



CQUIN 5th Annual Meeting

Virtual: November 16-19, 2021

Framing remarks: DSD Data for Decision-Making

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Outline

- The challenge of data use for DSD programs
- Some evidence of progress
- Common gaps and a way forward

Background and rationale

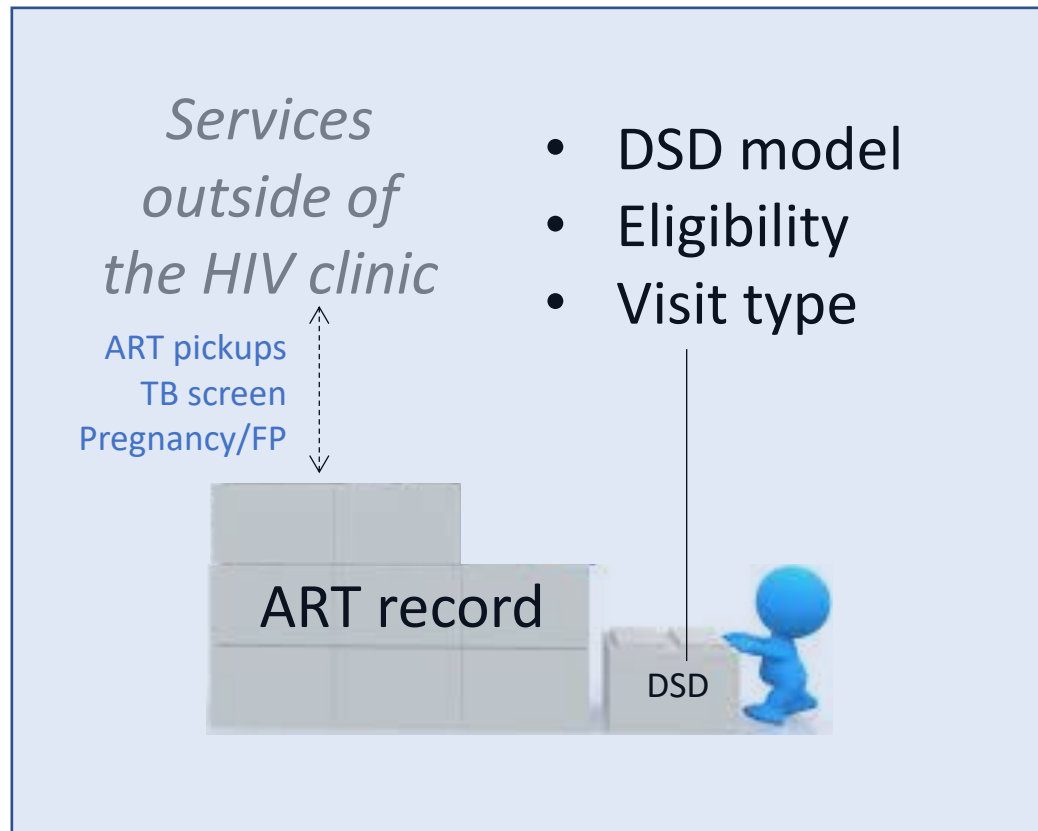
- Many countries are introducing, expanding, and/or scaling-up differentiated services delivery models (DSD) for ART patients
- Countries and global stakeholders are seeking data as evidence to inform DSD implementation
- No country has been able to implement a robust M&E system for DSD
- Therefore, there are large, critical gaps in knowledge about DSD implementation

Core DSD indicators: M&E Framework for DSD

- Created by M&E CoP* members
- Utilized by Cote d'Ivoire, Zimbabwe, Zambia, and other countries to inform definition of national indicators and design data collection tools for data reviews
- [More information available on CQUIN website](#)



Basic building blocks of monitoring DSD: Documenting DSD in patient ART records



- Establish systematic way to document and track elements of DSD services
 - For use by health providers for clinical management
 - For managers at all levels to monitor coverage, quality, and impact of DSD services
- Elements: DSD-ART model, eligibility for less-intensive models, visit type
- Ensure services from outside of the ART clinic are documented in ART record

Example: Uganda HIV care/ART card

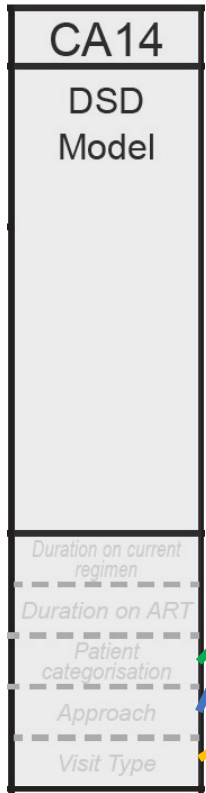
HIV CARE/ART CARD – CLINICAL ASSESSMENT PAGE

MIN # _____ Other Unique ID # _____ Patient Clinic # _____ Name: _____

Current Address: District: _____ Division/Sub-County: _____ Village/zone/Cell: _____ CARD No: _____

CA1	CA2	CA3	CA4	CA5	CA6	CA7	CA8	CA9	CA10	CA11	CA12	CA13	CA14	CA15
Sex	Age and Vitals	Nutrition	CD4	HBsAg	HBV	HTLV	Diagnosis	WBC	Platelets	Other	Medication	Tests and Investigations	DSD	Name & Signature of health worker

(Note: The table contains numerous sub-sections for clinical assessment, including sections for Family Planning, TB, Hepatitis, and other health conditions.)



