilities of members;
 - b) how to monitor the adherence of members and
 - c) how to provide group adherence counseling and education sessions on harm reduction
 - d) how to screen each other for TB and other OIs;
 - e) how to refer to each other for care and how to strengthen trust relationships and keeping confidentiality within the group.
- All CAG members' files are grouped together in one file.
- All clients receive refills and the same appointment date but will rotate the visits to the facility.

8.2 Standard visits for a CAG

Twenty-four hours before the group representative has the scheduled consultation, the group will meet in the community. The group representative will screen members of the group, and this will include TB screening. If a group member presents with signs and symptoms of TB or is unwell, that member will accompany the representative to the facility.

The group representative attends the health facility for the scheduled consultation at the facility leaving behind other group members who are well. The remaining group members will have “ART refilled on their behalf” by the group representative. Such information will be documented in their records, including electronic records. After the consultation, the representative will have a meeting within 24 hours with other group members at a convenient community point to distribute the drugs. A community expert client and/or rural health motivator provides additional support to the group. A CAG focal must oversee the well-being of the group, including ensuring that meetings are conducted and observed. Preparation for the representative of CAG group visit at facility level by CAG focal of health facility as following:

- Collect the files of the group.
- Ensure all pending test results are inside the client files.
- A group prescription form is filled to account for all drugs to be taken out of the pharmacy.
- The pharmacy prepares the drugs according to the prescribed names and quantities.
- All prepared drugs remain at the pharmacy and are only to be collected on the day of group visit.

8.3 Group meeting in the community prior to the consultation visit

- CAG members meet in the community at a convenient venue and time for all of them.
- Each member of the group reports on his/her adherence. The representative or focal person will collect the information of each member’s adherence assessment result.
- Clients must be empowered to self-screen for TB and report symptoms of TB or any other condition. Group members who are unwell or have TB symptoms must join the group representative to attend a consultation at the health facility.
- Unwell group members will be identified and must join the group representative to attend a consultation at the health facility.
- The group representative attending the facility for consultation and on behalf of the other members must collect all ART booklets and other group monitoring tools for the group members and bring them to the clinic for refill.
- Members of the group may opt to all contribute financially for transport fare according to implementing partners’ approved range.
- Members discuss and choose the venue for meeting when the representative is back from the facility to distribute the drugs.

8.4 Procedures on the day of the consultation

During consultation, the group representative will report back on the adherence and general health of other group members.

