The CQUIN Learning Network Annual Meeting

M&E of DSD with Electronic Medical Records

Names: Munyaradzi Pasipamire, Steven Chambers Swaziland National AIDS Programme

> February 13-15 Maputo, Mozambique



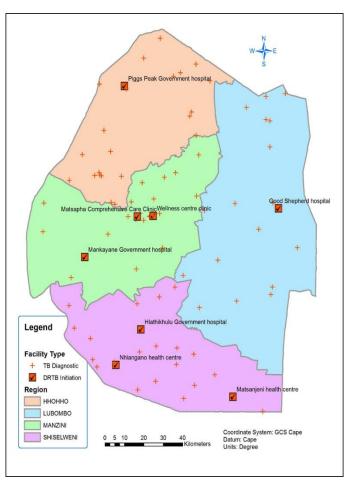
HIV LEARNING NETWORK The CQUIN Project for Differentiated Service Delivery





Swaziland Health profile-HIV





- Population: 1.1 million
- HIV incidence: 1.4%
- HIV prevalence: 27%
- Four administrative regions
 - Regional Health Management Teams
- TB/HIV co-infection 70%
- MTCT 2% at 6 weeks
- 🖵 174 ART sites

- ART roll-out began in 2003
- 3 month refilling started in 2008
- Refilling-in-absentia started in 2008
 - Test & Start started in Oct 2016
- RVLM started in 2012 but limited to 1 region
- RVLM expanded to all regions in Apr 2017
- Systems in place:
 - Paper system
 - > APMR
 - RxSolution (pharmacy)
 - > CMIS

Guiding documents



National Policy Guidelines For Community-Centred Models of ART Service Delivery (CommART) in Swaziland

SWAZILAND NATIONAL AIDS PROGRAMME (SNAP)

DIFFERENTIATED CARE FOR HIV CLIENTS IN SWAZILAND

[June 2016]





Ministry of Health

Standard Operating Procedures for Implementing Community-centred Models of ART Service Delivery (CommART) in Swaziland

Swaziland National AIDS Programme (SNAP)

DIFFERENTIATED CARE FOR HIV CLIENTS IN SWAZILAND

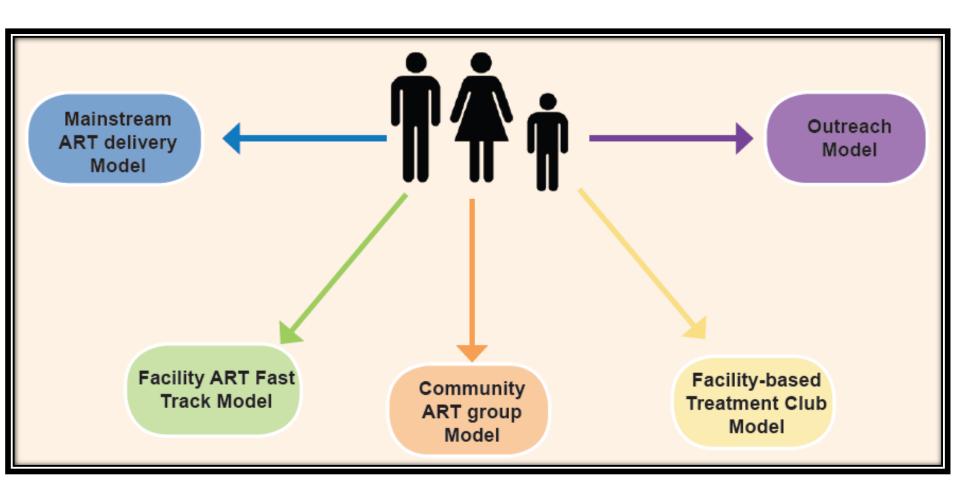
[JUNE 2016]





Overview of DSD Models in Swaziland





"CommART"





Overview of Strategic Information Department (SID)

- □ SID provide support to the program on all data collection, analysis and reporting needs
 - > HMIS: data tools, data systems, data collection
 - Development of systems, network support
 - DMT: Coordinates data cleaning & quality assurance, manages data requests
 - M&E: Data analysis and generation of reports, indicator compendium
 - Epidemiology and Disease Surveillance
 - Research
- HISCC: Committee guiding introduction of new tools and indicators