DSDM Approach CA14a: ART model
FBIM: Facility Based Individual Management
FBG: Facility Based Group
FTDR: Fast-Track Drug Refills
CDDP: Community Drug Distribution Point
CCLAD: Community Client-Led ART Delivery

DSDM Patient Categorisation CA14b:
S= Stable **US= Unstable** **Eligibility**

Visit Type CA14c:
R= Drug Refill ONLY **Visit type**
C= Clinical Assessment, Drug refill and/or Tests/ Investigations

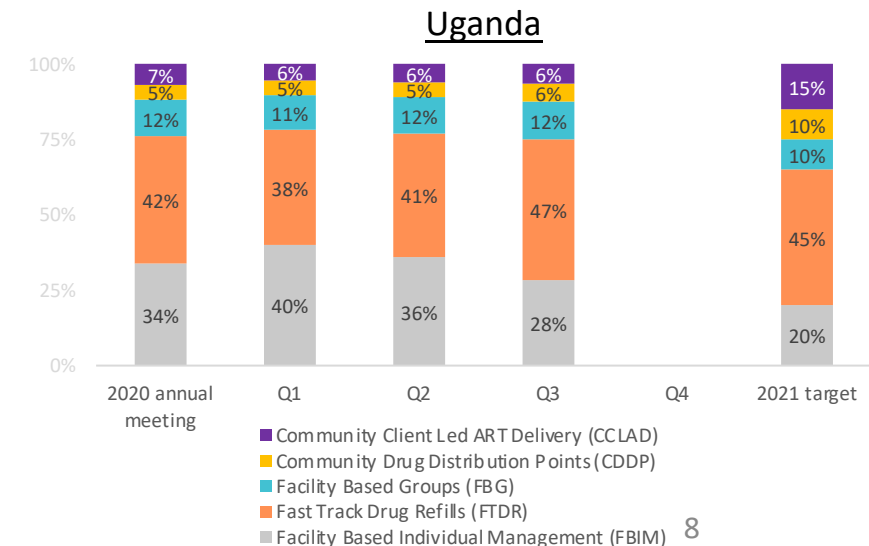
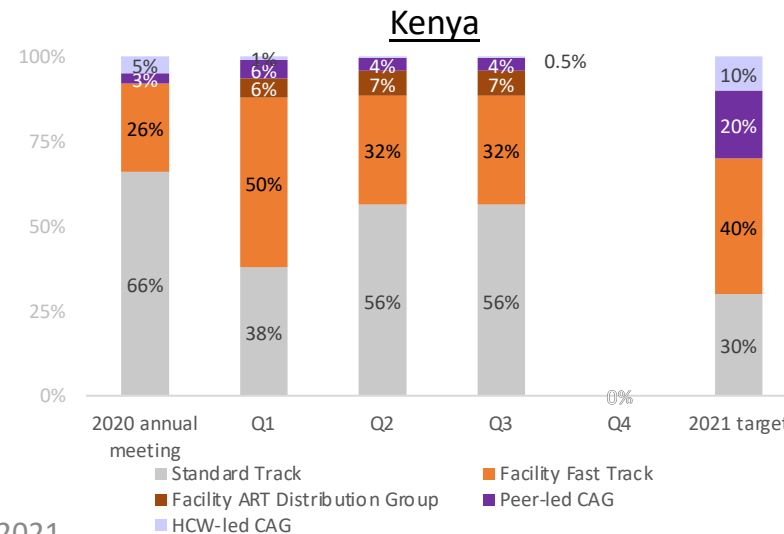
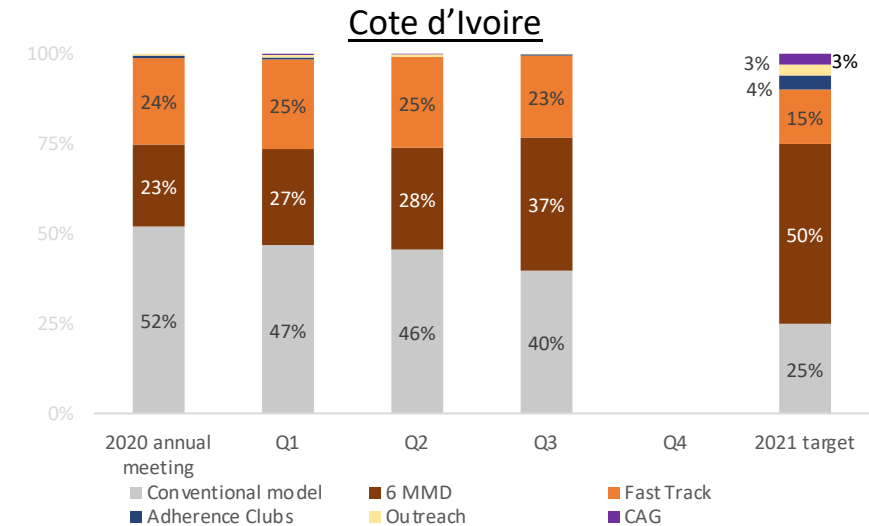
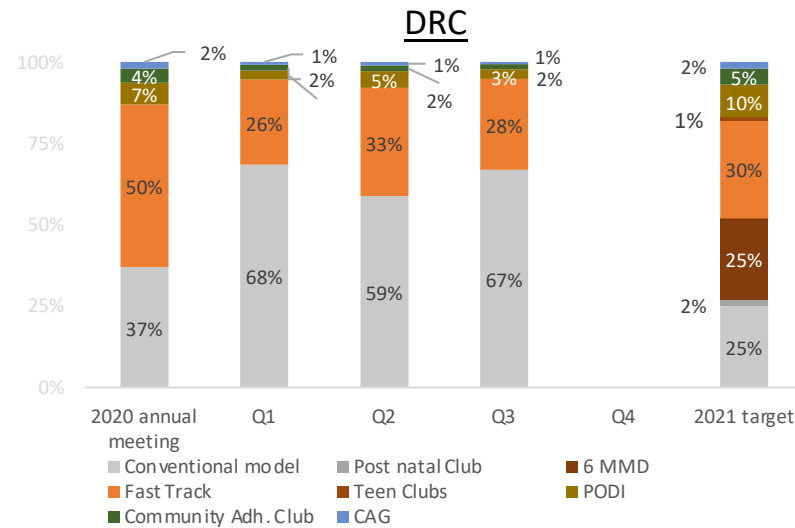
Basic building blocks of monitoring DSD: Reporting ART model coverage and MMD

- Simple tools for aggregation of facility data
 - Number on ART
 - Number stable/eligible for less-intensive ART models
 - Number enrolled by ART/DSD model
 - Number receiving <3 mos, 3-5 mos, 6+ mos of ART

