



Multi Month ARV Dispensing for PMTCT

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CQUIN Differentiated MCH Workshop May 25 - 27

HIV Learning Network

The CQUIN Project for Differentiated Service Delivery



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MINISTRY OF HEALTH - ETHIOPIA
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Overview

- **PMTCT services provided in RMNCH platform**
- **Interim guidance and implementation guide for non COVID essential services was developed**
- **MMD Adaptation & Frequent Virtual Monitoring**
- **3MMD including PMTCT, *Children***
- Accelerated ASM 6 MMD
- Proactive Refill
- Community Dispensing
- Flexible hours

Weekly Zoom meeting

- Performance review
- Missed Appointments/LTFU

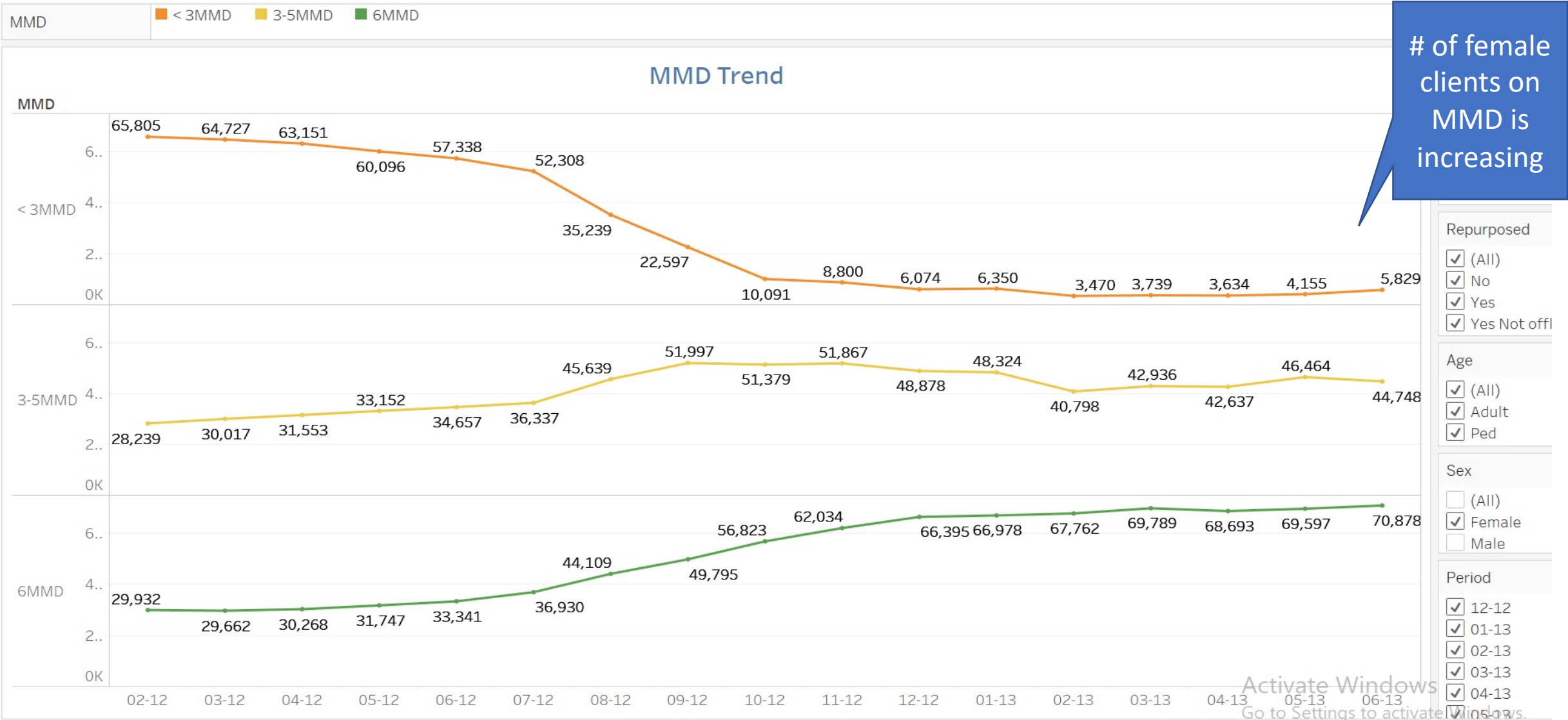
Data collection: Mobile App

Tableau software: used as a tool to analyze and visualize the data

Smart Care - ART Use and Data Quality Improvement Remote Supports

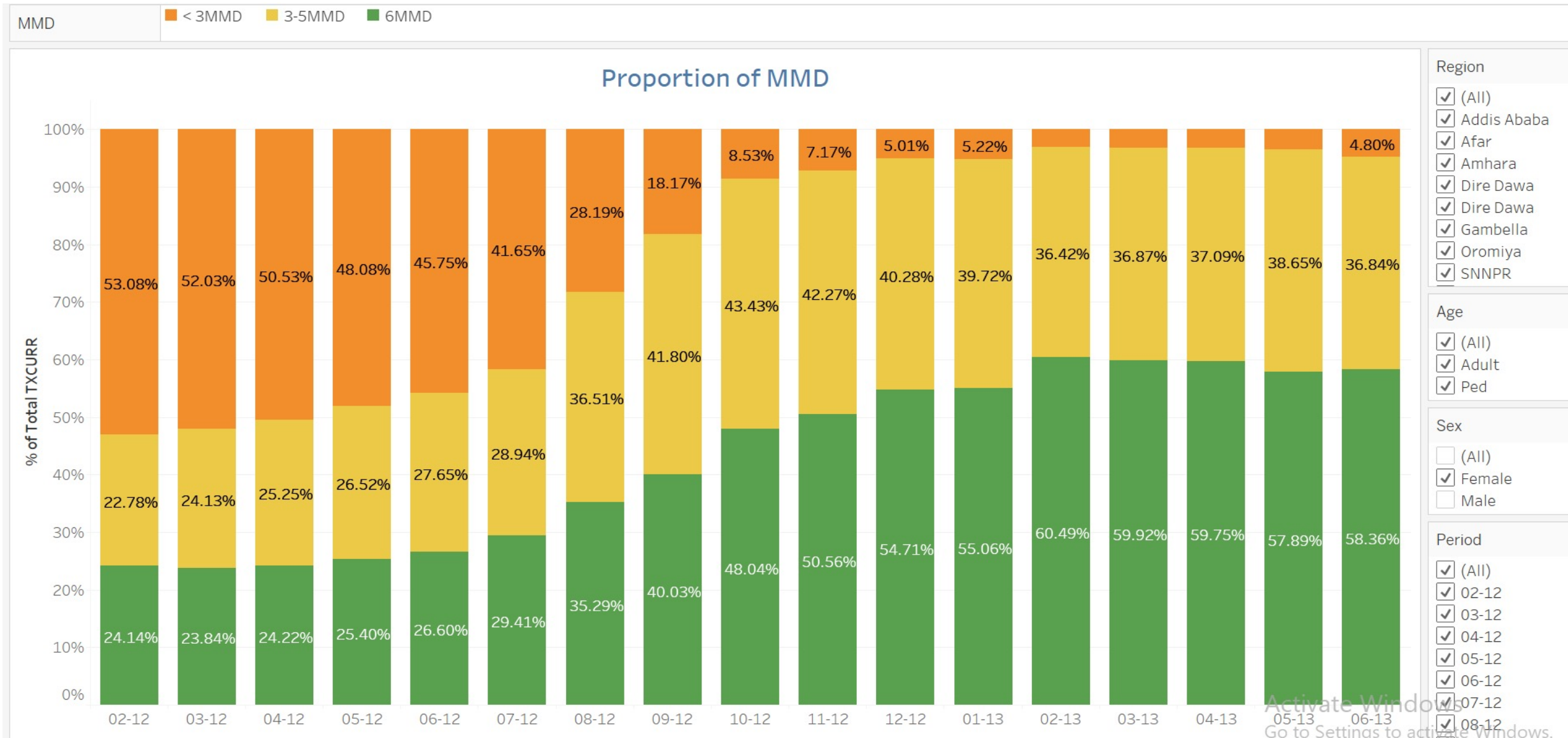
Used normal email(Telegram) for communication

