WORKPLACE HIV SELF-TEST TOOLKIT

A Toolkit for Implementation of HIV Self-Testing in the Workplace

Developed by: Re-Action! Consulting and Ezintsha
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PURPOSE OF THE TOOLKIT

This toolkit presents a guide to inform HIV Self screening and testing implementation in workplaces.

Thinking strategically about the HIV burden, and our efforts towards the United Nation’s Sustainable Development Goals (SDG), especially Goal 3 – Good Health and Wellbeing, we need to focus on the future and therefore start with the end in mind.

For more information on this toolkit and/or for additional training requirements, please contact:

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HIV Self-testing in Workplace Specialists
# ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIFO</td>
<td>First In First Out</td>
</tr>
<tr>
<td>HAST</td>
<td>HIV and AIDS / STI / TB</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HIVSS</td>
<td>HIV Self-Screening</td>
</tr>
<tr>
<td>HIVST</td>
<td>HIV Self-Testing</td>
</tr>
<tr>
<td>IHP+</td>
<td>International Health Partnership</td>
</tr>
<tr>
<td>IMAI</td>
<td>Integrated Management of Adolescent and Adult Illness</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organizations</td>
</tr>
<tr>
<td>NSP</td>
<td>National Strategic Plan</td>
</tr>
<tr>
<td>SABCOHA</td>
<td>South African Business Coalition on Health and AIDS</td>
</tr>
<tr>
<td>SANAC</td>
<td>South African National Aids Council</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WRHI</td>
<td>Wits Reproductive Health and HIV Institute</td>
</tr>
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</table>

“To off set stigma, we need a de-stigmatized, de-mystified, personalized, preferred, confidential option; and that option is HIV self-testing!”

~ Dr Nitika Pant Pai, McGill University
INTRODUCTION

Under the STAR initiative to generate a market for HIV Self-Screening (HIVSS), the Wits Reproductive Health Institute (Wits RHI), contracted Re-Action to engage workplaces to distribute HIV self-screening kits. This toolkit is based on Re-Action’s direct experience in implementing workplace HIVSS distribution over two separate programmes:

• The first programme ran over a period of 10 months, between November 2017 – August 2018, where a total of 145 127 HIV self-test kits were distributed in three identified provinces (Gauteng, North West and Mpumalanga). Re-Action achieved a programme distribution performance rate of 97%, which being the first of its kind, was higher than anticipated.

• The second programme also ran over a period of 10 months, between June 2019 – March 2020, where a total of 102 951 HIV self-test kits were distributed in
four identified provinces (Gauteng, Free State, Limpopo and Mpumalanga) in a broader range of industry sectors. Re-Action achieved a programme distribution performance rate of 103%, against the programme targets.

Actual programme experiences, learnings and recommendations are fitted in as examples for each relevant section of the toolkit. Both programmes were operated on strict project management and value for money principles, which included a ‘payment milestone delivery for results’ model.

BACKGROUND

In 2014, the United Nations (UN), set daring new targets to tackle HIV globally. These new 90-90-90 targets aimed to ensure that by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people diagnosed with HIV will be initiated onto antiretroviral therapy (ART), and 90% of all people receiving ART will be virally suppressed. WHO identifies HIVSS as an empowering and innovative method to reaching the 90-90-90 targets through reaching first time testers, people with undiagnosed HIV and people in need of frequent retesting and to mitigate common barriers to traditional HIV testing models. It is WHO’s recommendation that HIVSS is offered as an additional service within the current HIV testing programme.\(^1\) To achieve these targets, the UNITAID-funded HIV Self-Testing Africa (STAR) initiated a five-year project to catalyse the market for HIV Self-Testing (HIVST).

HIV Self-Screening (HIVSS) is a process whereby an individual collects their own specimen (blood or oral fluid), performs, and interprets an HIV screening test (HIVST) in a setting of their choice.\(^2\) In July 2017, the OraQuick HIV Oral Self-Test (manufactured by OraSure Technologies Inc.) became the first HIV self-test to be pre-qualified by World Health Organisation (WHO).

The first phase of the STAR initiative (2015-2017) has generated crucial information about how to distribute HIVST products effectively, ethically and efficiently. It was anticipated that 4.8 million HIV self-test kits will be distributed across Malawi, Zambia, Zimbabwe, South Africa, Lesotho and Swaziland by 2020.

In South Arica, with one of the highest human immunodeficiency virus (HIV) burden countries in sub-Saharan Africa, people face multiple layers of social and structural barriers that increase the vulnerability to the HIV, sexually transmitted infections (STI) and gender-based violence. The South African HIV Self-Screening Policy and Guidance Consideration document has indicated that HIVSS is to be used as a test for triage, and that reactive (positive) results will require further testing and confirmation within the traditional HIV testing system. One of the HIV Self-Screening Policies’ suggested distribution models for the implementation of HIVSS in South Africa, is within workplace programmes.\(^3\) WHO’s recommendations for HIVSS delivery approaches include targeted workplace distribution programs.\(^4\)

HIV Self-Screening has been touted as a strategy to expand HIV testing and close testing gaps in South Africa, increase screening uptake and improve treatment outcomes.\(^5\) Common barriers to the uptake of HIV testing in South Africa

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1. Ibid


include: fear of disclosure of HIV status or a lack of confidentiality, fear of stigma and discrimination, poor staff attitudes, embarrassment about disclosing personal details to health care professionals, and inconvenient clinic hours.\(^5\ to \(^7\)

A less-trodden path to address this, is through implementing a workplace wellness programme, wherein the workplace is seen as an ideal environment because of the inherent provisions it has in place, such as: developed communication systems to disseminate information, regular knowledge or education programmes, safe and secure facilities, logistically beneficial gathering place, where people regularly are onsite and can be easily accessible for prevention, testing, and treatment programmes.

In 2016, the National HIV Testing Services Policy included access to HIV Self-Screening as a supplementary strategy. The National Strategic Plan (NSP) for HIV, TB and STIs, 2017 – 2022, incorporates HIV Self-Screening as a strategy for achieving goals one and two:

1. Accelerate prevention to reduce new HIV and TB infections and STIs.
2. Reduce morbidity and mortality by providing HIV, TB and STI treatment, care and adherence support for all.

Consequences of the disease within the workplace include lower productivity, decreased staff morale, higher labour costs and an increased labour turnover. A further, more general, consequence is increased poverty which decreases demand for goods and services, as well as putting business supply chains at risk.

WHAT IS THE PURPOSE OF THIS TOOLKIT?

The aim of this toolkit is to help you and your organisation to develop and implement a realistic plan to ensure a comprehensive, integrated and collaborative approach to a HIV Self-Testing distribution programme and finally, to achieve sustainability. As the implementor, it is crucial for you and your planning team to incorporate planning and various preparation approaches into your programme sooner rather than later. Allocating sufficient resources and time to ensure sustainability will improve the programme’s success and acceptability in the workplace sector and the outcomes on the target beneficiaries will be more meaningful.

The toolkit consists of 10 modules.

Each module focusses on a specific area of implementation. The modules build on each other with the end goal being a comprehensive, detailed and realistic plan and approach to be applied to your HIVST programme.

Note that all templates, tools and guidelines are suggestions to assist you in your programme implementation and should be adapted according to your programme requirements.

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HOW TO USE THE TOOLKIT?

It is essential to know that this toolkit cannot be used by an individual in isolation but rather in an organisation or programme environment. It requires a skilled and competent team to undertake and ensure successful planning and implementation to ensure sustainability.

A great starting point is for your organisation to appoint a planning resource and implementer to take the lead and coordinate activities (project manager).

It may be a good idea to establish designated Project Working Group that represents distinct interests and organisations (if co-implemented). This helps prevent the type of biases that can occur when a single person or institution conducts an analysis and unilaterally action activities.

Having members with different points of view can also be helpful in interpreting the qualitative and, at times, ambiguous data that emerge.

The mandate of the project working group includes:

- Providing oversight and guidance to operational planning processes
- Make available sustainability related information from all business units
- Approve the programme plan developed by the team lead
- Review and recommend on project development plans within the context of sustainability
- Establish an ad-hoc advisory committee to address subject specific strategic issues or risks, as and when required.
MODULE 2: PROJECT MANAGEMENT

IN THIS MODULE WE COVER

• Project management methodology
• General considerations for workplace HIVSS implementation

“No valid plans for the future can be made by those who have no capacity for living now.”
Alan Watts

The following project structure and methodology for HIVSS workplace programmes is presented as an example. Your own model may require different project styles and adjustments. It is recommended that whichever organisational project structure is used, one should stick to a specific project methodology, and be as inclusive as possible in the scoping and planning stages, to integrate all components for a comprehensive in-depth delivery of workplace wellness solution.

PROJECT MANAGEMENT METHODOLOGY

Your project management methodology, tools and techniques should be clearly defined and agreed upon at the design phase of the project. This can include planning, monitoring and evaluation, risk management, communication, process flow, task management and reporting. Within the agreed scope, workplace deliverables, targeted industry sectors, resources and timelines can be planned for execution.

These are some selected key performance indicators that may be used to continuously measure and assess progress:

• Changes in evidence and implications for the programme
• Performance and progression during implementation
• Are modifications to the programme design required?
• Is there any new evidence available which challenges the programme design or rationale?
• Notifications for overdue tasks
• Real time monitoring and evaluation of task executions
• Resource management
• Task completions quality assessments
• Full reporting standards
RECOMMENDED MANAGEMENT TEAM

CORE ACTIVITIES

• To manage and coordinate the operational functions of programme implementation
• To report to management and donors on programme progress and updates (including programme risk management, M&E, communication and operational plans)
• To manage programme staff and all HR related issues
• To manage the programme’s budgets

ROLES AND RESPONSIBILITIES

During the planning and implementation process you/your team will be requested to be involved in various processes, meetings and workshops. It is in your interest to ensure that the roles and responsibilities between programme management and implementation should not get blurry but remain focused on the key role deliverables as described.

SUSTAINABILITY

Working towards sustainability of the HIVSS workplace programme is something that can be considered from the onset. Some of the key responsibilities for this, are:

• Overseeing, coordinating and managing the development of a comprehensive sustainability plan of action, risk register and communication strategies
• Reporting to management and stakeholders on the progress of implementation and sustainability
• Managing expectations and relationships for HIVSS programme sustainability
• Setting up infrastructure to ensure continuity of programme objectives and impact

RISK MANAGEMENT

According to the Project Management Institute, projects with a sound risk management system can expect a 15% higher success rate than projects without risk management systems. Proactively identifying significant and non-significant risks and developing mitigation strategies and contingency plans in consultation with key stakeholders will form an integral part of the programme. Not only will risks be identified and adequately managed, but it will be quantified to predict its potential impact on your project.

