

Zimbabwe DSD Performance Review, June 2019

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Overview



Background and Approach

Overview of key results

Summary, lessons learned, and future steps

Background

- Implementation of Review meetings part of the DSD M and E Plan
 - Method of data collection also earmarked for reporting in non-partner supported districts
- The MOHCC and its stakeholders i.e. implementing partners, and the ICAP CQUIN team developed objectives of review
- Provincial teams from Mash West, Mat South and Mat North were engaged to guide the planning and implementation of the review

Annual Cross-sectional data collection for Facility Coverage

Sampling method for client uptake and coverage: Semi-annually

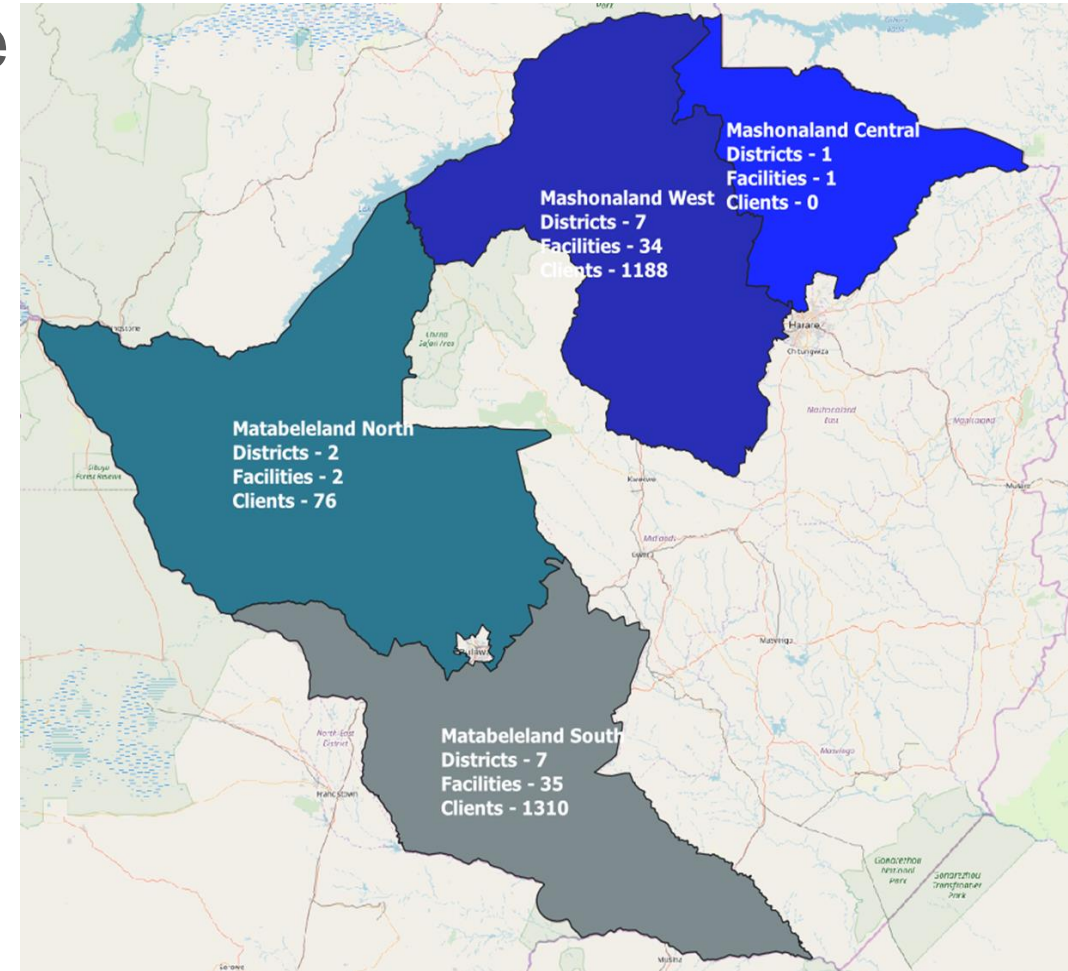
Comprehensive collection for Facility and Client Uptake and Coverage: Quarterly

Electronic system for collection of Uptake, Coverage and Outcome Indicators: Quarterly Analysis, 2020

M and E Plan

Approach: Population

- 17 districts across the 4 provinces were identified for inclusion
 - 73 facilities were selected for data collection
 - 2 facilities failed to do/complete data collection
 - Selected via stratified random sampling
 - All districts in 2 provinces, 5 facilities in each provinces (District hospital, 2 high volume sites, 2 low volume sites)
 - Selected districts and facilities (total of 3) in 2 provinces
- Two patient cohorts: 12 and 24 months on ART



Approach: Data collection

- Data collection via abstraction of patient data from facilities
 - Patient ART booklet main data source with additional data sources in some cases – pragmatic approach
 - Standardized data entry form in MS Excel
- Data collection supervised by district teams

Information				DSD Model and Retention				Eligibility					Priority Indicators		Integration of TB/HIV Services	
Patient	Cohort	Gender	Age group	Current ART model	Duration of Enrollment in Current ART Model	Any Visit or Drug Refill in past 3 months?	ART model 12 months prior	VL test in past 12 months?	VL result	If no, CD4 test in past 6 months?	CD4 result	Any OI or TB in past 12 months?	Number of ART pickups in past 12 months	Number of clinical visits in past 12 months	Ever received IPT	Received IPT during enrollment in DSD ART model
1	ART 24 months	Female	25+ years	Fast Track	> 6 months	Yes	Conventional Care	Yes	<1000			No	6	4	Yes	Yes
2																
3																
4																
5																
6																
7																

