



**MEDECINS  
SANS FRONTIERES**

## **OUT OF FACILITY COMMUNITY ART DISTRIBUTION : OFCAD**

Toolkit on how to make ARV treatment more accessible for remote population



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# GLOSSARY

ART	Antiretroviral Treatment
ARV	Antiretroviral
CHW	Community Health Worker
MoHCC	Ministry of Health and Child Care
OFCAD	Out of Facility Community ART Distribution
OI	Opportunistic Infection
TB	Tuberculosis
VHW	Village Health Worker
VL	Viral Load

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# PART 01

## OFCAD INTRODUCTION

Understanding OFCAD and overview of  
OFCAD pilot in Mwenezi



# 1

## What is OFCAD?

OFCAD is an abbreviation for Out Of Facility Community ART Distribution. It is an ART distribution model carried out in the community (outside of health facility) by Community Health Workers (CHW).

It is a model of care for stable patients on antiretroviral treatment (ART) who are on the same adult regimen for at least 6 months. People on ART collect their ARVs from CHW's house or in other community venues every 3 months and go to health facility only for annual viral load monitoring and clinical consultations.

OFCAD is a model that was developed based on a similar ART distribution model implemented in Kinshasa, Democratic Republic of Congo called *Postes de distribution communautaire d'ARV* (PODI). Through PODI, ARVs were distributed by trained people living with HIV in the community.

In Zimbabwe, it is carried out by Village Health Workers (VHW) who are existing volunteer cadres in the public health care system since 1981.

# 2

## Why did OFCAD start and how did it evolve? (OFCAD pilot in Mwenezi district, Zimbabwe)

The operational and service delivery manual issued by the Zimbabwe Ministry of Health And Child Care (MoHCC) in 2017 recommends 6 different ARV distribution models for stable patients on ART: fast track, club refill, family member refill, community ART refill group (CARG), outreach refill and normal clinic visit. The main objective of offering various services is to increase access to ARVs and patients' retention in care.

However, there are some communities which still have difficulties in accessing ARVs due to geographical and financial obstacles as well as seasonal factors. Mwenezi District is a typical example. The district lies in Masvingo province and is in the natural arid ecological region IV and V that is conducive to cattle ranching. It also supports a few agricultural activities

for the predominantly resettlement community. Presence of huge tracts of wildlife parks and livestock ranches or large scale farms in-between communities exaggerates the distance and dangers associated with travel to health facilities.

MSF started working in Mwenezi district to support MoHCC HIV program in March 2016 and noted a high rate of defaulters among patients on ART and late presentation upon ARV initiations due to the situation mentioned above.

To respond to this situation, MSF started supporting implementation of differentiated service delivery in the health facilities and communities. MSF then decided to introduce the idea of OFCAD in order to make ARVs available even closer to or in the community. The concept to work with CHWs aimed to seek sustainability of the program by utilizing the existing structure and resources.

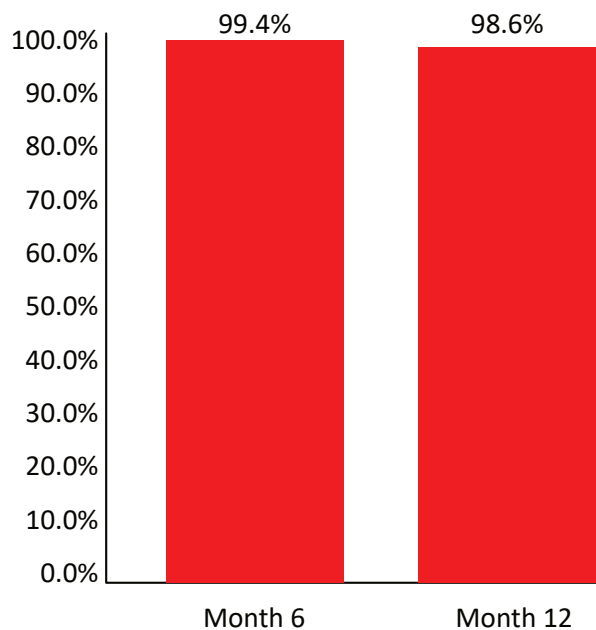
In Zimbabwe, CHWs work in their respective communities and have a broad range of roles and responsibilities from prevention and health promotion to treating common conditions (including diarrhea and malaria) and identifying and referring complicated cases to higher levels of the health system. In Mwenezi, about 150 CHWs had been already registered and trained when OFCAD concept arose. They report to their host health facilities every month and this monthly meeting was considered as the best timing for VHWs to pick up medications, as this system wouldn't increase the number of trips between their communities and health facilities.

The concept of OFCAD was finalized and accepted by MoHCC Masvingo Province in the first quarter of 2018. To pilot the program, MSF chose ward 17 which is one of the hardest to reach areas in the district. The first batch of patients was enrolled in OFCAD and the program started in September 2018. Since September 2018, 260 persons have been enrolled in 11 OFCAD sites and 259 are active in the cohort in October 2019. 130 OFCAD members were bled for annual VL monitoring between May and July 2019 and 104 members had suppressed VL (80%). Expansion of the program has become high in demand among the ARV patients in the community.

Working with VHWs has raised HIV awareness in the community and cultivated community ownership and resilience, which could potentially lead to long term sustainability of the program.

Profile of OFCAD members (Source: Tier.Net)

Current age	Female	Male	Total
14 years and below	5	2	7
15 - 24 years	6	5	11
25 - 35 years	24	6	39
35 - 44 years	55	21	76
45 - 54 years	35	28	63
55 - 64 years	40	19	59
65 years and above	7	5	12
Total	172	86	258

