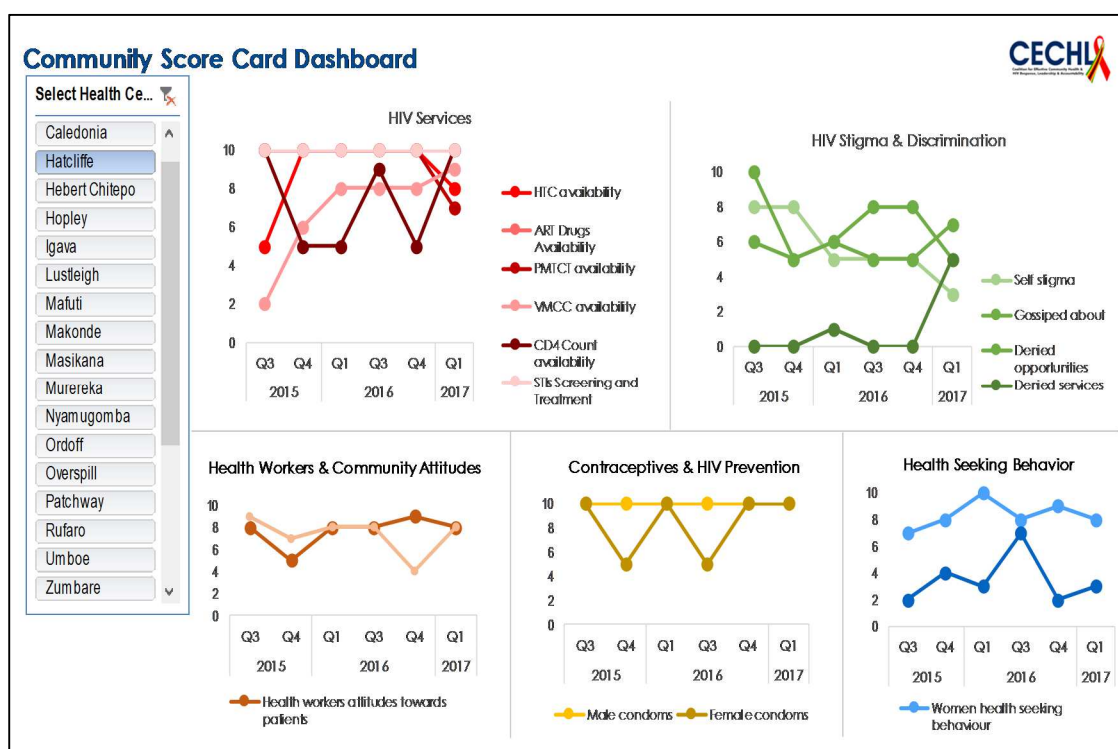


## FACT Popularises Community Score Cards (CSC) and Join in Circuit (JIC) Approaches as tools to improve Access and Quality of Health and HIV Services for Key and General Populations

Emerging as one of the pioneer organisations in HIV response, FACT has once again lived to its expectation by popularising two innovative community led and community grounded approaches to general health service provision and HIV prevention and care services for key populations (KPs) and the

general population. This has been possible through capacitating sub grantees and partner organisations in the use of the **COMMUNITY SCORE CARD (CSC)** and the **JOIN IN CIRCUIT (JIC)** approaches. Below is an example of community score card dashboard.



In addition, through the CECHLA consortium, FACT has gone on to introduce the use of CSC in 18 health facilities across 4 provinces of Mashonaland West, Mashonaland East, Manicaland and Harare.



### **Community Score Card (CSC) Approach in Health and HIV Services Improvement**

A CSC approach involves participatory rating of service provision and health service quality. Both the service provider and the service users jointly assess the type and quality of services being provided focusing on:

1. HIV Services (HTC Availability , ART Drugs Availability, PMTCT Availability, PMTC T Availability , VMMC availability, STI Screening and Treatment, & CD4 Count Availability)
2. HIV Stigma And Discrimination
3. Health Workers And Community Attitude
4. Contraceptives And HIV Prevention
5. Health Seeking Behaviour

It is critical to note that CSC approach can be expanded beyond the chosen CECHLA health service indicators.