See Tool 1: Project Risks template on page 8

GENERAL CONSIDERATIONS FOR WORKPLACE HIVSS IMPLEMENTATION

a) Standard Operating Procedures (SOPs)

Develop SOP’s to standardise reliable information, promote efficient and effective operations, and ensure policy compliance

b) Data management

Implementing a data management SOP, will allow the implementor to have consistent, accurate, reliable, complete and comprehensive datasets for analysis and reporting. In regard for the HIVSS user profile, data can be de-identified where applicable, for compliance to the Protection of Personal Information Act (or POPI Act), and to maintain anonymity and user reporting standards.

c) Handling data and security

Data throughout the project life cycle, from initiating distribution to reporting stages, should be collected and stored according to your organisational data security SOP, and programmatic requirements. It is good practice for all stored data to follow a back-up procedure, where it can be securely saved, and access controlled. Each member of the project team can have individual data user accounts, to allow real-time tracking and monitoring capability.
POINTS TO CONSIDER

- Planning and using a specified project methodology is good practice for programme implementation
- Clarifying roles and responsibilities will ensure team cohesion, and avoid duplication of effort
- Proactively identifying and mitigating risks will increase the success rate of your programme

TOOLS

The following section includes all the tools that relates to this module for your reference and information. You can access these tools and templates to meet the requirements of your programme by using the digital copies included inside the file cover of this Toolkit.

Note that these tools are protected for copyright purposes and referencing is mandatory if you are applying these tools and templates in a public space / to your programme.

TOOL 1 - Project Risks template example

<table>
<thead>
<tr>
<th>Performance risks</th>
<th>• Internal controls and audits will ensure strict budget management and pre-defined indicators for over or under spend during implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project risks</td>
<td>A: Programme Design and validity risks Mitigations • A review of the programme design phase will re-evaluate the project scope and objectives are being met, and there will be continuous monitoring and evaluation during implementation</td>
</tr>
<tr>
<td></td>
<td>B: Stakeholder participation Mitigations • Communication plan with established continuous feedback loops</td>
</tr>
<tr>
<td></td>
<td>C: Legal risks Mitigations • Work within guidelines, security and ethical approvals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Material Risks</th>
<th>• Inherent risk</th>
<th>• Residual risk (after mitigation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Major</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td>BC</td>
</tr>
<tr>
<td>Minor</td>
<td></td>
<td>AC</td>
</tr>
<tr>
<td>Insignificant</td>
<td></td>
<td>Remote</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unlikely</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Possible</td>
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<tr>
<td></td>
<td></td>
<td>Probably</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Certain</td>
</tr>
</tbody>
</table>

| Catastrophic   |                 | A                                 |
| Major          |                 | B                                 |
| Moderate       |                 | BC                                |
| Minor          |                 | AC                                |
| Insignificant  |                 | Remote                            |
|                |                 | Unlikely                          |
|                |                 | Possible                          |
|                |                 | Probably                          |
|                |                 | Certain                           |

Remote | Unlikely | Possible | Probably | Certain |
## TOOL 2 - Project charter

<table>
<thead>
<tr>
<th>Project</th>
<th></th>
</tr>
</thead>
</table>
| **Purpose** | - Defines the parameters of the project.  
- The charter, esp. the scope, can be revised as the project progresses. |
| **Instructions** | Project Sponsor completes the charter at the start of the project, assisted by you. You send the charter to the DC for approval. DC registers the project. |

<table>
<thead>
<tr>
<th>Project</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Business case</strong></td>
<td><strong>Opportunity statement</strong></td>
</tr>
<tr>
<td>The background to the project:</td>
<td>The problems which needs to be addressed are:</td>
</tr>
<tr>
<td><strong>Why are we doing this project?</strong></td>
<td><strong>What pain are we experiencing?</strong></td>
</tr>
<tr>
<td><strong>Goal statement</strong></td>
<td><strong>Project scope</strong></td>
</tr>
</tbody>
</table>
| The goals of the project are: | Process starts:  
Process ends: |
| Y: | |
| The variables which influence the goals are: | In scope:  
Out of scope: |
| X1: | |
| X2: | |
| What are the project’s objectives and targets: | What process (or equivalent) does this project address? |

<table>
<thead>
<tr>
<th>Project plan</th>
<th><strong>Team</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Define: 20 XXX 20XX</td>
<td><strong>Project sponsor</strong></td>
</tr>
<tr>
<td>Measure:</td>
<td>Process owner:</td>
</tr>
<tr>
<td>Analyse:</td>
<td>Team:</td>
</tr>
<tr>
<td>Improve:</td>
<td>Financial rep</td>
</tr>
<tr>
<td>Control:</td>
<td>Stakeholders:</td>
</tr>
<tr>
<td>When are we going to get this done?</td>
<td>Who is involved in the project?</td>
</tr>
</tbody>
</table>
MODULE 3: STAKEHOLDERS

IN THIS MODULE WE COVER

- The why and how of stakeholders
- How to identify stakeholders
- How to analyse stakeholder information
- Planning strategic engagement with stakeholders

STAKEHOLDER
Any individual or group who has a vested interest in the outcome of a body of work.

KEY STAKEHOLDER
Any stakeholder with significant influence on or significantly impacted by the work and where these interests and influence must be recognised if the work is to be successful.

PROGRAMME BENEFICIARIES
People who use our programs and services - beneficiaries are included in the key stakeholder matrix as a major category of stakeholders.

(Adapted from Stakeholder Engagement: Practitioner Handbook)

"If you work for and eventually lead a company, understand that companies have multiple stakeholders including employees, customers, business partners and the communities within which they operate."

Don Tapscott

WHY DO WE ANALYSE STAKEHOLDERS?

Stakeholders often hold key institutional memory, historical knowledge, interests, power and gravitas in a programme. Without this knowledge and information, planning will be unsuccessful and result in no long-term sustainability.
The stakeholder analysis is a tool that facilitates consultation and inclusion throughout the implementation and sustainability planning phases of your project. This includes identifying and mitigating potential setbacks or challenges, prevent misunderstandings and/or other unnecessary obstacles. Through stakeholder analysis, the success rate of planning efforts increases, thereby ensuring successful implementation and sustainability of your programme.

Stakeholder analysis allows you and your organisation to map out the roles and interests of stakeholders in relation to the programme’s objectives: in other words; stakeholders who are directly affected by the project are of greater importance than those who are not. The analysis also identifies potential conflicts of interests and priorities, which allows you to plan how to effectively engage with stakeholders. The stakeholder analysis exercise can assist you in identifying the stakeholders that are resistant to change, for example moving to the newer HIVSS kits, and identify how to address this effectively. Through stakeholder analysis, we can map out the relationships amongst stakeholders to identify possible partnerships and build relationships.

HOW DO WE DEFINE A STAKEHOLDER?

Stakeholders can generally be grouped for workplace environment into the following categories:

- WORKPLACE EXECUTIVE/SENIOR LEADERS
- WORKPLACE WELLNESS/CLINIC TEAMS
- PROVINCIAL/DISTRICT HEALTH DEPARTMENT
- LOCAL HEALTH FACILITIES
- SECTOR REGULATORY BODIES
- EMPLOYEES
- UNIONS/STEWARDS
- WORKPLACE HR
- PROVINCIAL/DISTRICT HEALTH DEPARTMENT
- LOCAL HEALTH FACILITIES
- SECTOR REGULATORY BODIES
- EMPLOYEES
- UNIONS/STEWARDS
- WORKPLACE HR
- PROVINCIAL/DISTRICT HEALTH DEPARTMENT
- LOCAL HEALTH FACILITIES
- SECTOR REGULATORY BODIES
- EMPLOYEES
- UNIONS/STEWARDS
- WORKPLACE HR

STAKEHOLDERS
This module will use a 4-step guide to managing stakeholders:

1. **IDENTIFYING KEY STAKEHOLDERS**
   
   Using Tool 1, identify all the key stakeholders (individuals and organisations) who has a direct or indirect interest in your programme, beginning with an open list, which can be reduced.

   Re-Action example: *During initial workshops with internal programme staff and stakeholders, the long list of all stakeholders that we worked with or should work with during this process was brainstormed. After identifying the organisations that should be included as stakeholders, a key contact person (individual) was identified to ensure a good entry point for communication and decision-making purposes.*

   
   **See Tool 1: Stakeholder Database template on page 15**

2. **COMPLETING THE STAKEHOLDER MATRIX**
   
   Now that you have identified and agreed on who the stakeholders are in your programme, you need to ascertain what type of relationship you have with them at this moment. This will allow you to distinguish between critical and non-critical relationships to foster, maintain, grow or expand during your sustainability planning and implementation of the distribution.

   Re-Action example: *It is crucial to identify the type of and dynamics of the relationship with each stakeholder – can be multiple. E.g., Does the stakeholder need to be held accountable i.e., donor or service provider. Are the project deliverables dependent on the relationship with a specific stakeholder? Or is the stakeholder just part of the larger sector who need to be kept*
informed on your programme activities. These relationships and their purposes will come in handy when you need to prioritise engagements, meetings and consultations.

See Tool 2: Identifying Stakeholders template on page 16

Definitions

• **Accountability:** Stakeholders your programme/organisation is accountable to
• **Influence/Power:** These stakeholders have influence or decision-making power
• **Dependency:** These stakeholders are dependent on your programme/services/activities
• **Representation:** These stakeholders represent a certain constituency (workplace authority)
• **Policy/Strategic Intent:** Stakeholders who we address by policy or practice

**STEP 3 - ANALYSING THE STAKEHOLDER MATRIX**

Based on the relationships identified in Step 2, you can complete the next tool to help you prioritise stakeholders in different categories for future engagement or non-engagement.

Place stakeholders in one of the four quadrants by which their relationship and interest to your programme’s outcomes are linked.

**See Tool 3: Stakeholder Power/Interest Grid on page 17**

Now that you have a stakeholder database, have identified the relationships between your stakeholders and your programme’s objectives and you have categorised stakeholders to determine how closely you have to work with them, you need to develop a stakeholder engagement plan.

**STEP 4 - DEVELOPING A STAKEHOLDER ENGAGEMENT PLAN**

Effective stakeholder engagement relies on a commitment to engage and communicate openly and honestly with stakeholders. Too often relationships with stakeholders are conducted on an ad hoc or intuitive manner. A strategic approach (a plan with clear objectives, milestones and success indicators) builds better long-term relationships and is more likely to realise the benefits for your programme and its stakeholders.