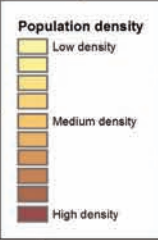
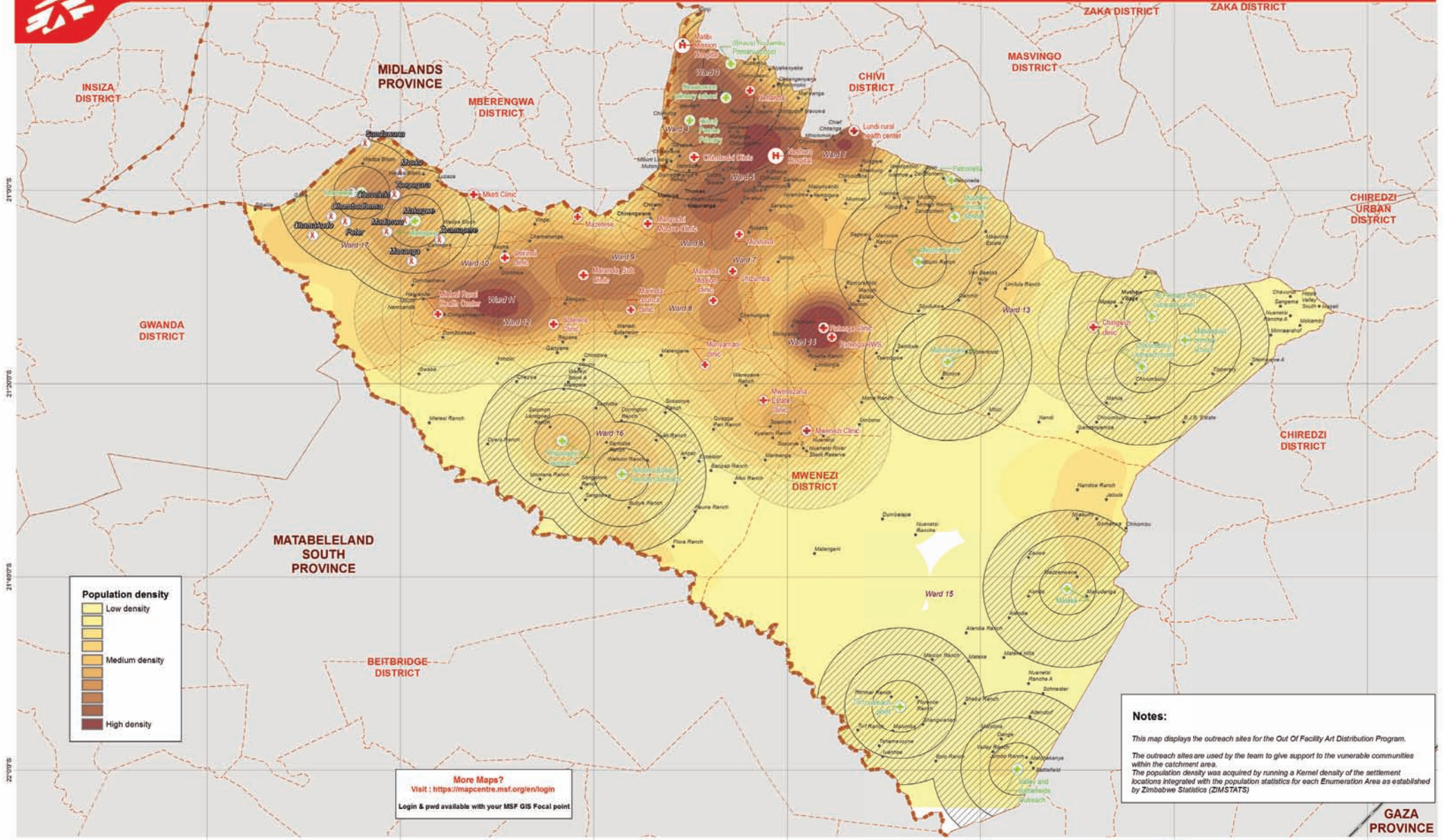


■ Retention in care of OFCAD members (September 2018 - September 2019)  
Source: Tier.Net

### Mwenezi District Profile

- Size of the population : 166,993 (National census 2012)
- HIV prevalence (adult with age between 15 - 49): 14.9% (ZimPHIA Zimbabwe HIV impact on HIV assessment Report)
- Number of health facilities: 22 health facilities (2 hospitals, 2 private clinics, 18 public health facility clinics)





More Maps? Visit : <https://mapcentre.msf.org/en/login>  
Login & pwd available with your MSF GIS Focal point

**Notes:**  
This map displays the outreach sites for the Out Of Facility Art Distribution Program.  
The outreach sites are used by the team to give support to the vulnerable communities within the catchment area.  
The population density was acquired by running a Kernel density of the settlement locations integrated with the population statistics for each Enumeration Area as established by Zimbabwe Statistics (ZIMSTATS)



**LEGEND**

- Hospital
- Clinic
- OFACD Site
- Active Outreach Site
- Village/Farm
- International Border
- Admin level 1 boundary
- Admin level 2 boundary
- Admin level 3 boundary
- 0 - 15km (Coverage)

This map is for information purposes only and has no political significance. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by MSF

**SOURCES**

Places and Health Structures: MSF, Geonames and OCHA  
Population data: Zimstats (2012 Census)  
Districts: ICRC and CSO  
Wards: Zimstats (2012 Census)  
Roads, waterways: OpenStreetMap, MSF

**PROPERTIES**

Doc name : zwe\_fm\_mwenezi\_ofcad\_ppin\_density\_A3L\_190424  
Creation date : 4/25/2019  
Created by : MSF GIS(ZWE)=>msfocb-harare-gis@brussels.msf.org  
Print format : A3 Landscape  
Confidentiality : Internal

**SCALE**

1:670,000  
0 2.5 5 10 15 20 25 km  
1 cm = 6.7 km



## Benefits of OFCAD



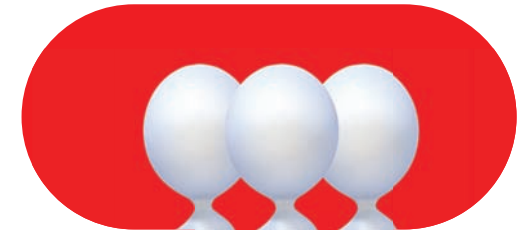
### Patient Perspective

- Increase access to ART refill thereby overcoming economic/ geographical/ security related challenges experienced particularly by rural population such as;
  - Long walking distance/ poor road networks/prohibitive transport costs
  - Presence of huge tracts of wildlife parks and livestock ranches or large scale farms in-between communities (human and animal conflict)
  - Seasonal factors (E.g. flooding)
- Individual ART refill model but also providing platform for peer support



### Provider's Perspective

- Sustainability: involving only existing human resources
- Strengthen collaborations between health facilities, community actors and other partners
- Reduce workload of health facilities and improve the quality of care
- Decongest health facilities



### Community Perspective

- Community ownership and empowerment
- Stigma reduction
- Increase of community awareness and knowledge on HIV

### 3

## How does OFCAD work?

### Outline of the Model



Facility nurses prepare ARVs based on the requisition submitted by CHWs on their routine report to the host health facility. Medications are issued according to the amount to be distributed in the next OFCAD day. CHWs receive ARVs and bring them back to their communities.



