CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Session 6b:Differentiated M&E: New insights on DSD quality and outcomes from DSD Performance Reviews

Wednesday, November 17, 2021

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Welcome/Bienvenue/Bem-vindos

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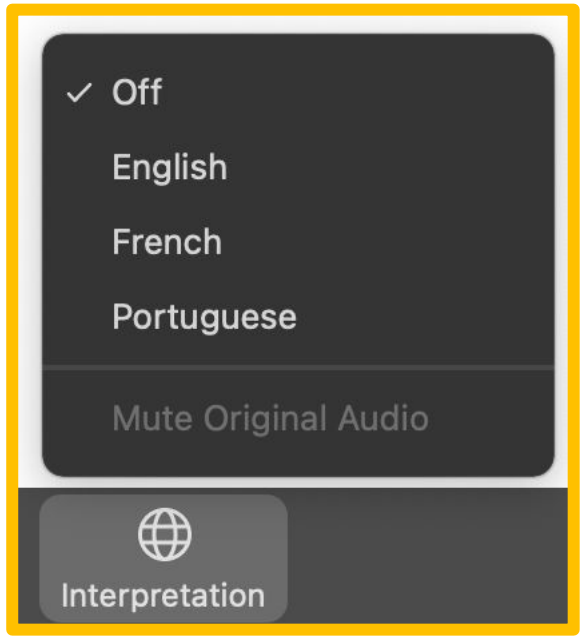

Plenary Moderators

Jean Jacques M’bea
Regional Strategic Information Advisor
ICAP Côte d’Ivoire

Harrison Kamiru
M&E Director
ICAP in Eswatini

Panelists/Panélistes/Painelistas

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DSD Coordinator
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Gaetan Nsiku
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TB/HIV, DSD and Community Interventions Program Officer
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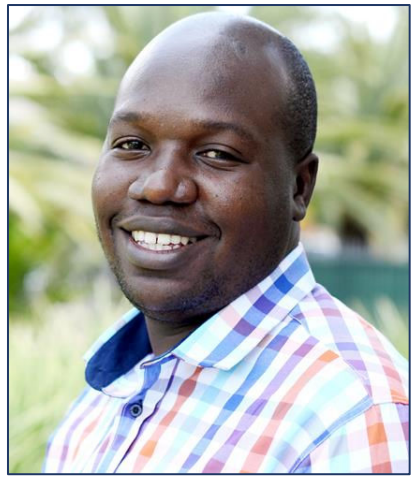

Josen Kiggundu
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Ministry of Health, Uganda

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DSD Performance Review
Case Study of Mozambique

Hélder Macul

MD, DSD Coordinator - Mozambique

November 17, 2021

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Outline

- Objectives
- Methodology
- Results
- Conclusion
- Acknowledgements

Objectives

- Assess:
  - HF Coverage
  - Patients coverage
  - Quality of Services provided to PLHIV enrolled on DSD
  - Impact of DSD on retention on care and viral suppression
  - Patient`s and provider`s perception

Methodology

Quantitative Component

- Availability of Job Aids
- Facility Coverage
- Patients coverage
- Quality of services
- Retention
- Viral Suppression

✓ **Data collection tools**
- **Interview**
- **Direct observation**
- **Review of patient`s chart**

Qualitative Component

- Provider`s perception
- RoC perception

✓ **Interview guide:**
- ✓ **RoC**
  - **Advantages of DSD**
  - **Disadvantages of DSD**
  - **Suggestions**
- ✓ **Provider**
  - **DSD Advantages**
  - **DSD Disadvantages**
  - **Suggestions**

Sampling

Visited 17 Health Facilities
1047 clinical charts (2 cohorts)
- **12 Months – 450**
- **24 Months – 597**

Interviewed:
- **17 Providers**
- **40 RoC enrolled on DSD**

TOTAL

1047

Women 15+

527 | 50%

Pregnant Women

58 | 11%

BFW

101 | 19%

Man 15+

323 | 31%

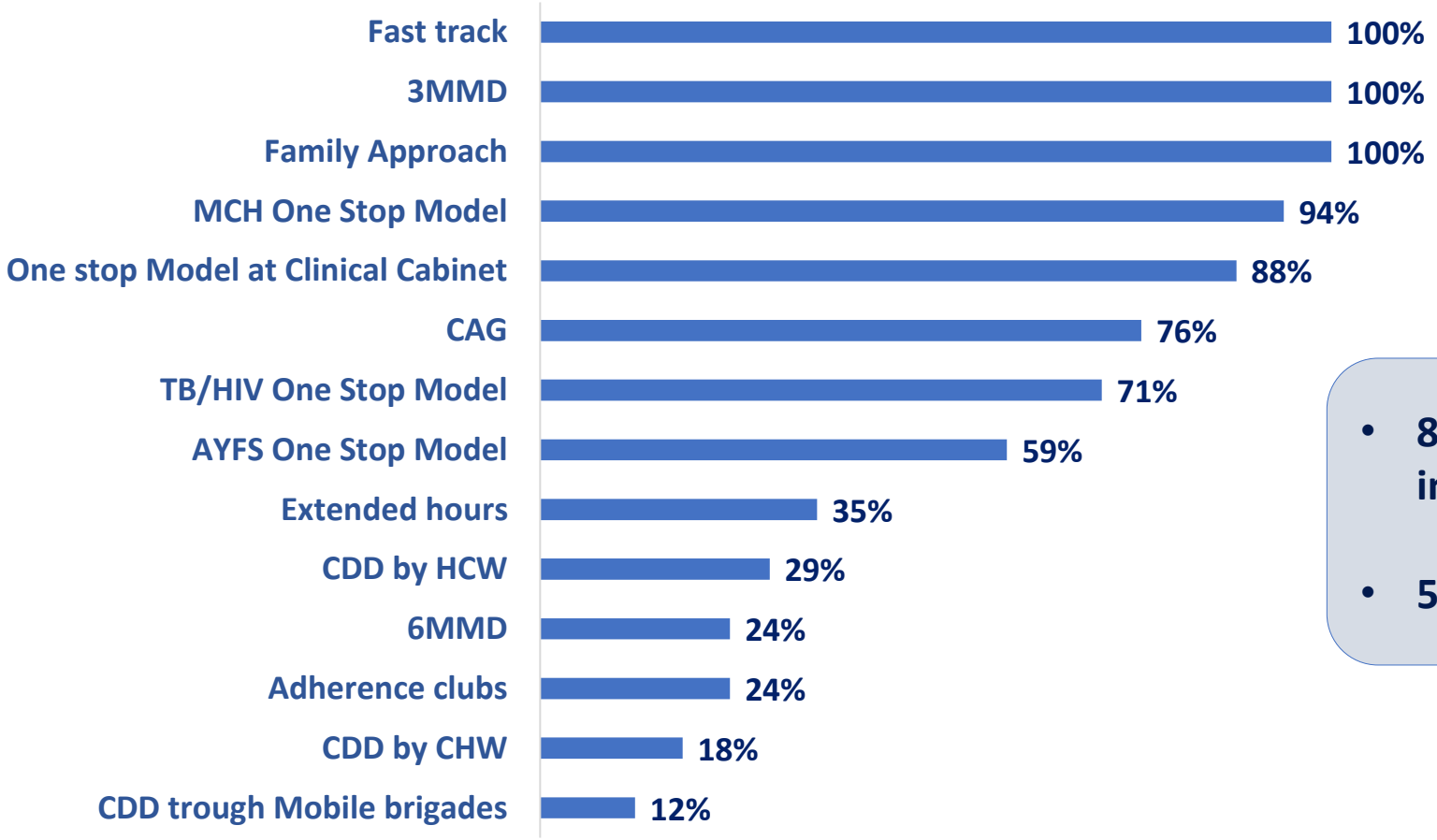
Children (14-)

60 | 6%

13% (137) No info about date of birth:
- **68% (93) Female**
- **32% (44) Male**

Health Facility Coverage

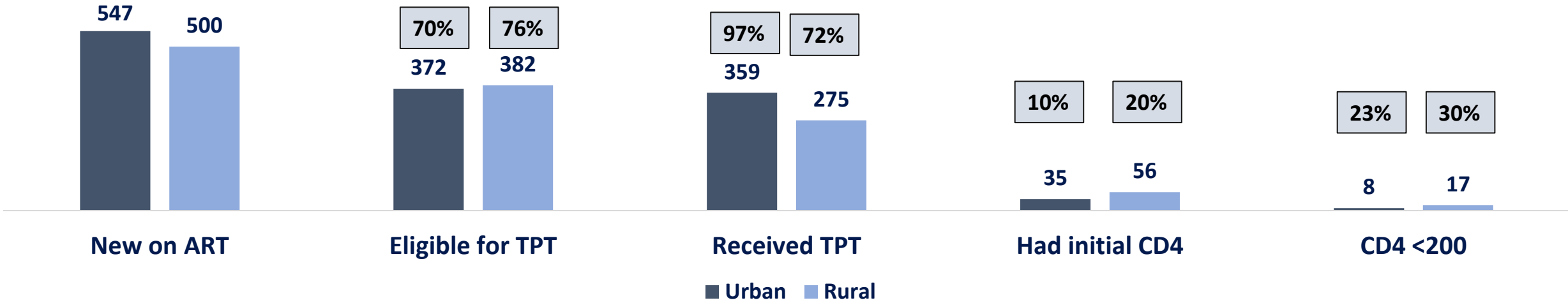
N=17



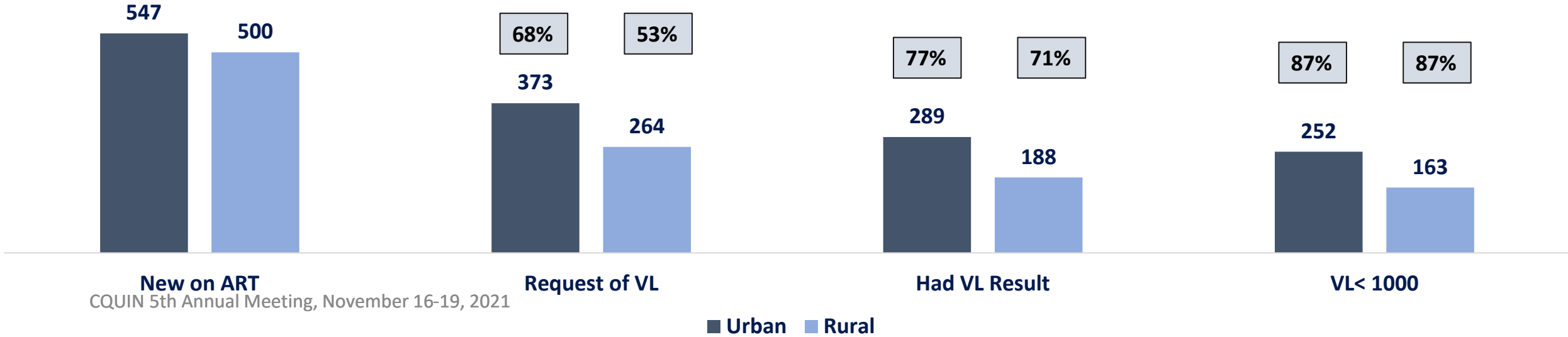
- 89% of the providers were trained on implementation of DSD
- 59% of the HF had DSD guide