**See Tool 4: Stakeholder Engagement Plan on page 18**

**NOW WHAT?**

You’ve identified your stakeholders, analysed their roles within your programme and you’ve identified to what extent you should engage with them.

Remember, the sooner you engage stakeholders, establish a functional working relationship and have their buy-in and support, the smoother your planning and implementation will be.

**POINTS TO CONSIDER**

• Working with workplaces where unions may have a strong influence on the workforce, will require prior buy in from representatives.
• The larger the organisation, the more engagement at various levels will be required, and decision-making processes may take longer.
• Often, stakeholder engagements requires numerous follow ups. As an implementor, this is where your identification, analysis and engagement plan will be useful.
• You should be prepared to plan and accommodate around organisational circumstances and demands when scheduling distributions.
TOOLS

The following section includes all the tools that relates to this module for your reference and information. You can access these tools and templates to meet the requirements of your programme by using the digital copies included inside the file cover of this Toolkit.

Note that these tools are protected for copyright purposes and referencing is mandatory if you are applying these tools and templates in a public space / to your programme.
## TOOL 1 - Stakeholder Database

<table>
<thead>
<tr>
<th>Information</th>
<th>Contact Details</th>
<th>Alternative Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
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<td>Level (Select)</td>
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</table>
## TOOL 2 - Identifying Stakeholders

**TIP:** Ensure that this plan links to the programme/business plan

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Accountability</th>
<th>Influence/Powerful</th>
<th>Dependency</th>
<th>Representation</th>
<th>Policy/Strategic Intent</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. Department of Health</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>e.g. Workplace Company</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TOOL 3 - Stakeholder Power/Interest Grid

- Low Power/Low Interest: Keep Informed
- Low Power/High Interest: Monitor
- High Power/Low Interest: Manage Closely
- High Power/High Interest: Keep Satisfied
**TOOL 4 - Stakeholder Engagement Plan**

TIP: Ensure that this plan links to the programme/business plan

<table>
<thead>
<tr>
<th>Name of Stakeholder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you want out of engagement with this stakeholder?</td>
</tr>
<tr>
<td>What are some issues you might encounter engaging with this stakeholder?</td>
</tr>
<tr>
<td>Are there opportunities for engagement?</td>
</tr>
<tr>
<td>What are the risks of engaging/not engaging with this stakeholder?</td>
</tr>
<tr>
<td>Proposed methods of engagement with this stakeholder?</td>
</tr>
<tr>
<td>Indicators of successful of engagement with this stakeholder</td>
</tr>
</tbody>
</table>
MODULE 4: COMMUNICATION

IN THIS MODULE WE COVER
• Discussions and guidelines for internal communication
• Discussions and guidelines for external communication
• Social mobilisation
• Client engagement processes and potential issues
• Guidance on the development of key message documentation/brochures
• Monitoring communications

Clear and factual communication is crucial to ensure smooth delivery by the programme implementer. As explained in the previous module, various stakeholders must be included and consulted. Open and continuous communication between the implementer and stakeholders are of utmost importance.

In this module you will learn how to communicate the anticipated outputs to your programme’s stakeholders. You will deepen your understanding and importance of a full team meeting to address concerns, share the way forward and lessen some anxiety regarding expectations. Thereafter, you will be guided on how to develop key message brochures that include frequently asked questions from both internal and external stakeholders. This will ensure that information is easily accessible, and everyone is informed and prepared for the anticipated change.

"The two words 'information' and 'communication' are often used interchangeably, but they signify quite different things. Information is giving out; communication is getting through."

Sydney J. Harris
INTERNAL COMMUNICATION

HIVSS, can be very new for some workplaces and the implementation of a distribution programme must first and foremost be communicated with internal programme staff – those who work directly on the programme and whose day-to-day activities will be impacted.

It is also important to communicate the change to all stakeholders as articulately and factually as possible. The platform(s) you choose to communicate through depends on your programme context and audience – e.g., you can use digital media, social media, print media, or in-person consultations/meetings to share information, address concerns and shed light on ambiguities.

EXTERNAL COMMUNICATION WITH STAKEHOLDERS

In module 3 we worked on a stakeholder engagement plan. You can use the same plan to identify the communication needs for each stakeholder, which platforms (channels) are best suited to communicate with each stakeholder and allocate resources and responsible persons to each task or activity.

COMMUNICATION OBJECTIVES

In addition to the stakeholder engagement plan, you should add the objectives of the expected communication with external stakeholders, based on their information needs. Some might need be to kept informed only, which means that you only share progress and high-level programme information with them, while others might need more dedicated time and attention e.g., in-person stakeholder consultations to share the distribution methodology and progress of activities and how it affects them. It’s important to identify all of the objectives for each stakeholder, as there may be more than one for each.

COMMUNICATION CHANNELS

Think of all the possible ways you have to communicate with internal and external stakeholders and list them. It is likely that you already have effective means of communicating with employees and partners – use them to your benefit if you can without having to reinvent the wheel. Examples of channels of communication include:
SOCIAL MOBILISATION

Before HIVSS distribution, you should focus on improving awareness and desensitisation of the HIVSS programme. This can be achieved through:

• Designing appropriate messaging on posters, made available to organisations, as part of their internal communication strategies.

• The HIVSS kits can be distributed in branded packs provided to employees and include information sheets for the nearest clinics in the area.

• Re-Action example: HIV Selfie™ branded marketing collateral (see Value Add section) was shared with clients to mobilise the distribution of the self-screening. Posters, flyers and banners and stickers were utilised to raise awareness and promote the distribution. Examples of the marketing collateral used during the programmes can be viewed in the annexure attached to the report.

• You may also consider training sessions with workplace wellness champions and nursing staff on the HIV self-screening kits prior to a scheduled distribution.

• Your distribution teams can include social mobilisers who are specifically trained and tasked with creating interest and awareness in HIVSS during distributions. This process, caters for people who may prefer face-to-face interaction during the distributions, thereby allowing employees to interact with questions and engage around the new method of screening.

For effective distribution, you can develop a tailored process with key components, such as:

• Mobilisation of the necessary resources.
• Dissemination of information.
• Garnering the support and co-operation of management and wellness teams.
• Establishing management processes for the data collection and analysis which indicated the impact of the distributions.

CLIENT ENGAGEMENT

It is important to engage all personnel related to decision-making, to gain buy-in and support prior to a distribution. The perceptions of HIV and the success of the self-screening kits depends largely on these ‘gatekeepers’ within the organisation. This can also ensure authentic participation and shared decision-making and accountability with the client (see flowchart on the following page).

• It is important to note that the timeframe for various client engagements can range from between a day to a few weeks.

• For your HIVSS programme, it is recommended that communication is done with print media and in-person consultations/meetings. Your key message content must be clear, to the point and factual.

Use the following template as a guideline to develop your own key message documents/brochures. Share your inputs and feedback with as many people as possible to ensure that your message is clear and easily understood.

See Tool 1: Key Message Document example on page 25
POTENTIAL CLIENT ENGAGEMENT ISSUES YOU MAY ENCOUNTER

Although large corporations (usually more than 500 employee counts) with higher employee numbers and more structured environments may present as ideal scenarios for HIVSS distribution, the practical activities can present some challenges. If not handled correctly these may eventually slow down or stop your distribution process entirely.

The client engagements challenges that may be encountered and need to be prepared for, include:

- Resistance from various stakeholders within the organisation’s management structures. As HIVSS is a relatively new concept within the workplace, there may be employees with emotional resilience and fears regarding their possible response upon discovery that they screened HIV+ through the HIVSS kits.
- Management may have concerns that some of the targeted employees would be unable to understand and follow through
with the HIVSS instructions in the absence of assisted guidance.

- Obtaining baseline data may be difficult as many organisations lack proper data management structures and procedures.

- Interruptions to operations, as well as the potential loss of productivity during a scheduled HIVSS distribution, presents a further challenge. The impact concerns on the scheduling of distribution events, on the company’s timelines need to be fully considered and planned for. Some organisations may not allow distribution towards the end of the month, in lieu of meeting their monthly production targets.

- Some organisations may be reluctant to implement HIVSS, fearing possible disruptions to their existing wellbeing programmes and processes, especially where third-party providers are managing the wellness programme and are able to influence the decision to implement HIVSS.

- HIVSS distribution at large national corporates can be hindered by the company’s decision-making, lengthy authorisation and internal communication processes.

- Organisations that have recently undergone retrenchments or other cost-cutting initiatives, may pose a negative climate that is conducive for the implementation of HIVSS.

Therefore, it is recommended to have a malleable approach to engage a range of organisations. Small and medium sized organisations with predominantly male employees, and with no formalised wellness or HIV screening programmes in place may be easier targets to consider in earlier stages of your programme to facilitate rollout and effectively address any early teething issues in the operational design.

Selection may be based on specific predefined parameters, namely:

- workplace sector
- size of employee population
- predominantly male workforce, and
- location within the target areas

It is important to remember that HIVSS is a new concept to certain workplaces, and this will require a well-coordinated concerted effort to convince and obtain the necessary acceptance and approvals from management structures. At times, distribution may not be immediately possible following first contact, and you may have to make several follow-ups to the organisation, followed by face-to-face meetings with the organisation’s management and other internal stakeholders. Always consider all the logistics and planning prior to the distribution, that should be discussed and arranged with the client.

**COMMUNICATION MESSAGES**

The next step is to combine the knowledge you have of the stakeholders, the communication objectives and the communication channels and create communication messages. It is important to ensure that the messages are tailored to the specific people, using specific media, in order to achieve the desired outcome.

Think about when the messages need to occur; what the stakeholders need (and “what’s in it for them”); how they normally access information; and what is the most important objective for that piece of communication.

**MONITORING COMMUNICATION**

It’s important to monitor whether or not your communication plan is working by carrying out periodic activities to measure if the messages are coming across effectively to the people for which they are intended. Several mechanisms can be used, including
short surveys and individual contacts through follow ups.

Monitoring the communication plan is another way of strengthening your contact with the workplace entity and other stakeholders as the HIVSS process takes place. The feedback you get will not only help your communication plan, it will also strengthen your relationship with internal and external stakeholders.