Nurses or other paramedical staff at health facilities conduct supervisory visits in OFCAD sites at regular basis to provide technical support.



The ARVs are stored in a safe place in their homestead until distributions. The stored medications will be distributed within 1 week of collection from the health facility.



CHWs record attendance of OFCAD members and distributions, which will be reported to health facilities.



OFCAD members go to the CHW's homestead to collect their ARVs. Opportunistic infection screening and adherence support sessions are also done following the job aids. The members can also have support group meetings with their peers if they want. In the end, the members are given the next appointment date.



OFCAD members should attend health facilities or other venues where nurses are present (such as outreach sites) for annual viral load monitoring and clinical consultations.







CHWs refer OFCAD members presenting any symptoms of opportunistic infection to health facilities.

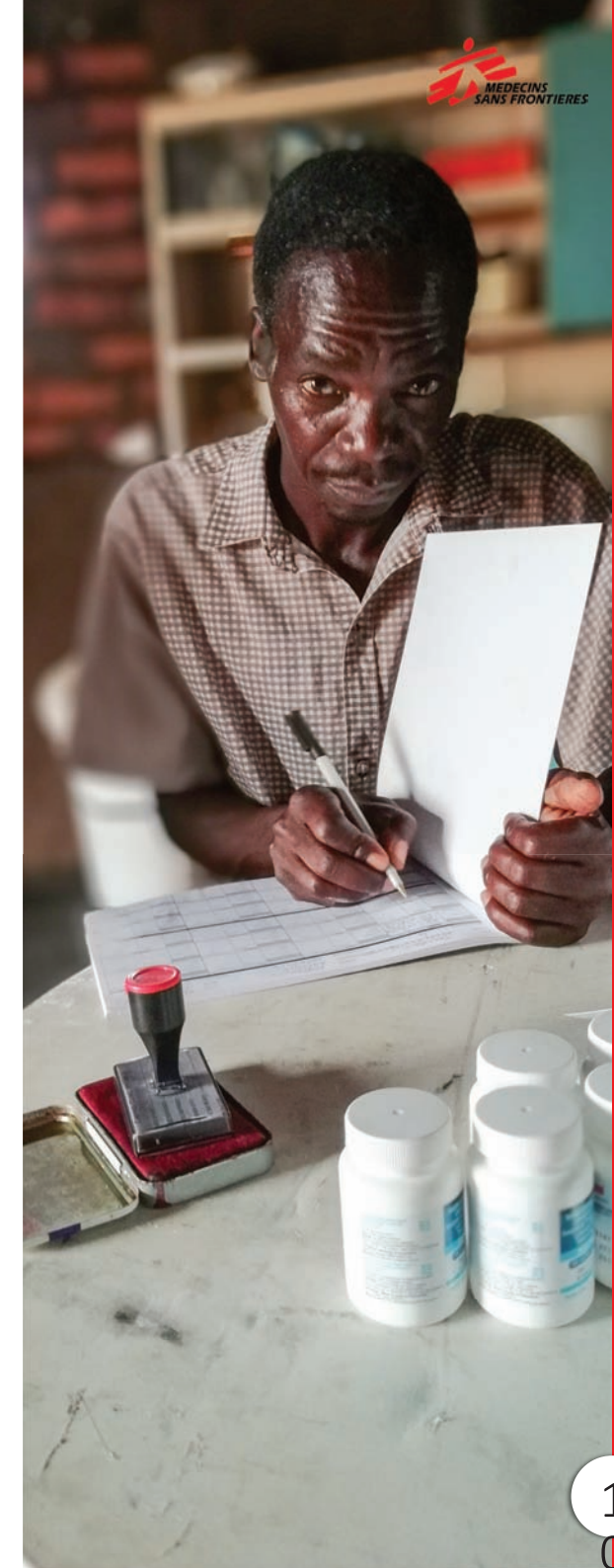
	WHAT	WHEN	WHERE	WHO
	<b>ART Refills</b> ART refill Cotrimoxazole refill TB/OI screening Adherence support Referral if needed	Every 3 months <sup>1</sup>	Community (CHW's house or any other community venue)	 <b>CHWs</b>
	<b>VL monitoring</b> Blood withdraw	Annually	Health facility or Other venue such as outreach site	 <b>Nurse</b>
	<b>Clinical Consultation</b> ART re-script VL result Clinical monitoring	Annually	Health facility or Other venue such as outreach site	 <b>Nurse</b>

<sup>1</sup> Refill interval can be shorter if availability of drugs is not sufficient for 3 month refill

## Roles and responsibilities in OFCAD

ART distributions are carried out by Community Health Workers (CHWs) but the program involves other actors to ensure good quality of the program and smooth implementations.