Services provided at ART initiation and 6M after ART initiation

AT ART INITIATION



6M AFTER ART INITIATION



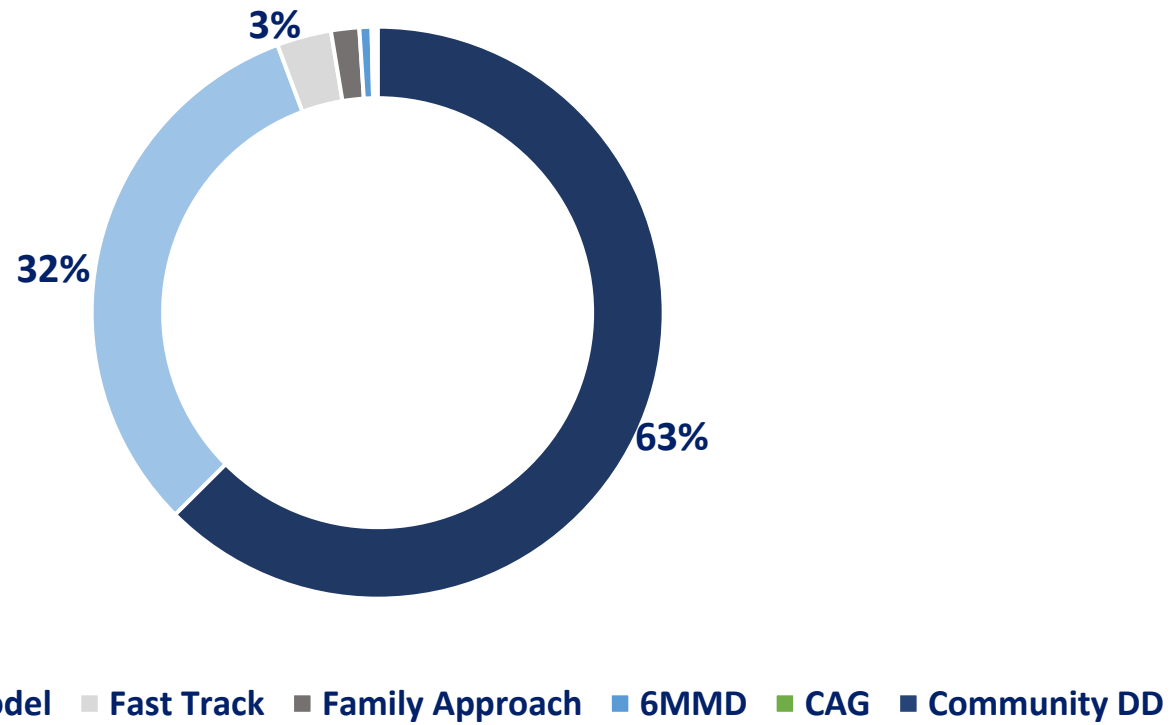
Patient Coverage

12 MONTHS AFTER ART INITIATION, 85% OF PATIENTS WERE ENROLLED IN AT LEAST 1 DSD. 15% WERE ON SOC

MODEL	N	%
3MMD	549	63%
One Stop Model	279	32%
Fast Track	27	3%
Family Approach	14	2%
6MMD	6	1%
CAG	2	0%
Community DD	1	0%

LESS INTENSIVE MODELS

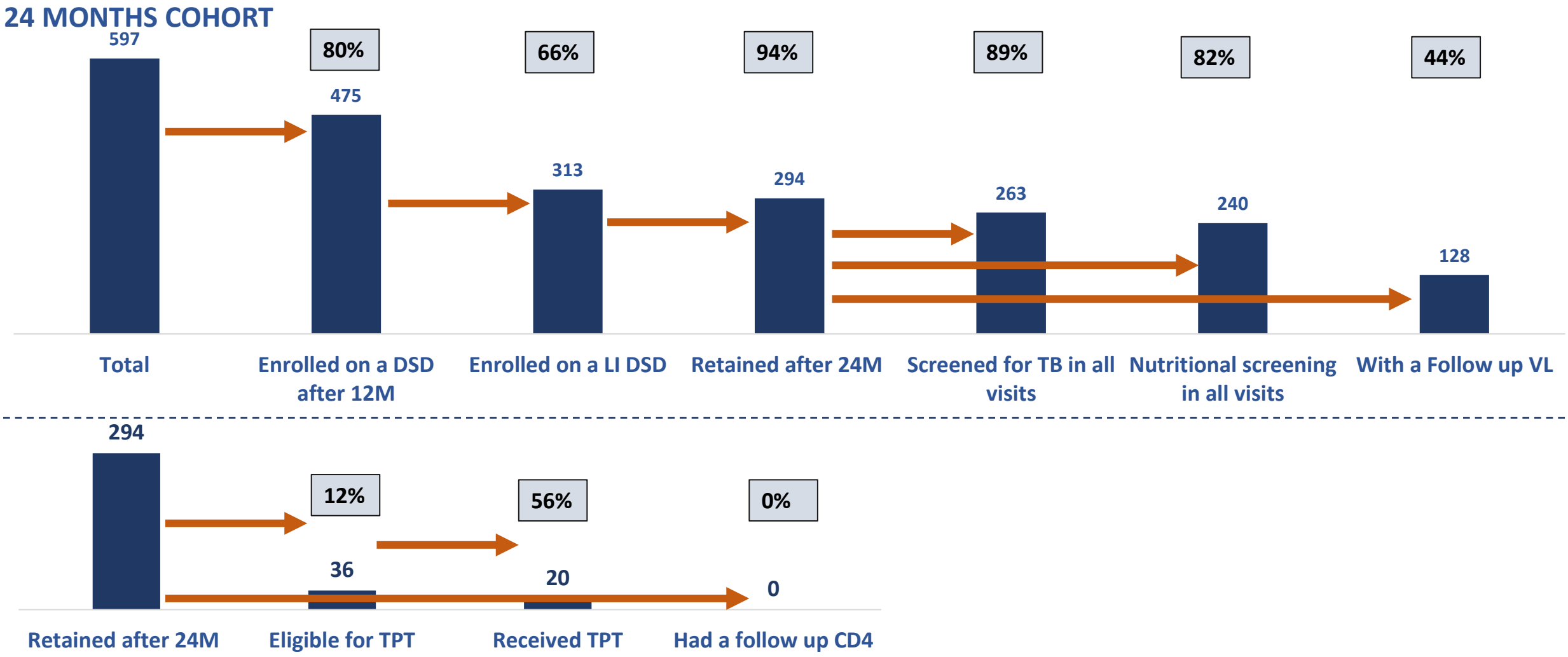
DISTRIBUTION OF PATIENTS ENROLLED ON DSD



Less-intensive DSD model enrollment among ineligible patients

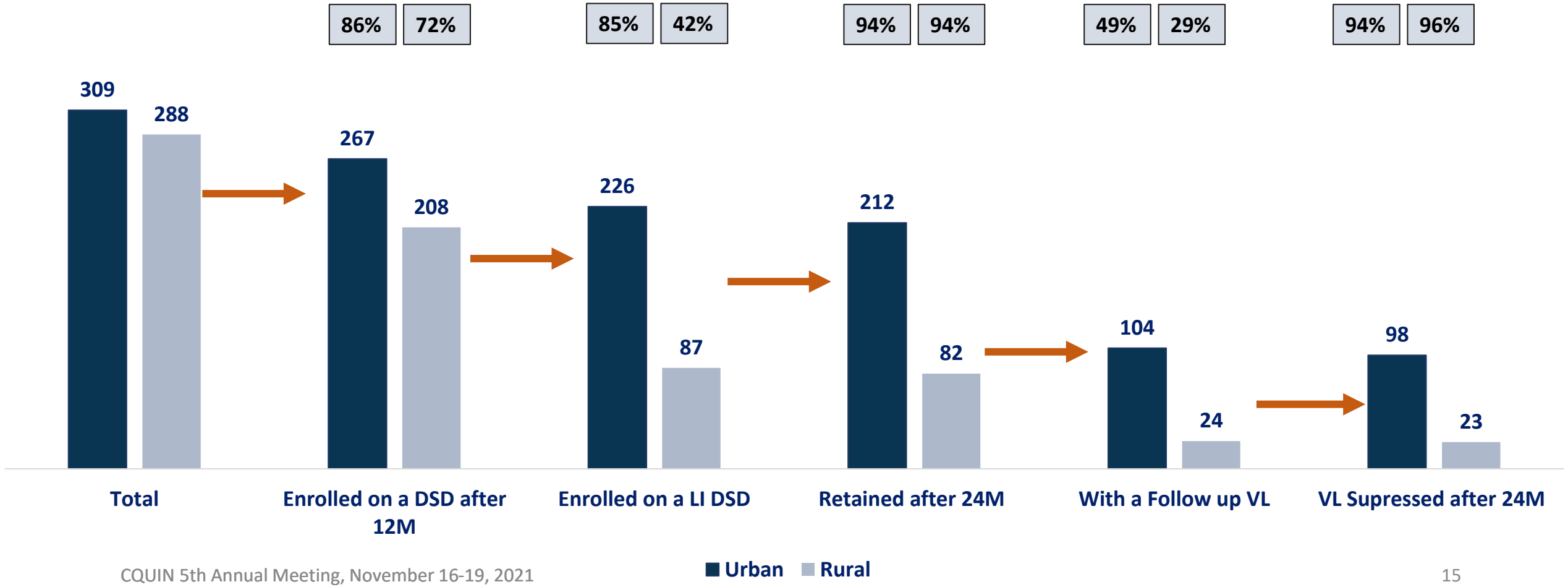
Condition	N° Patientes without criteria for less intesive DSD	% enrolled in less-intensive DSD model
Risk or Poor Adherence	50	33%
WHO stage III or IV	43	57%
VL>1000	34	43%
CD4<200	8	32%

Quality of Services provided to PLHIV enrolled on a LI DSD



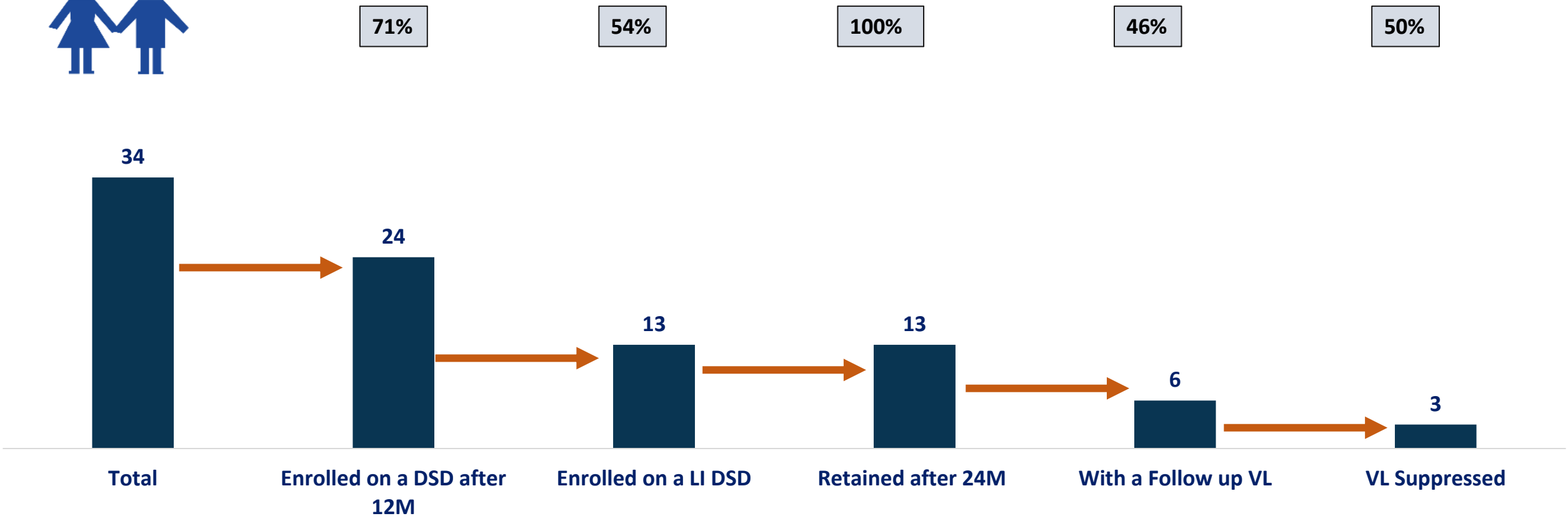
DSD model enrollment, retention, VL testing, and VLS by facility setting, 24M cohort