Approach: Sharing and discussion of results

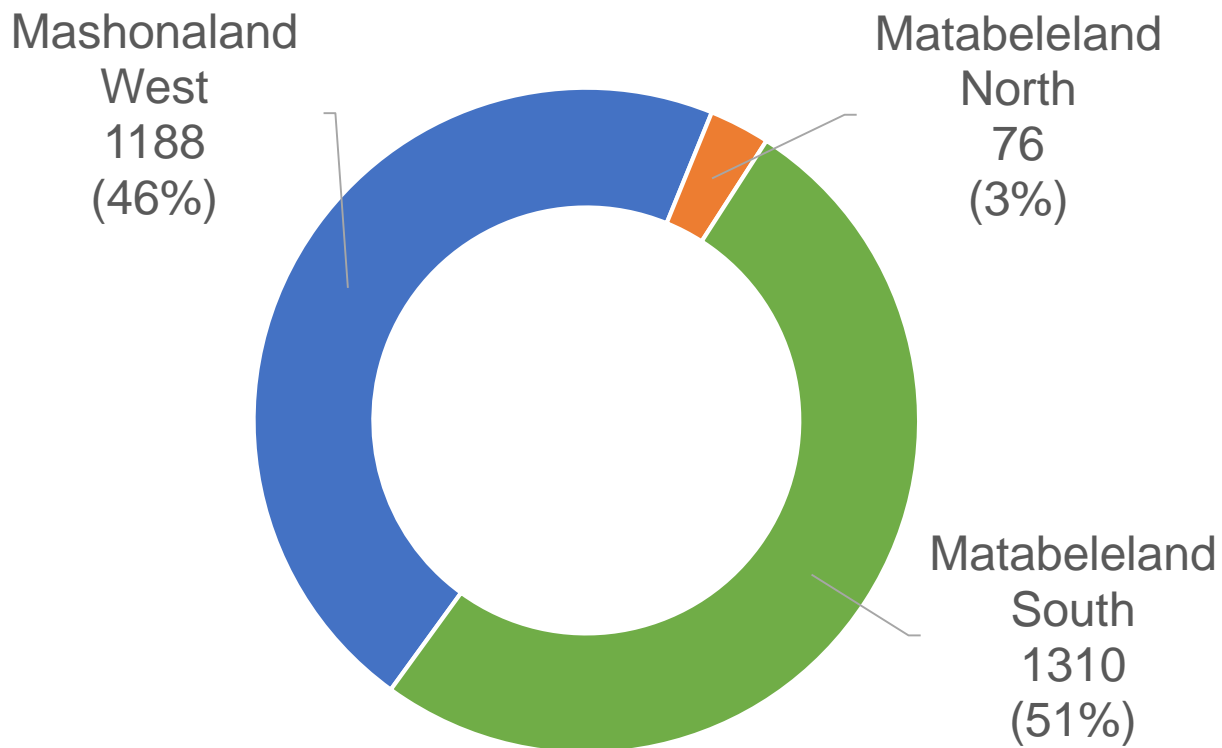
- Convened a 3-day meeting to review results
 - District, Provincial, and National MOHCC teams; PEPFAR implementing partners
- Provincial overview presentations and discussions led by province teams
- District-level presentations and discussions led by district teams



Key Results

Numbers of Patients, by Province and District

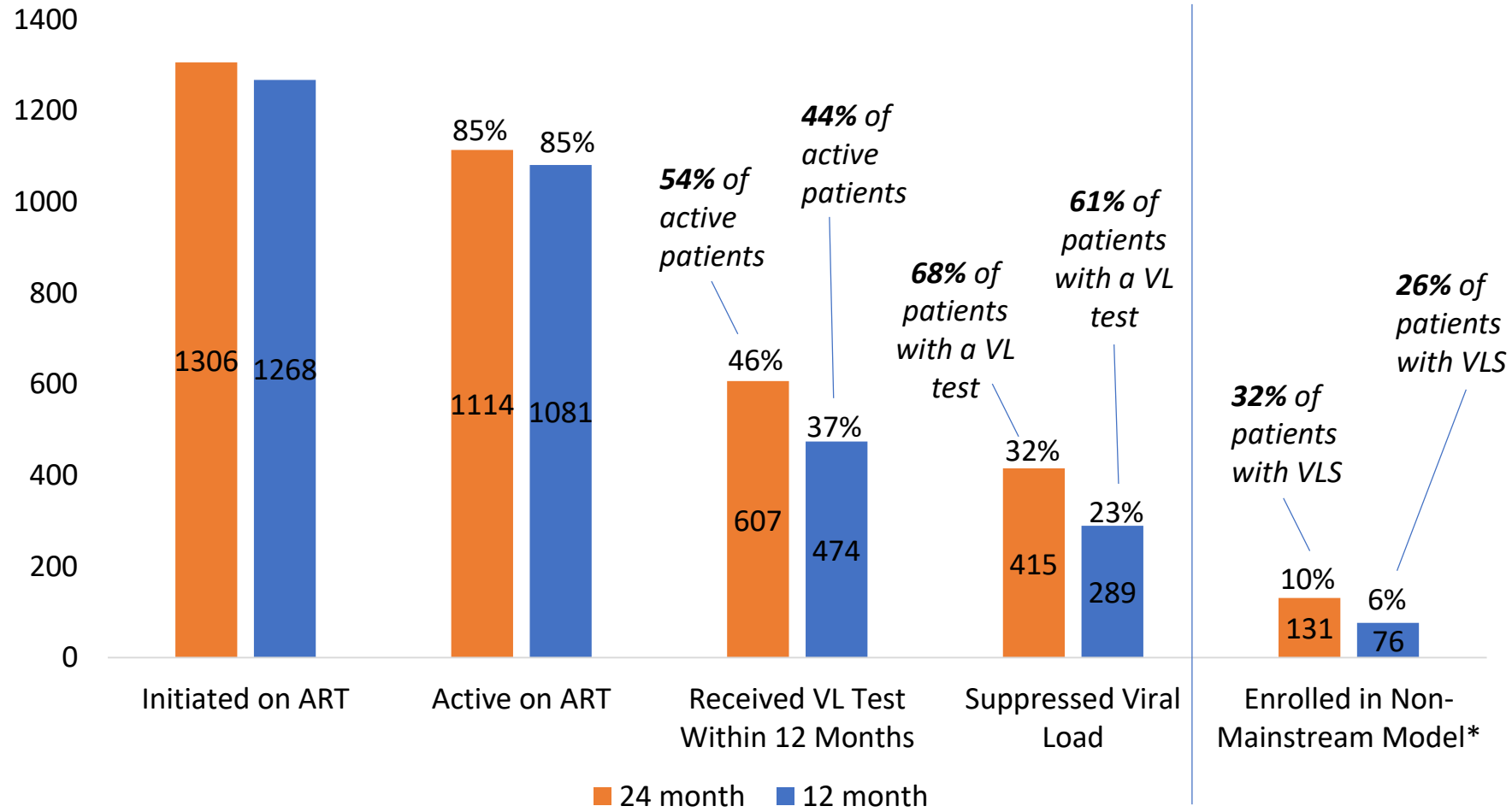
Number of patients, by province
Both cohorts combined (N=2574)



