



# CQUIN 5<sup>th</sup> Annual Meeting

Virtual: November 16-19, 2021

Session 2b: Country Updates from DRC & South Africa

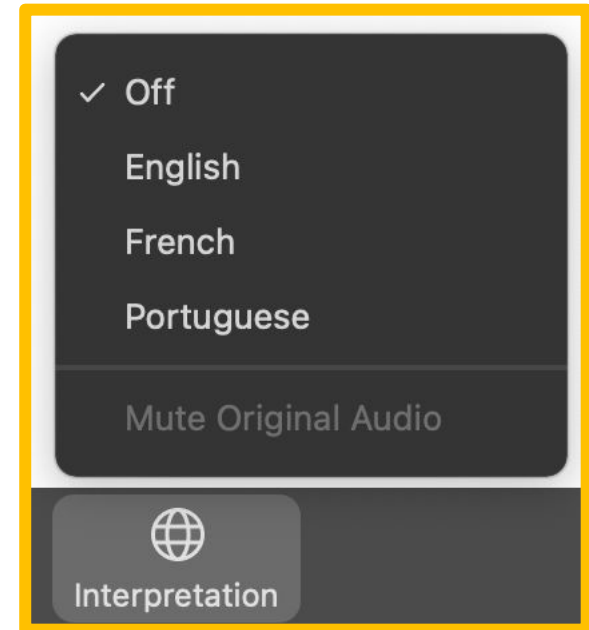
Tuesday, November 16, 2021



HIV Learning Network  
The CQUIN Project for Differentiated Service Delivery

# Welcome/Bienvenue/Bem-vindos

- Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.
- Assurez-vous d’avoir sélectionné la langue de votre choix à l’aide du menu <<Interprétation>> en bas de votre écran Zoom.
- Certifique-se de ter selecionado o idioma à sua escolha usando o menu de interpretação na parte inferior do seu ecrã



