



Care and Support for Improved Patient Outcomes (CaSIPO) Program

OVERVIEW

The CaSIPO Project is a five-year project funded by United States Agency for International Development (USAID) in South Africa, and implemented by the prime partner, Hospice Palliative Care Association of South Africa (HPCA), in collaboration with FHI 360 as the sub-partner. CaSIPO works in partnership with the South African Government to improve HIV care and treatment outcomes through the integration of comprehensive care and support services into the health system at the community level. CaSIPO's implementation model adheres to the United States President's Emergency Plan for AIDS Relief (PEPFAR) 3.0 and the Joint United Nations Program on HIV/AIDS (UNAIDS) 90-90-90 targets. This is achieved by establishment, maintenance and expansion of community adherence clubs for stable patients on antiretroviral treatment (ART), who meet the criteria according to the South African Adherence Guidelines for HIV, tuberculosis (TB) and non-communicable diseases by working in high HIV prevalence districts in South Africa. The project is implemented in 8 provinces (except Northern Cape) and 15 of 27 PEPFAR priority districts.

CaSIPO leads the provision of technical assistance to the South African Government for mainstreaming of comprehensive care and support into national policies, guidelines, management and coordination structures and strengthening monitoring and evaluation systems at district level.

OBJECTIVES

- Strengthen the implementation of community-based Comprehensive Care and Support (CCS) policies, strategies and standard operating procedures;
- Provide targeted community capacity building to community-based institutions to improve referral and retention of People living with HIV in care and treatment, and to minimize losses to follow-up;
- Improve the quality and use of CCS information generated at community level through program activities.



CASIPO PROJECT TECHNICAL APPROACH

- Building the capacity of organizations and individuals at community level to facilitate sustainable access to quality comprehensive care and support services closer to the patients:
 - Interface with Health Facilities to decant HIV positive stable patients to community adherence clubs
 - Provide technical assistance to community based organisations (CBOs) and ward based outreach teams (WBOTs) to implement community based adherence clubs

TECHNICAL ASSISTANCE AND MENTORSHIP FOR CBOs AND DEPARTMENT OF HEALTH STAFF

Comprehensive Approach to Care and Support (CACS) training

- Includes key interventions such as TB screening, Viral Load monitoring (VL), Nutrition Assessment Counselling and Support (NACS), Sexual Reproductive Health (SRH), holistic assessment and referral linkages
- Provides CBOs with the necessary skills and knowledge to provide quality integrated care and support services to people living with HIV (PLHIV)

National Adherence Guidelines training

- Understanding of the National Adherence Guidelines
- Supports their effective implementation

Adherence Club Facilitation training

- Provide community caregivers and their supervisors with knowledge, skills and attitudes required to establish and facilitate adherence clubs on ART and chronic medication

Data Management training

- Equips participants with basic knowledge data collection, management and reporting

I-ACT training

- In collaboration with District Support Partners
- Promotes early recruitment and retention of newly diagnosed PLHIV into care and support programmes. I ACT strives to reduce the high rate of loss to follow-up from the time of HIV diagnosis to successful commencement of ART

KidzAlive training

- In collaboration with District Support Partners
- Contribute to increased access of psychosocial services for children between the age of 4-11 years especially children at risk of HIV or children living with HIV, thereby increasing HIV testing, treatment, prevention and long-term survival of children affected by HIV

KEY ACHIEVEMENTS: OCTOBER 2016 TO MARCH 2017



Patients decanted

57,333 patients decanted from health facilities and 2,271 adherence clubs established



Active CBOs with adherence clubs

173 active CBOs and 103 of these have adherence clubs



Lost to follow up linked back to care

1,502 patients lost to follow up were traced and linked back to care



Training

189 DOH personnel and 807 CBO personnel trained

CONTACT INFORMATION

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