	Roles and responsibilities	Location
 <b>CHW</b>	<ul style="list-style-type: none"> <li>Collect medications on behalf of OFCAD members</li> <li>Store and distribute drugs</li> <li>Update follow up tools (OFCAD register, drug stock card)</li> <li>TB/ OI screening</li> <li>Adherence support</li> <li>Referrals</li> <li>Community mobilization and sensitization on OFCAD</li> <li>Report back to health facilities</li> </ul>	Facility Community Community  Community Community Community  Community Facility
 <b>Nurse</b>	<ul style="list-style-type: none"> <li>Enroll and refer eligible clients into the OFCAD</li> <li>Prepare ARVs for OFCAD member</li> <li>Supply drugs (distribute drugs to CHWs)</li> <li>Train and supervise CHWs</li> <li>Blood withdraw</li> <li>Provision of clinical consultations</li> <li>Management of clinical issues (upon referrals)</li> </ul>	Facility or community outreach site Facility Facility Community Facility or community outreach site Facility or community outreach site  Facility or community outreach site
 <b>Patient</b>	<ul style="list-style-type: none"> <li>Follow drug refill schedule with their patient's books</li> <li>Provide peer support to others when possible and necessary</li> </ul>	Community Community
 <b>Counselor</b>	<ul style="list-style-type: none"> <li>Provide psycho-social support (upon referrals)</li> </ul>	Facility or community outreach site



## Who is eligible for OFCAD?

- People on ART who are on the same adult regimen for at least 6 months
- Patients with latest viral load (done in the last 1 year) and is undetectable (less than 1000 copies/ml)
- People on ART who are willing to join
- People on ART who are clinically stable: Neither TB symptoms nor symptoms of any other opportunistic infections (Clinicians to define as per the national guidelines)
- People on ART with no condition requiring clinical consultation e.g. pregnancy, other chronic illness



# PART 02

HOW TO SET UP  
OFCAD



# STEP 1 Situation Analysis

It is important to know the national and local context to define details of the program and identify program locations. Some factors to explore:

### HIV epidemic in the country/ intervention area

- HIV prevalence and incidence
- Progress in 90-90-90

### Local actors working for HIV program

- Partners (CBOs, INGO, etc.) involved in HIV program in the areas and their operational focuses and locations
- The networks of PLHIV in the area

### National HIV program

National guidelines related to ART distribution models (types of models, eligibility criteria, interval of refills, etc.)

### Needs analysis

- Access barriers to care for patients in the areas (socio-cultural/ economic/ geographic)
- Geographical characteristics (E.g. transport and road network in the areas) – GIS can be used.

### Local HIV program

Achievements and challenges in HIV program in the areas  
The number of structures offering HIV related services and their locations  
ART cohort statistics (cohort size, treatment outcomes of patients)

### Resource analysis

- Mapping of CHWs (the number, locations, job descriptions, workload, coverage)
- Barriers to ARV supply encountered by health structures



## STEP 2 Ensure buy-in of all relevant stakeholders

Once you define your program location, meet with stakeholders to finalize the details.

Who?	Topics to address
 <p>Local Health Authorities</p>	<p>Program location, human resources, drug supply, other resources</p>
 <p>Health facility staff (those who are working for the program)</p>	<p>Human resources, schedules, drug supply, other resources</p>
 <p>Local leader (administrative &amp; traditional)</p>	<p>Program location, CHWs, mobilization</p>

CHWs will be assigned to be part of the program through legitimate channels (their respective supervisors or community leaders). Facilitation of OFCAD doesn't require CHWs to have any skills or knowledge except basic literacy as they will have induction training.

In case there is no existing CHW in the chosen area, you may need to recruit CHWs following the national protocol and advice from the concerned stakeholders.



## STEP 3 Adapt existing tools for the local context

Conducting OFCAD, the following tools need to be used to make sure of quality implementation and good record of the activities and patients' attendance. The tools used in Mwenezi pilot are in the annex 1-5, which are ready to be used but can be translated to a language spoken in your area and adopted for your local context.

OFCAD job aid (Annexure 1)	It is a job manual for CHWs. This manual contains some visual materials that can be used for OI screening.
OFCAD register book (Annexure 2)	This is to record OFCAD members' attendance and receptions of medications. The register is kept by CHWs and facility nurses fill individual clinical <sup>4</sup> charts based on the record in the register.
OFCAD requisition (Annexure 3)	The requisition will be filled in ordering medications. The carbon copy will be submitted to health facilities and the original will be kept by CHWs.
Stock card (Annexure 4)	This card is to record reception of medications (in) and distribution (out) so that the amount of medications in the CHW's stock is kept recorded. Nurses will check consistencies of actual stock and the record on their supervisory visit.
OFCAD stamp (Annexure 5)	The stamp is put on patients' booklet (any plain notebook) and CHWs fill necessary information as indicated.

<sup>4</sup> Registers can be used for official records instead using individual clinical charts when and where possible.



## STEP 4 Procurement of tools and materials





ITEM	EXPLANATIONS
OFCAD register book	1 book per CHW
OFCAD requisition	With carbon copy. 1 book per CHW
OFCAD job aid	1 copy per CHW
Patient book	Any small plain journal. 1 book per patient
Stock cards	At least two copies per CHW
Drug Truck	Lockable metal trunks are ideal to ensure protection. 1 trunk per CHW
Phone and airtime	Designated phone wouldn't be needed but in case CHWs don't have any, a simple handset can be provided.
Stationaries	Pens, notebooks, etc.
Other national standard HIV program materials	As per the national guidelines: e.g. Art register, health education material (flip-chart, pamphlet, etc.)

The expenses for Mwenezi pilot (for 1 year including the preparation phase) are in Annexure 6.