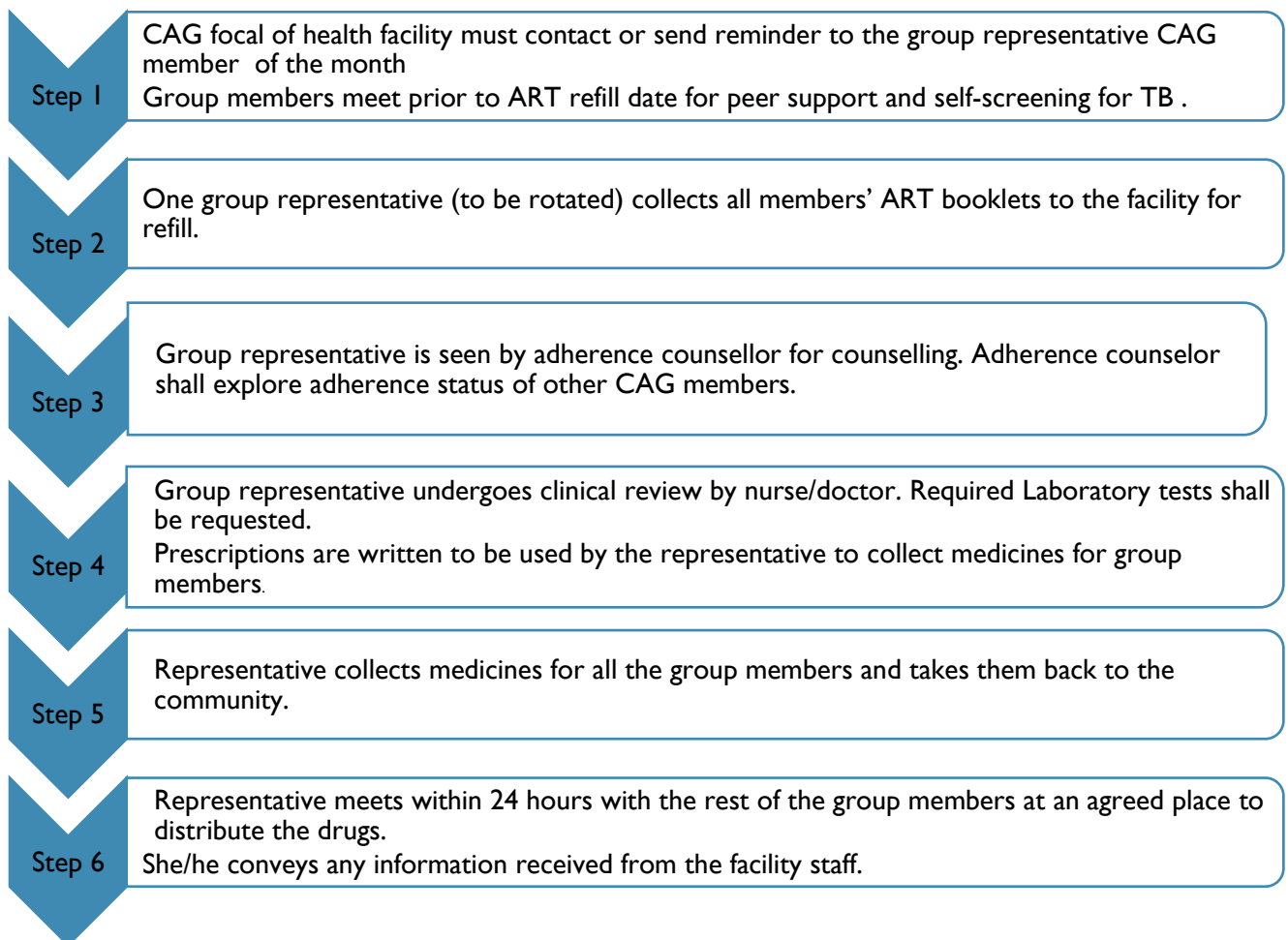
- ART booklets are updated (visit date, comment on refill, i.e., group representative refilled, and next visit date to be written).
- The visiting group representative has the opportunity to have a clinical review, as well as adherence counseling.
- All routine and other required laboratory investigations must be done on this visit day.

- Pending results for any member who might have been consulted prior to this must only be communicated as “normal” if there are no abnormalities. Otherwise, individual clients with abnormal results are supposed to be called at the time of receipt of their results by healthcare workers.
- Any member requiring additional clinical follow up should be identified and asked to attend or accompanied refer to the clinic.
- Prescription sheets shall be written for all group members.

8.5 CAG meeting after drug pick up by group representative

- The group must meet within 24 hours at a convenient place for drug distribution.
- When necessary and as advised by the staff at the health facility, the group representative may request a group member to go to the clinic for a special consultation.

Figure 3: Operating steps for the conduct of established community ART groups



9. Clinic Visit Schedule for CAG Member

The group members rotate for the clinical consultation every month or 3 monthly depending on stock availability and number of group members; the person going to the facility that month will be the representative of the group. Hence each group must have a minimum of five to maximum of seven members to ensure that each member has at least one clinical review every six months according to national guidelines.

Figure 4: Example of a visit schedule using a monthly drug supply with an annual clinical visit and blood test in six CAG members






























































Patient	1	2	3	4	5	6
Month						
0	  	  	  	  	 	  
1	 					
2		 				
3			 			
4				 		
5					 	
6						 
7	 					
8		 				
9			 			
10				 		
11					 	
12	  	  	  	  	 	  
   clinical consultation/drug refill/Viral load testing   Clinical Consultation/Drug refill						

