MOHSS/DSP
COMMUNICATION FOR BEHAVIOR CHANGE (COMBI) SOCIAL AND BEHAVIOR CHANGE (SBCC) STRATEGY FOR INTEGRATED COMMUNITY LEVEL MALARIA, TB AND HIV PREVENTION

1. Introduction and participants

(to be filled in after the workshop)

2. Strategy Design:

2.1 Locations

The following regions will be targeted by this strategy:

- Otjozondjupa
- Oshikoto
- Caprivi

2.2 Targeted knowledge, attitudes and behaviors

The following section presents the knowledge, attitudes and behaviors this program will target in all regions in malaria, TB and HIV prevention.

- **Malaria**
  - Increased knowledge of malaria prevention including the proper use of ITNs
  - Increased knowledge of malaria signs and symptoms
  - All children under 5 and pregnant women sleeping under ITNs every night
  - Increased household acceptance and use of IRS
  - Early detection and referral of suspected malaria cases for testing and treatment
- **TB**
  - Increased knowledge of TB prevention measures
  - Increased knowledge of TB signs and symptoms
  - Early detection and referral of suspected cases of TB for sputum testing and treatment
  - All TB patients on treatment adhering to and finishing the TB treatment course
  - All TB patients tested for HIV

- **HIV prevention**
  - Increased percentage of people tested for HIV, especially men
  - PLHIV tested for TB
  - Men and women using condoms correctly and consistently
  - Young people delaying sexual debut
  - Men and women staying faithful to one partner
  - Others: Alcohol and HIV, Male circumcision, STIs

2.3 Targeted populations

- **Household level**
  - Household heads
  - All members of the household

- Adults
- Young people
- Pregnant women
- Parents/caretakers of children under 5 years of age
- PLHIV
- Persons with TB
- Persons with signs or symptoms of malaria, STIs

- **Communities**
  - Rural and urban
  - Those living in close proximity to each other (TB)
  - Endemic malaria areas (malaria)

2.4 Evidence-based Justification and baseline data for each region

The following is evidence-based data for each region supporting the selection of these target populations and behaviors, referring to current data on malaria, TB and HIV from the 2007-2007 DHS, 2009 MIS and other sources. This data serves as regional baselines for this strategy.

Region: Oshikoto

- **Malaria:**
  - 29.8 % of households have at least one ITN (DHS, 2006-7)
  - 59.8% of households have at least one ITN (MIS 2009)
  - 7.8 % of children under 5 slept under an ITN in the past night (DHS, 2006-7)
  - 35.5% of children under 5 slept under an ITN in the past night (MIS 2009)
  - 6.1% of pregnant women aged 15- 49 slept under an ITN in the past night (DHS, 2006-7)
  - 20.9% of women aged 15-49 slept under an ITN in the past night (MIS 2009)
  - 63.5% of woman and 64.9% of men 15-49 recognize a headache as a specific sign and symptoms of malaria (DHS, 2006-7)
  - 47.4% of women and 34.1% of men recognize chills as a symptom of malaria (DHS, 2006-7)
  - 54.7% of women and 48.1% of men recognize high temperature as a symptom of malaria (DHS, 2006-7)
  - 6.5% of women aged 15-49 recognize convulsions as a danger sign or symptom of malaria (MIS 2009)
  - 15.8% of women aged 15-49 recognize unconsciousness as a danger sign or symptom of malaria (MIS 2009)
  - 1.9% of women aged 15-49 recognize stiff neck as a danger sign or symptom of malaria (MIS 2009)
  - 24.6% of women and 20% of men aged 15-49 have taken action against malaria with IRS
  - 96.1% of women and 97.6% of men aged 15-49 with signs or symptoms of malaria sought care from a health facility or health personnel.