24 MONTHS COHORT



DSD model enrollment, retention, VL testing, and VLS by facility setting, 24M cohort - Children

24 MONTHS COHORT



Patient perceptions of DSD models

ADVANTAGES

- More time for other activities
- Reduced frequency of visits
- Reduced transportation costs
- Reduced waiting time
- Improved adherence

DISADVANTAGES

- It's difficult to store high quantities of medicines
- It's easy to forget date of next visits
- 3MMD is still intensive
- Risk of the medicines stolen

SUGGESTIONS:

- Implement 6MMD and 12MMD
- Reduce the waiting time
- Develop drugs that are taken less frequently
- Provide nutritional support
- Develop vaccine or cure for HIV

Provider perceptions of DSD

ADVANTAGES

- Reduced workload
- Improved quality of services
- More time for other activities
- Improved adherence

DISADVANTAGES

- Poor laboratory follow up
- Poor PSS follow-up
- Low perception about next visit date by the patients
- Loss of medicines

SUGGESTIONS:

- Scale up of 6 and 12 MMD
- Train providers on implementation of DSD
- Provide friendly pediatric formulations for MMD
- Scale up Community Drug Dispensation
- Provide job aids in A3 format

Conclusion 1/2

HF COVERAGE

- There is a good coverage of HF implementing 3MMD, Fast Track, One Stop Model and Family Approach

PATIENTS COVERAGE

- 12 months after ART initiation, 85% of the patients are enrolled on at least one DSD – almost entirely 3MMD and One Stop Model

QUALITY OF SERVICES

- Despite good patients and HF coverage, quality of services provided to the patients on DSD is still a challenge

Conclusion 2/2

IMPACT

- More than 90% of the patients enrolled on a less-intensive DSD model continue retained and are VL suppressed 24M after ART initiation

PATIENT PERCEPTIONS

- DSD models reduce the time and expenses related with treatment

PROVIDER PERCEPTIONS

- DSD models reduce their workload and improve the quality of services. But there are perceived risks associated with loss and medicines and sub-optimal quality of services

Acknowledgements

- CQUIN
- ICAP Mozambique
- WHO
- PEPFAR (USAID and CDC)
- Implementing partners

OBRIGADO

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Résultats préliminaires de la Revue des Performances de la PSD en RDC

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17 November 2021

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The CQUIN Project for Differentiated Service Delivery

Plan

- Contexte
- Objectifs
- Methodologie
- Resultats
- Limites et defis de la revue
- Prochaines étapes

Contexte

- Adoption de la stratégie « Tester Traiter » en RDC en 2017
- Actualisation du guide intégré incorporant soins différenciés la même (circuit rapide, PODI, Club d'adhérence et GCT)
- Ecriture du plan opérationnel, du manuel opération et des fiches techniques sur les PSD en 2018
- L'organisation des formations à tous les niveaux de la pyramide sanitaire fin 2018
- Intégration dans le réseau CQUIN pour un renforcement des capacités du pays en DSD en 2019
- Après environ 2014 de mise en place de PSD, la RDC et ses partenaires ce sont proposé, avec l'appui de CQUIN, d'organiser sa première revue des performances de la Prestation des Services Différenciés

Objectifs

Objectif général :

Evaluer le niveau de mise en œuvre des soins différenciés de DSD et son apport dans la prise en charge des personnes vivant avec le VIH

Objectifs spécifiques :

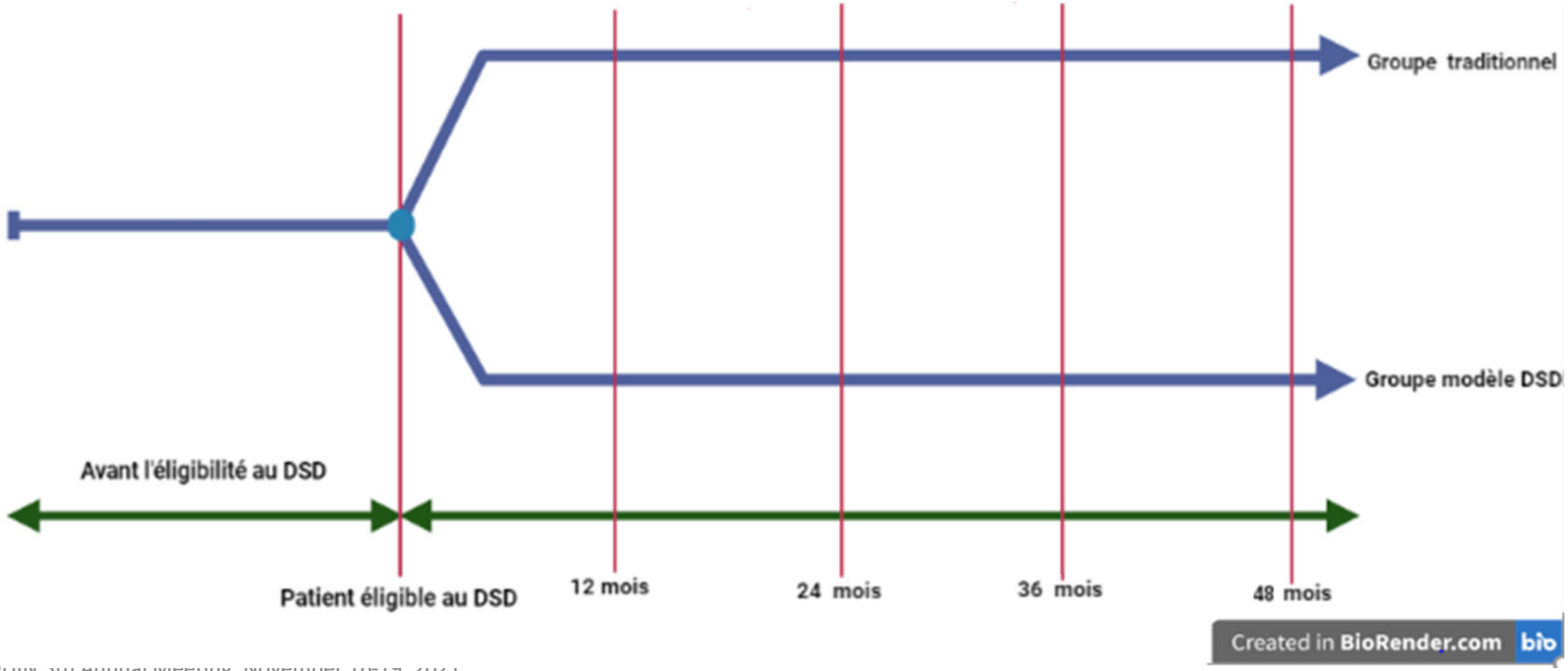
- Identifier le plateau technique des établissements de soins dans l'organisation des modèles différenciés de soins
- Evaluer le respect des critères d'éligibilités et le niveau de couverture des patients par les soins différenciés
- Mesurer la qualité des soin à travers la rétention et le maintien de la suppression de la charge virale à M12, 24, M36 et M48 après initiation du TARV selon le model de soins (model DSD vs Model standard)
- Déterminer l'intensité des visites cliniques par patient selon les modèle de soins (model DSD vs Model standard)

Methodologie

- **Cohortes** : identification de 4 cohortes de patients selon la date d'initiation des ARV (M12, M24, M36, M48)
- **Sites: 48** établissements des soins de 16 districts sanitaires dans la Province de Kinshasa
- **Collecteurs de données** : **32** enquêteurs formés pendant 2 jours, constitués de 16 infirmiers superviseurs des districts et 16 membres des organisations de la société civile
- **Durée de la collecte** : pendant **5** jours
- **Outil et méthode de collecte** : ODK, sur tablette, avec envoie journalier des données au serveur
- **Gestion des données**: Analyses de cohérence journalièrement par le comité de coordination composé du directeur (PNLS), chef de division PEC (PNLS) et coordonnateur DSD (PNLS), conseillé de M&E (PNLS) et chargé de logistique (ICAP RDC)

Methodologie

- **Design de la Revue des Performances DSD**



Methodologie

Traitement et Analyse des données:

- Echantillon de **2227** dossiers des PVVIH sous TARV depuis au moins 12 mois ont servi à collecter ces données
- Nettoyage des données réalisés sur Excel par le conseillé M&E et partage avec le coordonnateur national DSD
- Traitement et analyses des données réalisés avec le logiciel R version 4.0.2par le coordonnateur DSD de RDC)
- Analyses préliminaires descriptives

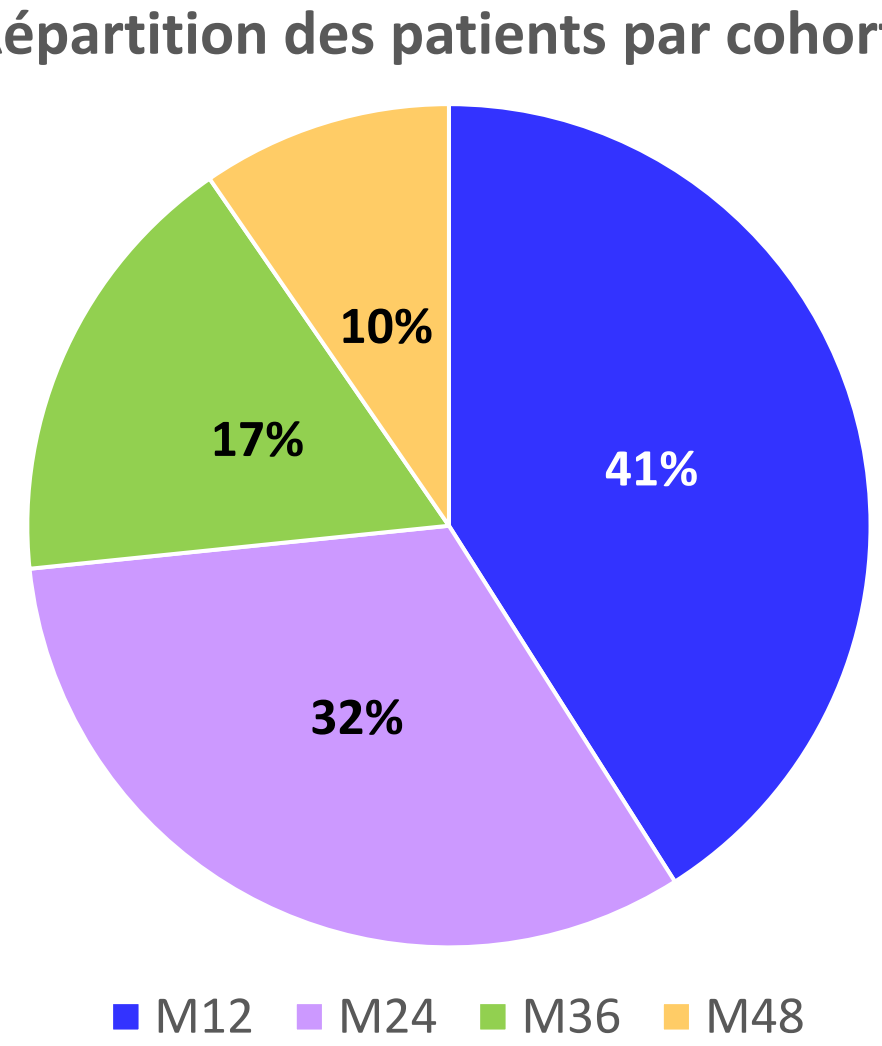
Resultats

Formation sanitaire inclus et différentes cohortes par district sanitaire

Zone de santé	Total formation sanitaire
Bandalungwa	3
Binza Meteo	3
Binza Ozone	3
Kasa Vubu	2
Kikimi	3
Kimbanseke	3
Kingabwa	3
Kinshasa	3
Limete	3
Lingwala	3
Masina 1	3
Masina 2	3
Matete	3
Mont Ngafula 1	3
Ndjili	3
Ngaba	3
Total	**47**