MMD TREND in WLHIV, at selected high load sites in 7 regions, Oct/19 to March 2021, EMR

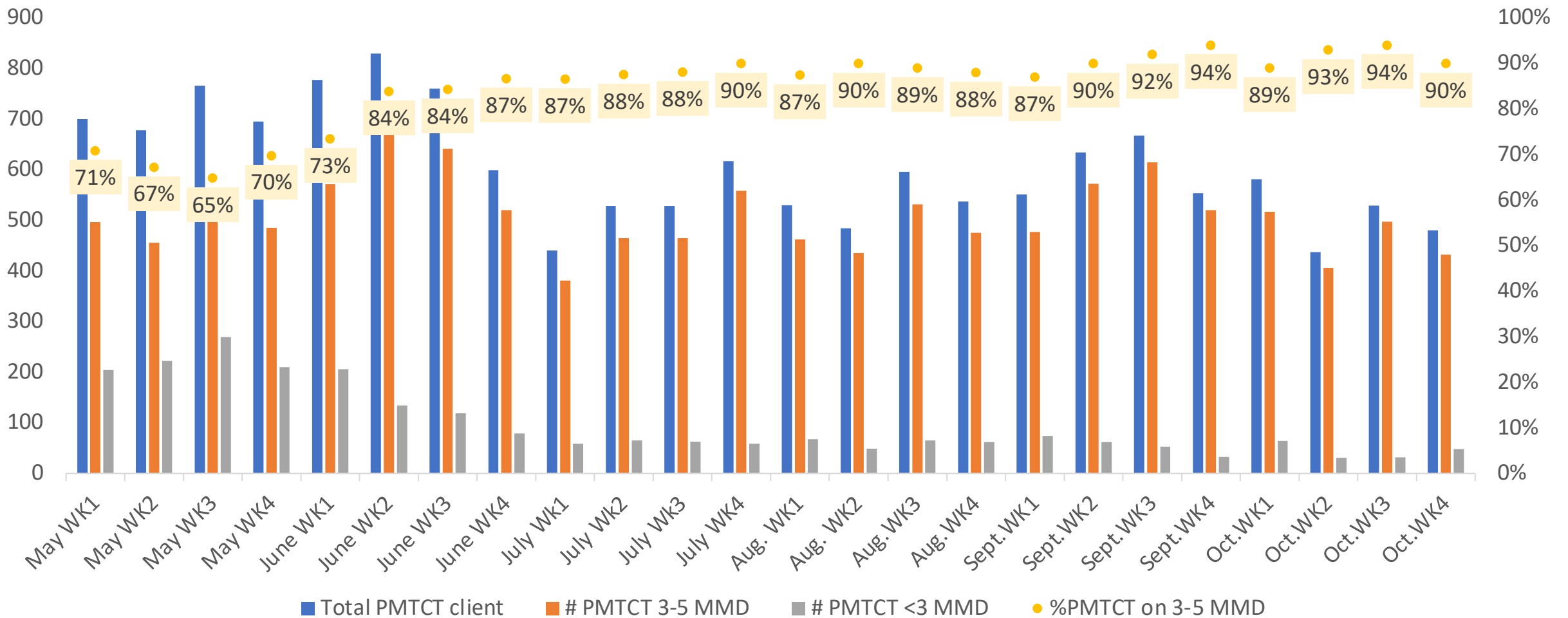


Activate Windows
Go to Settings to activate Windows.

