spiritia

TECHNICAL GUIDANCE
COMPREHENSIVE PREVENTION PROGRAM TO REACH AND SUPPORT KEY POPULATIONS AND PLHIVs THROUGH VIRTUAL MECHANISM IN COVID 19 RESPONSE

Background

Facing the COVID-19 pandemic, it is necessary to carry out outreach strategies for key populations and support for PLHIVs which is carried out while maintaining the government's recommendations regarding physical distancing in carrying out tasks in accordance with the conditions in each intervention area.

Spiritia as the principal recipient (PR) community, develops program management approaches and virtual-based program interventions. Program interventions through virtual and cyber so far have been carried out on programs in the MSM community, which in this situation are considered to have good effectiveness to be developed in the TG, PWID and PLHIVs support communities. Meanwhile, for management's support in carrying out this strategy it should be regulated according to the prevailing circumstances.

Virtual as a medium for the network program is the development of virtual / cyber programs that are carried out for MSM key populations, in the situation of Covid-19 response, the current virtual program strategy is a good strategy choice to implement.

The implementation of the program strategy is virtually divided into 3 (three) parts:

1. Management
2. Virtual outreach and virtual peer support
3. Routine and non-routine activities

The following is an explanation of the implementation of a comprehensive prevention program strategy for outreach and support for virtual response Covid-19.

1. Management

In carrying out its duties, Sub-recipient (SR) management - Sub-recipient (SSR) and Implementing unit (IU) do the following:

Management	Virtual Activity	Implementation	Documentation

Sub Recipient	A. Internal Coordination
	B. Mentoring and coaching to SSR
	  1) Per SSR
	  2) All SSRs
	
	C. PR-SR Coordination
		A. Daily activities with application
		B. Implement
		  1) One time at least/SSR in every week
		  2) One time for all SSRs in every week
		
		C. One time in every week
			▸ Screen capture/ print screen
			▸ MoM
			▸ Action Plan
			▸ Output and update of previous action plan

Sub Sub Recepient	A. Internal Coordination B. Mentoring and Coaching for Field Coordinator and outreach worker C. SR-SSR Coordination	A. Daily activities through application B. At least once time in each week C. Once in every week	▸ Screen capture/ print screen ▸ MoM ▸ Action Plan ▸ Output and update of previous action plan
Implementing Unit	A. Internal Coordination B. Mentoring and Coaching for Field Coordinator and outreach worker C. SR-IU Coordination	A. Daily activities through application B. At least once time in each week C. Once in every week	▸ Screen capture/ print screen ▸ MoM ▸ Action Plan ▸ Output and update of previous action plan

2. Virtual Outreach and Peer Support

Virtual outreach is defined as a virtual interaction between outreach workers) and individuals or groups of people who behave at high risk of HIV, including peer supporters in conducting psychosocial support to PLHIVs with the aim of providing: information and health education, referral and access to services, recruitment for testing and treatment and support for reducing HIV-related risks.

Health messages can be sent to groups through social media such as instant messaging (WhatsApp, Line, telegram and the like), dating applications (growl, blued, and the like), social networking sites (Facebook, Instagram and the like), using instant messaging to provide information, posted on bulletin boards or to individuals during sessions or in groups. Such interactions do not require agreement, their duration and intensity can vary.

Similar to conventional outreach, virtual outreach strategies to deal with the Covid pandemic 19 also reach key groups of MSM, TG, PWID and PLHIVs where they are located. Trained health educators namely outreach workers and peer support can do the following:

Field Worker	Objectives	Implementation	Documentation

Outreach Worker	A. Preventive Education
	B. Sexuality Counseling
	C. Conduct the *Individual risk assessment* (IRA)
	D. Conduct the *group risk assessment* (GRA)
	E. Referral to the accountable information web relate HIV, IMS, TB, Covid-19
	F. Referral HIV and STI test and treatment
	G. Referral to PLHIV Peer Support Group
		A. Time line
		B. Daily activities (Using application)
		
		C. At least 3-4 hours
		
		D. Daily Field visit (virtual with application)
			A. Recording and Reporting, follow the existing M&E Manual
			B. Provide Hardcopy report to the SSR frequently
			C. Send the report through online (google form or other mechanism)
			D. For new client (MSM, TG, PWID) use the existing DO
			For 'Old' client (MSM, TG, PWID) at last semester which had face to face contact and will contact by virtual in current semester then need to pay attention when input to Daily Form, are:
			  o At Contact column, fill 1 (Individual)
			  o At activity column, fill 1 (Prevention)
			  o At Location column, fill Outreach / Social Media type and fill it such as WA, face book and others
			  o At mobile phone column, fill with account name
			  o Achievement requirement (Information column, fill 1 (HIV), number of IEC material at IEC column and referral column fill 2, (VCT)
			
			E. Attached the Screen Capture of mobile number / account name
			
			F. For 'old' or 'new' client need to re check and verify in data base information to avoid the duplication before we input at information system and counting as achievement

			Financial report, following the Finance Manual

Peer Support	A. Positive prevention
	
	B. Referral to the accountable information web relate HIV, STI, TB, Covid-19
	C. Referral to local source as place for Test and Treat
	D. Recruitment to the prevention and support program
	E. Provide the psychosocial support
	F. Adherence Counseling Encourage PLHIVs to initiate and also including among *lost to follow up*
		A. Time line
		B. Daily activities (using the application)
		C. At least 3-4 hours
		D. Daily Field visit (virtual with application)
			A. Recording and Reporting, follow the existing M&E Manual
			B. Provide Hardcopy report to the IU frequently
			C. Send the report through online (google form or other mechanism)
			