- **TB:**
  - 79.2 % of women and 77% of men aged 15-49 know that TB is spread through the air by coughing
  - 95% of women and 94.1 % of men aged 15-49 know that TB can be cured
  - 13% of women and 27.7% of men aged 15-49 would want a family member's TB to be kept secret

- **HIV prevention:**

- 47.5 % of women and 23.8% of men aged 15-49 have ever tested for HIV and received their results
- 87.2% of women and 77.7% of men aged 15-49 know that people can reduce their risk of getting HIV by using condoms every time
- 5.9% of women and 18.7% of men aged 15-24 had sexual intercourse before the age of 15
- 85.5% of women and 96.4% of men aged 15-24 had high risk sexual intercourse within the last 12 months (sex with someone who is not their regular partner)
- 47.3% of women and 77.7% of men aged 15-24 reported using a condom at the last high risk sexual intercourse

Region: Caprivi

- **Malaria:**
  55.9% households have at least one ITN (MIS,2009) (54.4%=DHS, 2006-7)
  - 41.5% of children under the age of 5 years slept under an ITN in the past night (MIS,2009) (41%=DHS, 2006-7)
  - 36.1% of pregnant women slept under an ITN in the past night (MIS,2009)
  - 85.4% of women and 73.9% of men know that headache is one of the signs of malaria
  - 83.7% of women and 60.0% of men know that high temperature is one of the signs of malaria
  - 27.9 % of women and 35.9% of men know that chills are a sign of malaria
  - 38.5% of households have been sprayed (IRS) in the past twelve months
  - In households that have received IRS, 94.6% of structures (rooms) have been sprayed in the past twelve months

- **TB:**
  - 84.1% of women and 70.6% of men know that TB is spread through the air by coughing
  - 90.8% of women and 92.1% of men know that TB can be cured
  - 24.7% of women and 29.2% of men would want a family member with TB kept secret
  - 74.2% of new smear positive clients are cured (WHO target = 85%)
  - 12.2 % of TB clients completed treatment
  - 62% of TB clients know their HIV status (75% HIV prevalence rate among TB clients)

- **HIV prevention:**
  - 85.6% of women and 95.7% of men know that HIV can be prevented by using condoms
  - 52% of women and 76.4% of men used a condom at last high risk intercourse
  - 17.8% of women and 35.1% of men had sexual intercourse before age 15
  - 0.4% of women and 17.5% of men had two or more partners in the past twelve months
  - 35.8% of women and 19.5% of men have ever been tested and received their results
  - 6.3% of men are circumcised
  - 0% of women and 7.1% of men had sexual intercourse in the last twelve months when drunk

Region: Otjozondjupa

- **Malaria**
  - 14.2% of households have at least one treated mosquito net.
  - 93% of children under five did not sleep under a treated mosquito net in the past night (7% did)
  - 98.7% of pregnant women age 15 – 49 did not sleep under a treated mosquito net in the past night (1.3% did)
  - 55% of women and 43% of men aged15-49 do not know that high fever is a sign of malaria (45% of women and 57% of men know)
  - 67.8% of women and 86.4% of men aged 15-49 do not know that IRS is useful to prevent malaria (32.2% of women and 13.6% know)
  - 53% of children in the region sought treatment for fever.
  - Otjozondjupa accounts for 6.6% of the total number of children seeking treatment for fever nationally

- **TB:**
  - 26.2% of women and 31.2% of men aged 15-49 do not know that TB can be spread through the air by coughing (73.8% of women and 68.8% of men know).
  - The region has an 88% treatment success rate for all forms of TB cases
  - 90% of TB patients in the region have been tested for HIV

- **HIV prevention:**
  - 48.3% of women and 70% of men 15 – 49 have never tested and received their results (51.7% of women and 30% of men have ever tested and received their results)
  - 53.3% of women and 23.9% of men aged 15-49 did not use a condom consistently with the last high risk partner (46.7% of women and 76.1% of men did)
  - 42.8% of women and 50.6% of men aged 15-24 did not use a condom at first sexual intercourse (57.2% of women and 49.4% of men did)
  - 8.9% of women and 12.7% of men aged 15 – 24 had sexual intercourse before the age of 15
  - 4.2% of women and 7.7% of men aged 15-49 had more than 2 partners in the last 12 months

2.5 Individual, household and community level interventions to change the targeted behaviors in each region

The following tables present the interventions to be implemented in each region on individual, household and community levels in to change the targeted behaviors in malaria, TB and HIV prevention, and the materials required. These interventions will be conducted by the community-level implementers described in Section 3 of this document.