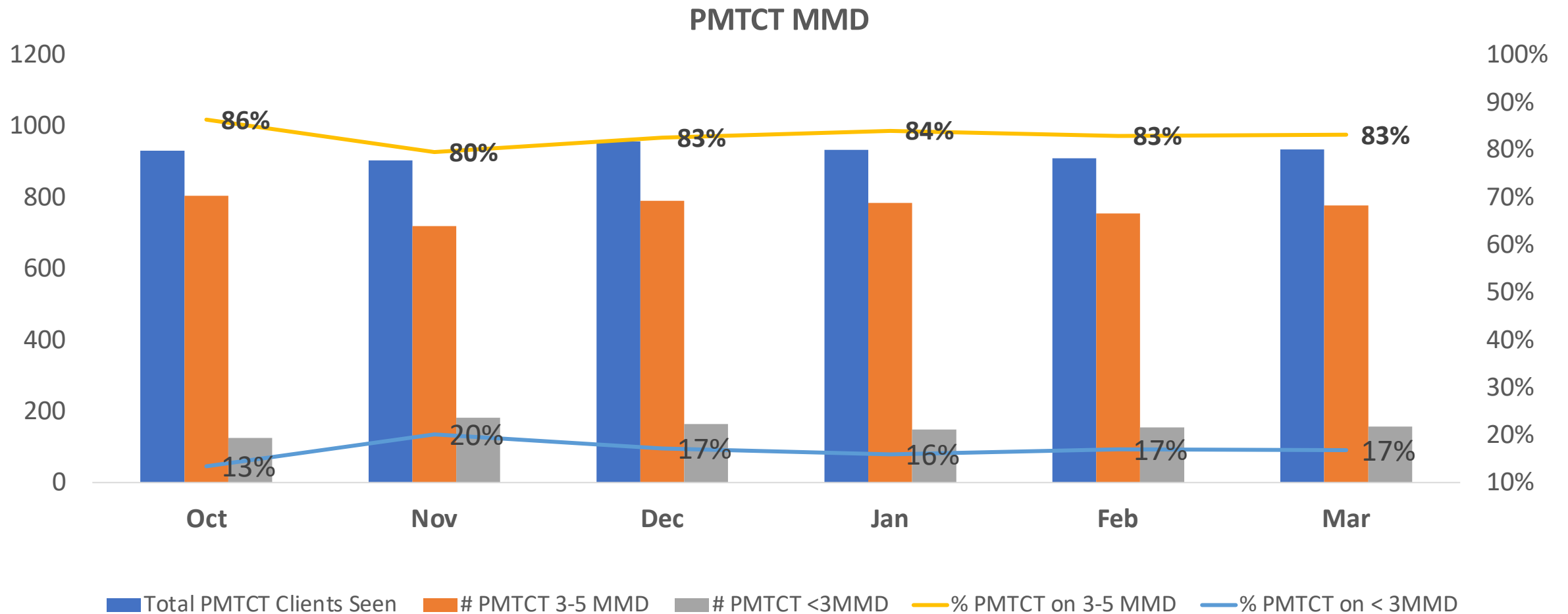
MMD proportion in WLHIV, at selected high load sites in 7 regions, By Month from Oct 2019 to March 2021, (Data Source EMR)