Number of patients, by province and district, both cohorts combined

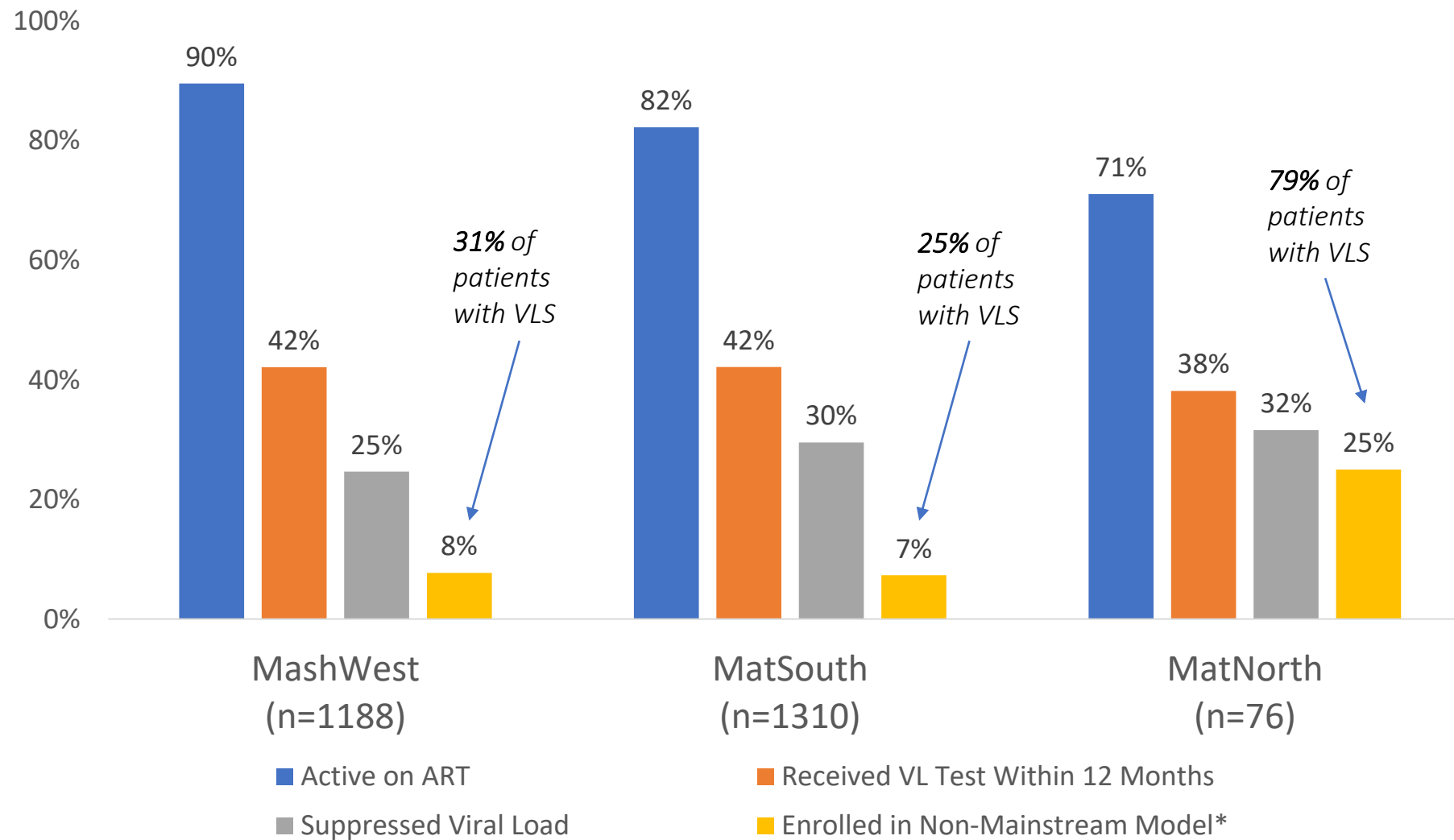
	n (%)
Mashonaland West	1188
Chegutu	182 (15%)
Hurungwe	149 (13%)
Kariba	138 (12%)
Makonde	181 (15%)
MhondoroNgezi	181 (15%)
Sanyati	172 (14%)
Zvimba	185 (16%)
Matabeleland North	76
Bubi	42 (55%)
Umguza	34 (45%)
Matabeleland South	1310
Beitbridge	305 (23%)
Bulilima	165 (13%)
Gwanda	168 (13%)
Insiza	184 (14%)
Mangwe	170 (13%)
Matobo	153 (12%)
Umzingwane	165 (13%)
Total	2574