Region: Caprivi

Malaria

Household Level:

- Group discussions using malaria IPC material (to be developed)
- Demonstrations of ITN use
- Distribution of nets
- Distribution of IEC materials – handouts
- Referrals
- Materials: IPC materials such as picture codes, handouts, ITNs, referral forms

Community Level:

- Radio messages
- Drama and role plays
- Community branding (for instance paint a mural on a school wall)
- Scenario storytelling and discussion
- Video shows and discussions
- Posters
- Distribution of IEC materials - handouts
- National awareness days (malaria, TB, HIV)
- Referraks
- Materials: radio messages, drama scripts, scenarios for storytelling, paint for murals, posters, handouts, referral forms

Individual Level:

- One on one talks
- Referrals
- Materials: Handouts, referral forms

TB

Household Level:

- Detection (screening using 5 questions)
- Referral for sputum collection and treatment
- Group discussions using IPC material (to be developed)
- Distribution of handouts
- Materials: Screening tool, referral forms, handouts, IPC material like picture codes

Community Level

- Community meetings
- Radio and TV messages during “flights”
- Radio call in programs
- Drama sessions
- Scenario story telling
- CDs with music and TB messages
- TB DVD and discussion
- Demonstration of DOTS
- Referrals
- Materials: Referral forms, handouts, IPC material like picture codes, radio messages, TV messages, drama scripts, storytelling scripts, TB DVD, CDs with music and TB messages

Individual Level:

- One on one talks
- Referrals
- Same materials: Referral forms, handouts

HIV prevention

Household Level:

- Group discussions using IPC tools (picture codes, MCP flannelgram, flipcharts)
- Signs and symptoms of STIs

- Take a Chance card game
- Condom demonstrations and discussions, negotiations kills
- Condom distribution (male and female)
- Health education
- Handouts
- Radio and TV messages
- Referral
  Materials: MCP and Alcohol picture codes, MCP flannelgram, flipcharts from SFH, male and female condoms, male and female condom models, radio messages, TV messages, referral forms, handouts, TAC card game, information sheet on STIs

Community Level:

- Video shows and discussions
- Radio and TV messages
- Group discussions on HIV prevention issues
- Condom demonstrations
- Condom distribution
- Dramas and discussions
- Community branding with messages
- Materials: MCP and Alcohol picture codes, MCP flannelgram, flipcharts from SFH, male and female condoms, male and female condom models, radio messages, TV messages, video shows, drama scripts, paint for community branding

Individual

- One on one talks
- Referrals
- Materials: Referral forms, handouts

Otjozondjupa

Malaria

Household Level:

- Discussions on ITNs
- Health education on the signs and symptoms of malaria
- Discussions on malaria transmission
- Discussions on the importance of IRS
- Discussions on the danger of stagnant water
- Detection of possible cases and referral for testing and treatment
- Materials: handouts, malaria IPC material likes picture codes (to be developed), ITNs, referral forms

Community Level:

- Discussions with leaders, lobbying for malaria prevention and control
- Road Shows
- Community discussions on malaria at water points, churches, under a tree, schools, etc.
- Materials: Handouts, malaria IPC materials such as picture codes (to be developed), ITNs, referral forms, banners, microphone for road shows

TB

Household Level:

- Discussions on basic facts about TB, link between TB and HIV
- Detection of possible cases using screening questions
- Referral for sputum collection and treatment
- Information on leprosy
- Importance of completing the TB course
- Materials: IPC materials on TB (to be developed), handouts, TB screening questions

Community Level:

- Detection of cases using screening questions
- Referral for sputum collection and treatment
- Consumer communication – expert patients to talk to communities
- Celebration of World Days for HIV, TB and Malaria
- Road shows
- Community discussions using IPC materials
- Motivational speakers
- Materials: Microphones, banners, T-shirts for Road Shows, questionnaires for a quiz with prizes, IPC material on TB (to be developed)

HIV prevention

Household Level:

- Information on basic facts on HIV prevention
- Condom demonstrations
- Discussions on delayed sexual debut and abstinence
- Discussions on consistent condom use
- Materials: IPC materials (Alcohol and HIV and MCP picture codes), handouts, male and female condoms, male and female condom models

Community Level:

- Road shows - Big line of cars, posters, banners, microphones giving information, people walking, people in back of bakkies
- World days for TB, HIV and Malaria
- Community meetings where people gather, during traditional ceremonies
- Expert consumer education
- Materials: Handouts, banners, posters, microphones, IPC materials for discussion

Oshikoto

Malaria

Household Level:

- Education on signs, prevention and control including IRS and ITNs
- Early detection and referral for testing and treatment
- Materials: IPC materials on malaria (to be developed),handouts, ITNs

Individual Level:

- Education on signs, prevention and control including IRS and ITNs
- Early detection and referral for testing and treatment
- Materials: IPC materials, handouts, referral forms

Community Level:

- Events – drama, speeches
- Discussion on prevention and control
- Community meetings
- Materials: posters, handouts, ITNs, copies of messages in the media (The Namibia, Informante), IPC materials, banners, microphones

TB

Household Level:

- Health education on TB prevention
- Information to address stigma
- Screening and referral for sputum collection and treatment
- Coughing hygiene in the household
- Family support to adherence for the TB patient
- Materials: IPC material on TB (to be developed), handouts, screening questions

Individual Level:

- Health education on TB prevention
- Screening and referral for sputum collection and treatment
- Coughing hygiene for individual on treatment
- Encourage adherence with individual on treatment
- Materials: IPC materials on TB, handouts, screening questions

Community Level:

- Address stigma
- Encourage support to TB patients
- Community meetings
- Community events
- Health education on signs and symptoms
- Education on detection and referral (5 questions for screening)
- Coughing hygiene
- Encourage HIV testing
- Materials: IPC materials, posters, handouts, microphones, banners

HIV prevention

Individual and household Levels:

- Health education on behaviors, MCP, Alcohol, MC
- STI information
- Condom demonstrations
- Delay and stick to one partner
- Materials: male and female condoms, condom models, STI information handout, IPC materials for discussion (picture codes, MCP flannelgram)

Community Level:

- Awareness meeting'
- National events
- PMTCT enrollment
- Health education on HIV prevention topics: testing, condom use, delayed debut, MCP, MC, alcohol and HIV
- Condom demonstrations

- Materials: posters, condoms, femidoms, models, flipcharts, Take a Chance card game, banners, microphones

3. Program implementation and supervision

3.1 Program implementers

The following section presents the cadre of implementer who will be responsible for the program implementation, the selection criteria and process, the ratio of households per implementer and the standard incentives.

- Community level implementer(s)
  - Lifestyle Ambassadors

- Standard selection criteria
  - Basic English skills (reading, writing, speaking)
  - Be from that community and live in the area assigned to them
  - Any gender
  - Knowledgeable in the local language and culture
  - Unemployed persons only
  - Ability to work as a volunteer in the community
  - Committed to the health of the community
  - Candidates nominated by the community or community leaders based on selection criteria
  - Final selection by Regional Managers

- Standard ratio: no. of households per Lifestyle Ambassador:
  - Ensure that the LA catchment area has no duplication with TCE or other volunteers also working in TB, malaria and HIV prevention
  - Each LA to be responsible for 50 households. This will be their catchment area, determined by mapping
  - Each LA to visit each of the 50 households at least 4 times in a year (this is equal to 200 home visits a year, 50 home visits a quarter, 12.5 home visits per month, and 3 home visits per week)
  - Each LA will recruit and orient Village Health Committee Volunteers to help to visit households more frequently up to 12 times a year (equal to 600 home visits per year, 150 home visits per quarter, 37.5 home visits per month, 9.4 home visits per week)