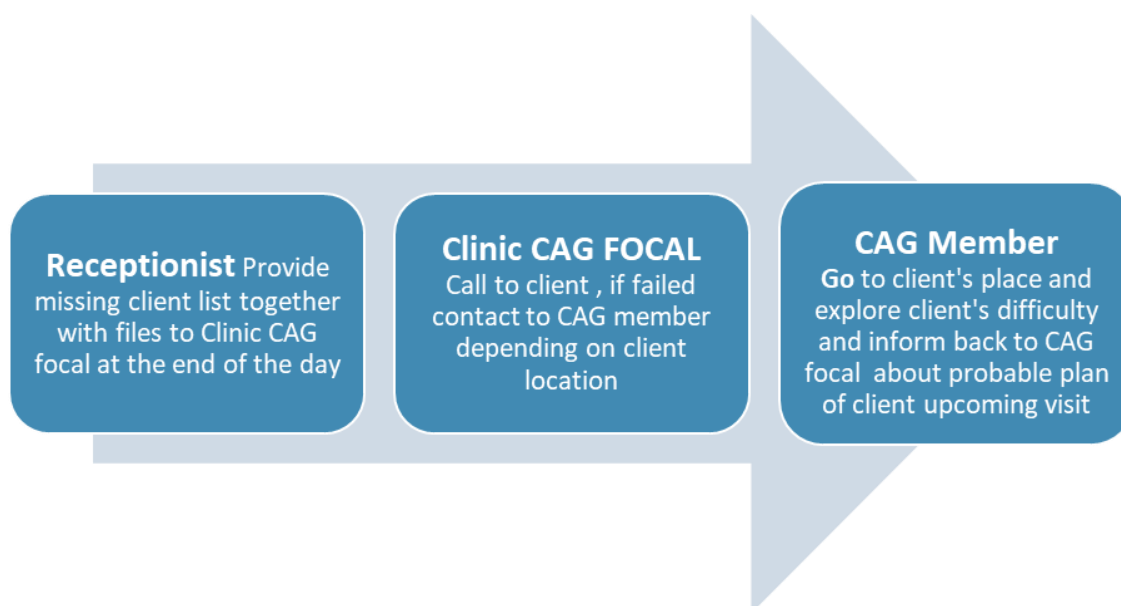
Figure 5: Example of rotation of CAG members with 3 monthly ART supply, 6 monthly clinical visit, yearly blood test.

Patient	1	2	3	4	5	6
Month						
0						
3						
6						
9						
12						
15						
18						
21						
24						
clinical consultation/drug refill/Viral load testing Clinical Consultation/Drug refill						

Figure 6: Example of an annual visit schedule using MMD (six monthly) drug supply with an annual clinical visit and blood test.

Patient	1	2	3	4	5	6
Month						
0						
6						
12						
18						
24						
30						
36						
clinical consultation/drug refill/Viral load testing Clinical Consultation/Drug refill						

10. Linkage to Care and Case Management Flow of CAG Member



11. Roles and Responsibilities of Key Personnel

The roles and responsibilities of Medical Doctors, Nurse, Counsellor, CAG facility focal person, Laboratory and pharmacy personnel, Clinic receptionist and CAG members in the delivery of ART through CAGs are outlined as follows:

No.	Responsible Person	Tasks
1.	Medical Doctor	<ul style="list-style-type: none"> • Clinical Consultation and decide upon the eligibility for an individual PLHIV to join a CAG • Offer client to be member of CAG, once he/she is eligible • Brief introduction about CAG and refer to counselor for ADH counseling and in detail explanation about CAG. • Prescribe ART and explain the 6 monthly clinic appointments, 3 monthly ART dispensing and importance of yearly VL testing. • Review group representatives at the clinic visit on adherence and ask about the well-being of other group members. • Facilitate orientation session of newly recruited CAG members and participate in refresher session regarding clinical information related to TB/OI screening and referral criteria to health facility.