Swaziland



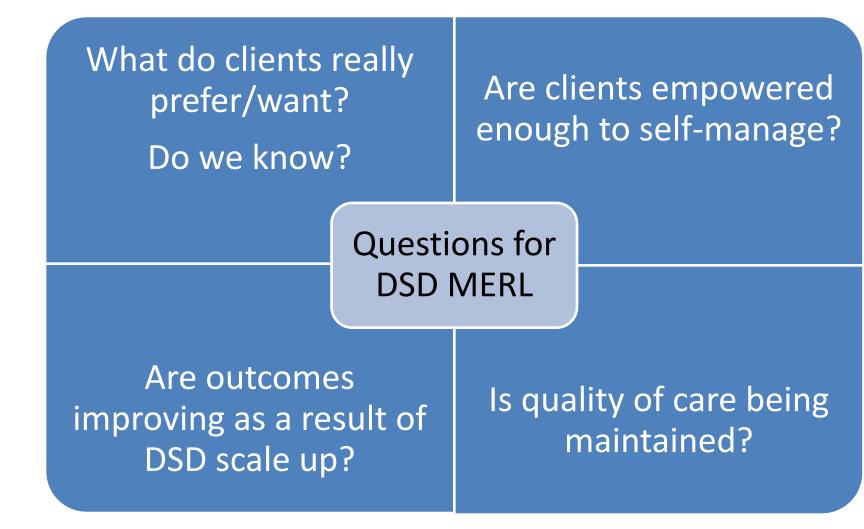
Health Information Systems

- Dual HIV data collection systems in use
 - HMIS: APMR- HIV Chronic Care
 - > CMIS
- APMR system only at "mother" sites, "baby" sites' data is send to mother sites for entry and reporting
 - > Other systems: Paper-based (manual)
- □ APMR is currently being replaced by CMIS
- □ Data movement: Baby Facility→ Mother Facilities→ Regional→ National
 - (old system)



Why DSD M&E?





DSD M&E Roadmap

										TODA
SEPT OCT 2016 2016	NOV 2016	DEC 2016	JAN 2017	FEB- MAR	APR- MAY	JUNE	JULY	AUG	SEP 2017	OCT 2017
	2010	2016	2017	IVIAR						2017
MILESTONES								_		
ls	HMIS					ר <mark>י</mark>		HMIS	PILOTI	NG OF
	\geq					SI		\geq		OLS
Development of tools for DSD						VISITS-				
0	to	Revisio	n of too	ls and				to to		
nent DSD	tools	consul				FIELD		revised	IA	
P 3	Ŏ	Consul						ise	AD AD	
ā ō	of t					CONSULTATIVE FII CQUIN		€ 	INDICATORS & DATA CAPTURED in JAD sessions	
						ΕŬ		L L	INDICATORS CAPTURED in sessions	
۵ ۵								of	JDICATO APTUREI sessions	
e e	ati					Ë			IC/ Ssic	
						ISI		Ę	NDI Se:	
	Presentation					\leq		Ita	S C C	
	GS					ŭ		E L	d emr i Fields	
	P	NB: DS	D indicat	ors captur	ed in			Presentation	D II	
		CMIS v	ersion 2					P -	DSD FI	



DSD/CommART M&E



- Registers developed in 2016
- □ 1st discussed at HISCC in Nov 2016
- Working together with HMIS, M&E and DSD implementing sites, finalised required data elements, indicators and adjustments necessary to CMIS
- Paper elements approved in August 2017 and are in use at selected sites
- Conducted a CMIS Joint Application Development (JAD) workshop in Sept 2017
- □ JAD incorporated the new data fields for DSD and will be available once version 2 goes live.



