



CQUIN 5th Annual Meeting

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

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

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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

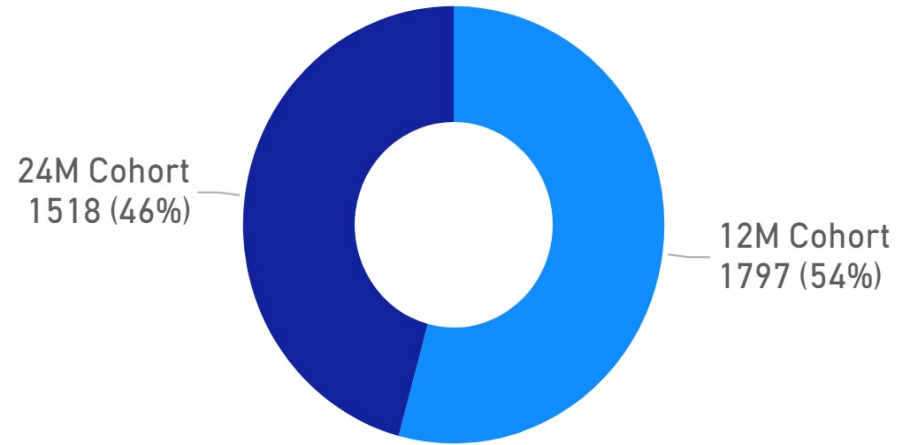
1. Engage stakeholders and plan performance review.
2. Identify priority indicators and develop data collection tools.
3. Determine sampling strategy and plan for data collection, management, and analysis.
4. Perform data collection and analysis.
5. Interpret results and develop data visualizations.
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