Using the CSC approach, service users and service providers can jointly monitor the availability and quality of services, and come out with agreed solutions to tackle any gaps that would have emerged.

CECHLA Consortium Community Based Organisations (CBOs) have adopted and popularised CSC innovation as a means to improve services provision by health facilities for the general population and KPs.

## Join in Circuit Approach (JIC)

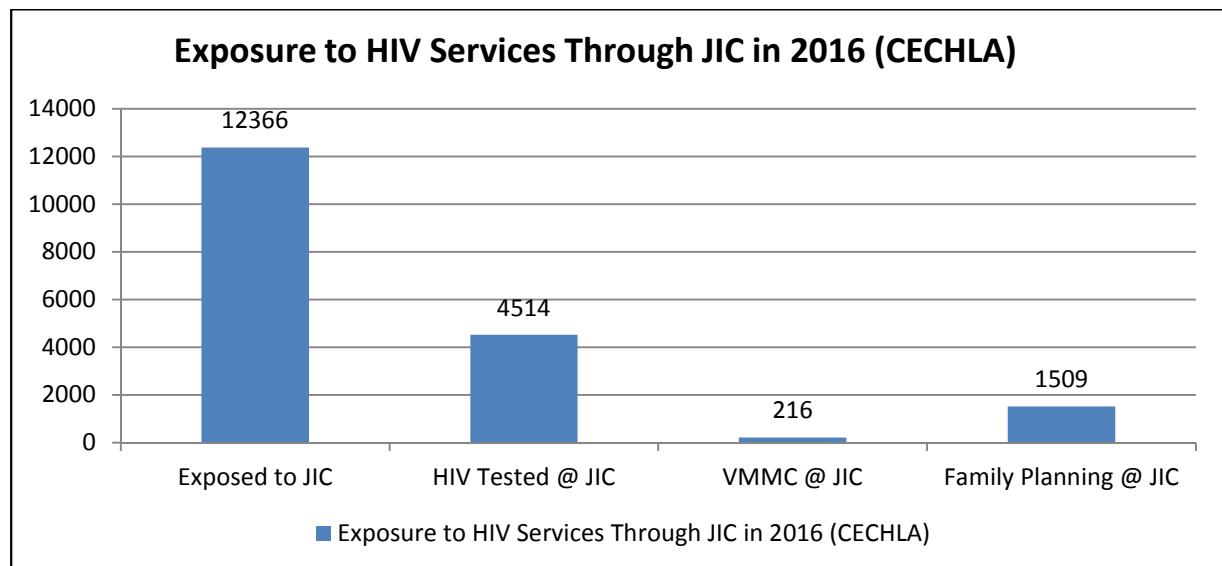
FACT took over the running of JIC from GIZ. This was after FACT staff had gone through 3 years of intensive exposure and use of JIC methodology running from 2007 to 2013 to emerge as JIC master trainers. Several partner organisations and communities were brought on to adopt and use the JIC approach as a way of improving learning about HIV AIDS and other sexual reproductive approaches leading to enhanced demand for HIV services. Indeed, through use of JIC, CECHLA partners have managed to reach out to