Zone de santé	M12	M24	M36	M48	Total
Bandalungwa	100	31	27	6	164
Binza Meteo	73	29	17	7	126
Binza Ozone	61	22	34	26	143
Kasa Vubu	14				14
Kikimi	64	71	51	13	199
Kimbanseke	36	44	42	14	136
Kingabwa	68	78	38	24	208
Kinshasa	77	2		3	82
Limete	3	48	1	8	60
Lingwala	74	82	4	18	178
Masina 1	71	82	45	17	215
Masina 2	120	93	30	17	260
Matete	27	14	21	13	75
Mont Ngafula 1	36	42	9	13	100
Ndjili	55	43	38	17	153
Ngaba	34	40	22	18	114
Total	**913**	**721**	**379**	**214**	**2227**

Resultats


Répartition des patients par cohorte
41%
32%
17%
10%
M12
M24
M36
M48

Situation/rétention à M12 de TAR

Caractéristiques	Total, N = 2,227[1]	NA, N = 69[1]	Club adhérence, N = 10[1]	Fast track, N = 1,318[1]	PODI, N = 46[1]	Traditionnel, N = 784[1]
Age	39 (13)	40 (14)	42 (11)	39 (13)	44 (12)	38 (12)
Sexe						
	8 (0.4%)	1 (1.4%)	0 (0%)	1 (<0.1%)	1 (2.2%)	5 (0.6%)
Féminin	1,391 (62%)	38 (55%)	9 (90%)	797 (60%)	32 (70%)	515 (66%)
Masculin	828 (37%)	30 (43%)	1 (10%)	520 (39%)	13 (28%)	264 (34%)
Statut_12M						
	45 (2.0%)	4 (5.8%)	0 (0%)	32 (2.4%)	0 (0%)	9 (1.1%)
Arrêt TARV	4 (0.2%)	1 (1.4%)	0 (0%)	2 (0.2%)	0 (0%)	1 (0.1%)
Décèdé	2 (<0.1%)	2 (2.9%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Perdue de vue	26 (1.2%)	14 (20%)	0 (0%)	3 (0.2%)	0 (0%)	9 (1.1%)
Transfert out	46 (2.1%)	15 (22%)	0 (0%)	13 (1.0%)	9 (20%)	9 (1.1%)
Vivant sous TARV	2,104 (94%)	33 (48%)	10 (100%)	1,268 (96%)	37 (80%)	756 (96%)

Rétention à M24 de TAR

Caractéristiques	Total, N = 721[1]	****, N = 26[1]	Club adhérence, N = 0[1]	Fast track, N = 453[1]	PODI, N = 3[1]	Traditionnel, N = 239[1]
Statut_24M						
	16 (2.2%)	4 (15%)	0 (NA%)	4 (0.9%)	0 (0%)	8 (3.3%)
Arrêt TARV	1 (0.1%)	0 (0%)	0 (NA%)	1 (0.2%)	0 (0%)	0 (0%)
Perdue de vue	10 (1.4%)	5 (19%)	0 (NA%)	2 (0.4%)	0 (0%)	3 (1.3%)
Transfert out	7 (1.0%)	1 (3.8%)	0 (NA%)	5 (1.1%)	1 (33%)	0 (0%)
Vivant sous TARV	687 (95%)	16 (62%)	0 (NA%)	441 (97%)	2 (67%)	228 (95%)

Rétention à M36 de TAR

Caractéristiques	Total, N = 379[1]	****, N = 16[1]	Fast track, N = 247[1]	GCT, N = 0[1]	PODI, N = 13[1]	Traditionnel, N = 103[1]
Statut_36M						
	4 (1.1%)	1 (6.2%)	2 (0.8%)	0 (NA%)	0 (0%)	1 (1.0%)
Décèdé	0 (0%)	0 (0%)	0 (0%)	0 (NA%)	0 (0%)	0 (0%)
Perdue de vue	6 (1.6%)	3 (19%)	0 (0%)	0 (NA%)	0 (0%)	3 (2.9%)
Transfert out	4 (1.1%)	0 (0%)	4 (1.6%)	0 (NA%)	0 (0%)	0 (0%)
Vivant sous TARV	365 (96%)	12 (75%)	241 (98%)	0 (NA%)	13 (100%)	99 (96%)
CV.realisee_36M						

Rétention à M48 de TAR

Characteristic	Overall, N = 214[1]	****, N = 25[1]	Fast track, N = 116[1]	GCT, N = 2[1]	PODI, N = 2[1]	Traditionnel, N = 69[1]
Statut_48M						
	15 (7.0%)	5 (20%)	8 (6.9%)	0 (0%)	0 (0%)	2 (2.9%)
Décèdé	1 (0.5%)	1 (4.0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Perdue de vue	8 (3.7%)	6 (24%)	1 (0.9%)	0 (0%)	0 (0%)	1 (1.4%)
Vivant sous TARV	190 (89%)	13 (52%)	107 (92%)	2 (100%)	2 (100%)	66 (96%)

Charge virale à 12 de TAR

Caractéristiques	Total, N = 2,227[1]	NA, N = 69[1]	Club adhérence, N = 10[1]	Fast track, N = 1,318[1]	PODI, N = 46[1]	Traditionnel, N = 784[1]
CV.realisee_12M						
	70 (3.1%)	35 (51%)	0 (0%)	23 (1.7%)	4 (8.7%)	8 (1.0%)
non	516 (23%)	7 (10%)	0 (0%)	337 (26%)	18 (39%)	154 (20%)
oui	1,641 (74%)	27 (39%)	10 (100%)	958 (73%)	24 (52%)	622 (79%)
Resultat.CV_12M						
ND	703 (32%)	42 (61%)	0 (0%)	439 (33%)	24 (52%)	198 (25%)
Non supprimée	121 (5.4%)	1 (1.4%)	1 (10%)	53 (4.0%)	1 (2.2%)	65 (8.3%)
Supprimée	1,403 (63%)	26 (38%)	9 (90%)	826 (63%)	21 (46%)	521 (66%)

Charge virale à M24 de TAR

Caractéristiques	Total, N = 721[1]	****, N = 26[1]	Club adhérence, N = 0[1]	Fast track, N = 453[1]	PODI, N = 3[1]	Traditionnel, N = 239[1]
CV.realisee_24M						
	26 (3.6%)	8 (31%)	0 (NA%)	12 (2.6%)	0 (0%)	6 (2.5%)
non	246 (34%)	9 (35%)	0 (NA%)	173 (38%)	2 (67%)	62 (26%)
oui	449 (62%)	9 (35%)	0 (NA%)	268 (59%)	1 (33%)	171 (72%)
Resultat.CV_24M						
	284 (39%)	17 (65%)	0 (NA%)	192 (42%)	2 (67%)	73 (31%)
ND	93 (13%)	1 (3.8%)	0 (NA%)	60 (13%)	0 (0%)	32 (13%)
Non supprimé	2 (0.3%)	0 (0%)	0 (NA%)	2 (0.4%)	0 (0%)	0 (0%)
Supprimée	342 (47%)	8 (31%)	0 (NA%)	199 (44%)	1 (33%)	134 (56%)