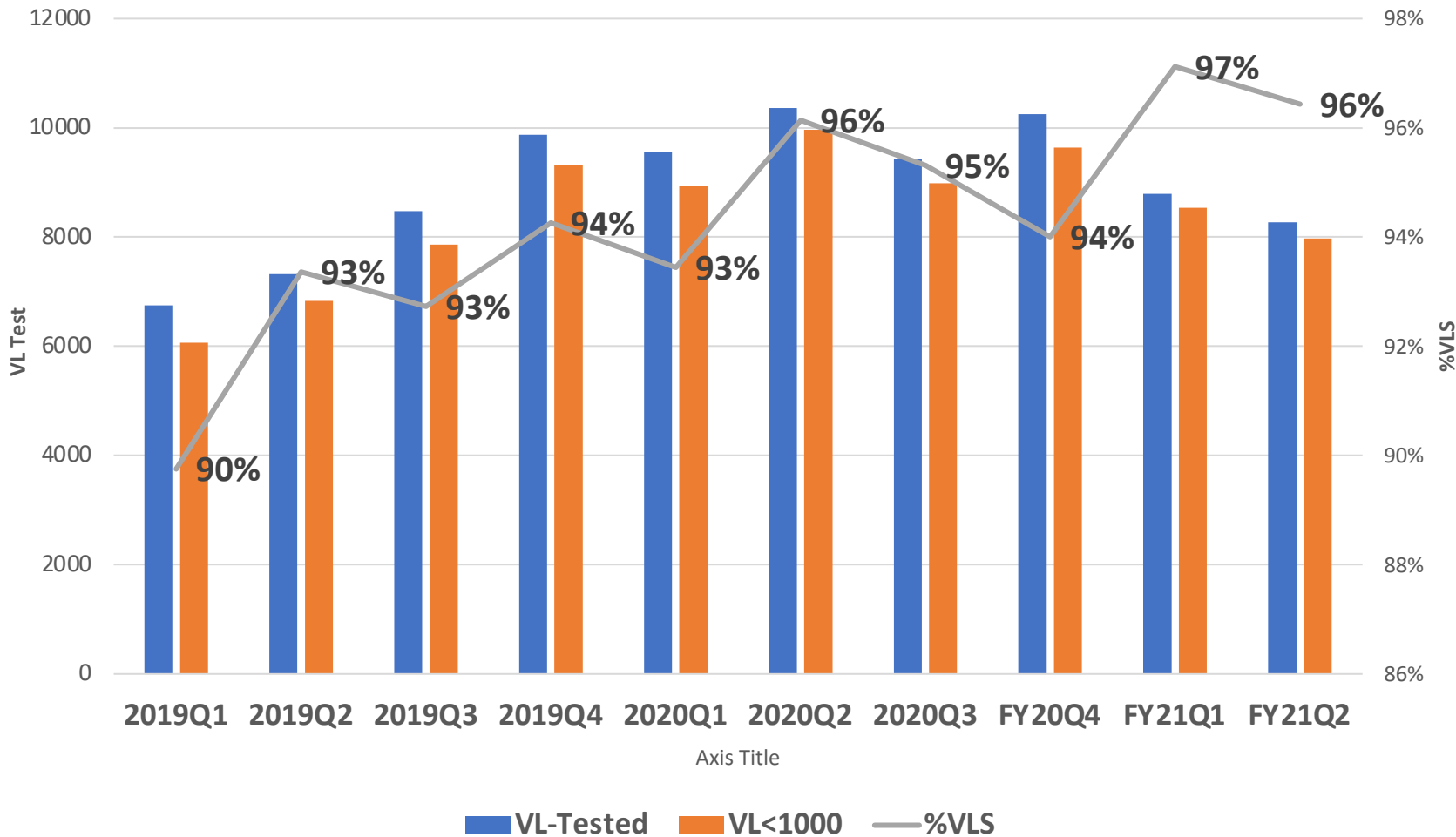
PMTCT: Trend in MMD Performance, May WK1 – Oct WK4, 2020, from high load HFs in 5 regions (Weekly monitored at the start of pandemic using mobile apps)



PMTCT: Trend in MMD Performance, Oct 2020 – March 2021, from Addis Ababa high load 65 HF's



Trends in VL Testing & VLS, among Pregnant /BF Women, Oct 2019 – March 2021, and Approaches for Improvement



Approaches to Improvement

- Priority given to the Pregnant/BF women(>95% VLS)
- National Guideline recommended more frequent testing(at 3mo,then every 6 months)
- Immediate notification of high VL result to sites by testing labs.
- Use of MSG in adherence, to remind clients for appoint, VL testing and ART refill
- Implemented 3MMD for PMTCT
- Implemented optimized regimen (DTG based).
- Slight decrease in VL test volume in FY Q1&Q2 observed-continue demand creation to improve

Strengths

- Rapid MMD implementation by some IPS/RHBs
- Encouraging MMD trend
- Regional virtual support to facilities ensured MMD
- Use of technology/mobile app
- Improved data collection & utilization
- Phone calls communication of HIV positive pregnant & BF women

Gaps/Challenges

- Ensuring continuity of monitoring activities:
 - MMD for P/BF Data is not found from EMR /DHIS2
- Missed appointments and lost to follow up beginning of COVID outbreak
- Diversion of focus to COVID response
- Data quality issue
- Shortage of personal protective equipment (PPE)
- Disruption of the supply chain system: Shortage of ARVs, testing kits, DBS

Next Steps

- Strengthen virtual program and patient support systems
- Maintain service/MMD for PMTCT
- Enhance Data collection methods like EMR for PMTCT MMD in addition to MMD for WLHIV
- Improve/Maintain service and data quality
- Build up data utilization at all level
- Strengthen PMTCT cohort monitoring
- Strengthen engagement and capacity of PLHIV associations
- Strengthen MSG

Thank you