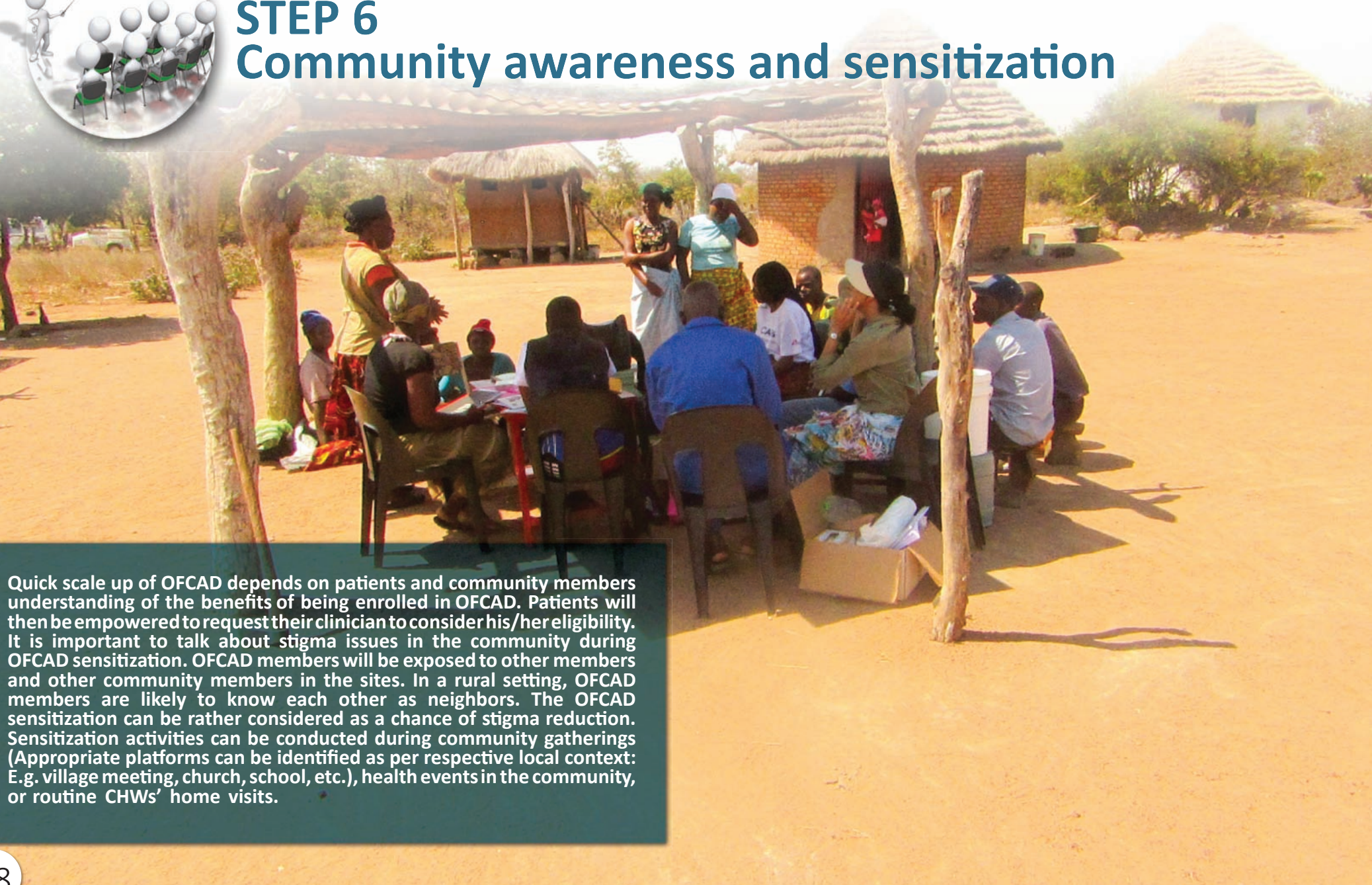
# STEP 5 Training for facility staff and CHWs

Training should be provided to those who are involved in OFCAD. (Annexure 7: training materials) And the tools and materials will be distributed during the training and explained how to use them.

Training Participants	Topics to cover
 <p>CHWs</p>	<p><b>HIV and ARV basic fact module</b></p> <ul style="list-style-type: none"> <li>• What is HIV?</li> <li>• What is treatment for HIV?</li> <li>• Symptoms of common OIs (E.g. TB, Cryptococcal meningitis, Candidiasis, etc.)</li> <li>• How to screen OI</li> <li>• Care and support (Adherence),</li> </ul> <p><b>OFCAD module</b></p> <ul style="list-style-type: none"> <li>• What is OFCAD?</li> <li>• OFCAD procedure and roles of CHWs (including drug storage)</li> <li>• Ethics/Stigma reduction strategies</li> </ul>
 <p>Facility Nurse</p>	<p>What is OFCAD, OFCAD procedure, OFCAD supervision?</p>
 <p>Facility Pharmacy/Tech (if any)</p>	<p>What is OFCAD, OFCAD procedure, Supervision on drug storage?</p>
 <p>Facility Counselor</p>	<p>What is OFCAD, OFCAD procedure?</p>



## STEP 6 Community awareness and sensitization



Quick scale up of OFCAD depends on patients and community members understanding of the benefits of being enrolled in OFCAD. Patients will then be empowered to request their clinician to consider his/her eligibility. It is important to talk about stigma issues in the community during OFCAD sensitization. OFCAD members will be exposed to other members and other community members in the sites. In a rural setting, OFCAD members are likely to know each other as neighbors. The OFCAD sensitization can be rather considered as a chance of stigma reduction. Sensitization activities can be conducted during community gatherings (Appropriate platforms can be identified as per respective local context: E.g. village meeting, church, school, etc.), health events in the community, or routine CHWs' home visits.



## STEP 7 Setting up OFCAD sites

Venues of ARV distributions should be defined. Venues should be accessible for everybody. Options can be;