# Plenary Moderators



**Aime Ndayizeye**  
Project Manager  
PNLS, Burundi



**Ruben Sahabo**  
Country Director  
ICAP in Eswatini

# Framing Remarks



**Rachel Mudekereza**  
Senior Clinical Advisor WCA  
ICAP in Côte d'Ivoire

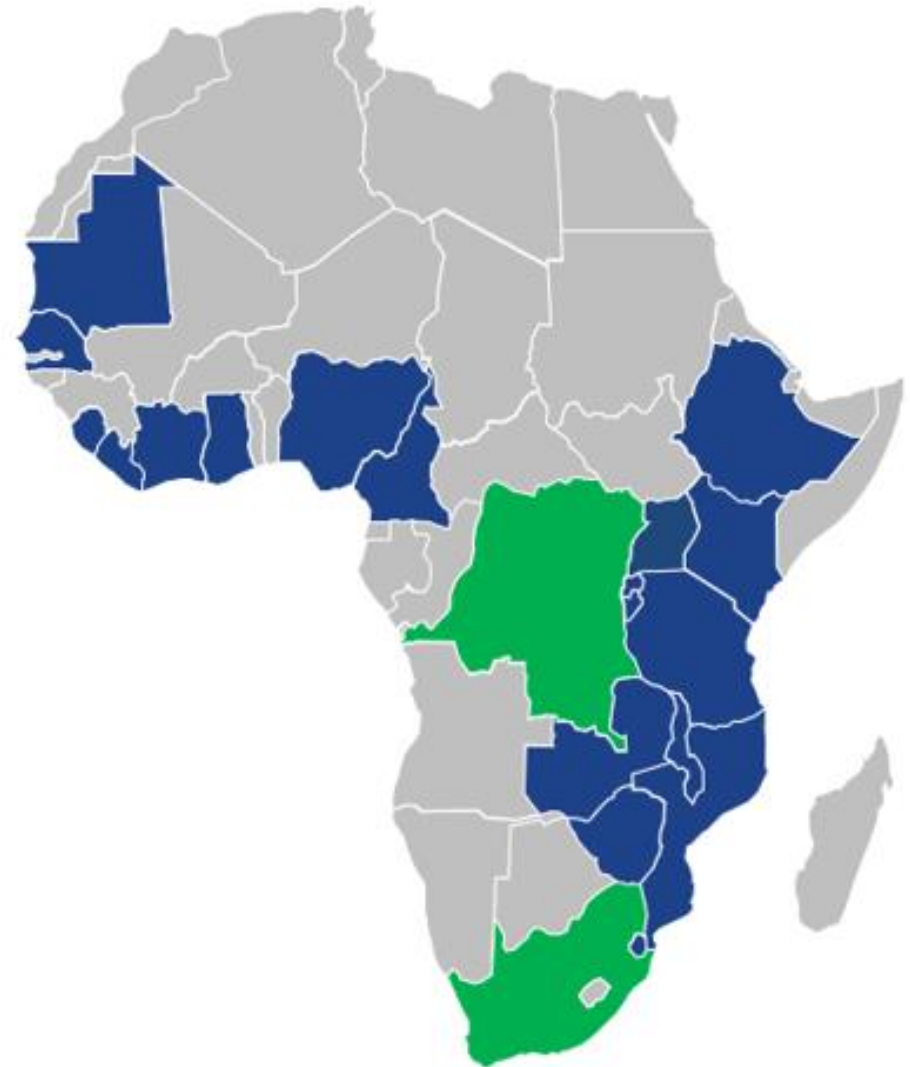


# Country Update from the Democratic Republic of Congo and South Africa Framing Remarks

Rachel Mudekereza; MD- MPH  
ICAP Cotes d'Ivoire 16 November 2021

# Outline

- Introduction
- D. Republic of Congo
- South Africa
- Summary



# Introduction

- The 5<sup>th</sup> annual meeting will highlight progress update from 20 member countries who are at different stages of DSD scale-up
- Duration of network countries in CQUIN ranges from 1yr to 5 years
- The different context, strengths, challenges, and resources of network countries provide the perfect environment for learning exchange
- The CQUIN Annual Meeting is an opportunity to share lessons learned and describe change over time
- Each year, country teams complete a standardized online questionnaire which informs our description of their “model mix” and contributes to the CQUIN dashboard

# DART Model Mix

- CQUIN uses a systematic approach to describe differentiated ART (DART) models
- This enables us to compare DSD across programs and countries
- We consider everyone on ART to be in a differentiated model, including those in “conventional” and more-intensive models
- We categorize less-intensive models for people doing well on ART by location (facility vs. community) and by individual vs. group design

	Individual Models	Group Models
Facility-based	Fast Track ART Refills Appointment Spacing Multi-month Scripting Multi-month Dispensing	Facility-based clubs Facility-based teen clubs
Community-based	Community drug distribution Community ART initiation Mobile outreach Private pharmacies Pick-up points, lockers	Community ART Groups (CAGs) <ul style="list-style-type: none"> <li>- Peer-led</li> <li>- HCW-led</li> </ul>



# DART Model Mix, continued

More-Intensive Models	
	Conventional Model
	Other more-intensive models
Less-Intensive Models	
FBI	Appointment Spacing (no fast track)
	Appointment Spacing + Fast Track
	Other FBI
FBG	ART Clubs
	Facility-Based Teen Clubs
	Other FBG
CBI	Outreach
	Community Drug Distribution
	Other CBI
CBG	Community ART Groups (peer-led)
	Community ART Groups (HCW-led)
	Family Model
	Community-Based Teen Clubs (HCW-led)

- CQUIN nomenclature includes the conventional model as a type of more-intensive model
- Less-intensive models sub-divided into categories
  - **Facility-Based Individual (FBI)**
  - **Facility-Based Group (FBG)**
  - **Community-Based Individual (CBI)**
  - **Community-Based Group (CBG)**
- All models can be further defined by quantity of ART provided (e.g., 3- or 6-month drug distribution) as applicable.