Total number of RoCs sampled

3294

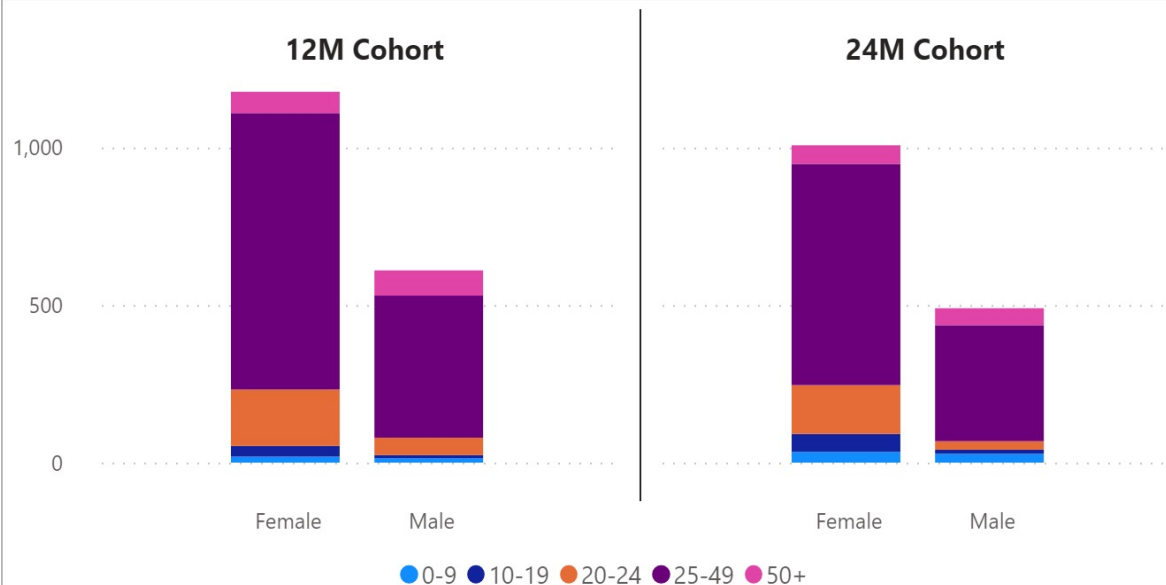


Sex	Count	Percent
Female	2,184	66%
Male	1,100	33%
Unk.	10	0%

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

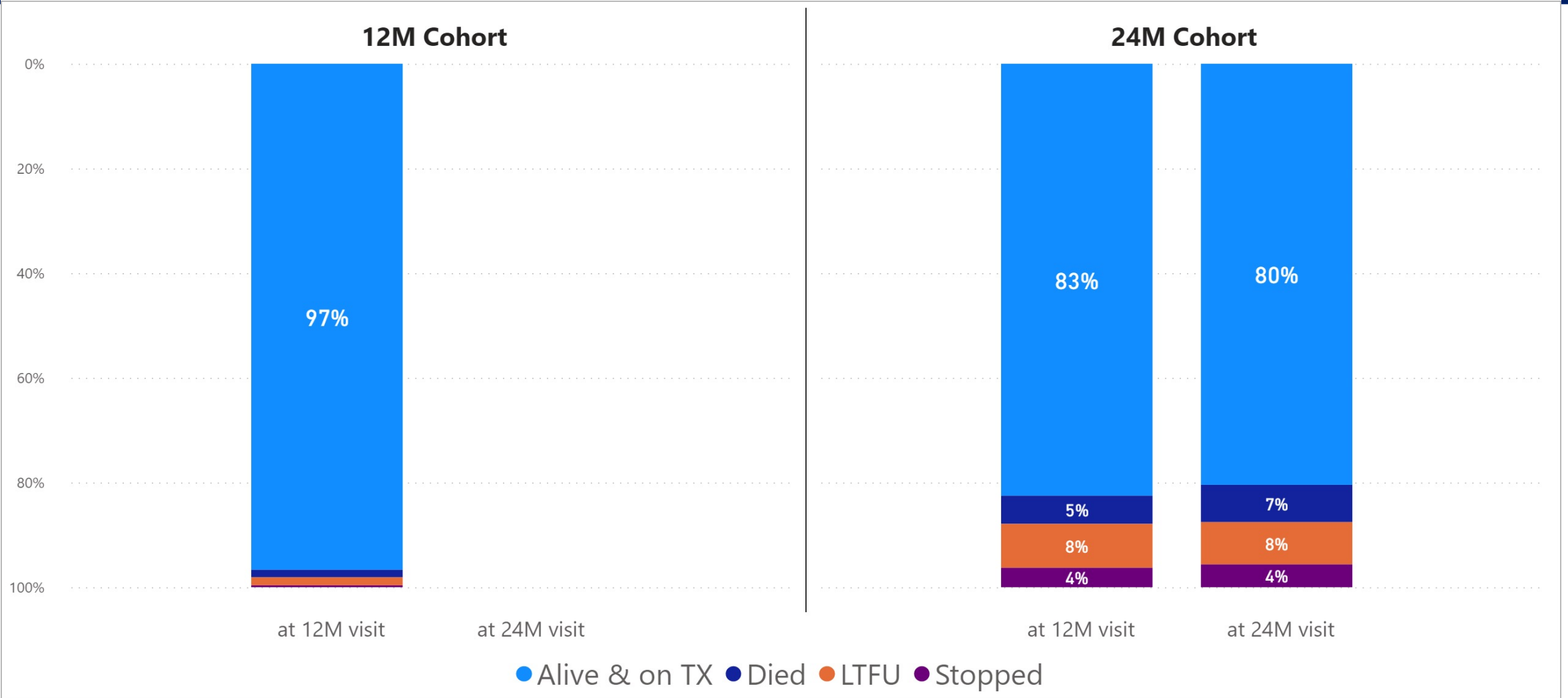
Sex

Age group

All

All

All



ART model by cohort and time point

State, LGA, Facility

All