POINTS TO CONSIDER

- Establishing a communication plan and process is a critical element to promote dialogue, discuss key issues, and ensure the correct information is passed to the right person, exactly when and how it is required.
- Client engagements may have diverse climates and structures, and potentially pose a range of challenges. It is important to be flexible in approach and fully understand your programme parameters, which will enable you to make quick programming decisions.
- HIV is still stigmatised in various workplace sectors. Incorporation of de-stigmatisation communication at every touch point of the distribution process, proved useful.
- To overcome this, you may consider creating specific content for engagement with companies, which will allow them more assurance to share pictures on social media forums.
- Utilising multiple channels and follow up procedures will assist in broader communication tactics and favourable results with workplaces.
- Monitoring procedures will assist in gauging how effectively your communication plan is working, and more importantly this will be representative of achieving your programme objectives.

TOOLS

The following section includes all the tools that relates to this module for your reference and information. You can access these tools and templates to meet the requirements of your programme by using the digital copies included inside the file cover of this Toolkit.

*Note that these tools are protected for copyright purposes and referencing is mandatory if you are applying these tools and templates in a public space / to your programme.*
# TOOL 1 - Key Message Document

## Programme Beneficiaries (workplaces)

<table>
<thead>
<tr>
<th>Key Message</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why is this HIVSS happening?</td>
<td></td>
</tr>
<tr>
<td>What does it mean to me as a user of services?</td>
<td></td>
</tr>
<tr>
<td>Is there anything I need to do?</td>
<td></td>
</tr>
<tr>
<td>What will happen once the programme leaves my workplace?</td>
<td></td>
</tr>
<tr>
<td>Where do I go to get tested for HIV and other STIs?</td>
<td></td>
</tr>
<tr>
<td>Will I still receive my ART and/or IPT medication?</td>
<td></td>
</tr>
<tr>
<td>Where do I go for the results of my blood tests?</td>
<td></td>
</tr>
<tr>
<td>Where do I go if I get sick?</td>
<td></td>
</tr>
<tr>
<td>Is there a specific person I can talk to if I have more questions?</td>
<td></td>
</tr>
</tbody>
</table>

## Programme Staff and External Stakeholders

<table>
<thead>
<tr>
<th>Key Message</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>When does the programme close?</td>
<td></td>
</tr>
<tr>
<td>What happens to programme staff, assets and equipment after the programme closes?</td>
<td></td>
</tr>
<tr>
<td>What role do I play in this implementation and sustainability process leading up to the close of the programme?</td>
<td></td>
</tr>
<tr>
<td>What can I do now to ensure smooth implementation of programme beneficiaries before close-out?</td>
<td></td>
</tr>
<tr>
<td>How do I communicate the expected changes to patients and staff?</td>
<td></td>
</tr>
</tbody>
</table>
In this Module we cover

• Process criteria for the minimum requirements for programme implementation and sustainability

Understanding different implementation approaches is essential as it allows the current implementing organisation to select the best actions to influence the programme outcomes and potential lasting impact. It allows you to access, evaluate and use information to guide you in reaching your programme’s objectives.

In the HIVSS programme, understanding this will allow you to:

• Apprehend the nature of the workplace environment in which the programme operates to better inform your planning efforts.
• Determine operational gaps.
• Realistically implement for long-term success.

This module will present a model for implementation and reporting on HIVST in workplaces. Although it may not be the only method, it has been based on actual programme experiences, and learning from them may assist to further inform your activities, processes and methodology. It will also provide you with ideas and tools to understand the minimum requirements of the HIVSS programme.

"Organisations are successful because of good implementation, not good business plans."

Guy Kawasaki

The following process is recommended for implementation and reporting (next module) on HIVSS in workplaces:
PLANNING

The programme targets, namely the HIVSS number of kits, the distribution areas and demographics, industry sectors, the timeframe and the designated users, will inform your scope and planning stage. It is important to outline the primary focus, for example, ‘males and infrequent and non-testers, with the aim of scoping the potential of HIVSS for achieving the 90-90-90 goals’.

Your implementation may occur differently or have a different scope, with the aim of widening the reach to include other marginalised male-dominated sectors that have high numbers of infrequent and non-testers.

PACKAGING

It is recommended to package the screening kits in a suitable sealed pack, that will be easy to use once distributed and offers the employee confidentiality when carrying the package.

The contents of these packets may include:

- An Orasure or other approved self-screening kit

9. This was the designated HIVST kit at the time of implementations

STOCK CONTROL RECOMMENDATIONS

The management of stock is a crucial activity in the programme implementation process. Mismanagement of stock can result in financial loss for the programme and the inability to meet project deliverables. All stock management must be guided by a detailed SOP (see figure on the following page).

ORDERING AND RECEIVING STOCK

- A designated stock co-ordinator can reconcile and order replenishment stock. When stock levels reach a specific pre-determined level (50%) or to meet the projected demands of confirmed distributions.
• Stock can be received into a separated quality and access controlled demarcated area.
• Received stock quantities can be verified against the order, with a quality check also conducted.
• Method or templates for ordering stock is dependent on the requirement from the supplier of the test kits. Eg. Order could be done via email.

**See Tool 1: Stock Control Sheet on page 33**

**ISSUING OF STOCK TO VARIOUS APPROVED SITES**
• Stock co-ordinators from the sites may submit orders, requesting the exact amount of stock that was used (distributed) against what is required.
• HIVSS kits can be pre-organised for scheduled deliveries and issued, checked out and transported within 2 days of the order.
• Upon arrival at the site, stock receipt can follow the same process as above. The site manager/responsible person for stock can confirm the number of HIVV kits received and stock on hand levels reconciled.
• It is good practice for all sites to provide weekly stock reconciliations between stock on hand, and stock distributed.
• Tool 1 can be adapted for use of Site stock control.

Good stock management can collectively inform and reconcile stock for the entire distribution chain.
MANAGEMENT OF STOCK TO DISTRIBUTORS

- All distributors can be issued with specific allocated quantities of HIVSS kits in the morning for daily confirmed distributions.
- Using a stock card for when distributors take stock for distribution can serve as acknowledgement of receipt.
- Task a responsible person to check and monitor stock levels daily against the distributions made.
- At the end of the day distributors can recount the retained stock they have in possession and return this to the storeroom.

STORAGE CONDITIONS

- It is important to maintain the correct conditions for your storage facilities. This will ensure the kits are untampered and retain their efficacy and validity for use.
- Your storerooms must be temperature controlled at a maintained limit of less than 20 degree Celsius. Guidelines indicate that the HIVSS kits must always be stored between a range of 5 and 25 degrees Celsius.
- All storage locations should be temperature monitored and the temperature recorded twice daily.
- HIVSS kits must be securely stored in an organised manner, with a rotational ‘First In First Out (FIFO)’ system allowing for older HIVSS kits to be distributed first.
- As per medical devices protocol, the HIVSS kits must be stored on top of pallets to ensure that the boxes are not in contact with the floor, risking exposure to contaminants. Additionally, the storage of HIVSS boxes are subject to a height restriction to ensure that the boxes are not close to lights or the ceiling, thereby maintaining sufficient ventilation and ensuring distance from light heat sources.

STOCK RECONCILIATION

- Physical counting of stock should be conducted on a daily, weekly and monthly basis and reconciled with stock received and distribution totals.
- All variances must be investigated and resolved immediately. Cumulating unresolved differences will create problems in the long run and jeopardise the program delivery.

HIVSS DISTRIBUTION

For distribution to take place, it is important to keep in mind the client engagement processes discussed earlier. Distribution approaches should consider the availability of the distribution teams, the internal requirements, workplace environment, and schedules of the targeted workplaces.

Once a distribution is scheduled, it is advantageous for the teams to arrive earlier, to access the premises, receive any security clearance and attend any inductions or safety demonstrations (where necessary from the workplace organisation).

Suggested process for distribution:

1. Conduct a demonstration of the HIV self-screening kits and hold a general information session on HIV, after which questions relating to self-screening can be addressed.
2. Provide each participant with the self-screening kit, accompanied by a data collection form (if required for your programme).
3. Following completion of each distribution, the data collection forms can be collated, and tallied according to primary and secondary distribution. Primary
distribution refers to workplace employees receiving the HIVSS kit. Secondary distribution refers to the sexual partners of workplace employees.

4. Total distribution amounts can then be recorded and reconciled against your HIVSS stock levels.

Take note, that some organisations, may request you to conduct pre- and post-test counselling, and you may have to make provisions to provide counselling sessions concurrently with the HIVSS distributions.

Limited assisted screening may also be provided, where employees require assistance with taking the test and reading and understanding the results. As a mitigation measure it is important to include extra time allocation for the distribution team at these sites.

DATA PROCESSING

DATA COLLECTION

Data collection forms used for HIVSS distributions may include the following information:

- Age
- Gender
- Testing frequency
- Home location
- Optional contact details for follow-up
- Details of sexual partner (if a secondary kit was taken)

These forms may be modified accordingly during the programme, for ease of use. For example, you may choose to use explanatory icons based on your experiences of what works better with different clients, or it may become evident that certain fields are no longer relevant for completion on the data collection form’s design, such as workplace sector, organisation name, and date of distribution.

See Tool 4: Sample Data Collection Form on page 34

DATA CAPTURING

- Data from the data collection forms should be captured on if you are working with the STAR database which was developed and introduced as a central point to the distribution programme, you will find the database provides faster processing time, resulting in interaction efficiencies and increased data quality standards.

- Regular data quality checks should be an inherent procedural step, to identify and resolve capturing errors. Additional mitigation measures can include data reconciliations between the distributions and date of capturing to ensure that all information is correct, and errors are minimised.

DATA STORAGE

- The collected hard-copy data forms can be stored in month and date order, per distribution.
- Each distribution event can be accompanied by a summary sheet which provides all the relevant details of the distribution, including the organisation details, date, location, address, number of distributions and whether assisted screening was provided.
- The data can then be filed in a clearly identifiable and accessible manner.

SURVEY CALLS

An adequate sample size of distributions can be agreed and established.

- Post-distribution surveys can be conducted after a set period (4-6 weeks). This process uses the contact details voluntarily provided by participants on the data collection forms.
• Random sampling of post-distribution surveys may be conducted, where those selected for follow-up calls should not be chosen based on any identifiable characteristics.
• The participants can be called and surveyed based on a standard developed questionnaire that best suits your programme scope.

To reach your target sample size, you may have to complete a higher number of calls, based on the response rate. Only successful completed calls can be attributed towards the survey data target. The survey data should be deliberately randomised to ensure that the data sampled can be generally representative of the overall distribution population.