# Introduction: DSD Program Maturity

The **CQUIN Dashboard** is another way to systematically describe a country's differentiated treatment program

- Uses a capability maturity model
- Includes 13 domains representing necessary components for implementing differentiated ART (DART) services at scale
- Uses 5 stages of maturity represented by a color scale
- Multi-stakeholder country teams stage the country program – an internal, consultative activity, not an external evaluation

# The CQUIN Dashboard

HIV LEARNING NETWORK  
The CQUIN Project for Differentiated Service Delivery

Differentiated Service Delivery Dashboard: Draft 3.0



<b>M&amp;E System</b>	No elements of a national system for M&E of DSD are implemented, nor are any currently in development	Elements of a national system for M&E of DSD (e.g., registers, facility reports, guidelines, etc.) are in development but not yet finalized -or- Elements of a national system for M&E of DSD have been finalized but are not widely implemented	At least one element of a national system for M&E of DSD has been widely implemented, but elements are not comprehensive (e.g., not all DSDM are included) and/or are not fully integrated into national HMIS	All elements of an M&E system for DSD are widely implemented and integrated into one national HMIS for HIV/ART services; however, refinements will be needed	All elements of an M&E system for DSD are in place and are integrated into one national HMIS for HIV/ART services, which is highly functional and providing policy-relevant data
<b>Guidelines</b>	National HIV treatment guidelines do not include DSDM		National HIV treatment guidelines include DSDM but do not provide detailed and specific implementation guidance		National HIV treatment guidelines provide detailed and specific guidance on implementation of DSDM
<b>Diversity of DSDM services</b>	No DSDM services have been implemented	DSDM are available for stable adult patients only <sup>1</sup>	DSDM are available for stable adult and eligible adolescent patients only	DSDM are available for stable adult and adolescent patients and one additional patient group <sup>2</sup> (e.g., patients with HIV and NCDs, patients at high risk of disease progression, key and priority populations, etc.)	DSDM are available for stable adult and adolescent patients and two or more additional patient groups
<b>National DSD Scale-up Plan</b>	No DSD scale-up plan is currently in place and development has not begun	The national DSD scale-up plan is in development, with discussions and meetings ongoing	The DSD scale-up plan is available in draft form	The DSD scale-up plan has been developed and approved by the Ministry of Health	The DSD scale-up plan is being actively implemented and monitored
<b>Coordination</b>	Coordination for national-level DSD activities has not been addressed	Coordination for national-level DSD activities is being planned or discussions and meetings are ongoing	DSD activities fall under the scope of existing groups; progress updates are presented in standing meetings not focused on DSDM (e.g., a care and treatment TWG)	DSD activities are coordinated by a dedicated group (e.g., a DSD-focused sub-group of the Care and Treatment Technical Working Group)	National DSD Focal Person spearheads DSD planning and coordination
<b>Community Engagement</b>	Representatives from the community of people living with HIV (PLHIV) and civil society organizations (CSO) are not involved in any activities related to DSD and there are currently no plans to engage these groups	PLHIV and CSO are not currently engaged in DSD activities, but engagement is <u>planned</u> or meetings and discussions are ongoing	PLHIV and CSO are meaningfully engaged in DSD implementation	PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSDM	PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSD, as well as oversight of DSD policy (e.g., through inclusion in DSD task force or <u>other</u> group)

← Stages

More information and dashboard variants (subnational dashboard, AHD dashboard) available on the CQUIN website:

[www.cquin.icap.columbia.edu](http://www.cquin.icap.columbia.edu)

↑ Domains

# Fifth Annual Meeting (Virtual)

DATE: November 16 – 19, 2021

Home

Agenda

Plenary Sessions

Parallel Sessions

Country DSD Updates

## COUNTRY PROGRESS UPDATES

All country presentations are available on the CQUIN website: <https://cquin.icap.columbia.edu/>



