

## Session 6a: Monitoring & Evaluation of Differentiated KP Models: Case Studies

### Questions and Answers

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1. Great presentation Hellen. Please highlight some of the challenges you are facing in integrating KP data into National DHIS?

*Response:* Thank you for your question. We do provide all our data into the national system, but there are no disaggregations for key population groups -- and since our data goes through a public health facility, we cannot determine what data is attributable to key populations. PEPFAR does, however, maintain a data system that provides KP disaggregations.

2. @Helen. which tools are used to track and ensure continuum of of services by KPs in areas where UID is not implemented? Can you share tools you use to evaluation the access and utilisation of DSD HIV services by KPs

*Response:* We have been using biometrics -- specifically fingerprint biometrics to track KP individuals. We use PEPFAR's DATIM to track indicators, but each partner has established dashboards where we collect complementary data. These include RedCap, and pay-for-services data systems like Qode that provide customized data systems.

3. For Helen; As you explained the South Africa is using Biometric Data use for data monitoring in KPs. So can you share an experience how one country can start and its challenges?

*Response:* I think that the peers (who are drawn from the KP communities) are really important in establishing trust among the clients. The sex workers and PWID communities were really suspicious at first, but after a lot of education -- with the strong motivation that the data are confidential, and that this would only support health flows, the target communities easily accepted the devices. We did find, however that fingerprint - as opposed to iris biometrics was more acceptable.

4. Elizabeth, thank you for the presentation. Can you please help me understand at what levels of management and implementation, the communities are involved?

*Response:* Thank you for your question. It is district level management and facility level managers whom the feedback gets to. On the communities it is the Kp community who are the one who provide the feedback. they were involved in identifying people to administer the link survey among themselves and their peer leaders

On communities we also have crisis response committees which comprises of bar owners, other business persons, community police members, beneficiaries and representative of government extension workers, other local leaders as identified by community who support responding to issues and analysed causes of adverse events and take action to improve the challenges that lead to adverse events

5. Au vu des contextes de chaque pays, les données récoltées du terrain rentrent elles dans le système national d'information sanitaire ???

In view of the contexts of each country, do the data collected in the field enter the national health information system ???

*Response:* Helen répond : Oui, nous entrons des données sud-africaines dans le système de santé, mais l'accent sur les populations clés est perdu car nous n'avons pas de désagréations pour afficher les données KP.

Helen replies: Yes, we are entering South African data into the health system, but the focus on key populations is lost because we don't have disaggregations to show KP data.

6. L'utilisation des données biométrique est elle autorisée par le comité d'éthique ?

Is the use of biometric data authorized by the ethics committee?

*Response:* Helen répond: Nous n'avons pas fait passer la biométrie à des comités d'éthique parce que nous ne recueillons que des données sur les programmes. Et bien sûr, la législation sud-africaine protège la confidentialité des patients.

Helen replies: We haven't passed biometrics to ethics committees because we only collect data on programs. And of course, South African law protects patient privacy.