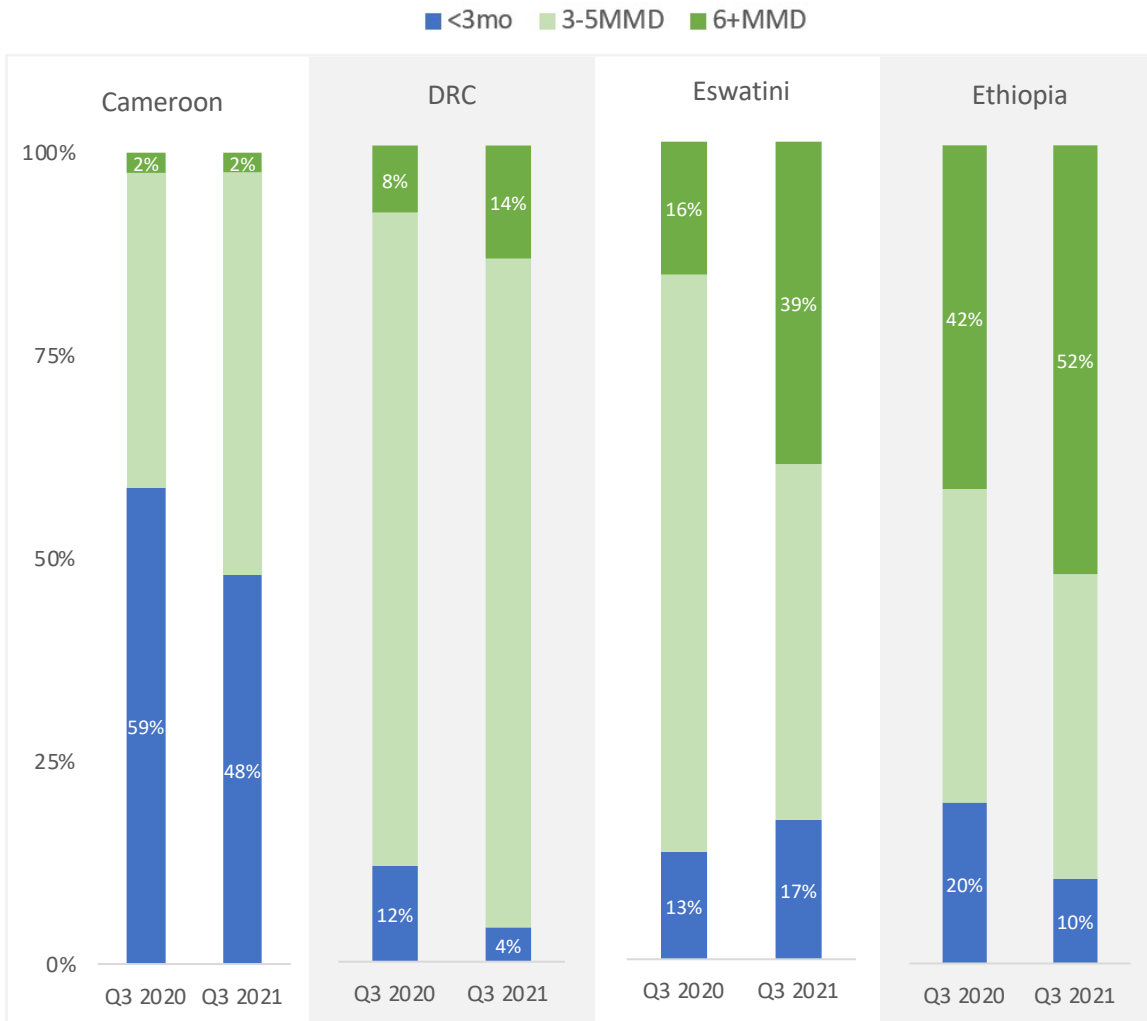
IP or Organization name :																
Reporting period																
March 2021																
N°	Region or Province	District	Facility name	(A) Patients active on ART (TX_CURR) by the end of March 2021= (A1)+(A2)+(A3)	(A1) Nbr of patients active on ART receiving less than 3 months ART dispensation (<3MMD)	(A2) Nbr of patients active on ART receiving between 3-5 months ART dispensation (3-5MMD)	(A3) Nbr of patients active on ART receiving 6+ months ART dispensation (6+MMD)	(B) Nbr of patients active on ART declared stable	(C) Total number of patients enrolled in a DSD model = (C1)+(C2)+(C3)+(C4)+(C5)	(C1) Number of patients enrolled in the DSD model 1 (enter the model name)	(C2) Number of patients enrolled in the DSD model 2 (enter the model name)	(C3) Number of patients enrolled in the DSD model 3 (enter the model name)	(C4) Number of patients enrolled in the DSD model 4 (enter the model name)	(C5) Number of patients enrolled in the DSD model 5 (enter the model name)	(D) Number of patients in standad of care model = (A) - (C)	
1				0					0							0
2				0					0							0
3				0					0							0
4				0					0							0

Routine reporting on ART model coverage/mix

- Across the past 1-2 years, country MOH have begun collecting and reporting ART model
- Countries began reporting results each Q to CQUIN in FY2021