# Outline

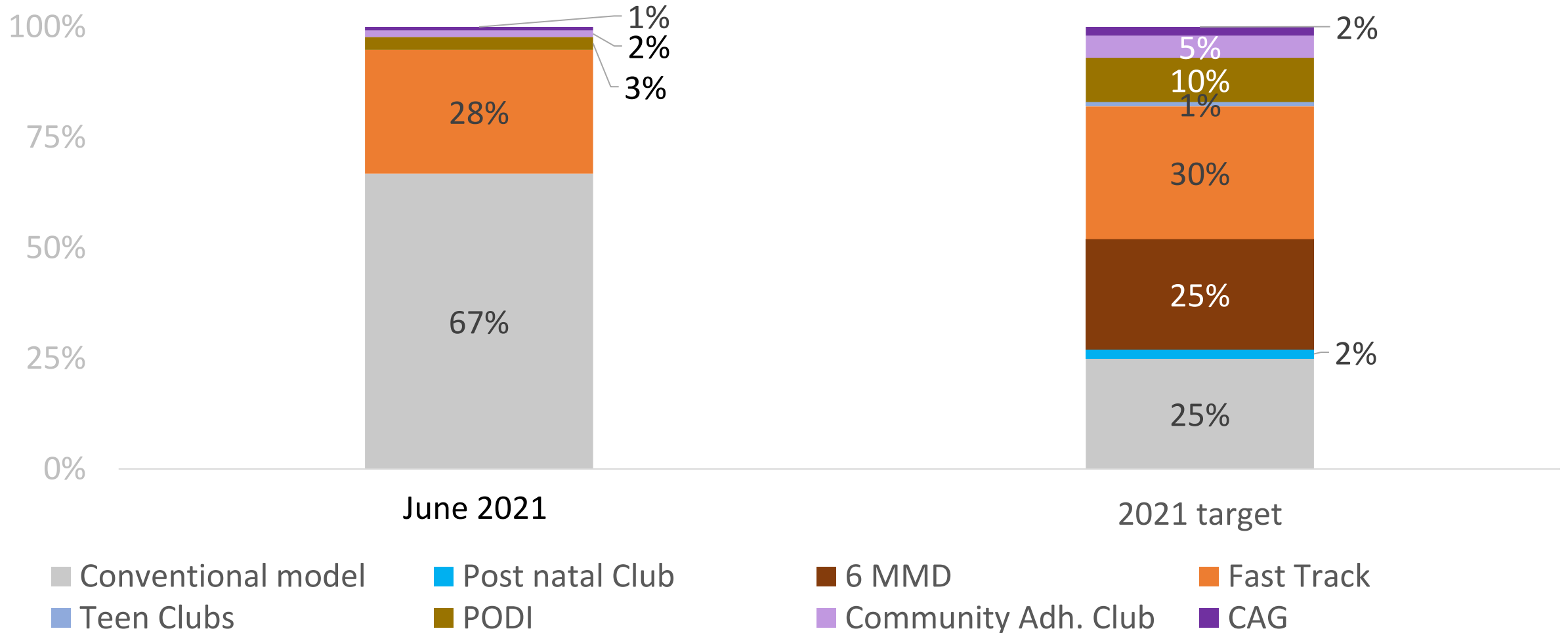
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