2	Nurse	<ul style="list-style-type: none"> • Clinical consultation of CAG representative in follow up visit • Timely inform the Medical Doctor for any abnormal finding of clinical and adherence issues. • Prescribe ART for all CAG members in accordance with Medical Doctor instruction written down in the patient file. • Check and make sure for yearly viral load testing of CAG members • Follow-up consultation of CAG representative during the clinic visit • Blood collection for VL and other laboratory tests recommended by Medical Doctor • Train group members in the handling of tools e.g. patient booklets and also medicines.
3	ART Counsellor	<ul style="list-style-type: none"> • Assess Psychosocial and Adherence of stable clients. Refer back to the Medical Doctor if the client has adherence problems and mental problems. • Explain all about CAG in the initial recruitment phase. • Introduction to trained Facility CAG focal person (Case Coordinator or peer navigator?) • Provide adherence support to group representatives coming to the facility and make sure adherence of remaining CAG members • Identify CAGs with problems. • Follow up of CAGs with problems at health facilities and communities. • Promotion of CAGs in every follow up patient who are currently in ineligible criteria of CAG member. • Facilitate in CAG orientation session regarding adherence counseling.
4	CAG Facility focal person	<ul style="list-style-type: none"> • Organize and facilitate in CAG orientation and refresher session on how to screen each other for TB and other OIs, and how to refer each other for care. • Follow-up CAG representative during the clinic visit on adherence and clinical outcomes for other CAG members • Participate in CAG meetings prior to follow up visits of CAG representatives monthly for initial 3 months, 3 monthly for 6 months and then 6 monthly. • Follow up of CAGs with problems at health facilities and community.

		<ul style="list-style-type: none"> • Support adherence assessment and counseling, as well as monitoring treatment refills by group members. • Identify and report if community ART groups have problems. • Analyze and report on CAG outcomes back to health facility staff (CAG facility quarterly report form) • Consult with and report to Clinic team leader (Medical Doctor)
5	Pharmacy personnel	<ul style="list-style-type: none"> • Dispense ART and provide necessary information on medicines to all CAG members.
6	Clinic Receptionist	<ul style="list-style-type: none"> • Review appointment books and timely inform CAG focal/ Treatment facilitator/Case Coordinator at the end of the day.
7	Laboratory Personnel	<ul style="list-style-type: none"> • Collect blood for viral load and other laboratory tests.
7	CAG members	<p>Support the establishment and promotion of CAGs in the community.</p> <ul style="list-style-type: none"> • Support health education and adherence messaging, harm reduction information and related services within membership. • Report any adverse drug effects, OIs such as TB or other issues to the group clinic CAG focal. • Facilitate pill counts within membership for their medicines and report pill counts to the group representative. • Attend a health facility on behalf of the whole membership when their turn is due. • Attend health facility at any time they feel unwell even if they are not due • Pick up the medication for themselves and for other group members. • Distribute medicines correctly to other group members. • Advise other members to seek medical care at clinics when needed. • The information of some key issues related to private information as well as confidential client medical history that must be observed when dealing with clients through a client representative. • Collaborate with Clinic CAG focal for linkage to care, missing follow up appointment client and also accompanied referral to facility if needed

		<ul style="list-style-type: none"> • On behalf of unstable clients, collect and transport blood and sputum samples to facility ,NAP and diagnostic center.
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12. Defining Systems for Referral Back to Facility/Clinic-Based Care

A CAG member can opt to go back to regular (conventional) ART care within the health facility at any moment. Some CAG members will have to go back to regular care for closer clinical follow-up and drug refills.

This will be the case for:

- PLHIVs newly diagnosed with tuberculosis or any other serious active opportunistic infection or other comorbidity
- PLHIVs with a viral load >1,000 copies/ml – or in absence of VL PLHIVs with evidence of clinical or immunological failure
- Women during pregnancy and subsequent follow-up of the ‘HIV-exposed’ baby if they are not respecting clinic visits for ANC and the baby.

13. Identifying and Supporting CAGs Facing Challenges

CAGs that are not functioning well should receive closer scrutiny and support. The following criteria can be used to identify the need for additional support, and can be assessed during consultation with the CAG group representative:

- Missed appointment for drug refill/blood drawing/clinical consultation by one of the group Members
- Viral load >1,000 copies/ml for more than one member
- If the same representative is always presenting for refill
- Conflicts or problems within the group dynamic
- CAG group community form incorrectly completed
- CAG member deceased or lost to follow-up

14. Monitoring and Supervising CAGs

At the registration of a new CAG, **the CAG register** is filled in (see Annex C), to be able to follow membership and appointments of groups. This form should be filled in by the CAG focal person when the CAG is formed and updated whenever any changes in the CAG outcomes occur such as death or defaulting. Appointment dates are marked on this register to plan the CAG visits and to identify any defaulting CAGs or CAG members. Some health centers may also prefer to use the standard clinic appointment diary for the latter.