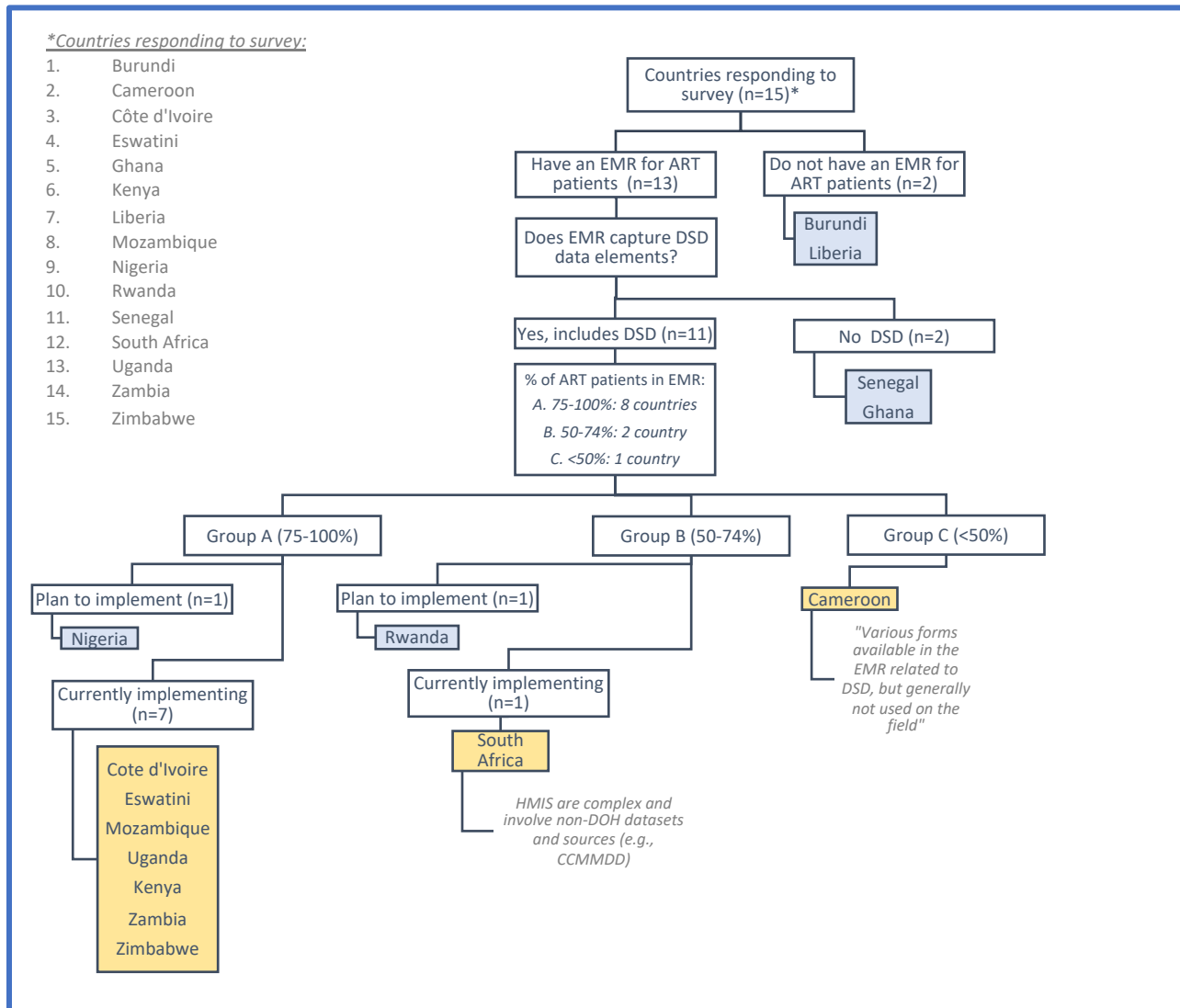


Reporting quantity of ART dispensed



- PEPFAR introduced routine reporting in FY20
- Countries began reporting results each Q to CQUIN in FY2021

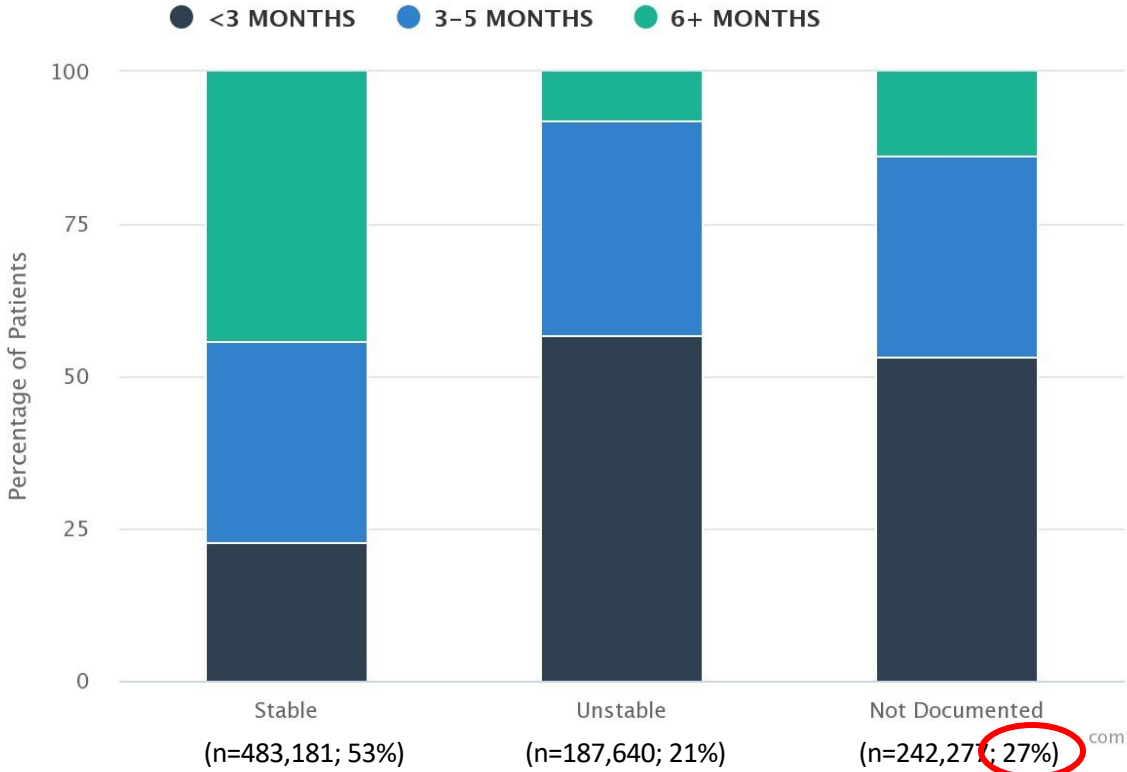
Integration of DSD into electronic medical records