Overall Modified HIV Care Cascade, by cohort



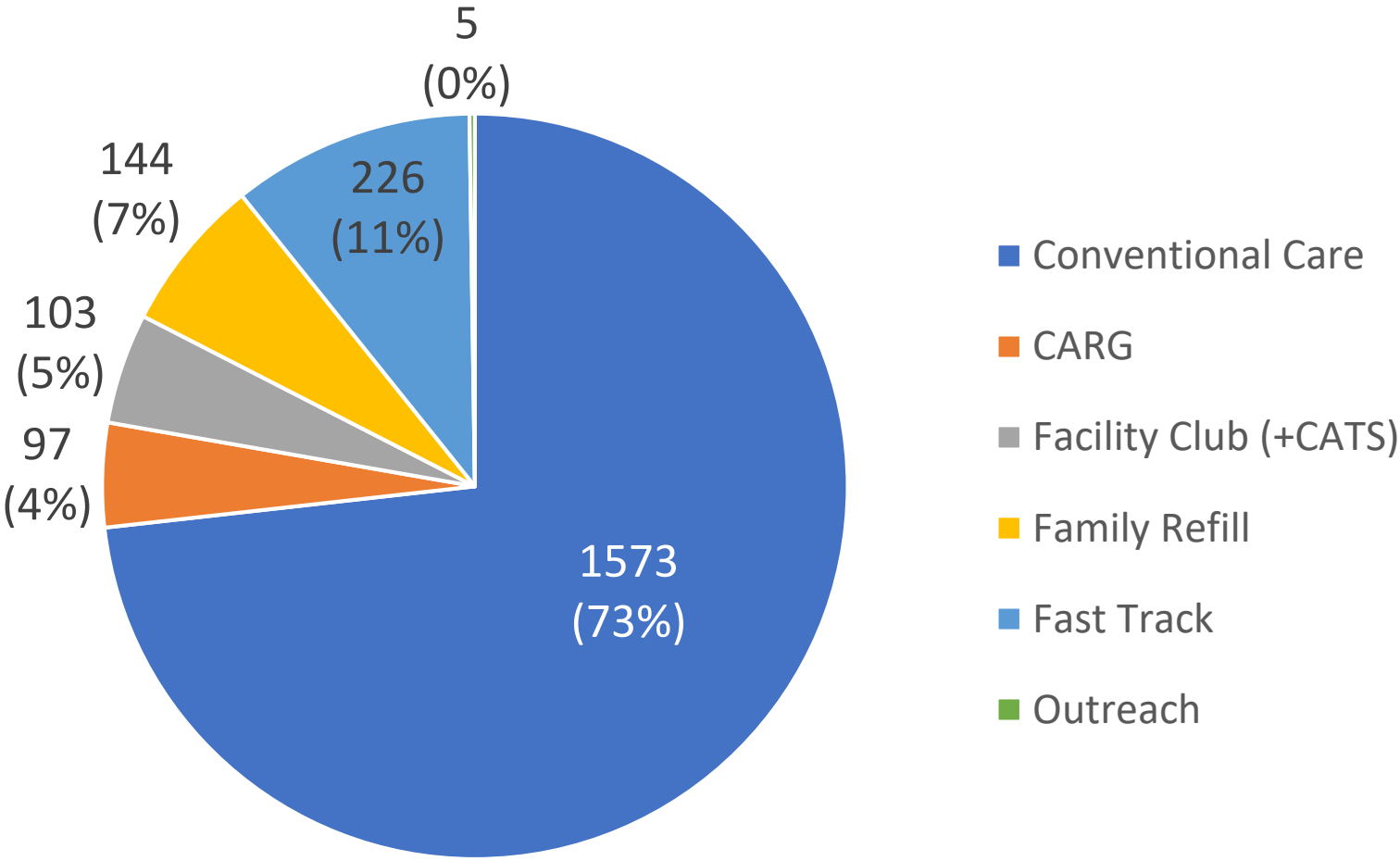
Provincial Modified HIV Care Cascades

12- and 24-month cohorts, combined



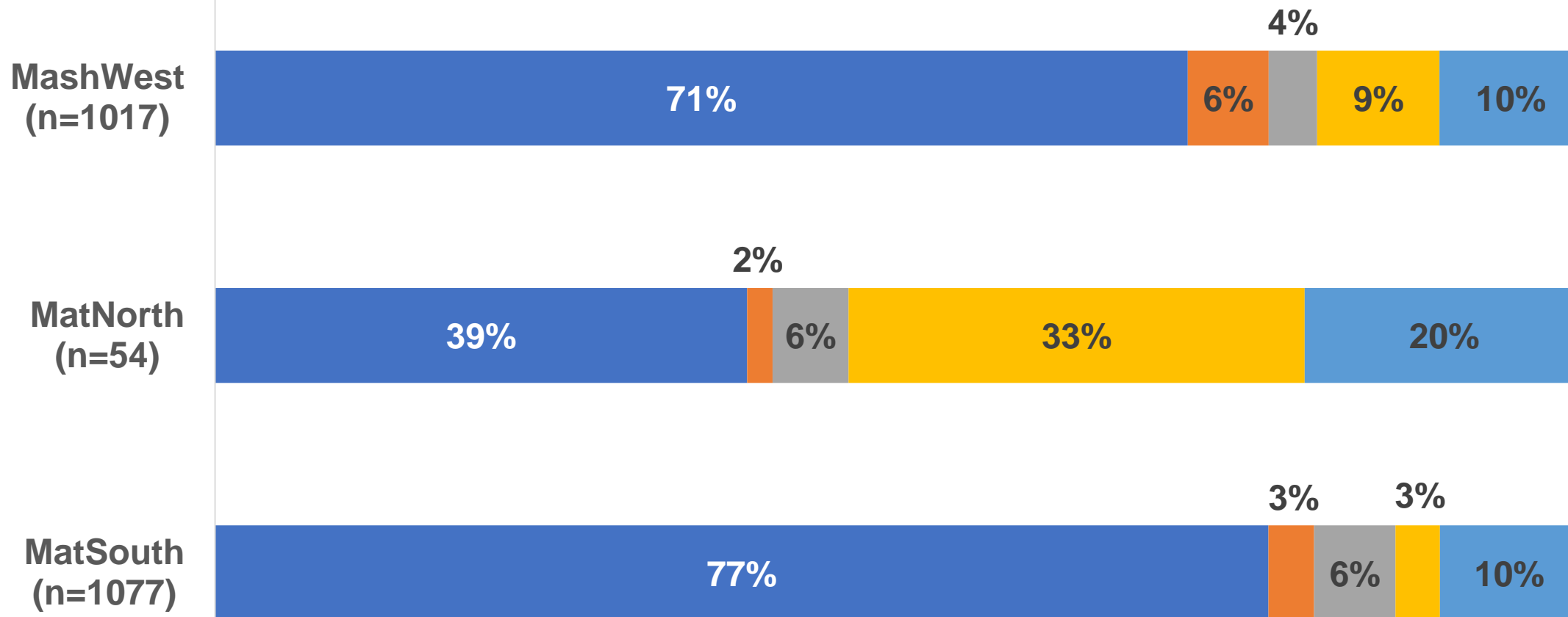
Overall DSD Coverage

All patients active on ART - 12 and 24 month cohorts combined (n=2148)