See Tool 5: Standard Questionnaire Form on page 35

POINTS TO CONSIDER
• Workplaces refusing distribution of HIVSS kits, can be categorised at an organisational and an individual level:
  - Organisational refusal of distributions can be based on the following:
    - Management feels that their employees are not prepared for an HIV self-test and that counselling is imperative to the process.
    - Management feels that low literacy levels would make it difficult for employees to screen themselves.
    - Decreases in operational time/production levels may be of concern.
    - Inappropriate timing.
  - Individuals refusing the test kits can be based on the following:
    - Recent HIV screening.
    - Awareness of their status.
    - Fear of screening and knowing their status.

Distribution teams must be prepped to be flexible and accommodating to adapt to last minute changes or needs.

As an implementor, you should encourage the staff to engage management to approve the HIVSS distribution, by demonstrating understanding of potential reservations and how to work around it. Where possible, group demonstrations can be encouraged and a separate time for question and answers, can be allocated.

- Pre-printed materials need to be done at low volumes and at more regular intervals to accommodate unplanned changes in the programme and minimise costs.

- Refresher training for data capturers and distributors may be required during the programme.

- Change management processes need to be implemented, to minimise the quantity, impact and escalation of costs on resources.

Data collection may have several challenges. The process of collection can be time consuming and arduous; participants sometimes provide incorrect contact details/ or do not answer the call or it can be assumed are unwilling to participate. Additionally, not all participants voluntarily opt to provided contact details.

- The data collection tool may require repetitive information on each data sheet. To save time you may consider collecting the information for each distribution and completing a summary sheet.
• As the data load increases with volume, the data processing may become slow. The database infrastructure and design needs to accommodate high volumes, offline capability, and easy user interfaces. It is recommended as a best practice to regularly archive and delete the distribution locations data. For efficiency and cost-effectiveness of the programme, resources and data structures need to be agile between functions within the team.

• It is important to look out for any duplicate data capture requirements which may lead to slow processing times and inefficiencies. This can be mitigated by additional quality checks.

• Additional time can be allocated to accommodate the high number of data errors and slow processing speeds.

• **Surveying data.** The preferred timing of placing calls for successful completion is recommended during specific times (10:00-14:00), which has a minimal disruption to participants at their workplaces and can maximise participation results.

• By providing explanation to participants for the reason of the survey calls, they may be more willing to provide their information.

• By encouraging participants to engage in conversation regarding HIV, they may become more open to disclose results.

• The follow-up calls can provide an additional opportunity for people to come forward and openly ask questions regarding HIV and their HIVSS.

• It is important to budget accurately for resources, cost implications of calls, and unplanned events.

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**TOOLS**

The following section includes all the tools that relates to this module for your reference and information. You can access these tools and templates to meet the requirements of your programme by using the digital copies included inside the file cover of this Toolkit.

*Note that these tools are protected for copyright purposes and referencing is mandatory if you are applying these tools and templates in a public space / to your programme.*
### TOOL 1 - Stock Control Sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Stock Ordered</th>
<th>Stock Received</th>
<th>Delivery Notes Reference Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Control totals</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

### TOOL 2 - Stock Temperature Control Form

Lab Stock temperature range: 20C - 80C, ideal temperature 40C. Store room maximum temperature allowed 40C, ideal range 180C - 250C.

<table>
<thead>
<tr>
<th>Date</th>
<th>Morning Time</th>
<th>Store Room Temp (in 25°C)</th>
<th>Afternoon Time</th>
<th>Store Room Temp (in 25°C)</th>
<th>Signature Remarks (if temp out of range)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
TOOL 3 - Stock Reconciliation Form

<table>
<thead>
<tr>
<th>Date of Stock Reconciliation:</th>
<th>HIV Self-Test Kits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td></td>
</tr>
<tr>
<td>Total Received</td>
<td></td>
</tr>
<tr>
<td>Total Issued to distribution teams and/or distribution sites</td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td></td>
</tr>
<tr>
<td>Total Inventory on hand (physical count)</td>
<td></td>
</tr>
<tr>
<td><strong>Variance</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issued to distribution teams and/or distribution sites</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribution totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stock on hand at site</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Differences</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOOL 4 - Sample Data Collection Form

Workplace name: ________________________________

Distributor name: ________________________________

Date of distribution: DD-MM-YYYY

Workplace type
1. Farm
2. Factory
3. Construction
4. Security
5. Mining
6. Other, specify: ________________________________

Gender:
1. Male
2. Female
99. Other

Age:

Home township/suburb: ________________________________

When was the last time you tested for HIV?
1. 0-3 months
2. 4-12 months
3. More than 12 months
4. Never tested

HIV self-test demonstration:
1. Yes
2. No

HIV self-test kit for partner:
1. Yes
2. No

If YES:

Gender of partner:
1. Male
2. Female
99. Other

Age of partner:

Do you consent to follow up regarding your test?
1. Yes
2. No

If YES: Please provide us with your contact number

When will be convenient to call?
1. Morning
2. Midday
3. Afternoon
4. Evening
## TOOL 5 - Standard Questionnaire Form

**Workplace distribution Follow-up DCF**

<table>
<thead>
<tr>
<th></th>
<th>1st Follow up Call (2 weeks)</th>
<th>2nd Follow up Call (4 Weeks)</th>
<th>3rd Follow up Call (6 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
</tbody>
</table>

**COMMENT**

1. How many HIV self-screening kits did you take?  
   - 1 Yes  
   - 2 No

2. Are you willing to share your results?  
   - 1 Yes
   - 2 No  
   - 3 Refused

3. What was your result?  
   - 1 Positive  
   - 2 Negative

ONLY COMPLETE IF Client **SCREENED POSITIVE**

4. Did you attend confirmatory testing?  
   - 1 Yes  
   - 2 No

5. What was your confirmed HIV test result?  
   - 1 Positive  
   - 2 Negative

ONLY COMPLETE IF CLIENT **CONFIRMATORY POSITIVE**

6. Have you started ART (HIV Treatment)?  
   - 1 Yes  
   - 2 No

ASK THOSE WHO TOOK A TEST KIT FOR THE PARTNER ONLY

7. Did you share the HIV self-screening kit with your partner?  
   - 1 Yes  
   - 2 No  
   - 3 Refused

8. Did your partner use the kit?  
   - 1 Yes  
   - 2 No

9. Would you mind sharing your partner’s results?  
   - 1 Yes  
   - 2 No

10. If YES what was your partner’s result?  
    - 1 Positive  
    - 2 Negative

ONLY COMPLETE IF Partner **SCREENED POSITIVE**

11. Did your partner attend for confirmatory testing?  
    - 1 Yes  
    - 2 No  
    - 3 Refused  
    - 4 Do not know

12. What was your partner confirmed HIV test result?  
    - 1 Positive  
    - 2 Negative  
    - 3 Refused  
    - 4 Do not know

ONLY COMPLETE IF PARTNER **CONFIRMATORY POSITIVE**

13. Has your partner started ART?  
    - 1 Yes  
    - 2 No  
    - 3 Refused  
    - 4 Do not know

14. Do you have any comments or suggestions

---

**35**
MODULE 6: REPORTING

IN THIS MODULE WE COVER

• How the analysed data can be used for reporting

Scheduled monthly reports are a core component of any programme. The examples below are reports that were provided to Wits RHI with the distribution statistics for that period. These reports highlighted performance on the following indicators:

• Distribution per province to workplace and workplace associated communities (both primary and secondary).
• Percentage of men and young people reached.
• Testing frequency of individuals reached, focusing on infrequent and non-testers.

“The goal is to turn data into information, and information into insight.”

Carly Florina

DATA ANALYSIS

Data analysis is a key process for reporting. Understanding the data collected and captured, helps:

• Measure target achievement
• Inform project implementation
• Track statuses of project indicators and milestones

Analysing the data and comparing indicators like:

• Geographical regions
• Age groups
• Sectors
• Companies within a sector helps identify scenarios that will inform the next steps in providing service delivery.
REPORTING EXAMPLES

Over the course of the two programmes, Re-Action! achieved a 100% distribution yield with the HIVSS distributions, implemented over 20 months, in a collective 5 provinces.

- **Programme 1** - The first project ran over a period of 10 months, between November 2017 – August 2018, where a total of 145 127 HIV test kits were distributed in three identified provinces (Gauteng, North West and Mpumalanga). Re-Action achieved a programme distribution performance rate of 97%, which being the first of its kind, was higher than anticipated.

- **Programme 2** - The second project also ran over a period of 10 months, between June 2019 – March 2020, where a total of 102 951 HIV test kits were distributed in four identified provinces (Gauteng, Free State, Limpopo and Mpumalanga) in a broader range of industry sectors. Re-Action achieved a programme distribution performance rate of 103%, against the programme targets.

MODULE LESSONS AND RECOMMENDATIONS

The results below are included to provide an idea of the data requisites, collation and reporting presentations. Your own HIVSS programme may differ, based on the design parameters used and end objectives in mind.

TOOLS

The following section includes all the tools that relates to this module for your reference and information. You can access these tools and templates to meet the requirements of your programme by using the digital copies included inside the file cover of this Toolkit.

*Note that these tools are protected for copyright purposes and referencing is mandatory if you are applying these tools and templates in a public space / to your programme.*
PROGRAMME 1 PROGRAMMATIC RESULTS

**Overall Results:** The HIV Selfie programme achieved a distribution performance rate of 97% against its overall targets.

<table>
<thead>
<tr>
<th></th>
<th>Total Distributed</th>
<th>Targets</th>
<th>Percentage Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Primary</td>
<td>84 599</td>
<td>90 000</td>
<td>94%</td>
</tr>
<tr>
<td>Workplace Secondary</td>
<td>38 649</td>
<td>30 000</td>
<td>129%</td>
</tr>
<tr>
<td>Workplace associated</td>
<td>21 879</td>
<td>30 000</td>
<td>73%</td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Total</td>
<td>145 127</td>
<td>150 000</td>
<td>97%</td>
</tr>
</tbody>
</table>

The diagram on the next page demonstrates how distribution increased over the life cycle of the programme. Low rates during Nov 2017 - Feb 2018 is due to:

- Timing of the initiation of the programme – December and January are slow business months where most sectors have a shutdown period.
- Delay on specific approvals from the Department of Health – The North West province and Gauteng approvals took longer than Mpumalanga.
- Slow uptake on client acceptance of the innovation – there needed to be more intense and persistent client engagement and awareness which resulted in multiple meetings with various levels of management personnel.