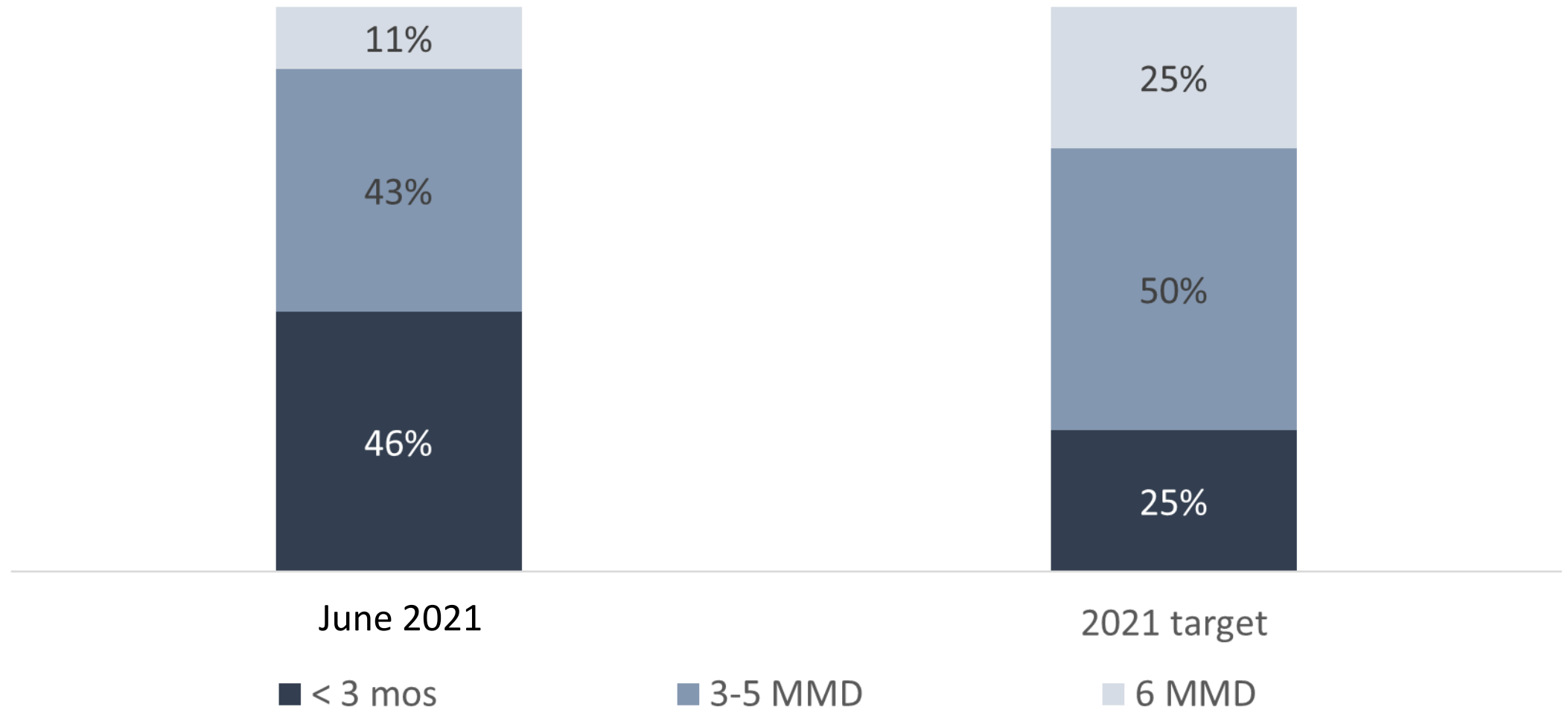
# DRC – CQUIN Dashboard Staging