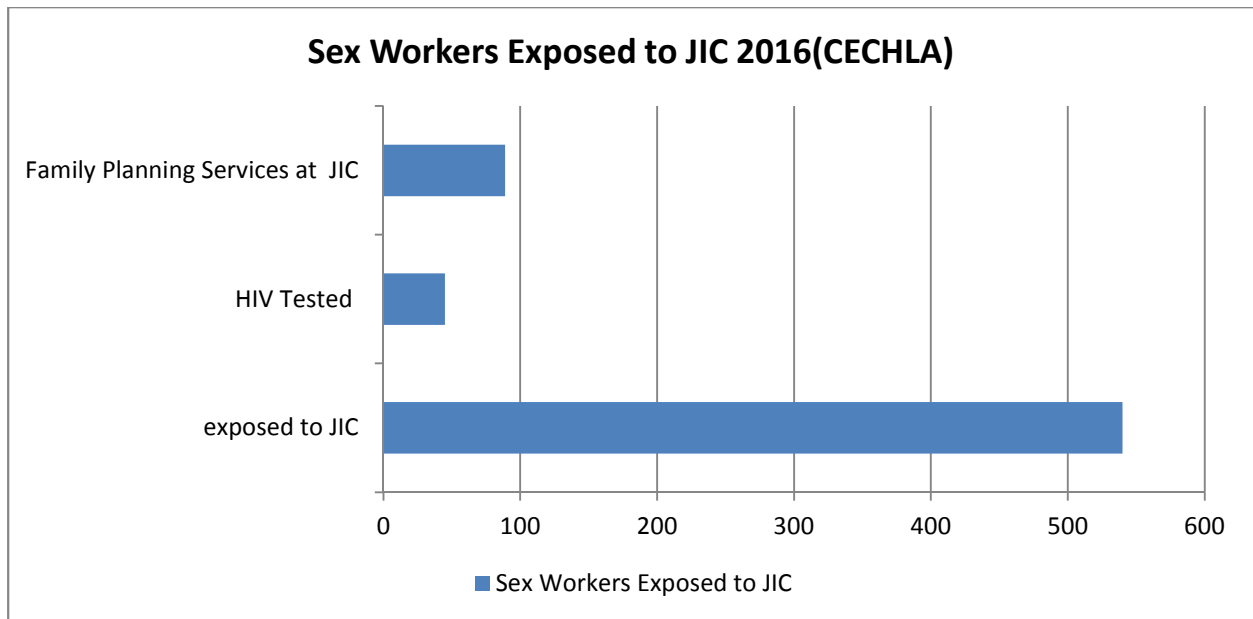
12366 Clients in year 2016 with associated sexual reproductive health services listed in the table below. Partners actively using

JIC as a result of CECHLA initiatives include Seke Rural Home Based Care in Seke District, Young Men Christian Associations (YMCA) in



Kadoma and Chegutu, Zimbabwe Association of Doctors for Human Rights(ZADHR) in Harare Peri Urban areas, Katswe Sista Hood in Hopley and Epworth, DOMCCP In Mutare's Mukuni area , and Pamuhacha in Mashonaland West.





### The Join In Circuit (JIC) Roll Out

JIC is a seven stations driven approach. Each station outlines various HIV and Sexual Reproductive Health Rights (SRHR) issues. A station resident facilitator will help explain the various images, facilitate interaction by group members while answering and referring clients for further support. Service access and service demand is at the core of JIC approach. Service providers will be on site to offer services to JIC participants.



To date, FACT through the Coalition for Effective Community Health & HIV Response Leadership & Accountability (CECHLA) consortium supported through LCI funding from CDC and the SRHR program has trained at least seven Community Based Organisation and four technical partners to further scale out use of CSC and JIC to improve access and quality of health services. All the CBOs under the CECHLA consortium namely, Katswe Sisterhood, SEKE Rural Home Based Care, Zimbabwe Association of Doctor of Human Rights (ZADHR), Young

Men Christian Association (YMCA), Pamuhacha, Citizen Health Watch (CHW) and Diocese of Mutare Community Care Program (DOMCCP) have documented extensive and consistent use of the two

Approaches to reach out to key and general populations and priority populations with standard comprehensive HIV messages

including active referrals and linkage to HIV health services.

FACT remains the leading innovator and technical supporter of CBOs in the use and adoption of such new innovations. We remain vigilant ensuring that the best standards are met in all the Health and HIV interventions.