			D. Use the Daily. Pay attention in input at the Daily form, are
			  o At activity column, fill 1 (home visit)
			  o At location column, fill the social media choices: WhatsApp, Facebook and others

The stages of conducting outreach and PLHIVs support through virtual, include:
A. SSR Prevention:
- Outreach Worker reconnects old clients and reaches new clients
- Outreach Worker, Field Coordinator and M&E staff together do key population mapping on social media (each population may have a unique specification of the type of social media used).
- Map the effective hours of room chat / dating apps and social media used by clients
- Perform strategic planning and scheduling according to effective hours
- Take notes and report
- SSR Coordinators, Field Coordinators and M&E staff regularly monitor and evaluate

B. IU Peer support
- Peer Support recalls the old client and supports the new client
- Map the effective hours of social media used by the client
- Perform strategic planning and scheduling according to effective hours
- • Carry out recording and reporting
- Implementing Unit Coordinator, Peer Support Coordinator and M&E staff conduct regular monitoring and evaluation

3. Routine and non-routine activities

Routine activities are activities that are generally carried out periodically every month, quarter and semester with the frequency in accordance with the provisions and intended for the MSM, TG, PWID, PLHIVS communities as direct beneficiaries as well as management and related stakeholders. Non-routine activities are activities that are carried out once a year or according to needs.

The following is a list of routine and non-routine activities:

Routine Activity	Non Routine Activity
Sub Recipient	
A. SR-SSRs coordination meeting B. Capacity building at SR level	A. Digital Campaign for CBC Coordinator & Hotline Service Officer Training
Sub Sub Recipient	
A. Routine Meeting PWID and Partner B. Short training on harm reduction for PWID Communities. (Activities to support Field Station for PWID Communities) C. Methadone Patients Maintenance Treatment Training at Health Services D. PWID Working Group Meeting at Provincial Level to Strengthen Harm Reduction Implementation Program E. Community Mobilization for TG Community to Improve BCC (Complete Districts) F. Community Mobilization for TG Community to Improve BCC (Medium Districts) G. Community Mobilization for MSM Community to Improve BCC (1st Complete Districts) H. Community Mobilization for MSM Community to Improve BCC (2nd Complete Districts) I. Community Mobilization for MSM Community to Improve BCC (Medium Districts) J. Cases conference among SR/SSR at district levels	A. Inhouse Training to Strengthen Staff Capacity in Program Implementation for Implementing Partner B. TB-HIV training for outreach worker
Implementing Unit	
A. Short Training/Workshop for PLHIV to Enhance Retention on ART B. Short Training/Workshop for Non-ART PLHIV to Enhance Retention C. Provincial PLHIV Meeting Community (beneficiaries) at provincial level D. Inhouse Training to Strengthen Peer Support Capacity	A. Training: TB-HIV Treatment Educator Training on Trainers at District Level

Virtual activities are carried out using applications that provide conference calls such as zoom, WhatsApp, skype, google meet and other applications. Spiritia facilitates paid zoom applications to support activities through Virtual.

Activities that can be carried out through virtual activities are in accordance with a mutually agreed plan of action, with the following stages:

A. SSR - Prevention

ACTIVITY	IMPLEMENTER	DOKUMENTASI & PELAPORAN
☐ Define the theme ☐ Define the application ☐ Define the administrator	☐ Management ☐ Field Coordinator ☐ Outreach worker	☐ Next week agenda, send to SR
☐ Define the participants ☐ Define the MoM and report (screen capture)	☐ M&E staff ☐ Field Coordinator ☐ Outreach worker	☐ Participant List ☐ Reporter
☐ Virtual implementation	☐ Field Coordinator ☐ Outreach worker	☐ MoM ☐ Screen capture/ print screen

☐ Monitoring & Evaluation	☐ M&E staff
	☐ Field Coordinator
	☐ Outreach Worker
		☐ Activity reporting
		☐ Reporting Format, use the existing format. Pay attention when input at Activity Reporting Format are:
		  o Activity Place, please write "Virtual meeting" (zoom, google meet, etc.)
		  o At documentation, fill Screen Capture / prints screen / virtual activity photo
		☐ Provide Attendance Participants List, fill name and client identity code
		☐ Fill identity 'new' or 'old' client
		☐ Fill in Daily report of outreach worker as virtual technical guidance. Then input to the information system
		☐ Write the 'old' identity client with the same identity code in the previous report
		☐ Financial report, following the existing Financial Manual

B. IU – Peer Support

ACTIVITY	IMPLEMENTER	DOKUMENTASI & PELAPORAN
☐ Define the theme ☐ Define the application ☐ Define the administrator	☐ Management ☐ Coordinator ☐ Peer Supporter	☐ Next week agenda, send to SR
☐ Define the participants ☐ Define the MoM and report (screen capture)	☐ M&E ☐ Field Coordinator ☐ Peer supporter	☐ Participant List ☐ Reporter
☐ Virtual implementation	☐ Field Coordinator ☐ Peer supporter	☐ MoM ☐ Screen capture/ print screen

☐ M&E	☐ M&E staff
	☐ Field Coordinator
	☐ Peer support
		☐ Activity reporting
		☐ Reporting Format, use the existing format. Pay attention when input at Activity Reporting Format are:
		  o Activity Place, please write "Virtual meeting" (zoom, google meet and others)
		  o At documentation, fill Screen Capture / prints screen / virtual activity photo
		☐ Provide Attendance Participants List, fill name and client identity code
		☐ Fill identity 'new' or 'old' client
		☐ Fill in Daily report of outreach worker as virtual technical guidance. Then input to the information system
		☐ Write the 'old' identity client with the same identity code in the previous report
		☐ Financial report, following the existing Financial Manual