CHW's House



Church Nearby



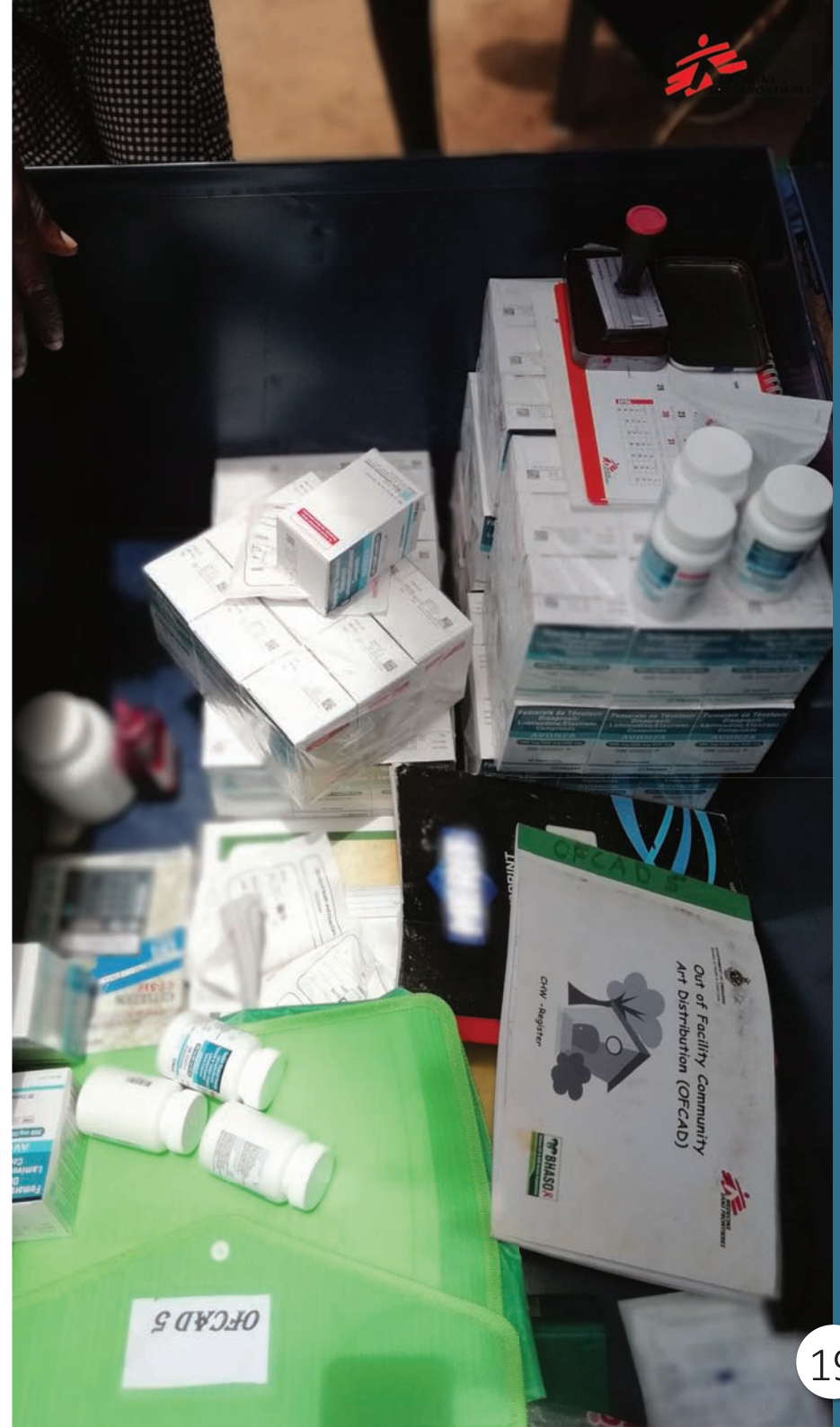
Other community venues (community hall, library, etc)

Requirements of the sites are to have;

1. A closed room/space for drug storage.
2. A confidential space where an individual OFCAD member can discuss adherence issues with CHWs and screened for OIs
3. A space big enough for OFCAD members can have group sessions (health education, support group).

Once you define your option, medical team (including pharmacist /pharmacy technician) and logistic staff should assess the space to store medications. Following Good Distribution Practice (GDP), the storage should not have either direct sunlight or humidity, and should be safely locked. If the available option doesn't meet the criteria, logistic support (e.g. fixing water leakage from the sealing or the wall, fixing door, etc.) should be provided.

An example of site assessment tool is annexure 8.





## STEP 8 Recruitment and enrollment of OFCAD members



Clinicians are required to assess a patient's eligibility for OFCAD and if a patient meets the requirements, check which OFCAD site the patient can attend. We would recommend maximum 45 members to be enrolled in 1 OFCAD site and the members should be divided into 2-3 sub-groups. If 45 members are registered in 1 OFCAD site, each sub-group should consist of approximately 15 members. Each sub-group's ART distribution takes place in a different month from other's. This is to reduce CHW's burden of carrying medications and workload on the day of ART distribution every month. In the initial phase, it may be appropriate not to overwhelm CHWs with many members. As the CHWs get used, more patients can be enrolled in the program.













## STEP 9 Develop OFCAD schedule and dispense the first batch of medications

The first schedule can be developed by both nurses and CHWs and medications will be issued according to the schedule. It's worth considering seasonal factors which influence members' attendance to the OFCAD sites in developing schedules (E.g. festive season, rainy season, etc.)

CHWs may have a limit in amount of medications they can carry from the health facilities to their home. Collecting medications for 15 OFCAD members at once (buffer of which amount

is calculated and agreed upon based on the number of registered OFCAD members) can be recommended if 3 months refills are applied.

The following table is an example of how OFCAD days can be scheduled. In the table, ✓ means the month of ART distribution and  means month of bleeding for VL monitoring and annual clinical consultation. In the month for VL monitoring, medications will not be issued to CHWs as OFCAD members will be asked to collect medications at health facilities or outreach sites.

		#OFCAD Member	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
OFCAD 1	A	15	✓			✓			✓					
	B	13		✓			✓			✓				
	C	12			✓						✓			
OFCAD 2	A	15		✓						✓				✓
	B	8			✓			✓					✓	
OFCAD 3	A	13		✓			✓							✓
	B	12			✓						✓		✓	
	C	5	✓			✓			✓					✓
OFCAD 4	A	14	✓			✓			✓					
	B	13		✓			✓			✓				



**HOW TO  
IMPLEMENT  
OFCAD**

**PART  
03**



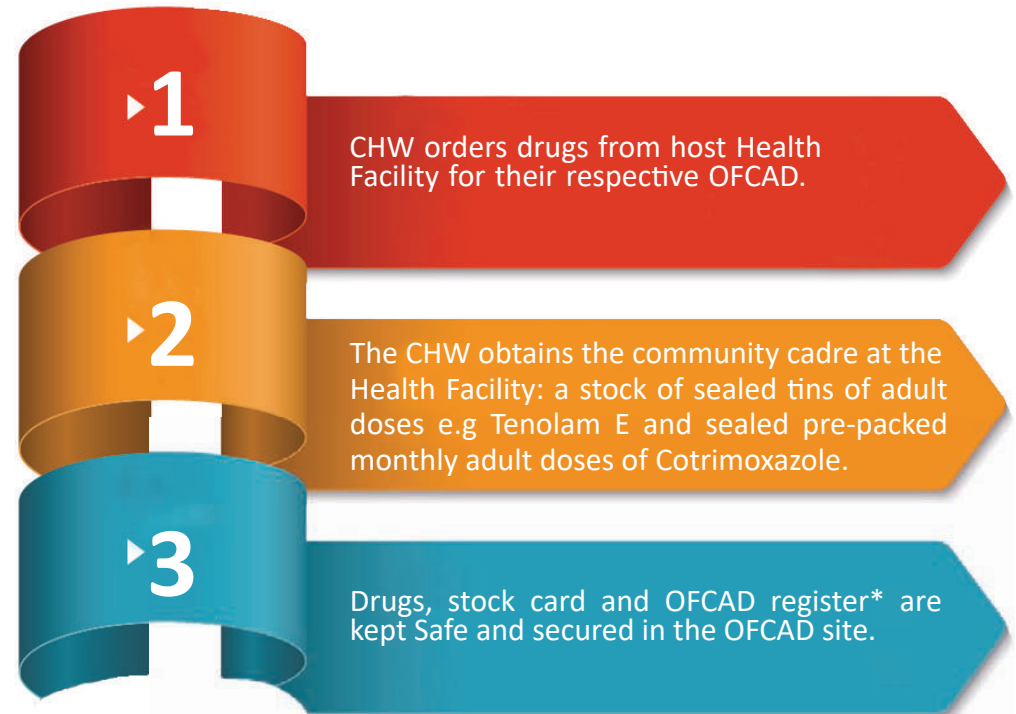
# STEP 1 Preparations before ARV distribution