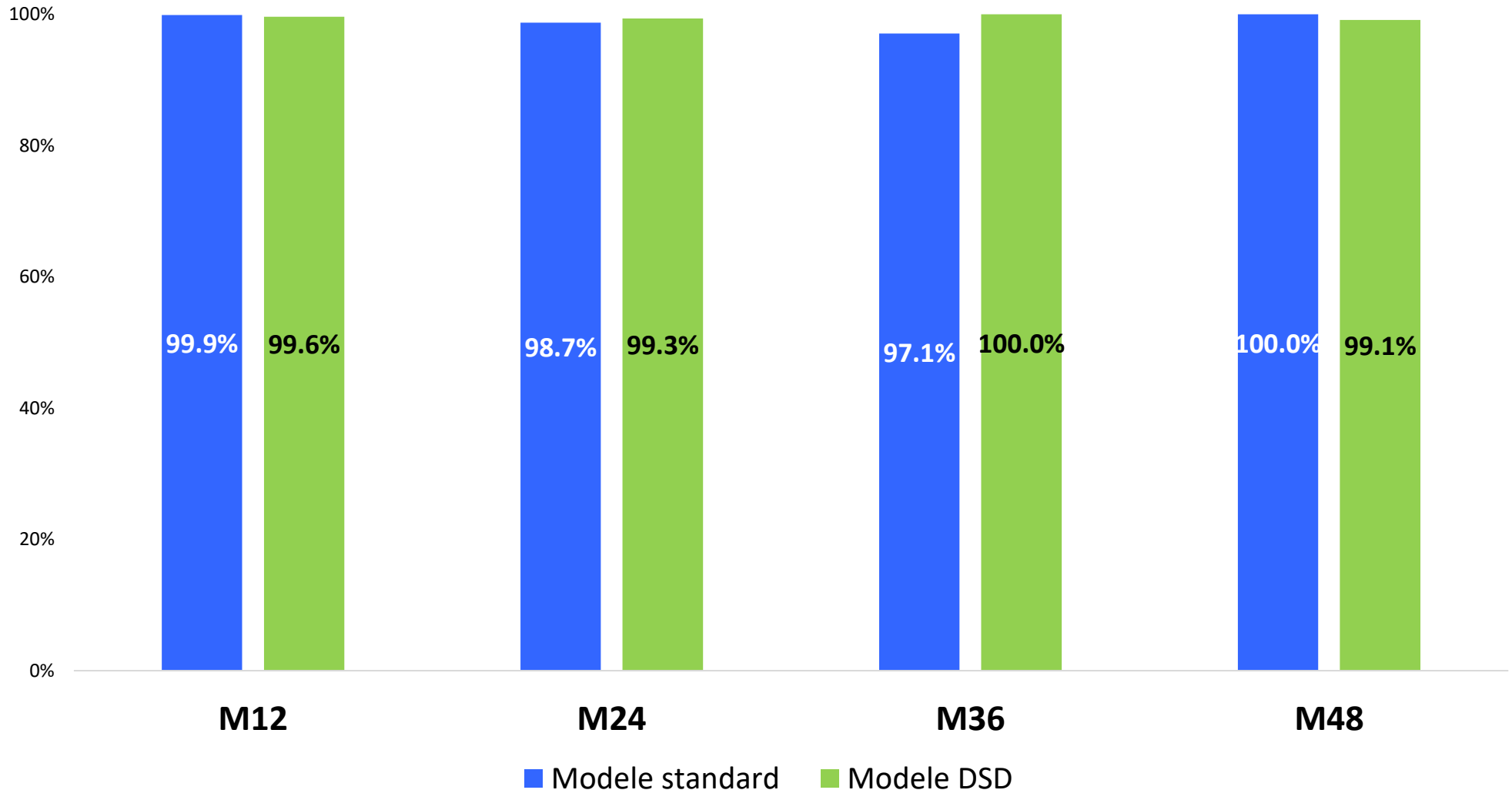
Charge Virale à M36 de TAR

Caractéristiques	Total, N = 379[1]	****, N = 16[1]	Fast track, N = 247[1]	GCT, N = 0[1]	PODI, N = 13[1]	Traditionnel, N = 103[1]
CV.realisee_36M						
	8 (2.1%)	5 (31%)	1 (0.4%)	0 (NA%)	0 (0%)	2 (1.9%)
non	128 (34%)	2 (12%)	87 (35%)	0 (NA%)	5 (38%)	34 (33%)
oui	243 (64%)	9 (56%)	159 (64%)	0 (NA%)	8 (62%)	67 (65%)
Resultat.CV_36M						
	155 (41%)	8 (50%)	97 (39%)	0 (NA%)	6 (46%)	44 (43%)
ND	27 (7.1%)	3 (19%)	19 (7.7%)	0 (NA%)	1 (7.7%)	4 (3.9%)
Non supprimée	14 (3.7%)	1 (6.2%)	6 (2.4%)	0 (NA%)	0 (0%)	7 (6.8%)
Supprimée	183 (48%)	4 (25%)	125 (51%)	0 (NA%)	6 (46%)	48 (47%)

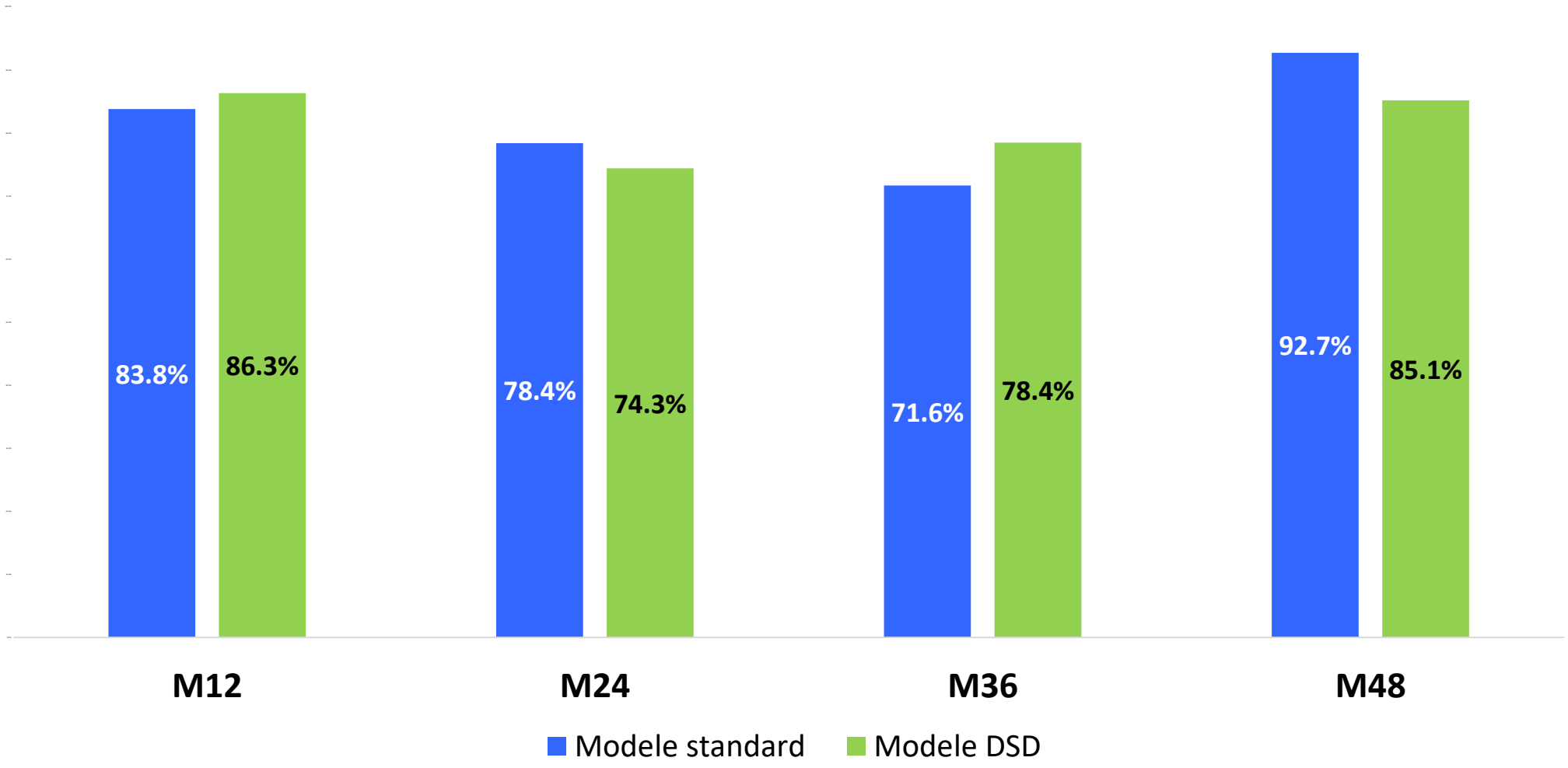
Charge Virale à M48 de TAR

Caractéristiques	Total, N = 214[1]	****, N = 25[1]	Fast track, N = 116[1]	GCT, N = 2[1]	PODI, N = 2[1]	Traditionnel, N = 69[1]
CV.realisee_48M						
	14 (6.5%)	11 (44%)	3 (2.6%)	0 (0%)	0 (0%)	0 (0%)
non	80 (37%)	9 (36%)	42 (36%)	1 (50%)	0 (0%)	28 (41%)
oui	120 (56%)	5 (20%)	71 (61%)	1 (50%)	2 (100%)	41 (59%)
Resultat.CV_48M						
	105 (49%)	21 (84%)	53 (46%)	2 (100%)	0 (0%)	29 (42%)
Non supprimée	4 (1.9%)	0 (0%)	2 (1.7%)	0 (0%)	0 (0%)	2 (2.9%)
Supprimée	105 (49%)	4 (16%)	61 (53%)	0 (0%)	2 (100%)	38 (55%)