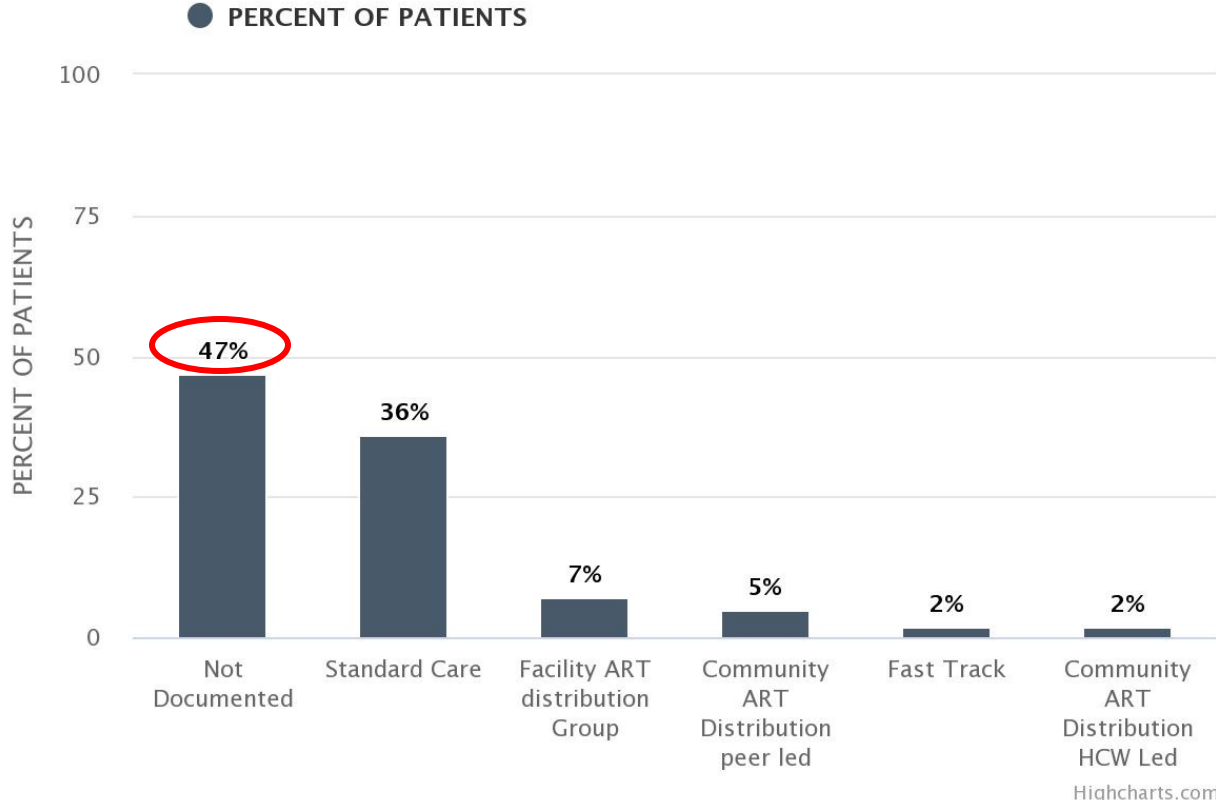
- Among 15 CQUIN network countries surveyed in Sept-Nov 2021, 9 reported integration of DSD data elements into their national EMR
- Two additional countries plan to integrate DSD data elements into their EMR

Kenya Integrated Data Warehouse Dashboard

Quantity of ART distributed by patient stability status

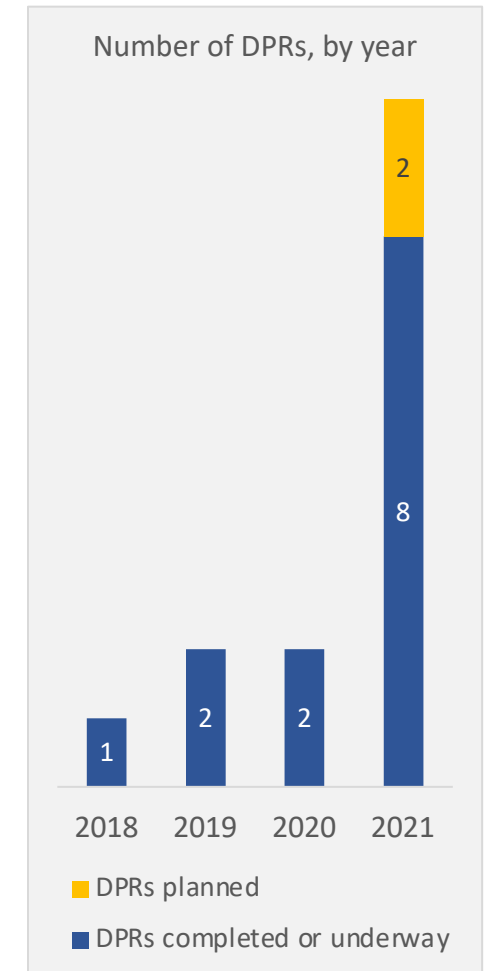
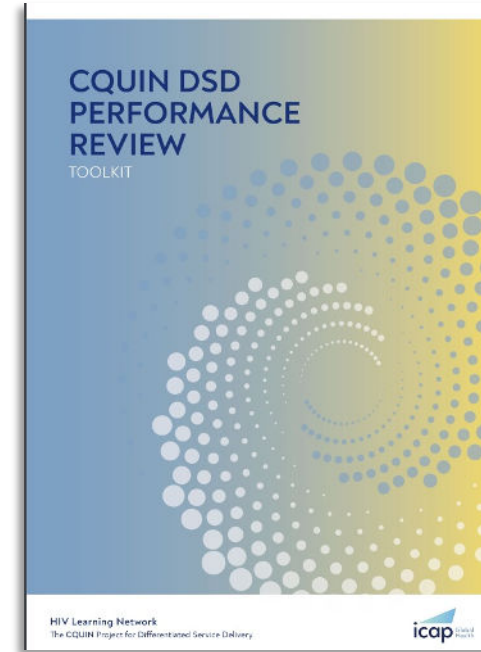