- Contents of the standard kit
  - Quality carry bag
  - Handouts (leaflets, pamphlets)
  - Picture codes: combined set for all 3 diseases and messages
  - Condom demonstration models (male and female)
  - Condoms – male and female
  - Notebook and pen
  - Eraser and pencil
  - Integrated reporting
  - Referral-counter referral forms

- Standard incentives:
  - T shirts
  - Caps
  - Overalls
  - Umbrellas

- ID cards
- Training and certificates
- Supportive supervision
- N$380 quarterly (pending review)

3.2 Locations and number of implementers

The following section presents information on the numbers of implementers in each region and district, and total for each region. There are currently a total of 695 LAs in program.

Region: Oshikoto

Constituencies	No. of implementers
Okankolo	23
Onangena	23
Onyaanya	26
Omuthiya	29
Omuntele	23
Olulwnda	24
Oniipa	27
Eengodi	21
Guinas	21
Tsumeb	25
Total	**242**

Region: Caprivi

Constituencies	No. of implementers
Katima Urban	25
Katima Rural	46
Linyanti	45
Kabbe	38
Kongola	36
Sibbinda	42
Total	**232**

Region: Otjozondjupa

Constituencies	No. of implementers
Otjiwarango	35
Omatako	19
Okahandja	35
Okakarara	25
Grootfontein	37
Tsumkwe	35
Otavi	35
Total	**221**

3.3 Supervision

The following section presents the strategy for supervision for all levels including observation of FC field implementation to ensure quality.

Supervision from the national level in Windhoek to the regions

- Malaria: 3 Senior Health Program Administrators for Malaria, Chief Medical Officer for Malaria, ITN Coordinator, Surveillance Office
    - Conduct regional visits semi-annually
    - Use a joint supervision checklist for 4 thematic areas: case management, diagnosis, vector control, surveillance
- TB and HIV prevention: CMO, SHPA, COMBI, condom person divided into 7 teams
    - Conduct regional visits annually
    - Joint supervision checklist for TB and HIV prevention (tool needs to be revised)

Supervision from the Regional level to the Districts

- Malaria, TB and HIV prevention: CHPA DSP, all DSP program officers
    - To conduct visits quarterly
    - Use the malaria, TB and HIV prevention supervisory tools (need to develop this)

Supervision from the Districts to the health facilities

- Malaria, TB and HIV prevention: Program supervisors (PHC, DTLC, DSP nurse)
    - To be conducted monthly
    - Use the malaria, TB and HIV prevention supervisory tools (to be developed)

Supervision from the facilities to the LA Supervisors in communities

- Malaria, TB and HIV prevention: In-Charge from the facility
    - To be conducted monthly
    - Use a community level checklist for all 3 diseases (to be developed)
    - Issues with supervision to the community level need to be cleared up. At this point no supervision is taking place from the facilities to LAs in any of the 3 regions.
    - In some regions a facility health committee meets quarterly and as need arises at the facility. It is attended by headmen, constituency counselors, principals of schools, two additional local community members, NGOs in the area, etc. Participants discuss feedback, new information to take to communities, receive complaints, plan. This should continue but does NOT substitute for field visits to FCs to observe home visits being conducted.

Supervision from the LA Supervisors to the LAs in communities to observe activities being conducted

- TB, HIV and malaria: LA Supervisors
    - Continuous visits to LAs to observe household visits and community level activities
    - LA Supervisory roles need to be clarified and strengthened
    - Use of a standard supervisory checklist (to be developed)

4. Linkages for continuity of care

The following section describes the linkages community implementers will use to ensure quality and continuity of care.