Domain	2017	2018 I	2018 II	2019	2020	2021
Policies						
Guidelines						
Diversity						
Scale-Up Plan						
Coordination						
Community Engagement						
Training						
SOPs/Job Aids						
M&E System						
Facility Coverage						
Patient Coverage						
Quality						
Impact						

# DRC: Model Mix



# DRC: Quantity of ART Distributed - MMD





# DRC: Selected Achievements

- National Finalize the scaling-up of PSD in the DRC
- Worked with multi-stakeholders in country to adopt DSD MNCH and integrate the differentiated family-centered approach in PMTCT
- Disseminate SOPs and guidelines for in health care facilities and training
- Integration of DSD indicator into the UCOP+ observatory toolkit
- DSD performance review data collected, awaiting dissemination

# DRC: Selected Challenges

- Data quality issues in the DHIS2
- Low coverage of provinces that have joined the data observatory (3/26)
- Supply chain issues for self-test Kit and ARVs for PrEP (TDF/FTC)

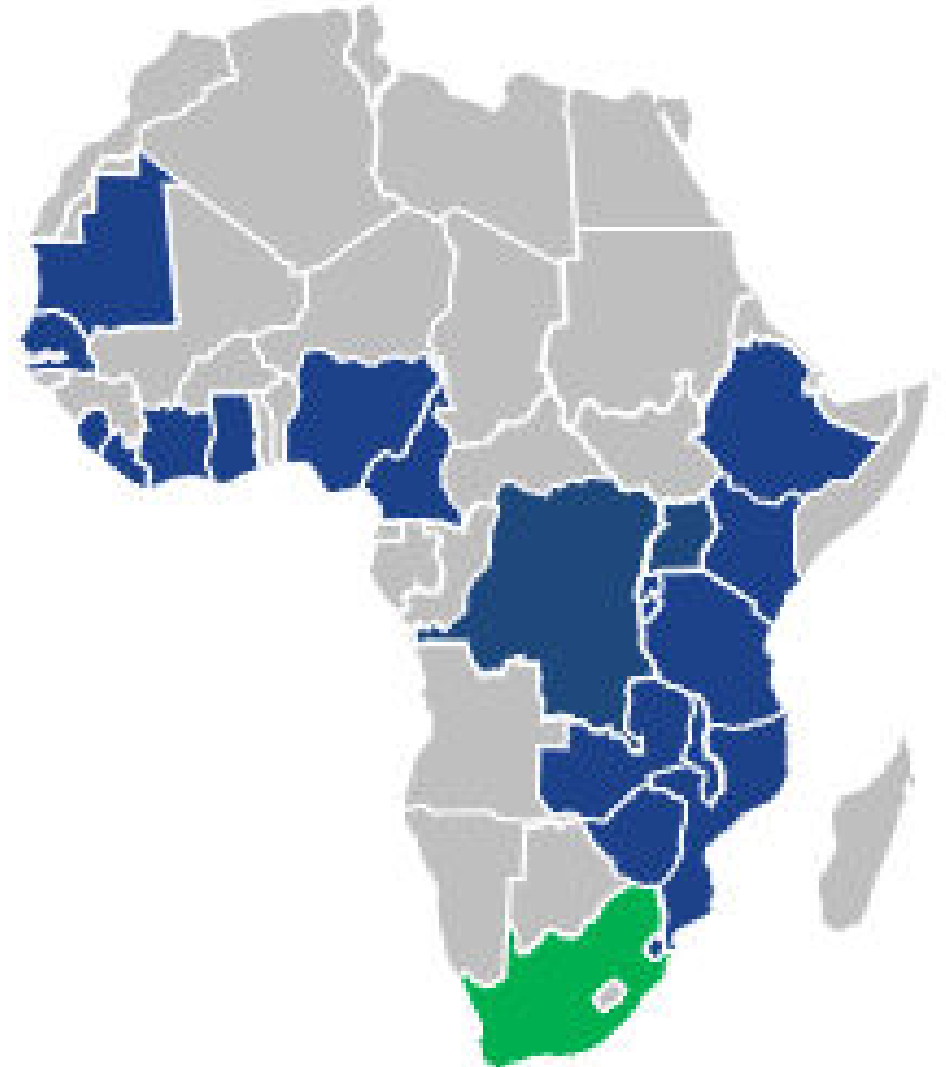
# DRC: Selected Goals and Targets for 2022

- Increase DSD coverage from 63.2% to 75%
- Scaling up HIV testing and referral to treatment or prevention services for KP
- Scale up of DSD for PMTCT
- Scale up self testing involving private pharmacies
- Operationalize digital support groups on WhatsApp