Distribution of models among patients currently on ART



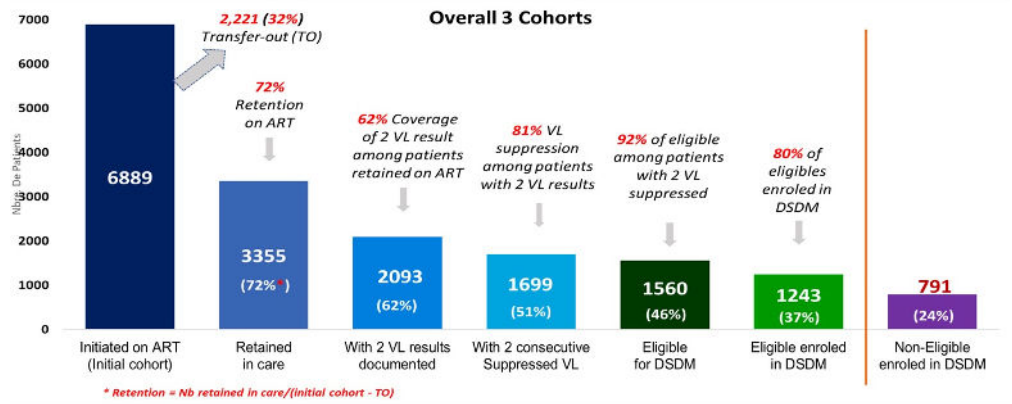
DSD Performance Reviews (DPRs)

- Standalone process aims to fill gaps in M&E identified by country MOH
- Data abstraction conducted in a sample of facilities
- Data is summarized and shared in a dissemination meeting
- Stakeholders develop action plans based on results
- Can be conducted ~ once per year
- 10 countries planning DPRs for 2021
- *CQUIN M&E CoP co-created a DPR toolkit, also available on the CQUIN web site*

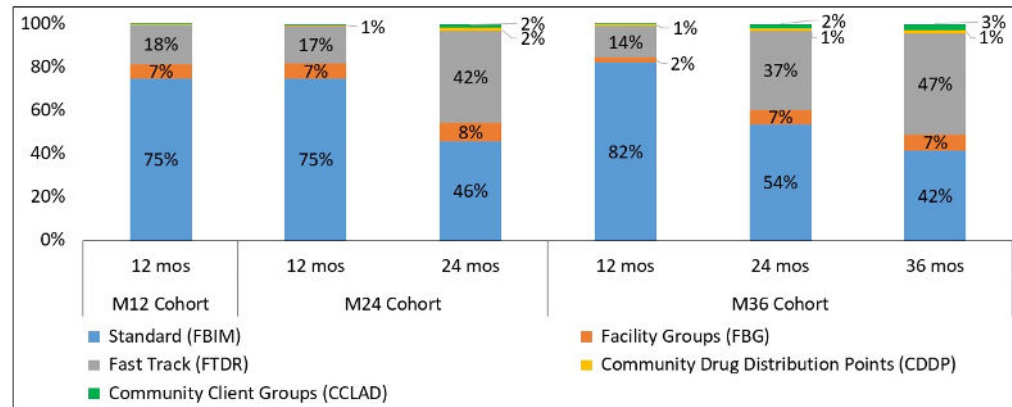


Illustrative DPR results

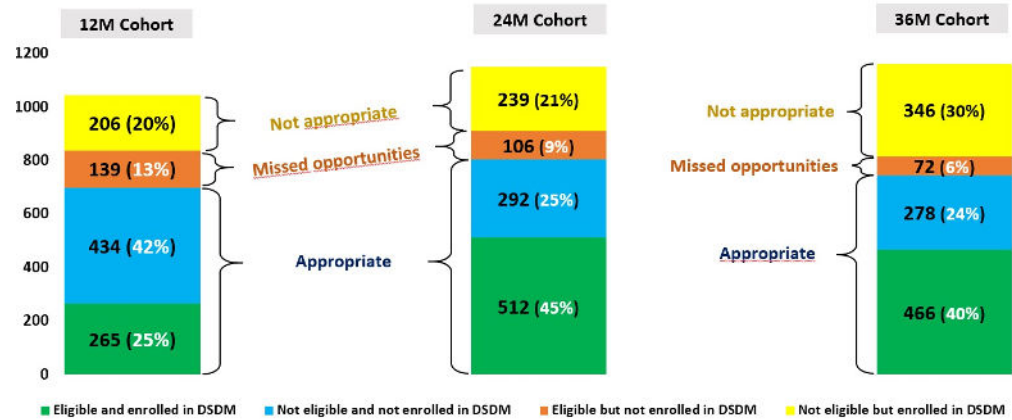
Cascade from ART initiation to enrollement in DSDM (overall 3 cohorts)