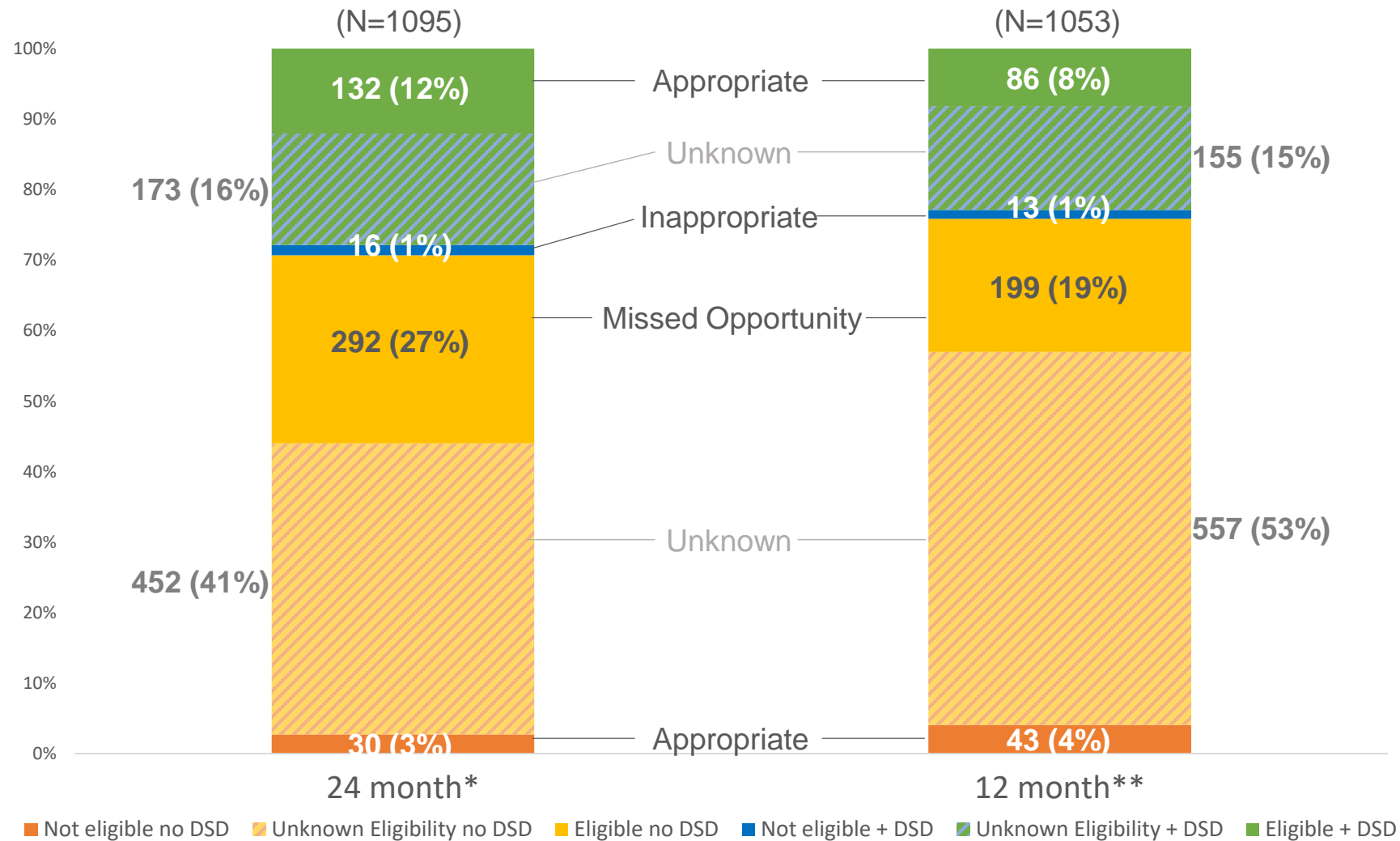


DSD Coverage by Province