From the middle of Feb 2018, the necessary approvals were obtained. Also, better engagement practices resulted in more distributions being confirmed. From March 2018, there was a substantial increase in distributions, attributed to:

- Clients in the initial period were finally on board with the new self-screening for HIV.
- Varying approaches – focusing on small to medium sized organisations and organisations that do not have wellness programmes.
Follow-up calls to random HIVSS recipients were targeted for 5% of the HIVSS primary distribution. A total of 7 384 successful follow up calls were done, which equates to 7% of the total primary distribution of 105 762.

- Small organisation (1-50 employees): 10% needed to be called
- Medium sized organisations (51-200 employees): 20% needed to be called
- Large organisations (201-1000 employees): 30% needed to be called

<table>
<thead>
<tr>
<th>Province</th>
<th>Primary</th>
<th>Secondary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP Gauteng Province</td>
<td>46 350</td>
<td>24 683</td>
<td>71 033</td>
</tr>
<tr>
<td>MP Mpumalanga Province</td>
<td>28 491</td>
<td>8 214</td>
<td>36 705</td>
</tr>
<tr>
<td>NW North West Province</td>
<td>9 758</td>
<td>5 752</td>
<td>15 510</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>84 599</strong></td>
<td><strong>38 649</strong></td>
<td><strong>123 248</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Primary distribution</th>
<th>Number of Primary distributions followed up</th>
<th>Percentage reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov-17</td>
<td>1 482</td>
<td>512</td>
<td>35%</td>
</tr>
<tr>
<td>Dec-17</td>
<td>1 607</td>
<td>502</td>
<td>31%</td>
</tr>
<tr>
<td>Jan-18</td>
<td>1 215</td>
<td>313</td>
<td>26%</td>
</tr>
<tr>
<td>Feb-18</td>
<td>4 097</td>
<td>801</td>
<td>20%</td>
</tr>
<tr>
<td>Mar-18</td>
<td>7 222</td>
<td>514</td>
<td>7%</td>
</tr>
<tr>
<td>Apr-18</td>
<td>15 397</td>
<td>986</td>
<td>6%</td>
</tr>
<tr>
<td>May-18</td>
<td>22 579</td>
<td>1 132</td>
<td>5%</td>
</tr>
<tr>
<td>Jun-18</td>
<td>29 628</td>
<td>1 490</td>
<td>5%</td>
</tr>
<tr>
<td>Jul-18</td>
<td>14 416</td>
<td>702</td>
<td>5%</td>
</tr>
<tr>
<td>Aug-18</td>
<td>8 119</td>
<td>432</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>105 762</strong></td>
<td><strong>7 384</strong></td>
<td><strong>7%</strong></td>
</tr>
</tbody>
</table>
The graph below confirms that there is a definite correlation between sectors that do not test regularly, and sectors that have a high HIV positive prevalence. HIVSS provides a potential solution to identifying new HIV positives within these sectors.

<table>
<thead>
<tr>
<th>Results from the follow-up calls</th>
<th>Male</th>
<th>Female</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refused to provide their result</td>
<td>115</td>
<td>61</td>
<td></td>
<td>176</td>
</tr>
<tr>
<td>Self-report negative</td>
<td>3657</td>
<td>1848</td>
<td>19</td>
<td>5524</td>
</tr>
<tr>
<td>Self-report positive</td>
<td>158</td>
<td>93</td>
<td></td>
<td>251</td>
</tr>
<tr>
<td>Unknown</td>
<td>96</td>
<td>53</td>
<td>1</td>
<td>150</td>
</tr>
<tr>
<td>Did not use the test</td>
<td>837</td>
<td>414</td>
<td>6</td>
<td>1257</td>
</tr>
<tr>
<td>Refused to comment on whether the test was used or not</td>
<td>15</td>
<td>11</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>4878</strong></td>
<td><strong>2480</strong></td>
<td><strong>26</strong></td>
<td><strong>7384</strong></td>
</tr>
</tbody>
</table>

There were several qualitative benefits of HIVSS that were revealed through the follow-up calls:

- A high majority of the individuals welcomed this new innovative testing method, for various reasons.
- The partner distribution and the ability to verify your partners HIV status was seen in an incredibly positive light. It promoted transparency and confidence in relationships.
• It gave individuals the courage to control and manage their own HIV status.
• A high percentage of individuals are willing to disclose their HIV status, if anonymity and confidentiality can be maintained. 94% of the follow up calls confirmed their status, either negative or positive.
• When people test positive, they are willing to seek assistance and treatment but are not always sure how to go about it.

PROGRAMME 2 PROGRAMMATIC RESULTS

Overall Results: The HIV Selfie programme achieved a distribution performance rate of 103% against its overall targets.

<table>
<thead>
<tr>
<th>Distribution Model</th>
<th>Total Distributed</th>
<th>Targets</th>
<th>Percentage Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workplace Primary</td>
<td>88 234</td>
<td>80 000</td>
<td>110%</td>
</tr>
<tr>
<td>Workplace Secondary</td>
<td>14 717</td>
<td>20 000</td>
<td>74%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>102 951</td>
<td>100 000</td>
<td>103%</td>
</tr>
</tbody>
</table>

TOTAL DISTRIBUTIONS PER GENDER

TESTING FREQUENCY

DISTRIBUTIONS PER AGE CATEGORY & GENDER
WORKPLACE DISTRIBUTION RESULTS

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Free State Province</th>
<th>Gauteng Province</th>
<th>Limpopo Province</th>
<th>Mpumalanga Province</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction</td>
<td>922</td>
<td>7 048</td>
<td>1 617</td>
<td>11 112</td>
<td>20 699</td>
</tr>
<tr>
<td>Farm</td>
<td>202</td>
<td>45</td>
<td>619</td>
<td>12 889</td>
<td>13 755</td>
</tr>
<tr>
<td>Logistics</td>
<td>160</td>
<td>33</td>
<td>58</td>
<td>251</td>
<td></td>
</tr>
<tr>
<td>Manufacturing</td>
<td>75</td>
<td>5 286</td>
<td>235</td>
<td>1 800</td>
<td>7 396</td>
</tr>
<tr>
<td>Mining</td>
<td>414</td>
<td></td>
<td>2 365</td>
<td>2 779</td>
<td></td>
</tr>
<tr>
<td>Motor Industry</td>
<td>113</td>
<td>701</td>
<td>217</td>
<td>1 031</td>
<td></td>
</tr>
<tr>
<td>Food Industry</td>
<td>3 732</td>
<td>22 417</td>
<td></td>
<td>32 101</td>
<td></td>
</tr>
<tr>
<td>Petroleum</td>
<td>3 462</td>
<td>11 471</td>
<td>468</td>
<td>4 255</td>
<td>19 656</td>
</tr>
<tr>
<td>Retail</td>
<td>697</td>
<td>517</td>
<td>779</td>
<td>1 735</td>
<td>3 728</td>
</tr>
<tr>
<td>Security</td>
<td>126</td>
<td>693</td>
<td>86</td>
<td>75</td>
<td>980</td>
</tr>
<tr>
<td>Service Industry</td>
<td>498</td>
<td>32</td>
<td>45</td>
<td>575</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>9 329</strong></td>
<td><strong>49 250</strong></td>
<td><strong>3 869</strong></td>
<td><strong>40 503</strong></td>
<td><strong>102 951</strong></td>
</tr>
</tbody>
</table>

Follow-up calls to random HIVSS recipients were targeted for 5% of the HIVSS primary distribution. A total of 6 748 successful follow up calls were done, which equates to 8% of the total primary distribution of 102 951.

- Small organisation (1-50 employees): 10% needed to be called
- Medium sized organisations (51-200 employees): 20% needed to be called
- Large organisations (201-1000 employees): 30% needed to be called

<table>
<thead>
<tr>
<th>Results</th>
<th>Number of follow ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invalid</td>
<td>79</td>
</tr>
<tr>
<td>Negative</td>
<td>6 387</td>
</tr>
<tr>
<td>Positive</td>
<td>279</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>1</td>
</tr>
<tr>
<td>Did not want to share</td>
<td>1</td>
</tr>
<tr>
<td>Refused</td>
<td>1</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>6 748</strong></td>
</tr>
</tbody>
</table>
From the distributions that were followed up, the highest positives were reported in Gauteng (43%) and Mpumalanga (48%) across all the sectors. The sectors that recorded the highest positives are Construction (35%), Food Industry (20%), Agriculture (16%) and Petroleum (15%). 48% of the self-reported positives confirmed that they have started ART treatment.
MODULE 7: TOTAL QUALITY MANAGEMENT (TQM)

IN THIS MODULE WE COVER

• What is TQM
• Principles of TQM
• Quality Assurance
• Quality Improvement
• Selection of indicators for QI
• Development of a QI plan
• Implementation of a QI Plan
• Continuous improvement strategy for various industry sectors and workplaces

Total Quality Management (TQM) describes a management approach to long-term success and sustainability through customer satisfaction. In a TQM effort, all members of an organisation participate in improving processes, products, services, and the culture in which they work.

The purpose of this module is to give you an overview of the importance of TQM and the value it adds in the HIVSS programme planning and implementation as it ultimately leads to sustainability of the programme or project that you are working in. Note that this module touches on aspects of programme management but can be used during sustainability planning and implementation.

"Quality is never an accident; it is always the result of intelligent effort."

John Ruskin
WHAT IS TQM?

TQM is the continuous improvement of work by incorporating the knowledge and experiences of high level strategic planning and decision-making, to detailed execution of work elements. It stems from the belief that mistakes can be avoided and defects can be prevented. It leads to continuously improving results, in all aspects of work, as a result of continuously improving capabilities, people, processes and technology.

TQM works by measurement: finding the right criteria to assess and track quality levels. In health care settings, excellence is measured in health outcomes and patient satisfaction. TQM places strong focus on process measurement and controls as means of continuous improvement and seeks to integrate all organisational functions (marketing, finance, design, engineering, and production, customer service, etc.) to focus on meeting customer needs and organisational objectives.

The simple objective of TQM is:
“Do the right things right, the first time, every time.”

Fundamental to the success of any effort to improve the quality of HIV prevention, screening, care and treatment is the recognition that effort and determination helps service providers and workplace clients develop their own solution to improve systems and services. Consequently, it is important to note that measurement plays a key role in ensuring that individuals offering such services have the skills to better think about what they need to measure and understand their services and provide focus where improvements are required. Numerous resource documents are thus referenced in this module. This module is therefore aimed at supporting the efforts of HIVSS and HIVST distributors to improve their services.