## Medication Collection

CHWs fill the requisition form to order medications based on the quantity they will distribute in the next OFCAD day. Based on the requisition form, facility nurses or pharmacist/ pharmacy technician prepare the medications. CHWs receive medications and bring them home. The medications are safely stored in a designated storage and stock card is filled.

Upon the first ARV collection, ARVs for 4 months will be issued to CHWs (3 month supply + buffer). However this buffer will be distributed as soon as possible not to be stored for longer than 1 month and the newer ARVs will replace it as buffer (First in, First out).

Minimum Stock Community Distributor	Maximum stock community cadre	Storage of drugs	Storage safety conditions
Minimum stock of ARVs of the cohort and minimum stock of CTX	Calculated from number of patients plus the buffer stock. The amount of drugs given strictly based on the clients OFCAD register	Never exceed 1 month " <i>First in, first out</i> "	Protect the drugs against humidity, sunlight and heat







## STEP 2 On the day of OFCAD

1



Enrolled members meet  
the day of the refill at  
the OFCAD site

2



Health education  
to the OFCAD  
Members  
(Complementary  
activity)

3



CHW assigns a  
place to refill  
drugs

4



CHW calls clients  
according to the  
attendance register  
to refill patients

5



CHW screens the  
patient for TB (using  
the TB screening  
tool) and screens OI

6



CHW records the  
information in the  
register book, put a  
stamp in the patient's  
booklet and fill the  
information

7



CHW refills the  
patient with the  
correspondent  
drugs

8



CHW explains  
and reminds the  
date of the next  
review

9



The patient leaves

## Complementary activities (health education, peer supports, etc.)

It would be ideal to conduct health education sessions on the day of distribution where and when it's possible yet these activities remain complementary. In case health education sessions are conducted, HIV related topics can be discussed to enhance their adherence with using the national standard IEC materials. In case there is no national standard tool, MSF standard tool (annexure 9) can be used or adopted for your local context.

Support group sessions can be also organized by CHWs or by OFCAD members spontaneously. Members will not be forced to join those complementary activities but will be encouraged through explaining their benefits.

## TB/OI screening and referrals to health facilities

In refilling ARVs to patients, simple symptom screening for TB and other opportunistic infection will be done.

If anybody presents or self-reports with symptoms, the person will be referred to the health facility or the nearest outreach points (mobile clinic points) immediately. In this case, ARVs will be provided only for 1 month.

### TB screening tool

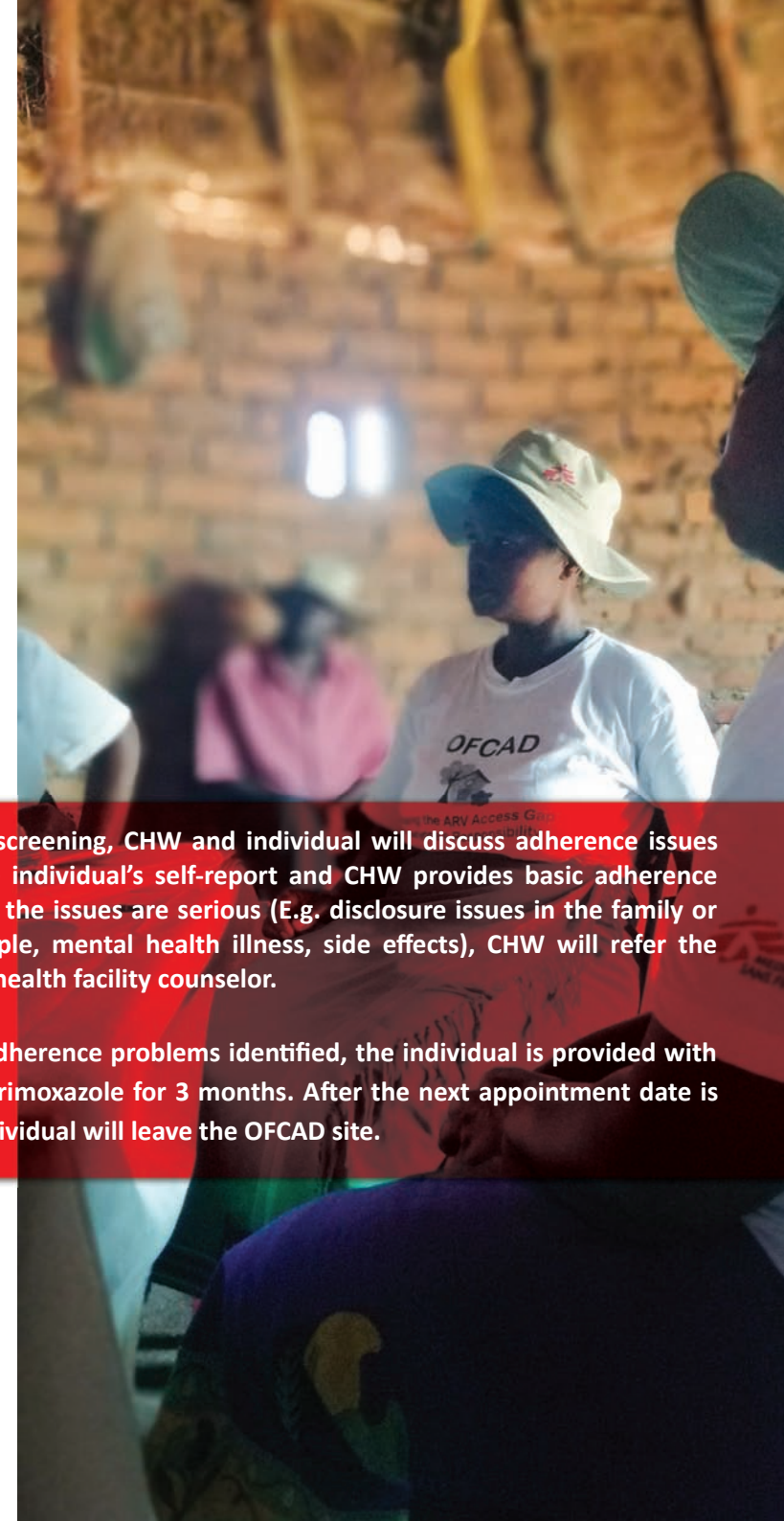
Questions to ask	Yes	No
Do you have a cough? (Yes if there is a cough)		
Do you have night sweats? (Yes if there are night sweats)		
Have you lost weight? (YES if the patient has lost weight)		
Do you have fever or "hot body" ? (YES if the patient has fever or "hot body")		
Does someone in the patient's household have TB now		