Priority areas for DSD M&E in Swaziland



1.Eligibility

2.Uptake of non-mainstream DSD models

3. Quality of care in non-mainstream DSD

- i. Access to viral load monitoring
- ii. Screening for NCDs
- iii.Provision of clinical assessments/ reviews especially in fast track

4.Outcome

- i. Retention
- ii. Adherence and Viral suppression
- iii. Unfavourable outcomes: Deaths and LTFU





CAG Register Club register

						Treatr	nent Clubs							
eatme	atment Club Name: Treatment Club start date:													
on Clinical da					ita at enrolment			Changed to other care model (re model (Changed)	(Changed); Transferred	
				ART Regimen at	VL date	ART Regimen at	Outcomo						New	
ender	Age	ART number	er ART start date	te Date joined club	Enrolment	VL result	Outcome	Changed model	Transferred Out	Lost to follow up	Died	Other	Outcome Date	Mainstrean
			dd/mm/yyyy	dd/mm/yyyy	_		_	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy	-		-	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy	-		-	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy	-			Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy				Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy			_	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy	_		-	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy	_		_	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy			-	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy	_		-	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy	-		-	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy	-		-	Changed	T/F out	LTFU	Died	Other	dd/mm/yyyy	Mainstream
			dd/mm/yyyy	dd/mm/yyyy	-			Changed	T/Fout	LTFU	Died	Other	dd/mm/yyyy	Mainstream



To adapt existing facility based monthly/ quarterly reports to create a DSD report

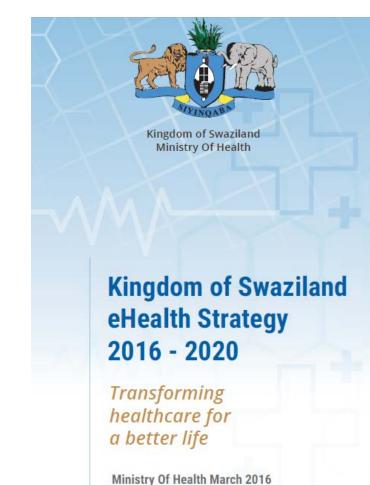
Reporting Facility:												
Period reporting from:				_ to								
Printed on	n:											
Name of p	erson who p	orinted form				Des	ignation:					
Signature:				Contact telephone number:								
	(1)	(11)	(111)	(I∨)	(∨)	(VI)	(VII)	(∨III)	(IX)			
	Number of	Number of	Number of	Number of	Number of	Number of	Number of	Number of	Number of			
	patients	patients	newly-	patients	patients	patients	patients	patients	patients			
	enrolled in	newly-	eligible	eligible for	receiving	who	who	who	who			
	non- mainstream	eligible for	patients who	non-	ART in non-	initiated	initiated	initiated	initiated			
	ART models	non- mainstream	initiated	mainstream ART models	mainstream models by	non- mainstream	non- mainstream	non- mainstream	non- mainstream			
	at the	ART models	non-	by the end	the end of	ART models	ART models	ART models	ART models			
	beginning	during the	mainstream	of the	the period	12 months	12 months	12 months	12 months			
	of the	period	ART models	period	the period	prior	prior who	prior who	prior who			
	period		during the			MINUS the	received a	received a	were virally			
			period			number	clinical	viral load	suppressed			
						who have	assessment	test during	during the			
						transferred-	during the	the period	period			
						out	period					
Males												



Client Management Information System



- Client Management Information System (CMIS) is patient-centred and patient healthcare outcomes driven.
- Real time web based system
- ICT for health infrastructure:
 - Government Wide Area Networkinter-facility
 - Local area network: intra-facility
- Unique Client ID
 - Patient Linkage,
 - Unified Systems







ART Prototype Demo\index.html



Status of Implementation: by region



Model	Hhohho		Lubombo		Μ	anzini	Sł	niselweni	TOTAL		
	# Sites	# Clients	# Sites	# Clients	# Sites	# Clients	# Site	# clients	# Sites	# Clients	
Treatment Clubs - incl. FCs	1	3	4	50	1	14	3	492	9	559	
Treatment Clubs - Teen	16	1158	23	1119	17	650	20	815	81	3742	
CAGs	13	156	1	50	6	133	13	610	33	949	
Outreach	2	16	4	1220	3	220	2	101	11	1557	
FT- 3 mo. (%)	32	20351 (57%)	11	5062+	26	32919 (87%)	30	20937 (87%)	99	79269 (66%)	
Total	38	3369	35	2561	23	3382	27	4479	123	13791	



Acknowledgements



- MoH Directorate
- RHMT
- HCWs
- CQUIN
- PEPFAR
- SNAP, NTCP & SRHU
- □ SWANNEPHA