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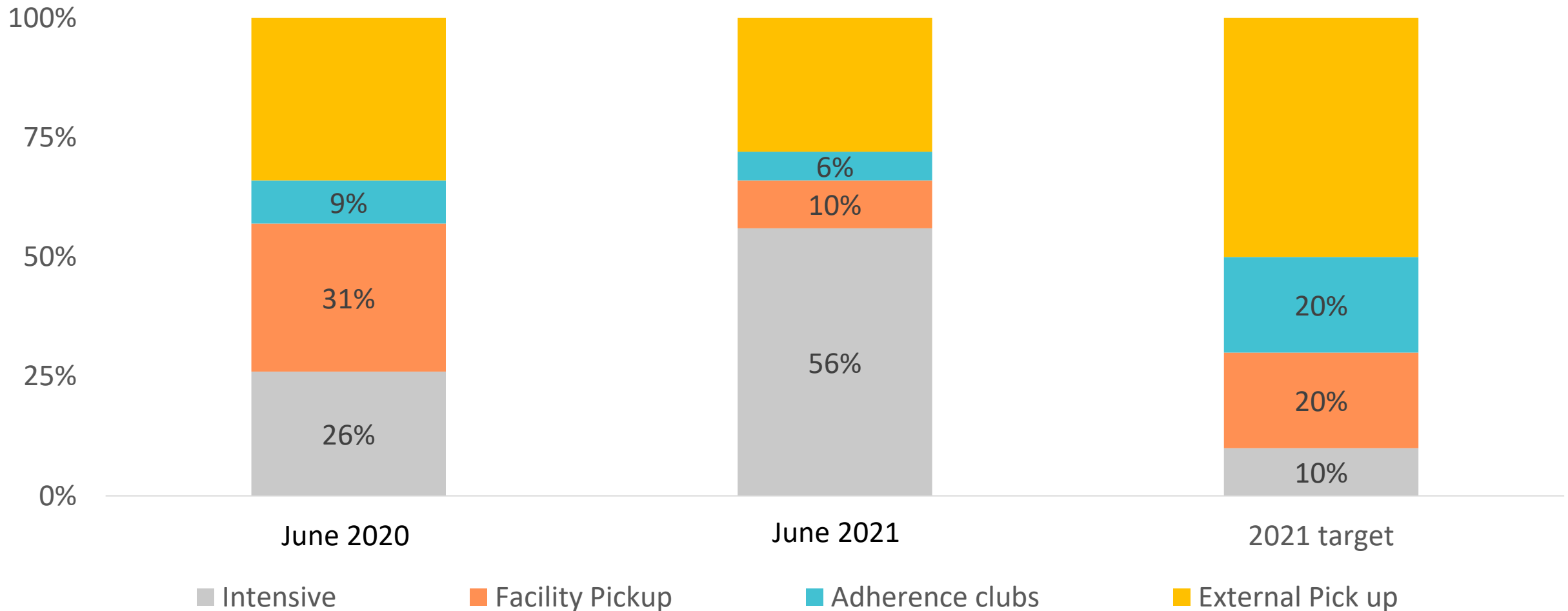