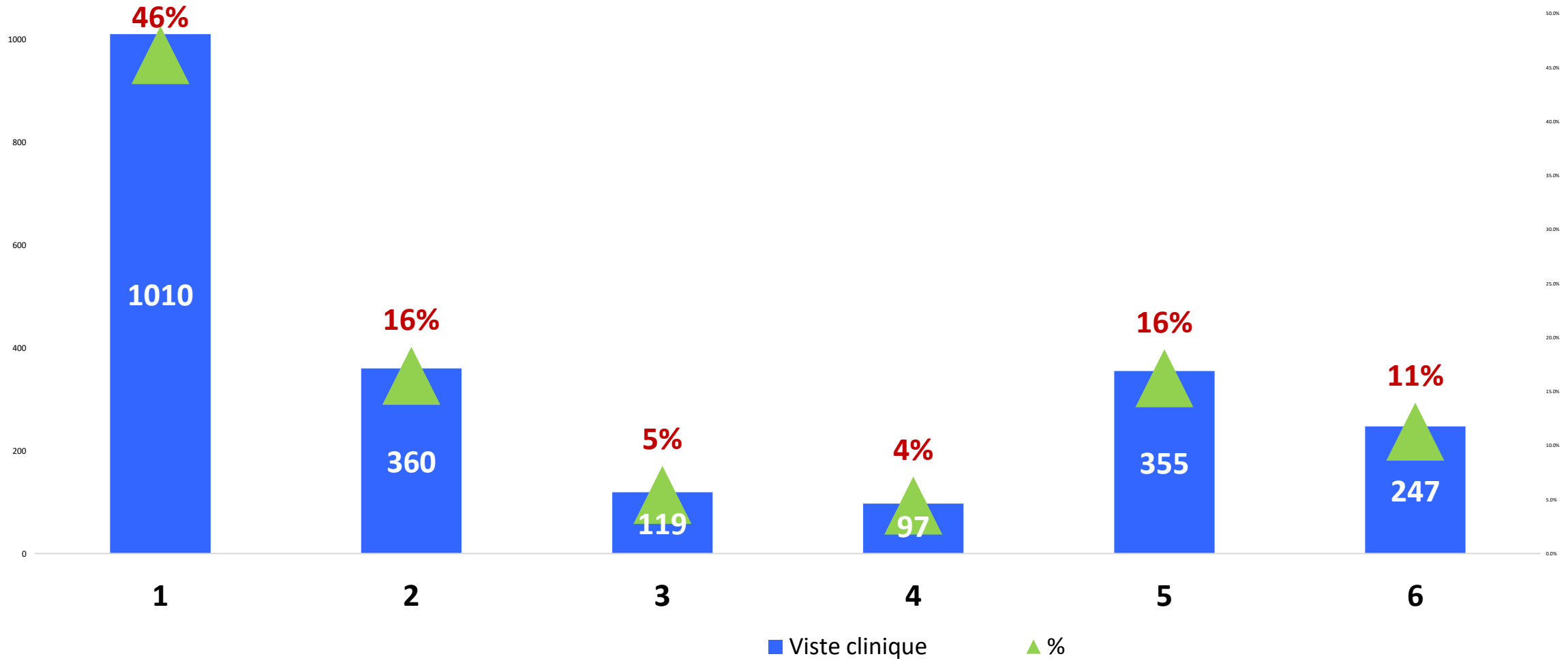
Rétention par cohorte



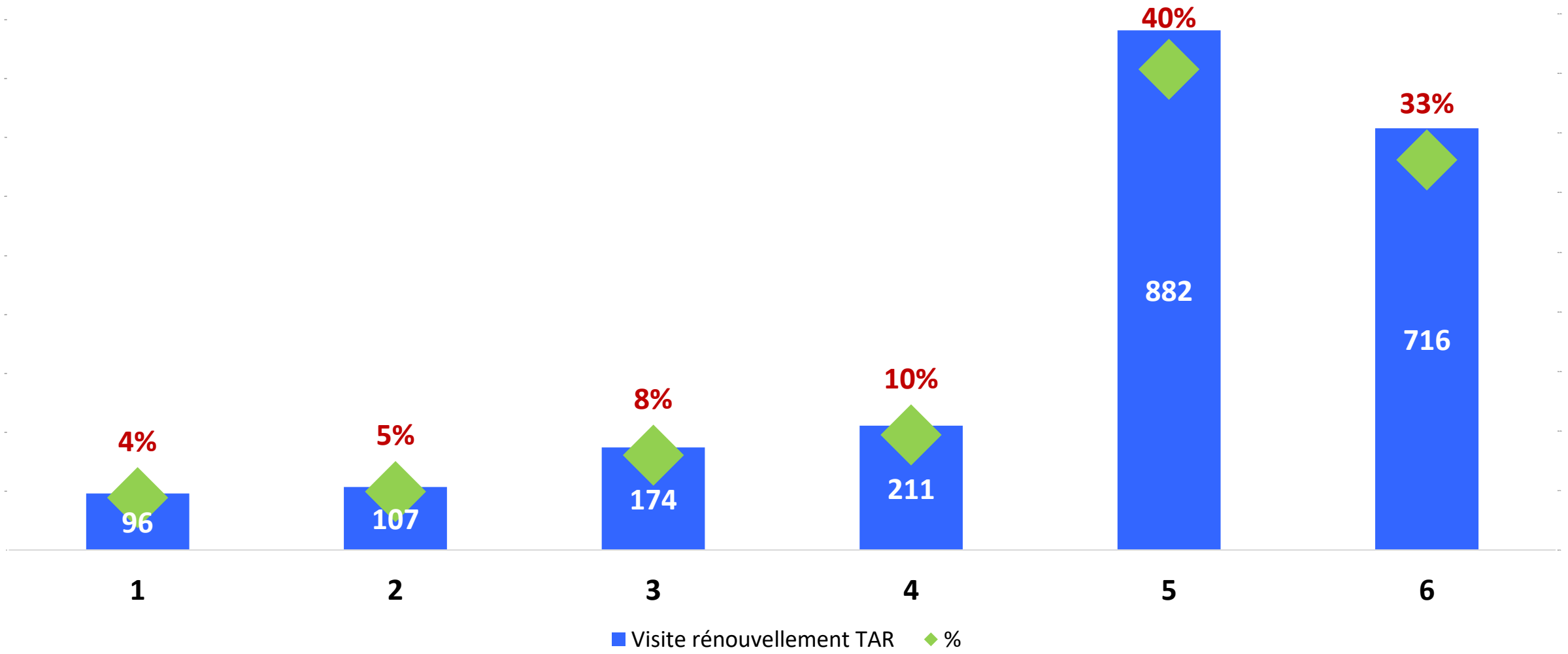
Suppression de la Charge virale par cohorte



Nombre de visites cliniques au cours des 12 derniers mois



Nombre de visites de renouvellement du TAR au cours des 12 derniers mois



Limites et Defis

Limites et Defis:

- Qualité des données
- Echantillonnage par choix raisonné
- Situation seulement de Kinshasa
- Résultats non généralisable
- Données sur la charge virale pas disponible dans les fiches

Defis:

- Conflit d'agenda
- Temps imparti pour la collecte des données insuffisant
- Greve des agents de santé entrainant un retard de réalisation de la revue
- Lourdeur administrative

Prochaines étapes

Utilisation des données pour la prise de décision:

- Finaliser le nettoyage et l'analyse des données (Appui de l'équipe CQUIN WCA)
- Développement des graphiques sur Power BI (Appui de l'Equipe SI de CQUIN)
- Organiser la restitution des résultats aux autorités sanitaires et aux différentes parties prenantes de la PSD en RDC (Réunion de dissémination)
- Identifier et adresser les gaps et défis identifiés (Plan d'action districts)
- Tirer les leçons de cette revue et assurer un recadrage de la mise en œuvre de la PSD
- Monitorer la qualité des données et des prestations DSD au niveau des établissements des soins (Suivi des plans d'action district)
- Documenter et partager les résultats (abstracts, publications, etc,)

Remerciements

- **CQUIN et ICAP**
- **Société civile**
- **Infirmiers superviseurs**
- **Chef des districts sanitaires**
- **Prestataires des sites**
- **Programme National de Lutte contre le Sida**

CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Nigeria’ s first DPR data collection: the experience so far

Dr. Gwomson Dauda

Lead, Surveillance and Research

17th November 2021

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HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

Contents

- Background
- Eligibility
- Methodology/Processes
- Analysis
- Conclusion

Background

- 2002 - HIV Treatment Program in Nigeria coordinated by NASCP
- 2010 – Integrated/decentralization of care into service delivery by adopting and implementing the Hub and Spoke Network Model (Cluster System) of ART.
- 2014 – FMOH approved and started implementing the Task-Shifting and Task-Sharing for Essential Healthcare Services policy.
- 2015/2016 – National programme offered facility-level differentiated service DSD for stable recipients of care using individual appointment spacing.
- This allowed for the provision of multi-month ART refills and fast-tracked visits.

Background (2)

- Nigeria first recommended DSD packages of care in the 2016 National Guidelines for HIV/AIDS Prev., Txt, and Care which has been further updated in the 2020 National Txt Guidelines.
- Nigeria, in collaboration with its donors and IPs provides eight (8) less-intensive facility-based DSD models and six (6) community-based DSD models for 5 different target groups:
  - - children > 5 years.
  - - adolescents.
  - - adults.
  - - key populations
  - - pregnant and breastfeeding mothers.

Less-intensive DSD ART Models

- **Facility-Based Individual Models**

✓Fast-track

✓Decentralization (Hub and Spoke)

✓After hours

✓Weekend and Public holidays

- **Facility-Based Group Models**

✓Facility ART group: HCW-led

✓Facility ART group: Support group-led

✓Child/Teen/Adolescents club (Peer managed)

✓Mother infant pair/Mentor mother led

- **Community-Based Individual Models**

✓Community Pharmacy ART refill

✓Home delivery

✓One Stop Shop (OSS)

- **Community-Based Group Models**

✓Community ART Refill Group: HCW- led

✓Community ART Refill Group: PLHIV- led

✓Adolescent Community ART/ peer-led groups

Eligibility criteria for less-intensive DSD models

- Adults, Adolescents and Children > 5yrs.
- On ART for at least one year.
- Clinically stable with no opportunistic infections or current illnesses.
- Adherent with an optimal understanding of lifelong treatment.
- Viral load measurement < 1,000 copies/ul in past 6 months.
- In the absence of viral load monitoring, rising CD4 cell count or CD4 count above 200 cells/mm3.
- No adverse drug reactions that require regular monitoring.

2021 DSD performance review

- Currently, monitoring and evaluation (M&E) of DSD in Nigeria is limited to aggregate, facility-level data on ART model enrollment, reported by states.
- To begin to fill gaps in M&E of DSD, Nigeria MOH, with support from CQUIN, is currently conducting a pilot DSD performance review (DPR) in 2 states.
- Nigeria is also collecting preliminary data on DSD from the 36+1 states of the country.

DPR Methodology Overview

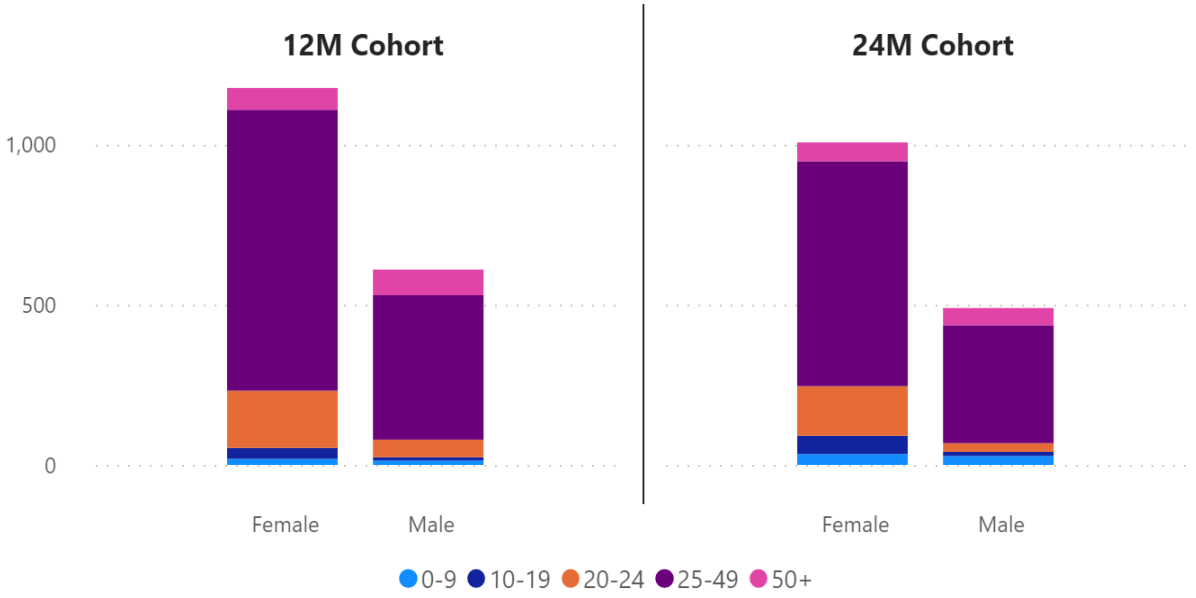
Outline of process

1. Engage stakeholders and plan performance review.
2. Identify priority indicators and develop data collection tools.
3. Determine sampling strategy and plan for data collection, management, and analysis.
4. Perform data collection and analysis.
5. Interpret results and develop data visualizations.
6. Plan for logistics of DPR results dissemination and learning exchange workshop.
7. Conduct workshop and develop action plans.

Recipient of care characteristics

Province, LGA

All



Total number of RoCs sampled

3294

Sex	Count	Percent
Female	2,184	66%
Male	1,100	33%
Unk.	10	0%

Age group	Count	Percent
0-9	95	3%
10-19	114	3%
20-24	418	13%
25-49	2,405	73%
50+	262	8%