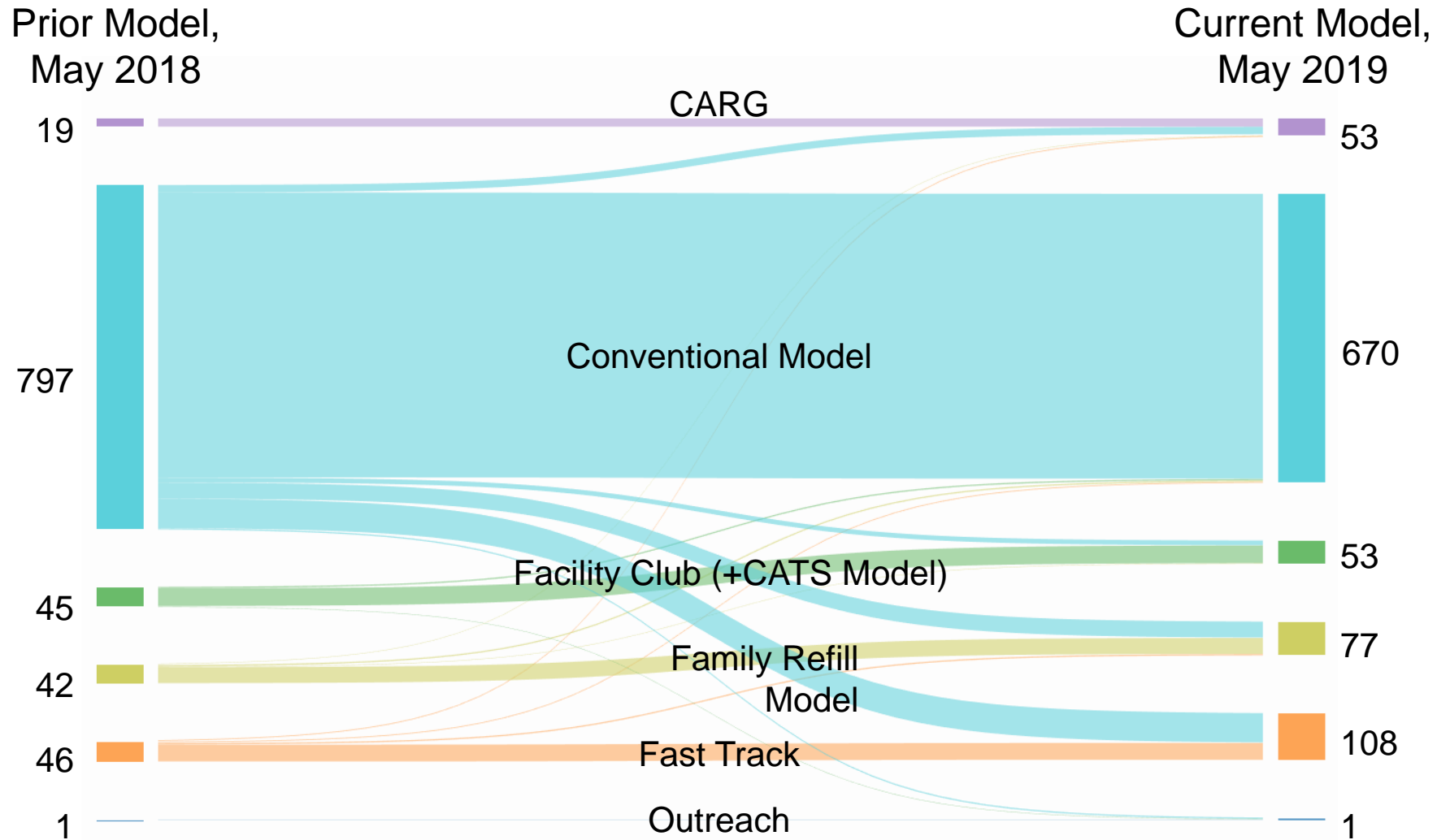
All patients active on ART - 12 and 24 month cohorts combined