# South Africa - CQUIN Dashboard Staging

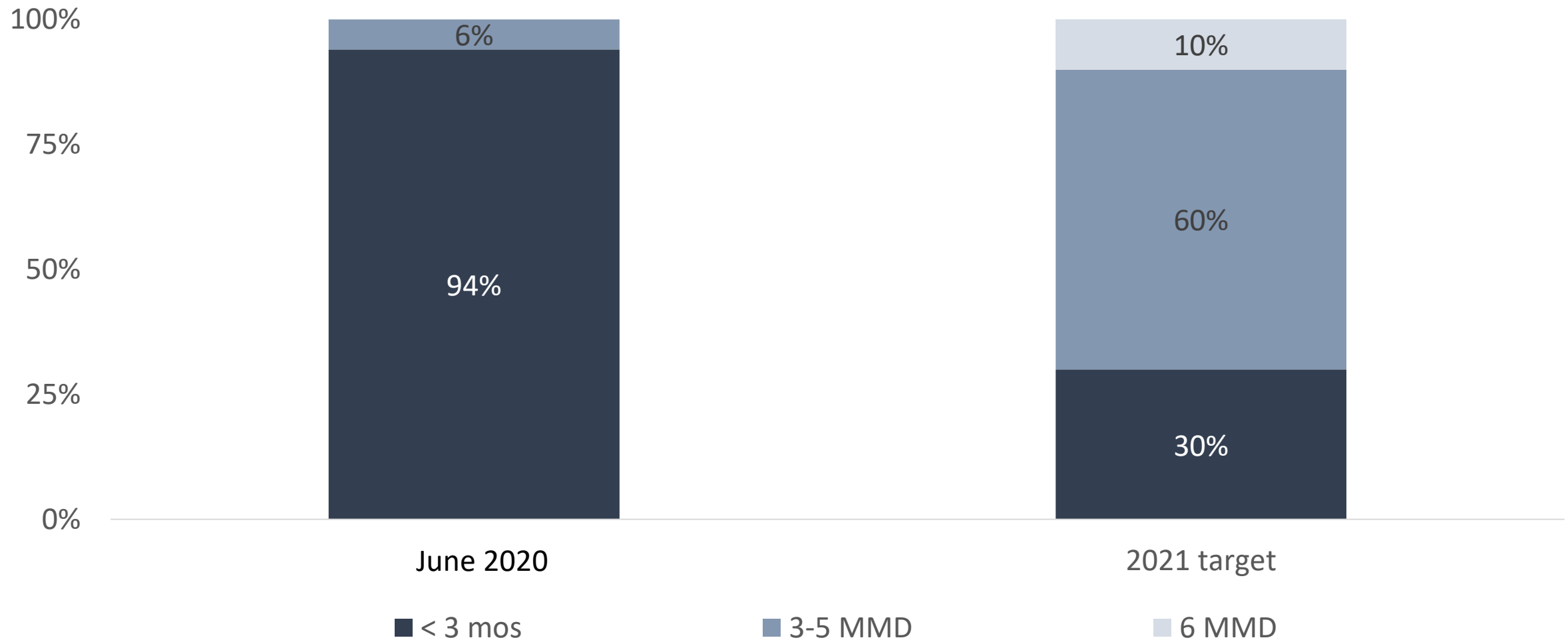
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Community Engagement						
Training						
SOPs/Job Aids						
M&E System						
Facility Coverage*						
Patient Coverage						
Quality						
Impact						

\*Reflects overall coverage during 2017-18(I)

# South Africa: model mix



# South Africa: quantity of ART distributed--MMD



# South Africa : Selected Achievements

- DSD scaled up to more health facilities (from light to dark green)
- Improved M&E System from yellow to dark green by including DSD/DMOC Indicator in the Tier.Net and Central Chronic Medicine Dispensing and Distribution (CCMDD) Electronic Medical records EMR systems
- Operation Phuthuma inclusion of DMOC/DSD domains in the Quality Improvement Handbook
- Adoption of DSD for HIV & NCD integration; TB/HIV; MCH; Key Population; AHD; Quality.



# South Africa : Selected Challenges

- Provincial Engagement : challenge with face to-face provincial engagements
- Identification, enrollment and retention into care. Priority population inclusive of men, children less than 15 yrs.

# South Africa : Selected Goals and Targets for 2022

- Increase the percentage of established people in less-intensive differentiated treatment models to 93%
- Expand existing models: NCD/ TB-HIV/ AHD, Adolescent DSD model and KP friendly services.

# In Summary...

Shared challenges: Reaching out to all provinces:

- In person contact for SA (impact of the COVID pandemic)
- Virtual contact for DRC (poor network connection quality in some provinces making it difficult to conduct zoom meetings with provincial stakeholders)

Shared 2022 Goals:

- Increase coverage of people in less-intensive differentiated treatment models
- Expand diversity of models to increase access to different populations

# Panelists/Panélistes/Painelistas



**Richard Ingwe Chuy**  
Care and Treatment Lead,  
DSD Focal Point  
MOH DRC



**César Mombunza**  
National Coordinator  
CONERELA+, DRC



**Letta Seshoka**  
ACC/AHD Section  
NDOH, South Africa



**Anele Yawa**  
General Secretary  
TAC, South Africa



**Lerato Mokomele**  
Project Development  
Specialist  
USAID South Africa



# CQUIN 5<sup>th</sup> Annual Meeting

Virtual: November 16-19, 2021

Session 3 starts at 10:00am EST/3:00pm West  
Africa/4:00pm Geneva/5:00pm Pretoria/6:00pm Nairobi



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