If **"YES"** to any of the questions: the patient is a TB suspect, refer to health Facility if necessary.

If **"NO"** to all the questions: the patient is not a TB suspect; repeat screening with questionnaire at every visit.

After the OI screening, CHW and individual will discuss adherence issues based on the individual's self-report and CHW provides basic adherence counseling. If the issues are serious (E.g. disclosure issues in the family or between couple, mental health illness, side effects), CHW will refer the individual to health facility counselor.

If no major adherence problems identified, the individual is provided with ARVs and cotrimoxazole for 3 months. After the next appointment date is given, the individual will leave the OFCAD site.



## OI Red Flag: Signs and Symptoms

## Danger Signs

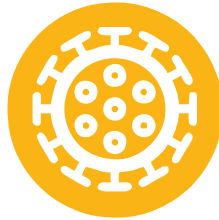
Severe headache



Oral thrush



Herpes zooster shingles



Not able to walk without aid or bedridden



Difficulty breathing



Confusion or change of behaviour



Wasting syndrome



Persistent Diarrhoea



TB Screening



Fever



Vomiting or diarrhea



Refusing to eat or drink





## STEP 3 After OFCAD

### Filling stock card and stock check

CHWs will make sure of correct record in stock card and also check if the balance in the stock card corresponds to actual stock.

### Filling OFCAD register

CHWs will check if the register has been correctly filled. OFCAD register will be stored together with medications and stock cards.

### Tracing

If OFCAD member doesn't show up within grace period (3- 5 days), the member will be traced via phone call or home visit. In case a person can't be traced in this period or is found to have moved, the case will be notified to the host health facility. If the person comes to OFCAD site within 1 month, he/she will be given 3 months supply by being given adherence support while the case will be reported to the health facility – however if this becomes repetitive, the case will be referred to the health facility. If the person comes to the OFCAD site more than 1 month after, he/ she will be referred to the health facility.

**Reporting:** If any concern arises on the OFCAD day, CHWs should report to nurses and get advice from them.





## STEP 4 OFCAD Supervision

Host facility nurses (or other paramedical officers) pay supervisory visits regularly – monthly visit would be ideal but in case not possible, at least quarterly visits are essential.

The following points can be checked and advice can be given to CHWs if necessary;

- How OFCAD days are facilitated
- How medications are stored following Good Distribution Practice (DGP)
- Consistencies between the stock card and actual stock
- OFCAD register and OFCAD members' attendance

And it is important to give CHWs chances to express their challenges so that customized supports can be provided by respective issues being addressed.





## STEP 5 Monitoring and Evaluation

### Treatment monitoring of OFCAD members

Monitoring of OFCAD members is done as per the national guideline. Patients will be bled at health facilities or outreach sites for annual viral load monitoring according to the schedule. In case VL is detectable (greater than 1000 copies/ml), nurses will ask the patient to come to health facility for adherence counseling and to stay in the routine care until he or she gets stable. In addition to routine VL monitoring, patients will be screened for TB and other opportunistic infections and referred to nurses when necessary. Nurses will conduct further examination to assess the patient's condition and manage as per the guidelines.

If there are members who do not show up in the scheduled day persistently, the members can be counseled to know the obstacles and provided necessary support accordingly.

### Monitoring of OFCAD program

Although nurses conduct supervisory visits to monitor the implementation, it is good to monitor the quality of the program by checking some key indicators. The following indicators are examples that would be useful for monitoring and evaluation. These indicators can be generated by checking the registers, patients' clinical charts, and electronic database if any. Additionally CHWs' reporting template can be developed, filled by CHWs and submitted to the host health facilities. The template being used in Zimbabwe is ready to be used but also can be modified according to the needs. (Annexure 10)

- (%) Retention in care 6 months, 12 months, 24 months after the enrollment (>90%)
- (%) annual VL done (>90%)
- (%) VL suppression (>90%)
- (%) Lost To Follow Up (<5%)
- (%) Loss/ wastage of medications in CHWs' stock (<3%)



*Tools enabling the smooth implementation of OFCAD are available at:  
<http://samumsf.org>*

*These tools are merely examples and require further adaptation to the specific context where they will be used.*

1. OFCAD job aid
2. OFCAD register
3. OFCAD requisition
4. Stock card
5. OFCAD stamp
6. Example of budget (expenses in Mwenezi)
7. OFCAD training materials
8. Site assessment tool
9. MSF adherence support visual material
10. CHW reporting template
11. PODI toolkit

# ANNEXURE

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Medecins Sans Frontieres  
9 Bantry Road  
Alexandra Park  
Harare  
Zimbabwe  
Tel : +263 242 745823  
Twitter: @MSF\_Zimbabwe