Cohort	Count	Percent
12M Cohort	1,797	54%
24M Cohort	1,518	46%

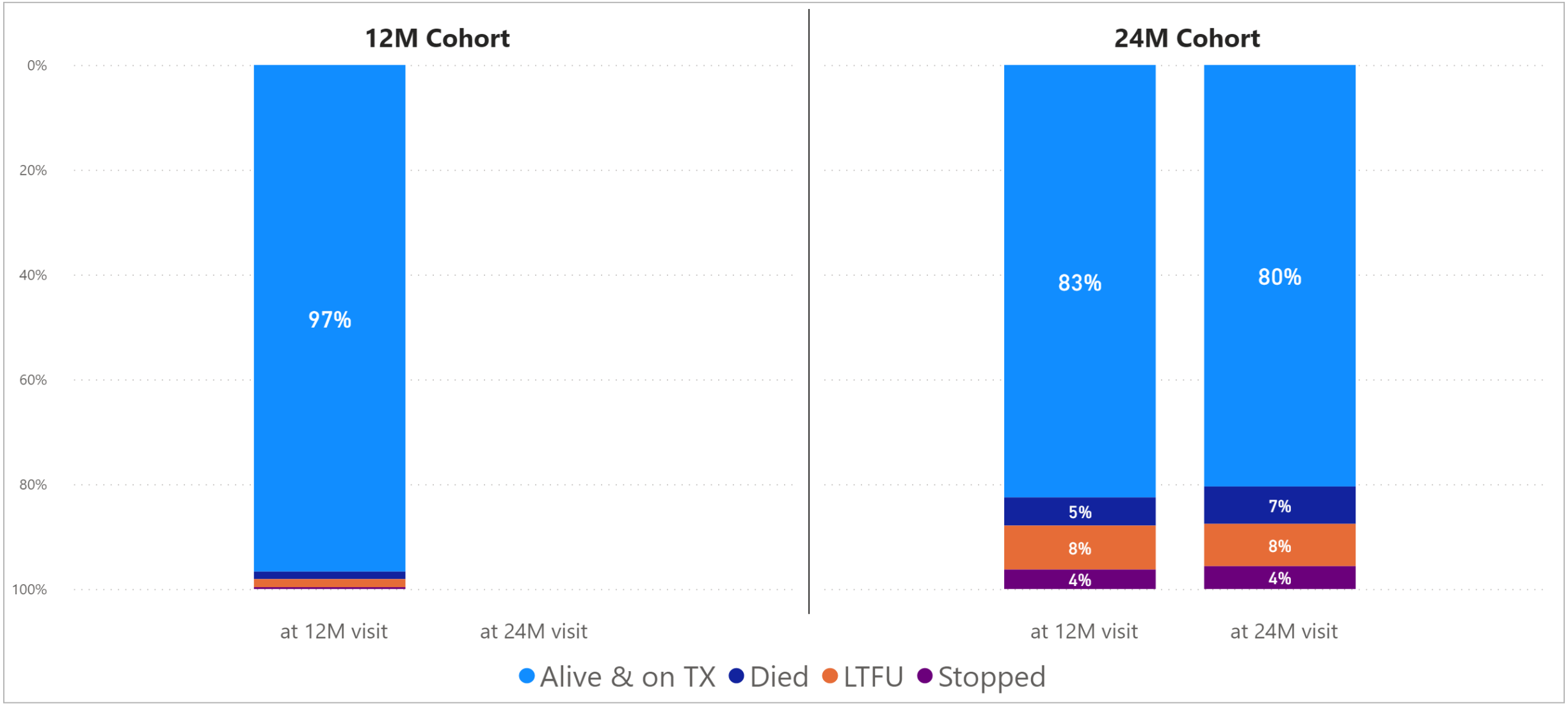
Location	Count	Percent
⊞ Akwalbom	2,107	64%
⊞ FCT	1,208	36%

Recipient of care outcomes by cohort and time point

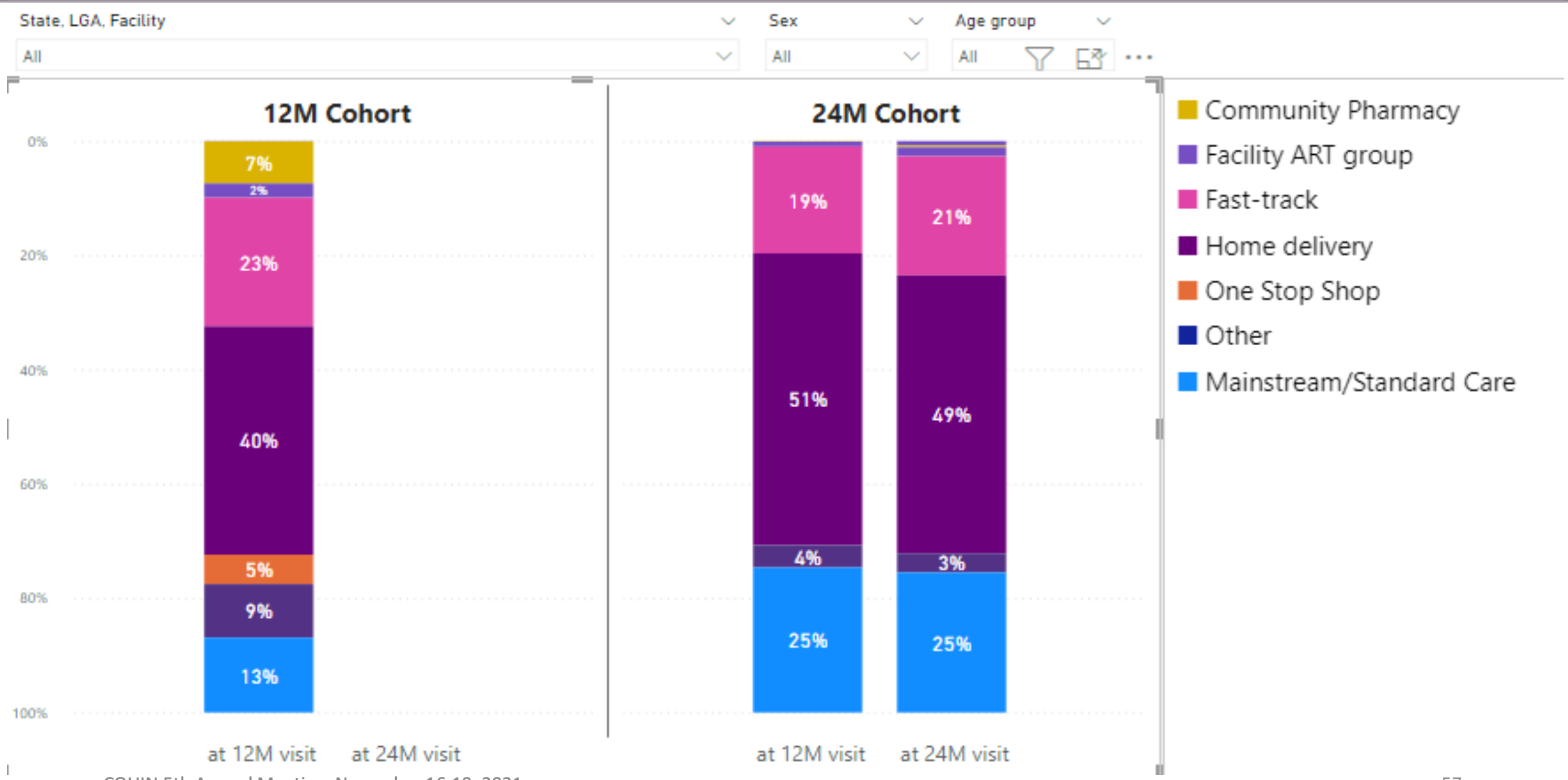
State, LGA, Facility: All

Sex: All

Age group: All



ART model by cohort and time point

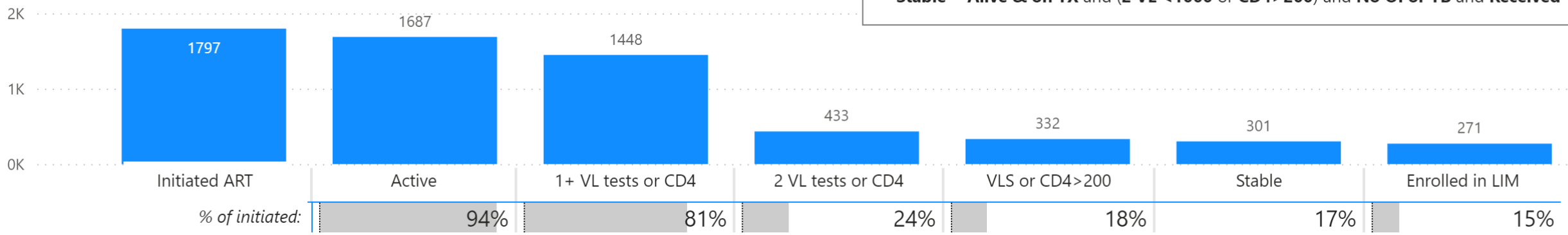


Modified HIV care cascade

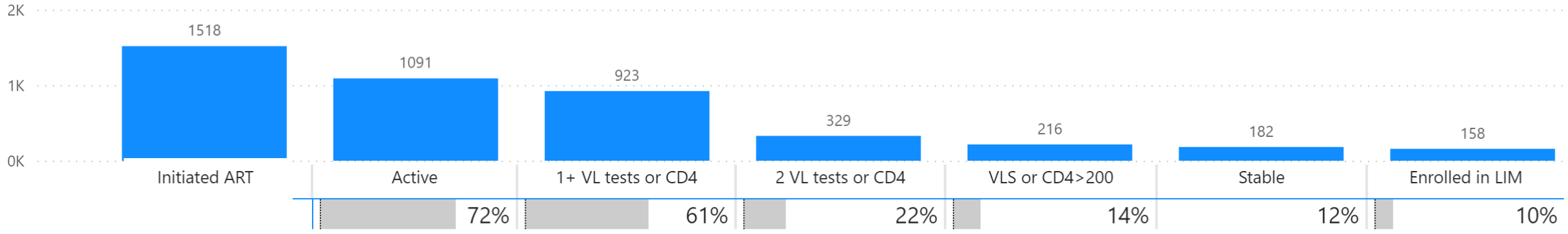
Sex: All | Age group: All | State, LGA, Facility: All

Stable = **Alive & on TX** and (**2 VL <1000** or **CD4>200**) and **No OI or TB** and **Received TPT**