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4.1 Malaria links

- Insecticide treatment nets (ITNs) – first nets and replacement nets after 3 years use (pregnant women and children under 5)
    - Refer to health facilities at ANC and child health
    - SFH socially marketed nets
- Clearing of breeding sites – information, guidance
    - Environmental Health program, MOHSS
- Malaria testing and treatment – referral and follow-up
    - Health facilities
- Household residual spraying – coordination of IRS visits, information to households
    - Environmental Health program, MOHSS

4.2 TB links

- TB sputum collection – referral and follow up
    - Health facilities
    - Penduka
    - CoHeNa
- TB treatment – referral and follow up
    - Health facilities (nurse can initiate treatment)
- HIV testing for persons with TB
    - Health facility
    - VCT Centers
- DOT support
    - CoHeNa
    - Penduka
- Nutritional support – referral
    - NGO nutrition programs
- Treatment defaulters – identification and referral, support to tracing
    - Health facilities

4.3 HIV prevention links

- HIV counseling and testing
    - Health facilities
    - VCT centers
    - Wellness centers
- PMTCT for pregnant women
    - Health facilities
- ART
    - Health facilities
- Male circumcision
    - Health facilities trained to do MC
- PLHIV support groups
    - NGOs
    - Community based (CBOs, churches)
- Psychosocial support
    - Social workers
- Post exposure prophylaxis (PEP) – rape cases
    - Health facilities
- Male condoms

    - Health facilities and other distribution points
- Female condoms
    - Health facilities and other distribution points
- STI testing and treatment – LAs to give information on signs and symptoms
    - Health facilities

5. SBCC related M&E

The following section describes the M&E process that will be used to track SBCC program progress and feedback for program improvement.

5.1 Data collection and reporting

- **Reporting and referral forms**
    - Develop one form for use by LAs that includes all diseases in sections (case detection and referral, prevention, etc.)
    - Form to include information on all targeted behaviors for each disease
    - Also need a referral-counter referral form

- **Community level data collection and reporting**
    - The Lifestyle Ambassadors will collect the community level data
    - Report monthly to the LA Supervisors

- **Consolidation of LA data and reporting**
    - LA Supervisors will consolidate the monthly LA reports
    - LA Supervisors will report progress in Quarterly in review meetings at health facilities with the in-charges and LAs, and on constituency level
    - LA Supervisors will send the Quarterly report to the Regional LA Coordinator
    - LA Supervisors will also send the Quarterly report to the District – Special Program Nurse – for analysis (see below)

- **Consolidation of LA Supervisor data and reporting**
    - LA Regional Coordinators will consolidate the Quarterly LA Supervisor reports
    - Regional reports will be sent to the Regional Chief Health Program Administrator, DSP for analysis (see below)
    - Regional reports will also be sent Quarterly to the National level

5.2 Analysis and use of data to improve programs

- **Analysis of community level data and feedback**
    - Community level data to be analyzed by the LAs and Village Health volunteers
    - Analysis to be fed back to the community and its leaders through community meetings

- **Analysis of facility catchment data and feedback**
    - Facility catchment area data to be analyzed by the health worker at the facility level with the LA Supervisor and the LAs working in that catchment area
    - Analysis to be reported to the District Special Program Nurse

- **Analysis of district level data and feedback**

- District level data will be analyzed by the Special Program Nurse (malaria, TB, HIV)
- Analysis to be reported to the District Health Management Team for program improvement
- Analysis to be reported to the Constituency Development Committee
- Analysis to be sent to the Region

- **Analysis of regional level data and feedback**

  - Regional level data will be analyzed by the Chief Health Program Administrator, DSP
  - Analysis to be reported to the Regional Health Management Team for program improvement
  - Analysis to be reported to the Regional Development Committee
  - Analysis to be sent to the National level

- **Analysis of national level data and feedback**

  - National level data will be analyzed by a team from the National TB, Malaria and HIV programs at DSP (sent to Condom Logistics)
  - Data will be used by the three program managers for program improvement

6. Training

The following section describes the suggested contents of the training that will take place with LA Supervisors and LAs for the implementation of the combined SBCC strategy. Participants who complete the training should get certificates.

