

## Background

- **USAID** Family Focused HIV Prevention Care and Treatment services in Amhara region is a **USAID**/PEPFAR-funded program implemented in selected SNUs in Amhara region
- Amhara Development Association (ADA) is a prime partner for the Activity in the Amhara region since August 2020 and have direct service delivery role through partnering with seven local sub-recipients.
- The Activity focuses on improving access and demand for HIV prevention, testing and counseling, adherence services, and mitigation services for orphan and vulnerable children, PLHIV and their families through person-centered and family-focused approach.
- One of the care and treatment services the Activity supported to improve retention and viral suppression among clients on ART is Community Differentiated Service Delivery Model (CDSMD). It is a person-centered approach to HIV care and treatment that tailor services to different groups of PLHIV depending on their evolving needs while maintaining the basis of the public health approach
- The Activity closely supports Amhara regional health bureau in the implementation of community differentiated service delivery models; health extension professional lead community ART group (HEP-CAG) and Peer lead community ART distribution (PCAD) to improve continuity of treatment, adherence to ART and achieve viral load suppression at 79 health facilities in Amhara region.
- As of FY24\_Q1, 6,487 clients are actively receiving their treatment through Community Differentiated Service Delivery Models (1,830 HEP CAG and 4,657 PCAD)

## Problem

- Imprisoned HIV positive clients join to new environment which is not supportive, conducive and friendly, they miss their beloved ones who could support them in drug and clinical adherence
- As they are not allowed to wait long at clinics, prisoners couldn't get time to health education, experience sharing and discuss their issues with health care providers, case managers and adherence supporters
- It is also challenging for the administration to assign police personnel to take these clients as per their individual appointment date

## Interventions

- Debre Markos comprehensive specialized hospital's service providers in consultation with TSDA's (one of ADA's sub recipients) and ADA's technical staff inform the availability of community differentiated service delivery models (CDSMD) to prison clinic service provider
- Discussion with prison administration and prison clinic head
- Identify the total number of PLHIV receiving ART in the hospital and conduct CDSMD demand creation
- Eligibility assessment and group formation which are managed and supervised by health extension professional



Pic.1 TSDA team and health extension worker discussing the CAG model implementation with prison administration and clinical provider in the prison clinic

## Result

- Around 20 imprisoned clients who are convicted for two years or more were receiving their treatment at Debre Markos comprehensive specialized hospital
- Of them, 19 were eligible for health extension professionals lead community ART groups (HEP CAG) and gave consent
- A total of 4 HEP CAGs that comprises 19 members were established
- Each group have a group leader to oversee the well-being of the group, including ensuring that peer support meetings are conducted and group ethics are maintained
- The group members meet every month for adherence support and to discuss other issues and every three months for ARV refill, screening for opportunistic infections and ARV side effects, health education, experience sharing and adherence monitoring which is support by the health extension professional
- Currently there are 12 members in three groups who are refilled twelve times as the other members are released from prison



pic.2 Health extension workers providing ART refilling at Debre Markos prison

## Lesson Learned

- Implementation of CAG model is possible at prisons with good acceptance rate and multifaceted benefits for clients, the prison administration and the health care system.


## Disclaimer


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 307

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