- Before every refill visit, a CAG representative fills in **the CAG Community field activities book** (see Annex A), with information on the members’ pill count. The CAG representative also checks in with all group members on any clinical problems they’re experiencing and writes them down in the group’s CAG book. This information is then taken by the CAG representative back

to the clinic and shared with the clinician. If a member is having clinical problems they will be supported by a fellow member to seek medical attention at the health facility.

- The health facility CAG focal person fills in the **CAG facility monthly /quarterly report form (B)** and transmits information to the Medical Doctor.
- Every CAG focal person conducts supervisory visits (monthly for initial 3 months, 3 monthly for 6 months and then 6 monthly) to the CAGs in their respective villages to support and assess the functioning of their groups. Information collected is included in a Quarterly CAG supervision form (see Annex A) that is filled in by the CAG focal persons.

15. Summary of CAG

COMMUNITY ART GROUP									
Overview	Number of visits/year	Priority Implementation	Benefits	ART Refill	Mode	Where	Led by	Blood drawing	Linkage to care & Case Management
-Groups of 6 clients Who take turns to visit the facility to get refills on behalf of the other group members -Assist Linkage to Care and case management	-Variable 2-4 CAG meetings for ART refills and support +1 clinical consultations at the facility	Where clients stay in hard to-reach areas Where there are pre-existing networks (families, workmates, friends, CBO, LAC),	Increased peer support, decreased visits to the facility, reduced cost	1-3 monthly	Group	Patient's home or accessible venue	ART patient and their friends/relative (CAG members)	Yearly Viral load	ART patient and their friends/relative (CAG members)
Clients who are acutely ill, develop an OI, miss outreach appointments or who are pregnant will be up-referred to main facility/clinic-based care.									

16. Monitoring and Evaluation Framework

Standard Operating Procedure: CAG: 12 December 2022

Objectives of CAGs in AIS funded sites

1. To support in up-taking of ART and overcoming the barrier of ART (3&6)
2. To provide regular psychosocial, adherence, harm reduction counseling support among group members
3. To deliver messages of treatment literacy
4. To Support the regular clinical assessment of clinics and monitoring the drugs Adherence.
5. To reduce the workload of health care staff
6. To avoid ART disruption among the members, deliver ART, assist in monitoring and investigations in coordination with NAP and IPs

Functions of CAGs

Two to three PLHIV adherence groups will be organized, trained, and orientated at each piloted site. As an initial step, the well trained PLHIV adherence groups become the part of the HIV services among KP in their community **providing regular psychosocial and harm reduction counseling, adherence support among their group members and delivering treatment literacy** to newly diagnosed patients in accordance with the relevant implementation partners. The groups will be helping for the adherence and compliance of the patients for the optimal treatment retention as well.

Eligibility criteria of CAG member

Clinically stable adults, at least 12 months on ART with viral load suppression

Community ART Group (CAG) Indicator framework - version I - 11 Sep 2023					
SN	Indicator Definition	Numerator	Denominator	Disaggregation	Reporting Frequency
1	Number of villages covered CAG services during the reporting period	Number of villages covered CAG services during the reporting period	NA	NA	Quarterly
2	Number of CAG group trained (new) during the reporting period	Number of CAG group trained (new) during the reporting period	NA	NA	Quarterly
3	Number of CAG members trained (new) during the reporting period	Number of CAG members trained (new) during the reporting period	NA	DAI: KP: FSW/MSM/PWID_Female/PWID_Male	Quarterly
4	Number of CAG group (active) during the reporting period (Definition: active CAG who participate & provided CAG services during the reporting period)	Number of CAG group (active) during the reporting period (Definition: active CAG who participate & provided CAG services during the reporting period)	NA	NA	Quarterly
5	Number of CAG members currently receiving antiretroviral therapy (ART) dispensing services during the reporting period	Number of CAG members currently receiving antiretroviral therapy (ART) dispensing services during the reporting period	NA	DAI: KP: FSW/MSM/PWID_Female/PWID_Male	Quarterly
6	Number of ART clients screened for TB during the reporting period	Number of ART clients screened for TB during the reporting period	NA	DAI: KP: FSW/MSM/PWID_Female/PWID_Male	Quarterly