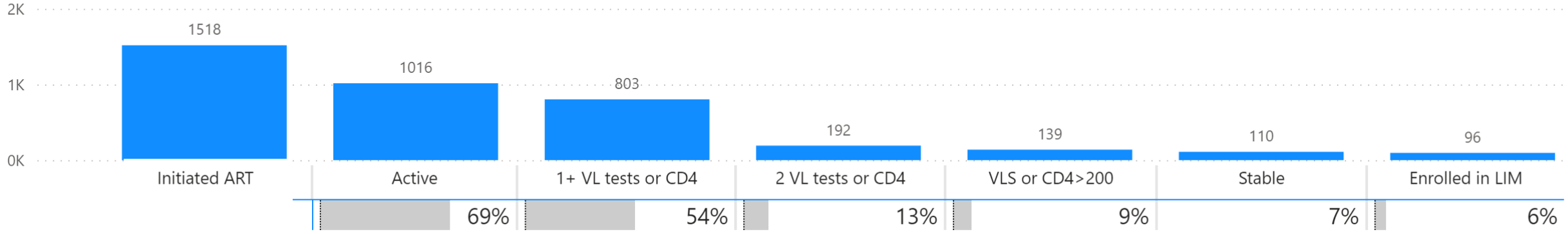
12M Cohort, at 12M visit



24M Cohort, at 12M visit



24M Cohort, at 24M visit

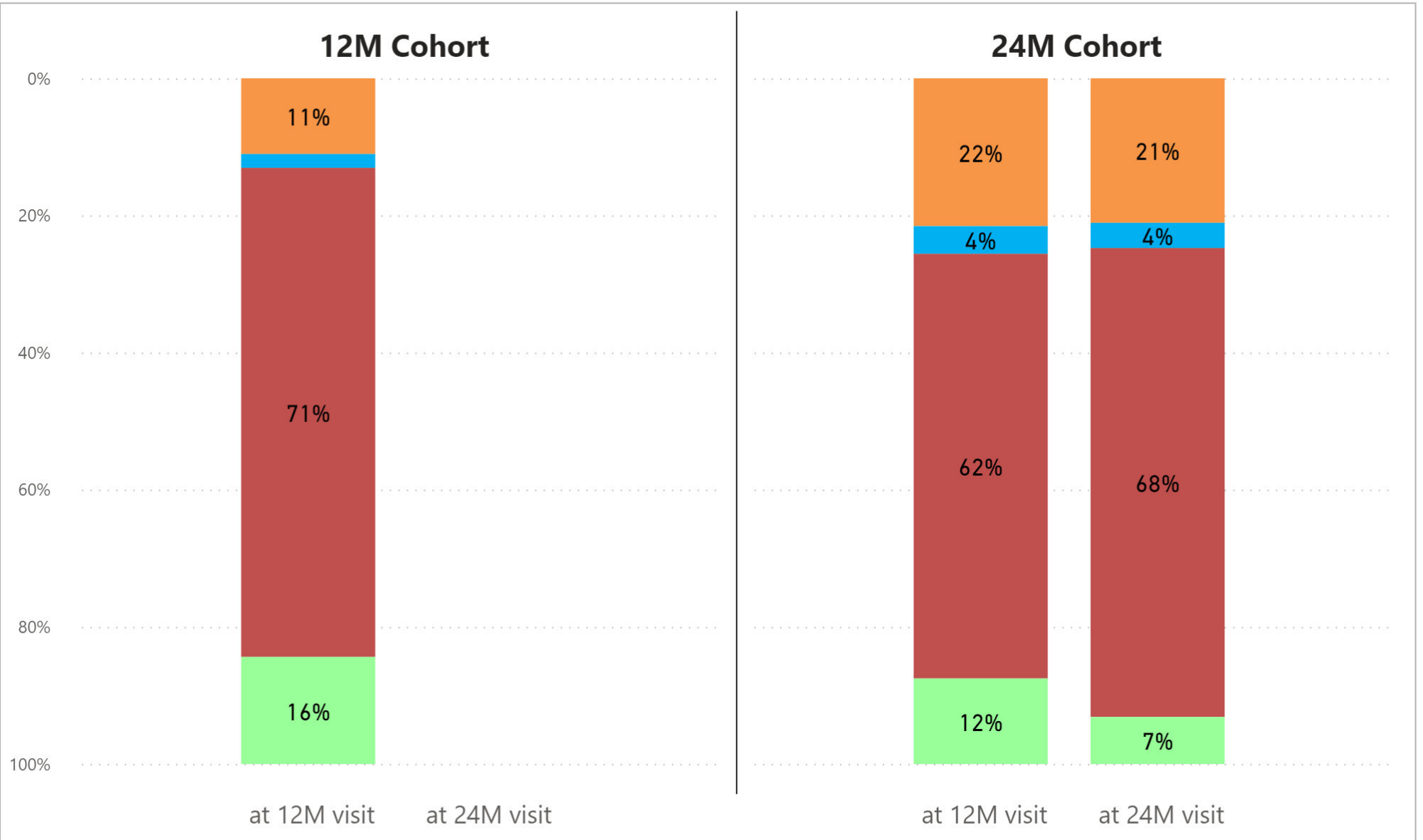


Model appropriateness

State, LGA, Facility: All

Sex: All

Age group: All

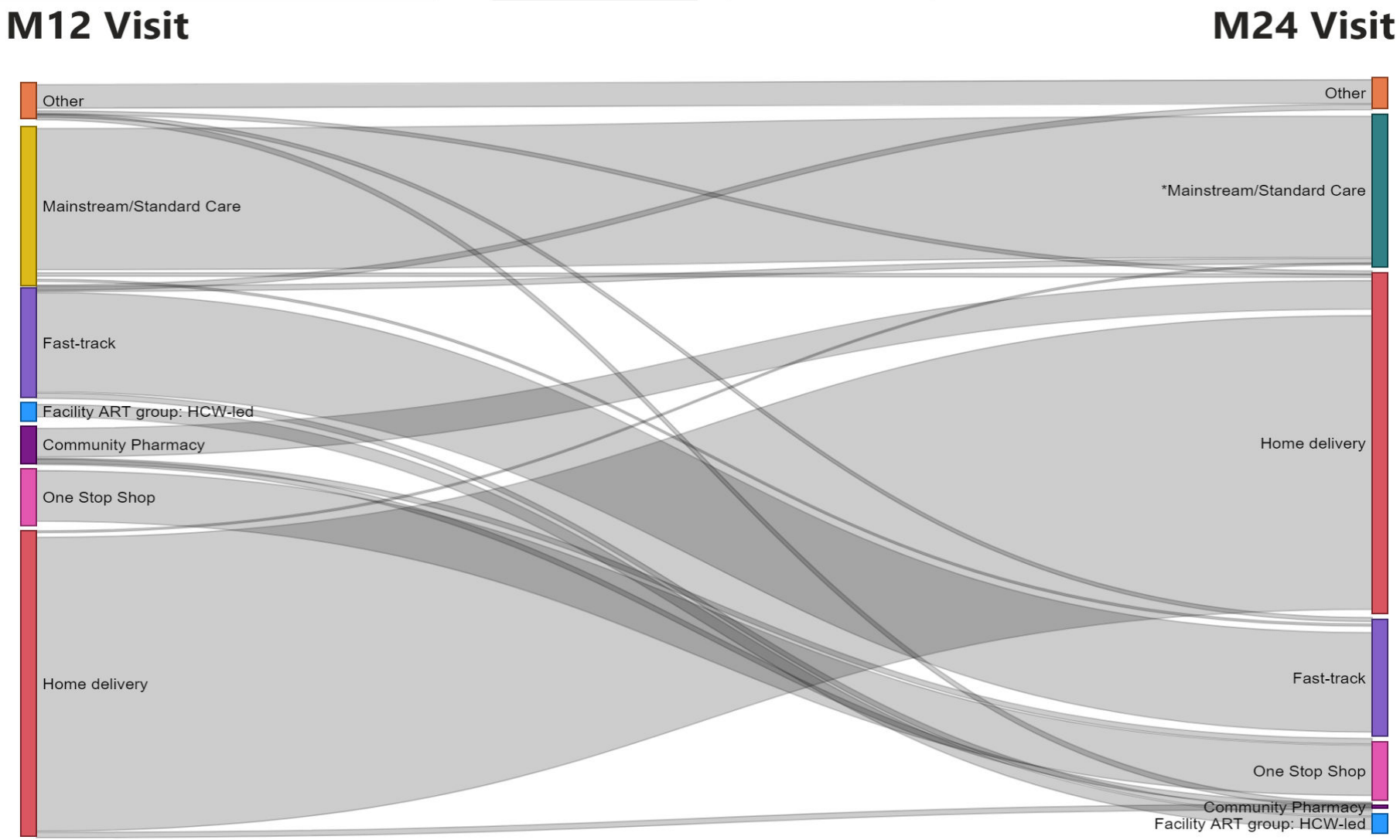


Model switch between 12 and 24 month visits (24M cohort)

State, LGA, Facility: All

Sex: All

Age group: All



MMD by model intensity (active patients)

State, LGA, Facility: All | Sex: All | Age group: All | Model Group: All

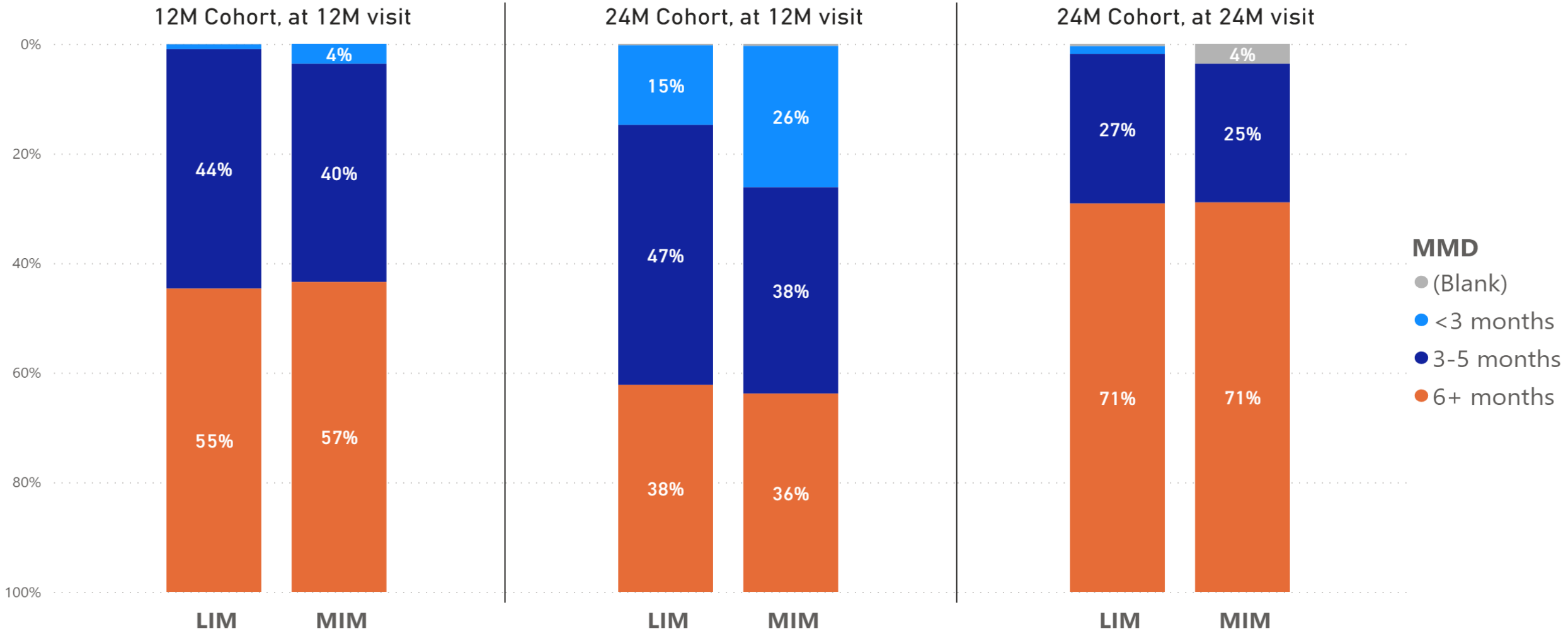


PHOTO GALERY

Delegation at CQUIN meeting with NASCP to discuss Nigeria's DSD priorities

Training of Data Entry Clerks for the DSD Performance Review

CONCLUSION

- A major challenge that was observed in the process of this DPR is the none completeness of some information on some clients. This however will serve as a background to subsequent DPRs.
- As DSD scale-up advances and priorities change, the focus of performance reviews can shift (2022).
- From coverage and retention in DSD models to fidelity of implementation, to healthcare worker and patient satisfaction, for example.
- The DPR can also be integrated into a national ART program data.
- There will dissemination of this report in country so as to strengthen service provision.

Thank you

Panelists/Panélistes/Painelistas

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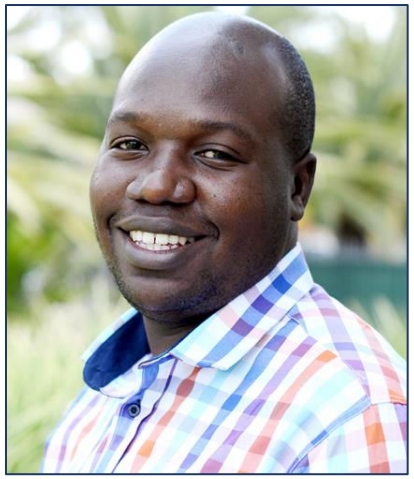

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CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Session 7 starts Thursday 18 November at 7:00am EST/12 noon
West Africa/1:00pm Geneva/2:00pm Pretoria/3:00pm Nairobi

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