Overall Fidelity of DSD Enrollment, by cohort

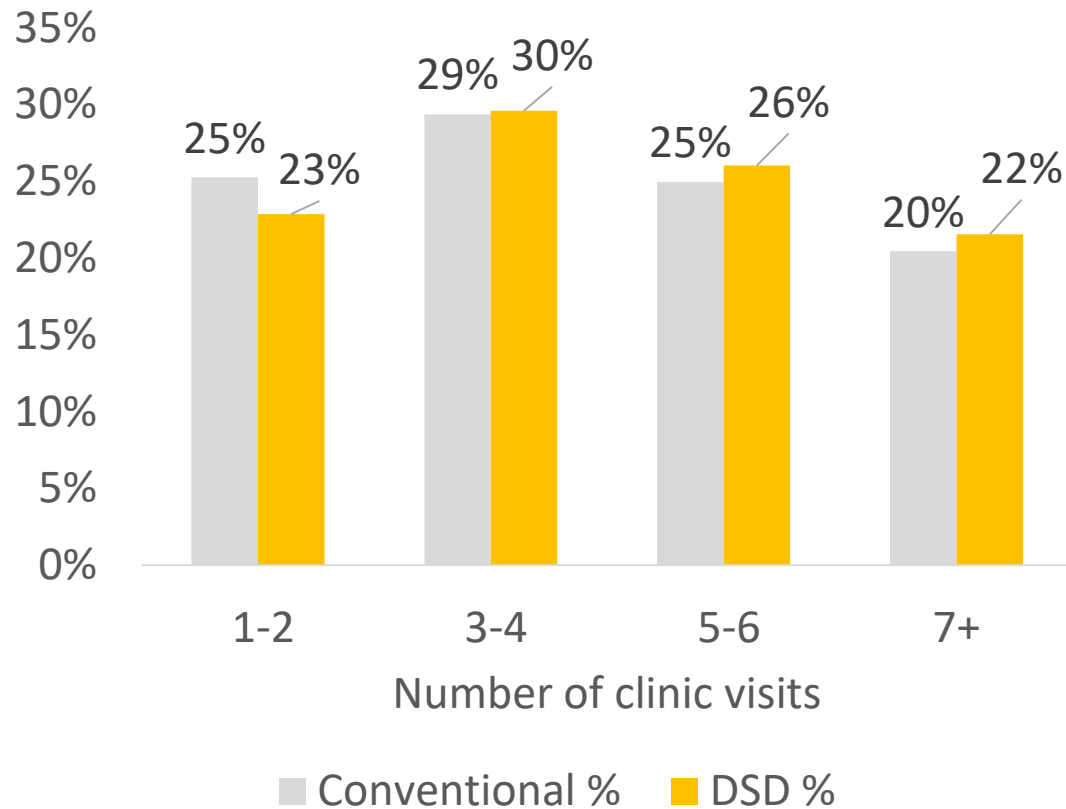


Model Switch: Current ART model and 12 months prior Among 24 month cohort patients

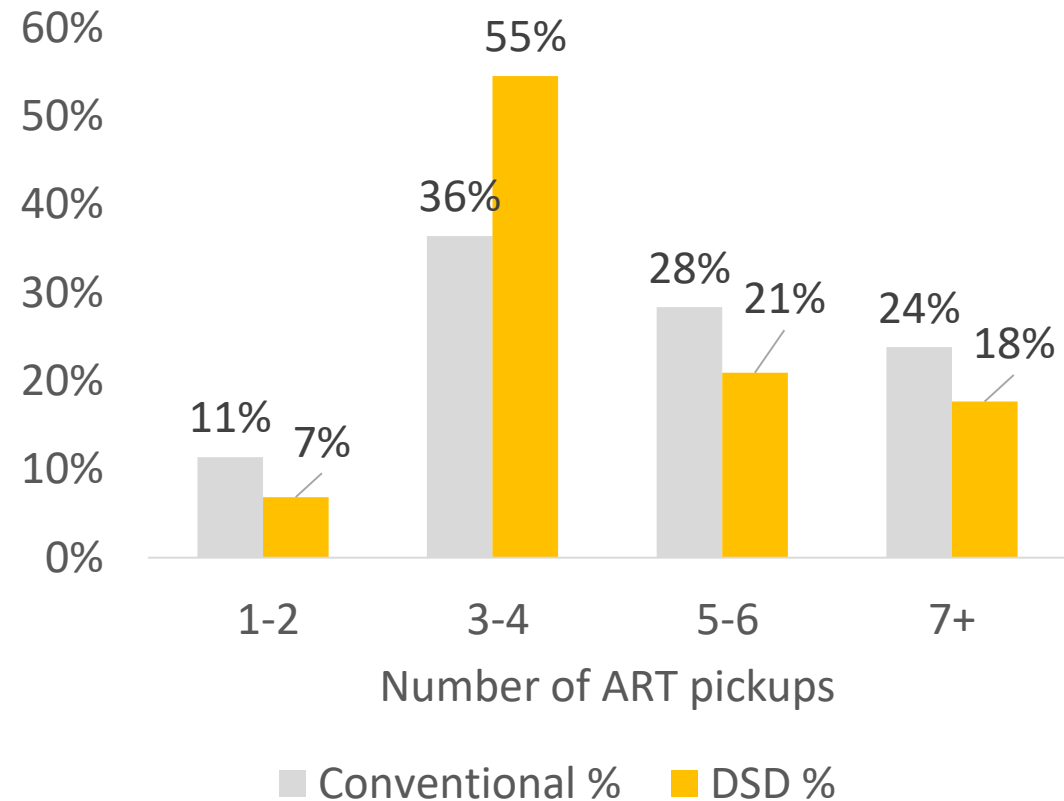


Numbers of clinical visits and ART pickups per year, conventional model vs. DSD models

Yearly number of clinical visits per person, by model type



Yearly number of ART pickups per person, by model type



Post-hoc assessment of DSD model uptake by sex: DSD Performance Review

Question: Are women more likely than men to enroll in DSD models providing less-intensive services?