7	Number of ART clients transferred out from CAG during the reporting period	Number of ART clients transferred out from CAG during the reporting period	NA	DAI: KP: FSW/MSM/PWID_Female/PWID_Male	Quarterly
8	Number of ART clients who missed schedule refill date within CAG during the reporting period	Number of ART clients who missed schedule refill date within CAG during the reporting period	NA	DAI: KP: FSW/MSM/PWID_Female/PWID_Male	Quarterly

CAG Register

COLUMN LABEL	COLUMN ID	COLUMN DESCRIPTION
Facility Name		Indicate the service center providing ART
Date	B	Indicate the date that a CAG group representative presents to the service center/clinic at the scheduled date
CAG group Name	C	Enter the name of a CAG group, e.g., group 1
CAG member (ID)	D	Enter the ID of CAG member
Name of village	E	Enter the name of village that CAG member lives
KP type/Risk category	F	Enter the type of KP or risk category, e.g., MSM/FSW/PWID-F/PWID-M
ART dispensing service (if yes, "Y")	G	Enter "Y" for yes if CAG member received ART dispensing service
TB symptom screening (if yes, "Y")	H	Enter "Y" for yes if CAG member received TB symptom screening
Transferred out from CAG (if yes, "Y")	I	Enter "Y" for yes if CAG member transferred out from CAG group either routine self visit or transfer out to other center providing ART or died
Miss schedule refill date within CAG (if yes, "Y")	J	Enter "Y" for yes if CAG member who missed schedule refill date

CAG Register*								
Facility Name:								
Date	CAG group Name	CAG member (ID)	Name of village	KP type/Risk category	ART dispensing service (if yes, "Y")	TB symptom screening (if yes, "Y")	Transferred out from CAG (if yes, "Y")	Miss schedule refill date within CAG (if yes, "Y")
* to be completed by CAG focal person								

Annex A: Monthly or Quarterly CAG Supervision Form (Sample)

To be used by CAG Supervisor

Date: Supervisor Name: Cadre:

CAG Name/Village/TA:

CAG FUNCTIONING

Meetings		Pill count		Drug collection	
Before refills	Y / N	Same pill count	Y / N	Member refused to collect drugs during his/her turn	
After refills	Y / N	If no, why?		If yes, who and why?	
If no, why?					
Did the group miss review date?				Y / N	How many times?
Did the representative communicate wrong review date?				Y / N	
Were all members taken baseline VL?				Y / N	
If no, how many remaining and why?					
Any relationship problem in the group?				Y / N	
If yes, state it and wayforward:					
Any problem representatives face at the health facility?				Y / N	
If yes, explain:					

GROUP CARD

Is the meeting date indicated correctly on the group card?	Y / N	
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GENERAL

Any other problem in the group?	Y / N	
If yes, explain:		
Were there issues discussed with members or group?	Y / N	
If yes, explain:		
Any other activity the group is doing apart from ART refills?	Y / N	
If yes, explain:		

Annex B: ဘဝတူကူညီပံ့ပိုးပေးသူများအတွက် ကွင်းဆင်းဆောင်ရွက်မှုနေ့စဉ်မှတ်တမ်း (Sample)