Introductory module contents

- What is the LA program: combined services for malaria, TB and HIV prevention
- Why was for program formed: to bring services closer to the family, prevent disease, detect and refer those who are sick, help people stay on their treatment
- Lines of communication, supervision for the program
- Code of conduct for LAs
- Incentives and what they are for

Organizing community work

- The first FC community meeting to introduce the program
- Recruitment of Village Health Committee members to assist the FC with household visits
- Mapping of the FC catchment area and numbering of households
- Opening folders for each household to track visits
- How to enter a household
- The initial household visit – household data collection
- Follow-on household visits
- Saving household data in folders and tracking household visits

Malaria module contents

- Malaria situation in the country and in their area
- Basic facts about malaria:
  - What is malaria
  - How malaria is spread, where it comes from
  - Signs and symptoms of malaria
  - How to prevent malaria

    - Which members of the community are most vulnerable from malaria and why
    - Importance of ITNs
    - Importance of IRS
- Early detection, testing and treatment
- How the LA should give information on malaria (IPC materials and methods)
- Their role related to malaria

TB module contents

- Background of TB in the country and their area
- Organogram of the MOHSS: lines of communication, supervision
- Basic facts about TB:
    - What is TB, types including MDR
    - How TB is spread, where it comes from
    - Signs and symptoms of TB
    - Relationship between TB and HIV
    - How is TB prevented
- Screening tool
- How is TB diagnosed
- How is TB treatment
- Why is TB treatment adherence important
- What is TB DOTS and What are DOTS points (most important that they know how to do)
- Roles of LAs in TB control **-** community based TB services
- Basic messages on TB
- TB linkages

HIV prevention module contents

- Overview of HIV and AIDS in the world, country
- Regional situation (the 3 regions)
- Basic facts about HIV and AIDS
    - What is it
    - What is the transmission
    - Signs and symptoms
    - Prevention
- Drivers
    - Delayed sexual debut
    - Abstinence
    - Male circumcision
    - Alcohol
    - Multiple partners
    - Cross gen
    - Transactional sex
    - Condom use
    - Migration
- Underlying factors
    - Poverty
    - Poverty
    - Culture
    - Religion
    - STIs
- HCT
- PMTCT

- ART and adherence
- HIV linkages

Interpersonal communication
- Facilitation skills to motivate dialogue
- Communications skills
- Basic counseling skills
- How to use the IPC tools

Supervision
- What is supervision and why is it important?
- What is the supervisory structure?
- How to supervise
- Use of supervisory tools
- Frequency of supervision and reporting

M&E and reporting
- What is monitoring and why is it done?
- Use of reporting tools
- Use of referral tools
- How will we measure impact using the DHS and MIS?

7. Proposed next steps

National level
- By October 3rd: Meet with director of DSP and CMOs to inform them about the strategy and way forward.
- By end of November : Finalize the strategy, circulate for comments, do costing and mobilize for resources
- By December 31st: Develop and finalize the training curriculum and M&E forms (supervision, referral forms), look through existing IEC materials for each topic and reproduce, buy stationary, bags, etc.
- Discuss the supervisory structure to strengthen the program, especially including the district, facility, and strengthening the role of the LA Supervisor. Need to develop supervisory forms.
- By February-March, 2012: Conduct the first TOT

Regional levels
- Give feedback to regional colleagues about the strategy and way forward.
- Organize programs to be more effective: meet with stakeholders, refresher training, standardized curriculum, allocation of households
- Time frame and logistics for training to be organized to reach all LAs, following development of the curriculum
- M&E: need tools to cover all three diseases, also need referral and counter referral forms
- NGOs: look at their existing materials to see where they can get existing tools for the LAs
- Role of facility workers with LA Supervisors and LAs: As of now nurses are left out. What is their role in relation to the program? This needs to be discussed and defined.
- Region to participate in the compilation of the LA kits

- Transport issue: COMBI has adequate support for transport on regional levels and in some cases on district level, but not on facility, LA Supervisor and LA levels. Need for bicycles for LAs for household visits and for LA Supervisors for supervision.
- Strengthen the role of the LA Supervisor so that he or she supervises the LAs and does not just collect data.