PRINCIPLES OF TQM

The key principles of TQM are:
CUSTOMER-FOCUSED (WORKPLACES)

The customer ultimately determines the level of quality. No matter what an organisation does to foster quality improvement i.e., training employees, integrating quality into the design process, or introducing new processes—the customer determines whether the efforts were worthwhile.

TOTAL EMPLOYEE INVOLVEMENT

All employees participate in working toward common goals. Total employee commitment can only be obtained, when empowerment has occurred, and management has provided the proper environment. High-performance work systems integrate continuous improvement efforts with normal business operations. Self-managed work teams are one form of empowerment.

PROCESSES ARE THE PROBLEM - NOT PEOPLE

A fundamental part of TQM is a focus on process thinking. A process is a series of steps that take inputs from suppliers (internal or external) and transforms them into outputs that are delivered to customers (again, either internal or external), in our case the HIVSS kits distributions. The steps required to carry out the process are defined, and performance measures are continuously monitored to detect unexpected variation.

If your HIVSS distribution process is causing problems, it won’t matter how many times you hire new employees or how many training sessions you put them through. Correct the process and then train your people on these new procedures. This means that the root cause of such mistakes can be identified and eliminated, and repetition can be prevented by changing the process. There are three major mechanisms of prevention:

a. Preventing mistakes from occurring (mistake-proofing)

b. Where mistakes cannot be absolutely prevented, detecting them early to prevent them being passed down the value-added chain (inspection at source or by the next action).

c. Where mistakes recur, stopping the process until it can be corrected, to prevent the production of more defects (stop in time).

DO NOT TREAT SYMPTOMS - LOOK FOR THE CURE

If you just patch over the underlying problems in the process, you will never be able to fully reach your potential. If, for example, your HIVSS supply department is falling behind, you may find that it is because of holdups in distribution. Go to the source to correct the problem.

EVERY EMPLOYEE IS RESPONSIBLE FOR QUALITY

Everyone in the company, from the junior staff to senior management, must realise that they have an important role to play in ensuring high levels of quality in their services. Everyone has a customer to serve, and they must all step up and take responsibility for them.
QUALITY MUST BE MEASURABLE

To know how well an organisation is performing, data and reporting on performance measures are necessary. TQM requires that an organisation continually collect and analyse data to improve decision making accuracy, achieve consensus, and allow prediction based on history. You need to see how the process is implemented and if it is having the desired effect. This will help you set your goals for the future and ensure that every department is working toward the same result.

QUALITY IMPROVEMENTS MUST BE CONTINUOUS

Continual improvement drives an organisation to be both analytical and creative in finding ways to become more competitive and more effective at meeting stakeholder expectations is not something that can be done once and then forgotten. It is not a management “phase” that will end after a problem has been corrected. Real improvements must occur frequently and continually to increase workplace satisfaction and loyalty.

FOR QUALITY TO BE SUSTAINABLE - SEE IT AS A LONG-TERM INVESTMENT

A critical part of the management of quality is the strategic and systematic approach to achieving an organisation’s vision, mission, and goals. This process includes the formulation of a strategic plan that integrates quality as a core component.

COMMUNICATION

During times of organisational change, as well as part of day-to-day operation, effective communications plays a big role in maintaining morale and in motivating employees at all levels. Communications involve strategies, methods and timeliness.
WHAT IS QAQI?

QAQI also known as quality assurance and quality improvement are terms associated with the process/systems that aim to improve and assure quality particularly in the health and research sectors.

QA refers to the development of standards against which quality can be measured or systematic activities that establish high standards of care and services and ensure that they are consistently met. QI refers to the development of methods/approaches to address the challenges affecting quality.10

WHY FOCUS ON QAQI?

Why should health care service providers focus on QAQI in the fight against HIV and AIDS? Improving performance and identifying what’s needed for improvements and deciding on prioritising areas of improvement to increase strengths(s) and/or diminish weakness is very critical in health care delivery.

QUALITY ASSURANCE

Quality assurance is a crucial process that ensures the maintenance of high-quality practices through the development of quality standards that can be monitored and thus positively contribute to the effectiveness of a programme. In sum, quality assurance refers to activities that aim to ensure the compliance with minimum quality standards.11

QUALITY IMPROVEMENT

Quality improvement is an essential part of the QA cycle and is an approach to the study of and improvement processes of providing health-care services, such as the HIVSS kit distributions, that attend to workplace needs. In terms of quality improvement, processes need to be put in place to improve quality starting with the assessment and improvement of the quality of existing programmes.

To assess quality, the following issues should be considered:12

- The establishment of a feedback system to determine whether services meet the needs and expectations of the workplace client (survey data as discussed above)
- The assessment systems and processes of the HIVSS distributions
- The use of data to analyse the service delivery processes before, during and after distributions
- The use of a team approach to problem solving and quality improvement

11. Health Resources and Services Administration (HRSC), US Department of Health and Human Services, 2011. Developing & Implementing a QI Plan
12. NDoH, 2012

QUALITY ASSURANCE VERSUS QUALITY IMPROVEMENT

Source: Institute for healthcare improvement; Dr. Scoville, Dr. Loyd
CONTINUOUS IMPROVEMENT STRATEGY FOR VARIOUS INDUSTRY SECTORS AND WORKPLACES

The differing sectors and the workplace types can influence your implementation approach used.

• As an example, for small organisations such as petrol stations: The distribution approach can be more informal, owing to the ownership structures of the organisations. HIV Selfie distributors may approach on an individual basis, the owners or managers to inform and seek permission to engage their staff for distribution. The demonstration and instructions can be given on a one-on-one basis, specifically during times when the employee is not busy. The data collected from this workplace type tends to indicate a high yield of people who have never tested before or had last tested in 12 months or more. However, it may be difficult to secure baseline data for these differing workplace types because structured wellness programmes rarely exist in this environment.

• With more formal approaches, permission and approval should first be obtained from head offices, prior to distributions. Employees are usually pre-informed of the distribution through internal communication channels and are encouraged to participate. The roll out of the distribution can be held either as an event, or during a scheduled time where employees were able to frequent the HIV Selfie distribution point in groups. Distribution and demonstrations can be conducted on an individual or group basis depending on the specific distribution logistics. Demonstrations may be complemented with an A5 instruction manual included with the HIVSS kit, and through demo screening kits whereby the distributors can walk through the process with participants on how to use the test. You may also consider demonstration videos that can be shown to participants, however this may prove to be time consuming.

POINTS TO CONSIDER

Case Study on Buy-in and Support of HIVSS

Buy-in and support from managerial or leadership levels within organisations will have significant impact on the success of HIVSS distribution. The case-study below, illustrate the impacts organisational support may have on distribution. It should be noted, however, that there are variations in the challenges and achievements between sectors, and that the two organisations discussed as part of the case study are from two different workplace sectors.

• Company A had organisational buy-in from the point of first engagement, and this immediately instilled efficient communication between Re-Action! and the client. This organisation's management were “front-and-centre” during distributions, willing to support and contribute value to the distribution process, from a point of understanding the importance and necessity of HIVSS. The organisation approved the dissemination and display of promotional material, which was placed strategically around the workplace prior and during distributions. In an effort on the part of Company A to ensure the success of the HIV Selfie
distribution, the company temporarily paused their on-site rapid screening programme to allow employees to partake in the HIVSS distribution. Re-Action! worked in tandem with Company A’s wellness champions and peer educators, who were hands on during the process of distribution. This proved particularly useful as it allowed Re-Action! to align and team up with the other wellness activities being held by the company. Company A also made provision for shift workers, to fully participate in schedule HIV Selfie distributions by scheduling specific time frames for them to attend. This ensured that the screening environment was made accessible to all employees. This style of approach to the programme by the organisation’s management resulted in a distribution yield of 46%.

• Company B did not have full buy-in from organisational structures. Even though the distributions of HIVSS had been agreed to, and positively received, the situation on the ground became more challenging. This immediately resulted in poor communication channels between Company B and Re-Action! and no collateral material was provided to employees prior to scheduled distributions. The organisation provided little to no assistance, and traditional rapid screening took place simultaneously to HIVSS distribution at the same site (and often in the same vicinity of the HIVSS distribution point). This resulted in duplicated efforts, and a lack of organisational drive for employees to specifically take part in the HIV Selfie distribution. Company B did not take the different employee circumstances into account, and often schedule conflicts arose with employee work or rest times – resulting in productivity delays and negative sentiments from the production managers. Little or no social mobilisation or awareness was done prior to distributions. This resulted in few staff being aware about the distribution event, or access points to the HIVSS team. Access to the area in which HIVSS was scheduled to take place was not easily accessible, and the screening environment was not ideally conducive to protocol. Company B’s lack of organisational support resulted in a low distribution yield of 5%.

Organisational buy-in of the HIVSS concept, and the internal wellness champions will have a significant impact on the success of a distribution at a specific site or organisation. Distributions where the wellness department is supportive will be more efficient and successful, with wellness champions, co-ordinators and managers being the driving force behind the mobilisation. At other sites, where wellness personnel are opposed or unsure of the concept of HIVSS, lower levels of communication, support and distribution yields can be expected.

TOOLS

The following section includes all the tools that relates to this module for your reference and information. You can access these tools and templates to meet the requirements of your programme by using the digital copies included inside the file cover of this Toolkit.

Note that these tools are protected for copyright purposes and referencing is mandatory if you are applying these tools and templates in a public space / to your programme.
TOOL 1 - Quality Improvement

Below is an easily adaptable Rationale QI framework table as documented in A Handbook for improving HIV Testing and Counselling–Field-Test (2010). The framework is designed to be easy to use and adaptable to different contexts to encourage stakeholder to develop innovative approaches to QI as part of TQM.

<table>
<thead>
<tr>
<th>QA Stage</th>
<th>Problems</th>
<th>Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEFINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONITOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMPROVE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVALUATE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOOL 2 - Selection of indicators for TQM

An essential component of creating a TQM system is the selection of indicators to inform management whether the programme is working, or a change is occurring and provides an indication of what may need to be changed for a programme to still meet its objectives.