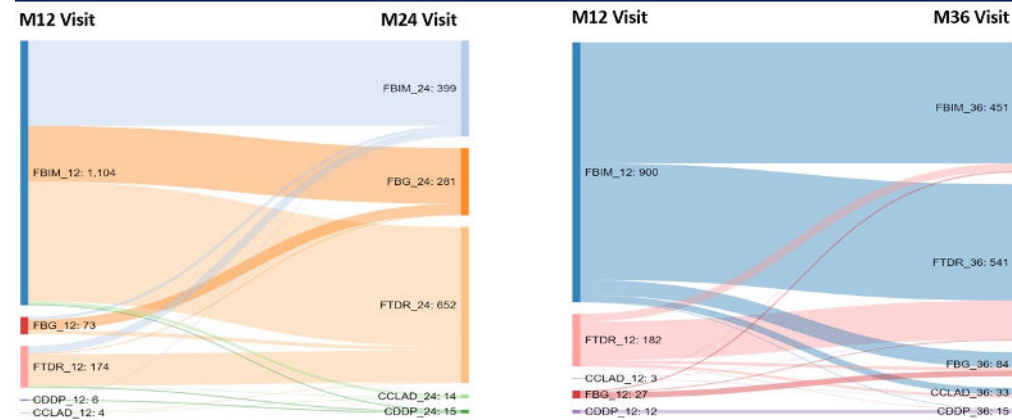
ART model by cohort and timepoint



Eligibility and enrollement in DSDM by June 2020

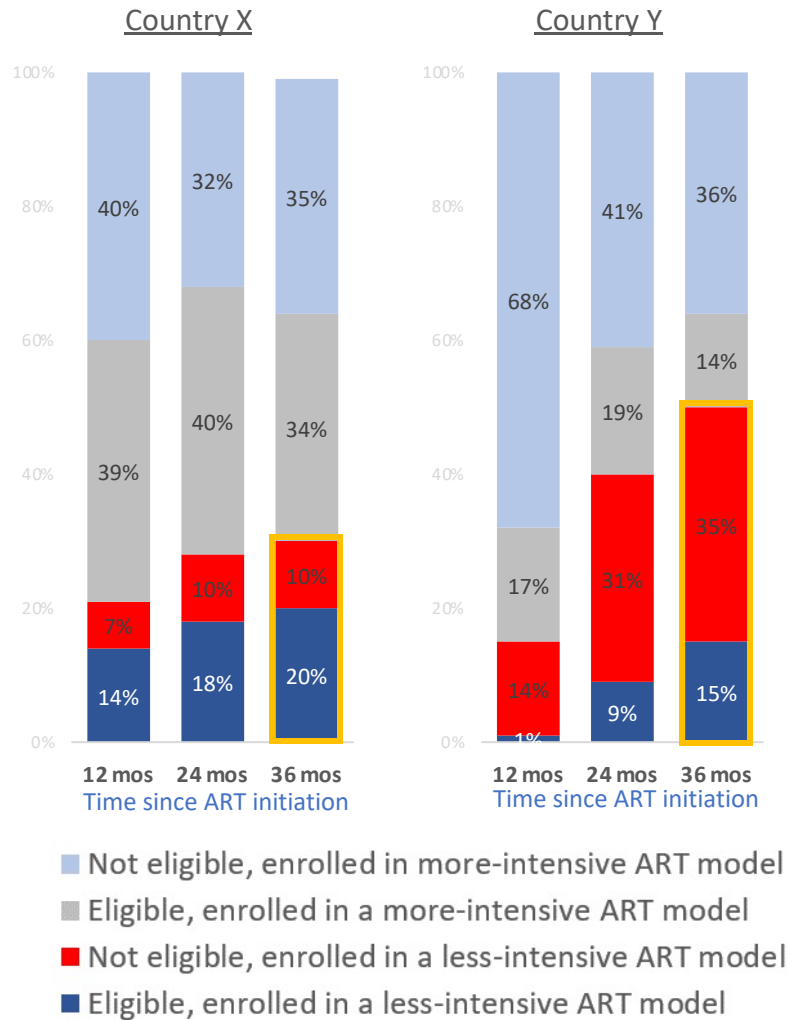


Model Switch



Trends in ART model eligibility and uptake

Results from 2 DPRs in 2 countries



Results from 2020-21 DPRs in 2 countries

- Differing trends in ART model eligibility and uptake of less-intensive ART models

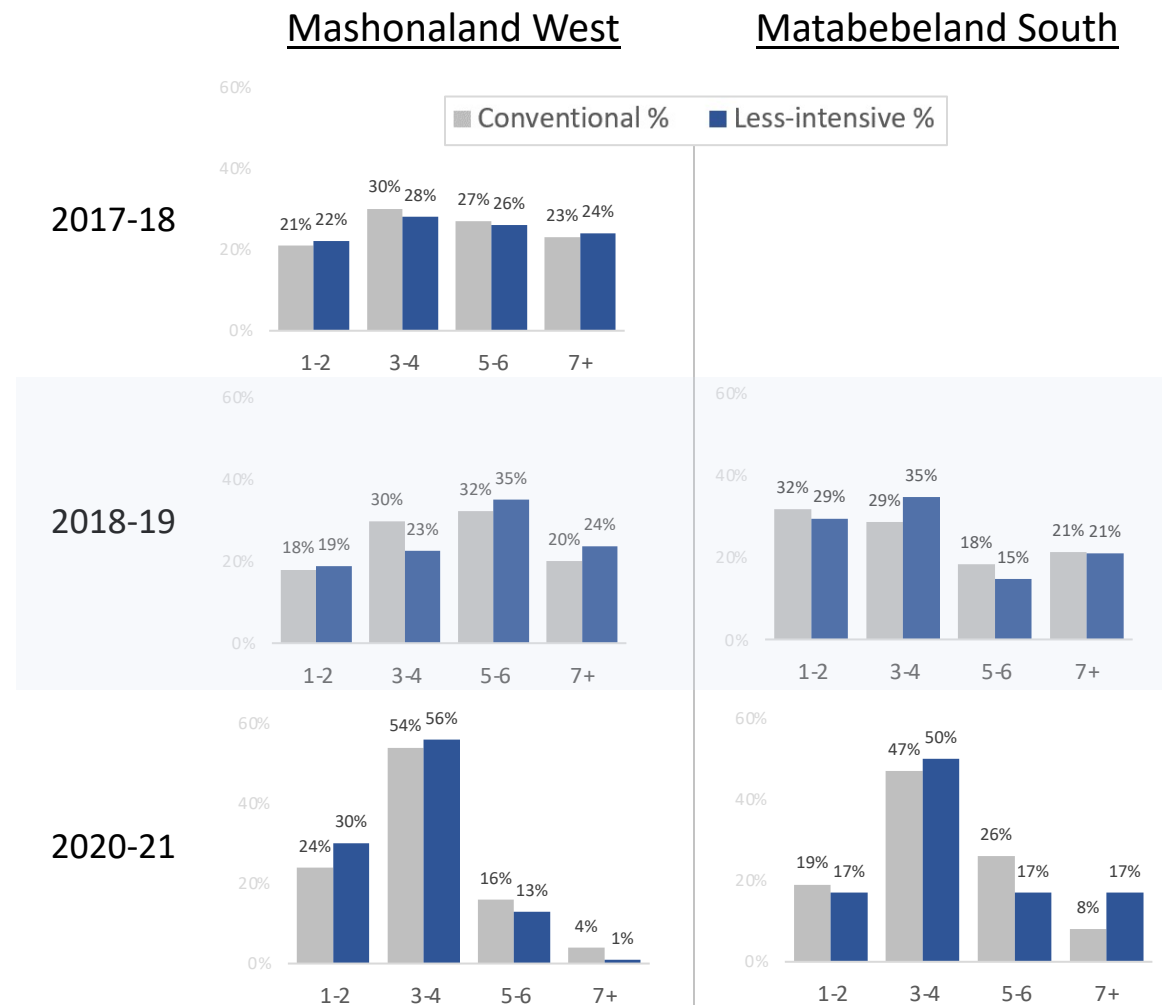
By 36 mos after ART initiation:

- Country X: 30% in a less-intensive model
 - 67% of RoC in a less-intensive model were eligible
- Country Y: 50% in a less-intensive model
 - 30% of RoC in a less-intensive model were eligible

Number of clinical visits per RoC, per year, Zimbabwe

Results from 3 DPRs in 1 country

- Zimbabwe has conducted 3 DPRs—2018, 2019, and 2021
- Mashonaland West province has been included in all 3; Matabeleland South has been in the last 2
- Across all rounds of DPRs, # of clinical visits per RoC in the previous 12 months has not differed between RoC in conventional ART vs. RoC in less-intensive models
- During 2020-21, shift towards fewer visits—for both conventional and less-intensive model RoC



Institutionalize community engagement



POLICY LEVEL (6)

1. % of TWG on DSD where RoC participated
2. % of policy validation exercises where RoC participated
3. % of online DSD platforms that include RoC, policy makers, program implementers and health providers
4. # of communication materials produced by RoC to educate communities about policies, results of evaluations/assessments
5. % of M&E meetings that include RoC
6. % of impact assessment exercises where RoC participated

PROGRAM LEVEL (7)

1. % of meetings focused on DSD program design where RoC participated
2. % of DSD planning meetings where RoC provided recommendations on prioritization of DSD models
3. % of DSD HF trainings that include RoC as planners and facilitators
4. % of DSD supportive supervision visits that include RoC leaders
5. % of DSD M&E tools development meetings where RoC participated
6. % of DSD M&E activities where RoC participated
7. % of self assessments where RoC participated and led on community engagement domain

COMMUNITY LEVEL (6)

1. # of community-level platforms established aimed at gathering RoC views on DSD models
2. % of thematic working groups where RoC participated
3. % of DSD sensitization/demand creation activities led by or actively involving RoC
4. % of HF with DSD where RoC work as service providers
5. # of trainings organized for peer educators and RoC
6. % of DSD facilities where community score cards and/or client satisfaction surveys are implemented

Gaps in DSD data for decision-making

- Reliable, timely, granular data on ART model coverage
- Key features of implementation
 - Characteristics of RoC in ART models (e.g., eligibility)
 - Other features of models: frequency of clinical visits, ART pickups, etc.
 - Coverage of TB, pregnancy/FP, ART adherence screening
- Engagement of RoC and routine/periodic monitoring of RoC experience
- Use of DSD data for strengthening HIV programs
- Outcomes within ART models (retention, VLS)

Way forward for DSD data for decision-making

- Continued strengthening of national HMIS
- Better integrate DSD into electronic medical records
- Implement more robust data use strategies
 - Assess quality–coverage–impact
- Institutionalize community engagement in M&E
- Use DSD Performance Reviews strategically
- Conduct research and stay attuned to research findings
- Refine/adapt systems
 - Services integration, key populations, new populations accessing DSD

Additional Resources

← → ↻ cquin.icap.columbia.edu/network-focus-areas/monitoring-and-evaluation-of-dsd/ 🔍 ☆ 📧 ⚙️ 🌐

icap Global Health | HIV Learning Network: The CQUIN Project for Differentiated Service Delivery

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Differentiated Monitoring and Evaluation

At the first CQUIN meeting, member countries identified differentiated monitoring and evaluation (M&E) as an urgent, cross-cutting challenge. Differentiated service delivery (DSD) creates potential challenges for routine M&E, as the information needed to track implementation of differentiated ART (DART) models is often not captured by routine M&E systems. In addition, as many DART services are delivered outside of health facilities, HIV programs must implement appropriate tools and strategies to ensure swift and accurate flow of data from the community to health facilities and beyond. As CQUIN countries launch and diversify DART services and take them to scale, M&E systems must evolve and adapt.

In response, CQUIN is:

- Supporting member countries to use the CQUIN dashboard as a self-assessment tool
- Creating a portfolio of frameworks and resources
- Facilitating a multi-country *community of practice* focused on ongoing experience-sharing and resource co-creation
- Providing targeted technical assistance to member countries
- Supporting *ad hoc* data collection and DSD performance reviews

In 2020, CQUIN provided technical assistance to countries with electronic medical records to enhance DSD-specific data queries and data visualization.



Frameworks and Tools | CQUIN Dashboards | Community of Practice | DSD Performance Reviews | Articles | Presentations

Frameworks and Tools

M&E Framework for Monitoring of Differentiated ART Services
(English PDF) (French PDF)

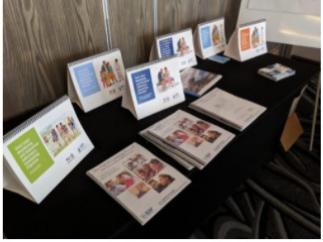
Developed by the CQUIN M&E community of practice, this framework prioritizes M&E measures to track the scale-up, coverage, and performance of DART services. It is intended to serve as an adaptable tool for ministries of health and program implementers leading DART scale-up and/or supervision.

DSD Performance Review Toolkit
(English Toolkit (PDF)) (English Appendices (Zip File))

In response to the need for a standardized approach to obtaining DSD data and conducting performance reviews in the absence of routine reporting on DSD indicators, the CQUIN M&E community of practice has developed a toolkit that provides step-by-step guidance on planning for the review, conducting data collection and analysis, holding a dissemination meeting, and developing action plans. The adaptable toolkit is based on lessons learned and best practices from performance reviews conducted by CQUIN network countries in 2019.

Meaningful Community Engagement Framework

Developed by the CQUIN Community Engagement community of practice, this framework was designed to move toward a definition of meaningful community engagement in policy, implementation, and evaluation at national, program, and community levels. In 2021, the community of practice will develop and pilot a companion assessment tool.



<https://cquin.icap.columbia.edu/network-focus-areas/monitoring-and-evaluation-of-dsd/>



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Thank you



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