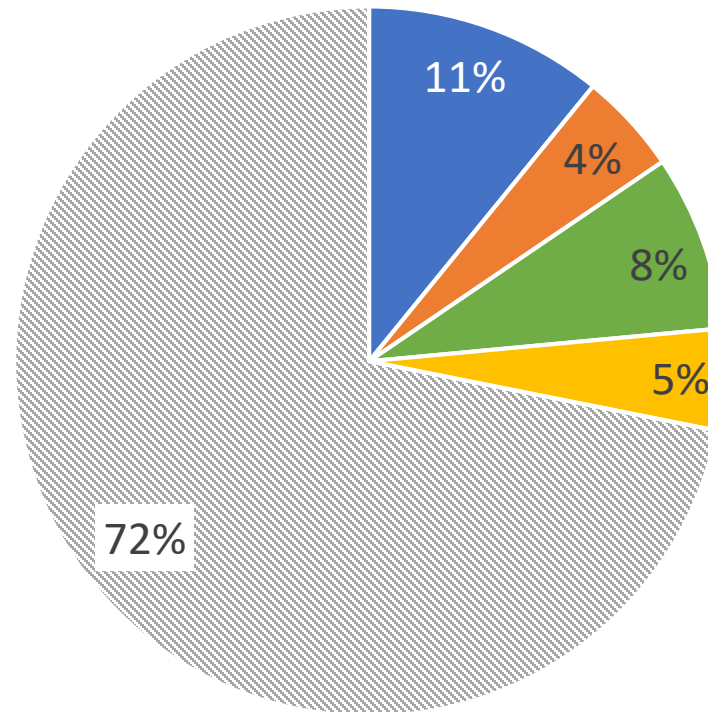
Current ART model coverage, by sex (May 2019)

DSD Performance Review, 70 facilities in 3 provinces

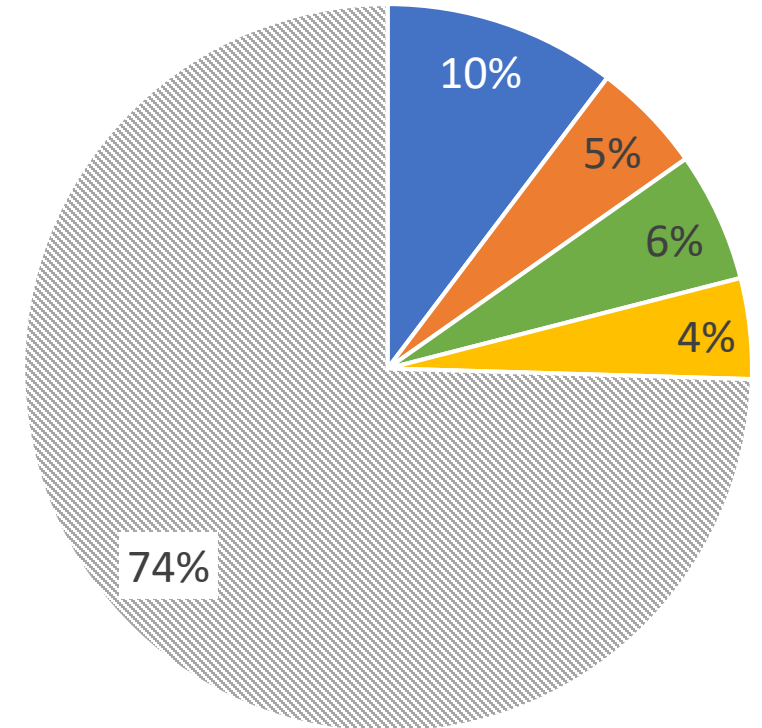
DSD uptake and model of choice was similar for men and women (n=2,148)

- Fast Track
- Facility Club
- Family Refill
- CARG
- Conventional ART

Men



Women



Note: Patients receiving MMS/MMD but not other DSD model features are classified within Conventional ART group

Source: Zimbabwe Ministry of Health and Child Care

Summary of Key Results (1)

- 85% ART patients were retained at 12 and 24 months after initiation; overall, 27% of these pts were enrolled in a DSD ART model
 - In the post-hoc analysis, we saw no clear differences in DSD enrollment by sex
- About 50% of retained patients had a VL test within the past 12 mos; approx. 65% of these pts had documented VLS
- Roughly 30% of patients with VLS were in a DSD model
- Fast track and family refill were the most common DSD models overall, though popularity of models varied across provinces and districts

Summary of Key Results (2)

- Fidelity of DSD model enrollment criteria was low; a small % of ART patients had a VL result and were enrolled in the expected ART model based on results
- Model switch was common across the past year among the 24-month cohort patients
 - Most common was switch from conventional model, though switch between DSD models also occurred
- A lower % of patients in DSD models (39%) than in the conventional model (52%) had 5+ ART pickups over the past year
 - The number of clinical visits did not differ across DSD vs. conventional models

Lessons Learned and Next Steps

- Data provided helpful insights on DSD implementation
 - Extensive participation in discussions by facility and district teams
- Support for DSD scale-up can be targeted using these findings
 - Increase uptake and coverage in priority DSD models
 - Improve VL testing coverage and fidelity of implementation
 - Eligibility/enrollment, and appointment/ART pickup spacing
 - Monitor and manage DSD model switch
- Steps can be taken to improve data review process as well as data quality

Recommendations for Future Performance Reviews

- **Strengthen data collection process**
 - Provide a more detailed job aid on indicators collected
 - Ensure rigorous supervision, e.g., through daily review and sign-off on data collection sheets
- **Ensure adequate resources are available for data cleaning, analysis, and development of slides**
- **Ask districts and regions to develop structured Action Plans based on results**
 - Develop strategy for following up on Action Plan progress

Acknowledgements

- Ministry of Health and Child Care
 - ATP
 - Provincial and District Teams
- I-tech, OPHID, ICAP
- CQUIN TA Team
- DSD TWG Stakeholders