Indicators also make it possible to demonstrate results and help to identify areas for monitoring and evaluation. TQM with an emphasis on Quality Improvement plans should include:

- Aim and purpose of the QI plan
- The specific QI goals and methods, strategies and objectives to achieve the goal
- The parties/individuals responsible for that specific QI goal
- Time frame for achieving the QI goal

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13. HRSC, 2011
Aim / Purpose of QI Plan

<table>
<thead>
<tr>
<th>Indicator / Strategy / Method</th>
<th>Responsible Party / Individual</th>
<th>Deadline / Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1A: GOAL</strong>&lt;br&gt;e.g. capable and sufficient human resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1B: OBJECTIVE</strong>&lt;br&gt;e.g. effective processes are used to identify, select, train and retain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2A: GOAL</strong>&lt;br&gt;e.g. adequate management.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2B: OBJECTIVE</strong>&lt;br&gt;e.g. ensure adequate supervision, support and professional development opportunities to effectively deliver i.e. peer education and outreach services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MODULE 8: SUSTAINABILITY

PLAN: MONITORING AND EVALUATION

IN THIS MODULE WE COVER

• What M&E indicators are? (especially for sustainability)
• Defining the different types of indicators
• How to use indicators to monitor progress
• Developing a results framework
• Creating an analysis plan and reporting template
• The importance of a mid-term review
• Project closeout and the project closeout review

M&E INDICATORS FOR SUSTAINABILITY

An indicator is a variable that measures change. In social programs, indicators are used to track progress of the program by showing in quantitative and qualitative terms the change that has occurred as a result of the interventions. Indicators can assist in the:

• Measurement of progress and achievements
• Cohesion and alignment between input, activities, outputs, outcomes, goals and impact
• Assessment of the project and staff performance
• Identification of risk areas (in conjunction with risk management)

“When things aren’t sustainable, they eventually have to stop.”

Anders Ankarlid
DIFFERENT TYPES OF INDICATORS AND DEFINITIONS THAT APPLY

**IMPACT**
This refers to terms such as: vision, goal, objective, longer term outcome, long-term results. E.g. What are we trying to achieve? Why are we working on this problem? What is our overall goal?

**OUTPUT**
This refers to terms such as: interventions and programmes. E.g. What are the things that need to be produced or provided through projects or programmes for us to achieve our short- to medium-term results? What are the things that different stakeholders must provide.

**ACTIVITIES**
This refers to terms such as: actions. E.g. What needs to be done to produce these outputs?

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INDICATORS

Refers to terms such as: measure, performance measurement, performance standard. E.g. How will we know if we are on track to achieve what we have planned?

MEANS OF VERIFICATION

Refers to terms such as: data sources, evidence. E.g. What precise information do we need to measure our performance? How will we obtain this information? How much will it cost? Can the information be monitored?

TOOLS

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TOOL 1 - How to use indicators to monitor the progress of your transition

For you to track HIVSS distribution carefully, it is crucial to develop a comprehensive table that includes all the information you will need to monitor progress (using results, baselines and targets), verify the information you collect (means of verification) and to include your risks and assumptions for each. This will enable you to have a birds eye view of the programme and address challenges that could delay processes, on time.

The following table is based on a results framework which was developed by the United National Development Programme (UNDP). You can use this to complete your information and generate your own results framework to monitor and evaluate your program’s transition.

<table>
<thead>
<tr>
<th>Results</th>
<th>Indicators</th>
<th>Baseline</th>
<th>Target</th>
<th>Means of Verification</th>
<th>Risks and Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPACT STATEMENT</td>
<td>Measure of progress against impact</td>
<td></td>
<td></td>
<td></td>
<td>Assumptions made from outcome to impact. Risks that impact will not be achieved.</td>
</tr>
<tr>
<td>OUTCOME STATEMENT</td>
<td>Measure of progress against outcome</td>
<td></td>
<td></td>
<td></td>
<td>Assumptions made from outputs to outcome. Risks that outcome will not be achieved.</td>
</tr>
</tbody>
</table>
TOOL 2 - Create an analysis plan and reporting template.

The information you will collect to monitor the progress of your implementation, must be shared with all impacted stakeholders i.e., healthcare facility staff, public healthcare managers in the location you work, etc.

- Use the table below to summarise your data in an easy to read format that can be understood by any stakeholder who it is shared with.
- Use the stakeholder engagement plan from the Communication module to determine the methods and identify the stakeholders to share your progress and monitoring information with.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Actual</th>
<th>Target</th>
<th>Target Achieved</th>
<th>Reason for Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER OF NEW PROGRAM PARTICIPANTS</td>
<td>0</td>
<td>120</td>
<td>200</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>NUMBER OF PROGRAM DEFAULTERS</td>
<td>0</td>
<td>38</td>
<td>40</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>
PROJECT CLOSE-OUT

The purpose of project closeout is to assess the project, ensure completion, and derive any lessons learned and best practices to be applied to future projects. At a high-level, the key elements of project close-out are\(^\text{15}\):

- Verify acceptance of final project deliverables
- Conduct post-project assessment and lessons learned
- Conduct post-project review and evaluation
- Recognize and celebrate outstanding project work
- Disburse project resources – staff, facilities and automated systems
- Complete and archive final product records
- Ensure transfer of knowledge

VALUE ADD

SUSTAINABILITY APPROACH FOR HIV SELF-TESTING IN WORKPLACES

I. In support of the HIVSS campaign, Re-Action! created a distinct brand for the HIVSS programme. The brand components included the ‘HIV Selfie™’ logo as well as the phrase, ‘My Life, My Right, I Know!’.

These components were continuously and consistently displayed in slide presentations, banners, stickers, posters, flyers, T-shirts, data collection sheets as well as online through social media such as Facebook and Twitter. This communication campaign carried a relatable message concept that is current and aligned with social behaviour. Individuals and groups rapidly recognised the essence of the branding campaign and identified with the upbeat and trendy elements to the communication about HIVSS. The resultant ‘HIV Selfie™’ brand played a pivotal role in the social mobilisation strategy. With HIVSS being a new and innovative method to HIV screening, the Re-Action! branding campaign was suitably aligned with these qualities. The ‘HIV Selfie™’ brand was created to be easily recognised, build trust with the target audience and provide communication elements that established the concept of HIVSS.

As the HIVSS distribution picked up momentum, it was found that employees at new sites showed recognition of the branding images and messages.

II. Using an internal research mechanism, Re-Action was quickly able to determine suitable workplaces based on the predefined parameters within the targeted vicinities. This proved useful to source, select and allocate distribution teams to the target geographic areas, in a resource efficient manner.

III. Continuous improvement practices led to improved data and stock management procedures during implementations. All sites were required to provide weekly stock reconciliations between stock on hand, and stock distributed. This collectively informed and reconciled stock management for the entire distribution chain and provided predictive analysis for programme needs and resources on an ongoing basis during implementations.

 MODULE 9: ETHICAL CONSIDERATIONS

Through Re-Action’s experiences over the course of the two programme implementations, several ethical considerations arose. Below is a list of the core ethical considerations and how they were addressed.

- The sensitivity of clients workplace environments, type of organisation and level of understanding of HIVSS were taken into consideration during distributions and any necessary adjustments were applied.
- All clients questions or concerns were welcomed and encouraged and were appropriately directed to trained counsellors and nurses.
- Privacy and anonymity were always assured. All data collection forms were designed to promote anonymity, with no names or employee numbers requested. Cell phone numbers were collected for the sole purpose of follow-up calls, and it was ensured these did contain any easily identifiable information.
- In instances where clients incorrectly provided their names on the data collection forms or results slips, this was removed.
- Drop boxes were used for the returned used test kits, to ensure employees did not feel compromised and did not have to hand this over to management.
- For any organisation with a distributions yield of less than 100 employees; results were not disclosed, to retain confidentiality and avoid assumptions at the workplace.
- The telephone numbers of employees were not shared with the organisations.
- The follow up survey questions avoided any questions that could lead to identification of individuals.
- Data storage followed strict collation, collection and storage SOP’s. The data server was secured, and access controlled, thereby ensuring data integrity and that no information was comprised through internal communications.
- Data was not shared via emails to maintain client and individual confidentialities.

“Ethics is knowing the difference between what you have a right to do and what is right to do.”

Potter Stewart
MODULE 10: SUMMARY

“Expect the best, plan for the worst, and prepare to be surprised”

Denis Waitley

QUALITATIVE INSIGHTS

Overall, the HIV Selfie programme can be positively received, and feedback has indicated the following qualitative highlights of the programme:

- HIV Selfie as a point of engagement
  - Positive feedback regarding being able to test in privacy and at one’s own discretion was given during various stages of the implementation.
  - The ability to take HIVSS kits for partners was reported to result in opening the communication channels around HIV with partners and in that way improved trust.
  - The programme encouraged people to ask questions about HIV, which contributed to reducing destigmatizing HIV.
  - Positive feedback was received regarding the potential to mitigate barriers in traditional testing (e.g. clinic wait times, distance to clinic, fear of disclosure).

- Positive associations of the HIV Selfie programme
  - The HIV SelfieTM brand was recognisable and facilitated further engagements within workplaces and with employees. The brand worked well in relation to social mobilisation and demonstrated skill on the part of Re-Action! to build a cohesive brand.
  - The programme saw successful “word of mouth” awareness which resulted in employees and organisations starting to request HIVSS from Re-Action!
  - There were instances that HIV positive participants would come to the distribution team and applaud them for this great initiative and share their story with them.
  - Positive feedback was given during the follow-up calls:
    - Some employees felt that these calls showed that they have support from the programme.
    - Many of the participants enquired when we would be returning to their organisation for a second distribution.
  - It was reported that three clinics in Mpumalanga confirmed an increase in people approaching the clinic for HIV testing during the programme period.

- Providing a platform for people to confront their HIV status
  - In relation to the follow-up calls, many people were open to discussing their results, and some even openly shared their stories with the Re-Action! callers.
• Ease of use
  
  * A significant amount of feedback relating to the HIVSS kit was that it was easy to use and understand, particularly as there were demonstrations and employees felt they could openly ask questions.

The extensive experience and know-how of the implementor, will prove useful in the programme implementations. You need to be agile in approach, innovative with client engagement and branding, and comprehensively manage, planned and unplanned risks to achieve a high yield HIVSS distribution.

The design, and project management methodology is important to execute a well-structured HIV Self-Screening programme.

Your organisation must ensure fast adaptability and continuous improvement processes when presented with challenges, allowing learnings to be effectively turned into actions. Operational learnings will necessitate that various aspects of the project may need to be dynamically adjusted to ensure that maximum impact can be achieved, and gaps closed.

It is anticipated that this toolkit demonstrates that the workplace distribution model is an effective and efficient way to reach individuals at risk of HIV infection, particularly people who are infrequent or non-testers. The programme has demonstrated that on a larger scale, the workplace distribution model can have an impactful effect on assisting South Africa to achieve the 2020 target of 90% of all people living with HIV knowing their HIV status.
Healthy lives.
Measurable results.