စဉ်	နေ့စွဲ	အမည်	အသက်	လူနာ		နှစ်သိမ့်ဆွေးနွေးမှုခံယူသူ အမျိုးအစား (ခ)	နှစ်သိမ့်ဆွေးနွေးခြင်းပြုလုပ်သည့်နေရာ (က)	တွေ့ဆုံခဲ့သည့် ကြာချိန်	ဆွေးနွေးခဲ့သည့် အကြောင်းအရာ (ဂ)	ဖြန့်ဝေခဲ့သည့်ပစ္စည်းအမျိုးအစားနှင့် အရေအတွက်			ညွှန်းပို့ခြင်း	မှတ်ချက် (အခြား ပြဿနာများ /pill count /Viral load testing)
				အသစ်	အဟောင်း					IEC	Condom	ART		

ဆောင်ရွက်သည့်လ ()၊ နှစ် ()

(က)

- (၁) ဆေးရုံ/ဆေးခန်း
- (၂) ခုခံကျ/ကာလသားအဖွဲ့
- (၃) အိမ်

(ခ)

- (၁) PLHIV
- (၂) ကိုယ်ဝန်ဆောင်
- (၃) PLHIV ၏ ဇနီး/ခင်ပွန်း
- (၄) ကိုယ်ဝန်ဆောင်၏ ခင်ပွန်း
- (၅) ကလေး
- (၆) မိသားစုဝင်
- (၇) CAG member

(ဂ)

- (၁) သွေးမစစ်မီ
 - (၂) သွေးစစ်ပြီး
 - (၃) ဆေးသောက်စေရန်
 - (၄) စောင့်ရှောက်မှုခံယူရရှိစေရန်
 - (၅) မူးယစ်ဆေးနှင့် သက်ဆိုင်သော ကိစ္စ (harm reduction services)
 - (၆) Adherence/psychosocial counseling
 - ၇) OI screening (TB Signs & Symptoms)
- လက်မှတ် _____
- အမည် _____

Annex C: နှစ်သိမ့်ဆွေးနွေးပညာပေးသူ၏ လစဉ်/သုံးလတစ်ကြိမ် အစီရင်ခံစာ (Sample)

ဘဝတူ ကူညီပံ့ပိုးပေးသူများသည် (CAG representative) နှစ်သိမ့်ဆွေးနွေးပညာပေးမှုများ ဆောင်ရွက်ရာတွင် အောက်ပါ မှတ်တမ်းကို အသုံးပြုနိုင်သည်။

မြို့နယ်.....

တိုင်းဒေသကြီး/ပြည်နယ်.....

အစီရင်ခံသည့်ကာလ.....လ.....ခုနှစ်

စဉ်	နေ့စွဲ	နှစ်သိမ့်ဆွေးနွေးခြင်း ပြုလုပ်သည့်နေရာ (က)	လူနာ		ကျား	မ	အသက်	နှစ်သိမ့်ဆွေးနွေးမှု ခံယူသူ အမျိုးအစား (ခ)	အခြား ပြဿနာများ	ပြုလုပ်ပေးခဲ့သော နှစ်သိမ့်ဆွေးနွေးခြင်း အမျိုးအစား (ဂ)	ညွှန်းပြခြင်း (ရှိလျှင်)	မှတ်ချက်
			သစ်	ဟောင်း								

- (က)
- (၁) ဆေးရုံ/ဆေးခန်း
 - (၂) ခုခံကျ/ကာလသားအဖွဲ့
 - (၃) အိမ်
- လက်မှတ်.....
- အမည်.....
- နေရပ်.....

- (ခ)
- (၁) PLHIV
 - (၂) ကိုယ်ဝန်ဆောင်
 - (၃) PLHIV ၏ ဇနီး/ခင်ပွန်း
 - (၄) ကိုယ်ဝန်ဆောင်၏ ခင်ပွန်း
 - (၅) ကလေး
 - (၆) မိသားစုဝင်
 - (၇) CAGmember

- (ဂ)
- (၁) သွေးမစစ်မီ
 - (၂) သွေးစစ်ပြီး
 - (၃) ဆေးသောက်စေရန်
 - (၄) စောင့်ရှောက်မှုခံယူရရှိစေရန်
 - (၅) မူးယစ်ဆေးနှင့် သက်ဆိုင်သော ကိစ္စ
 - (၆) အထွေထွေ ကိစ္စရပ်များ
 - 7) TB Signs & Symptoms

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