Sex

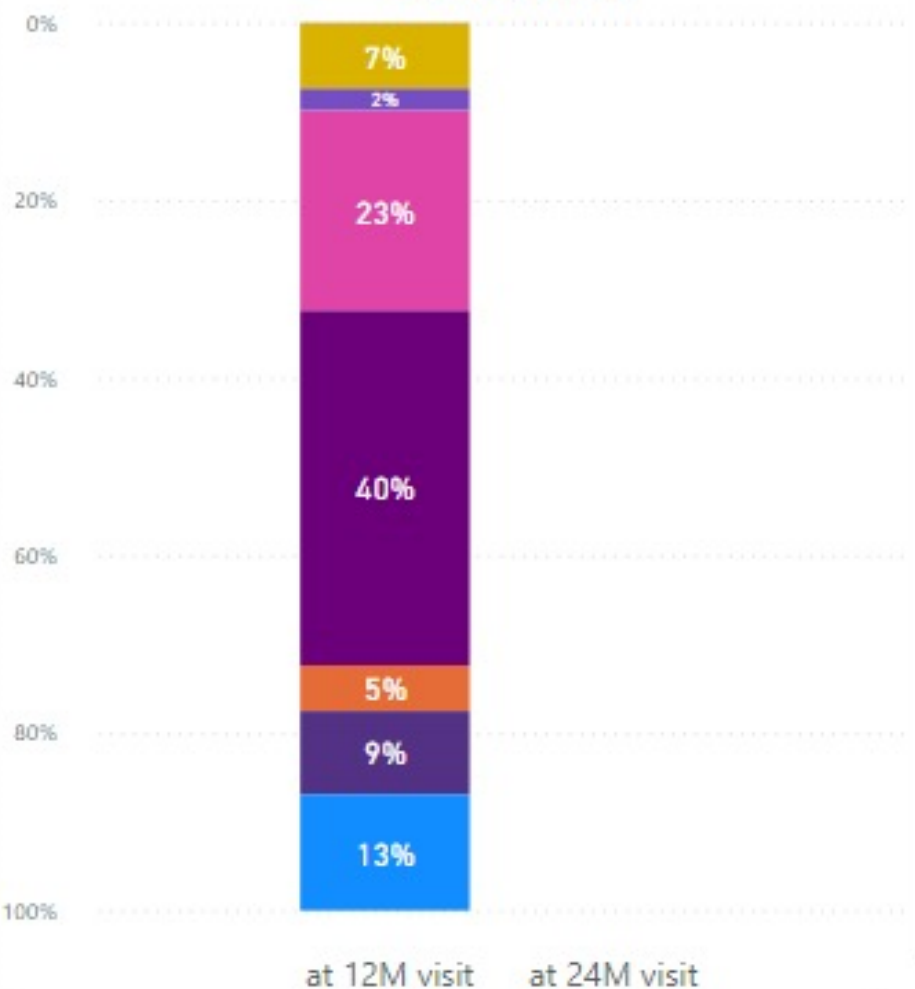
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Age group

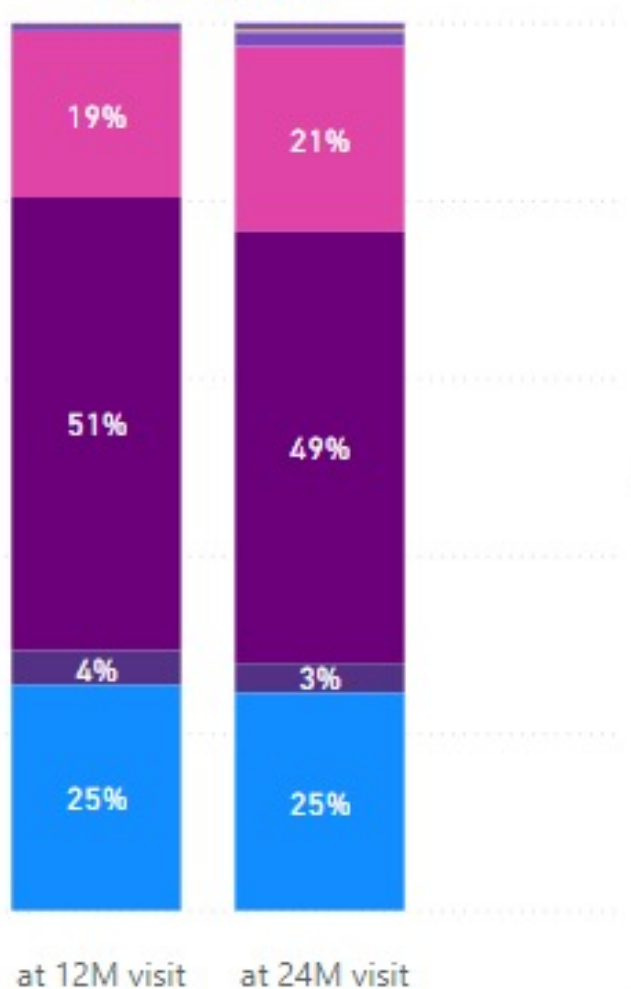
All



12M Cohort



24M Cohort



- Community Pharmacy
- Facility ART group
- Fast-track
- Home delivery
- One Stop Shop
- Other
- Mainstream/Standard Care

Modified HIV care cascade

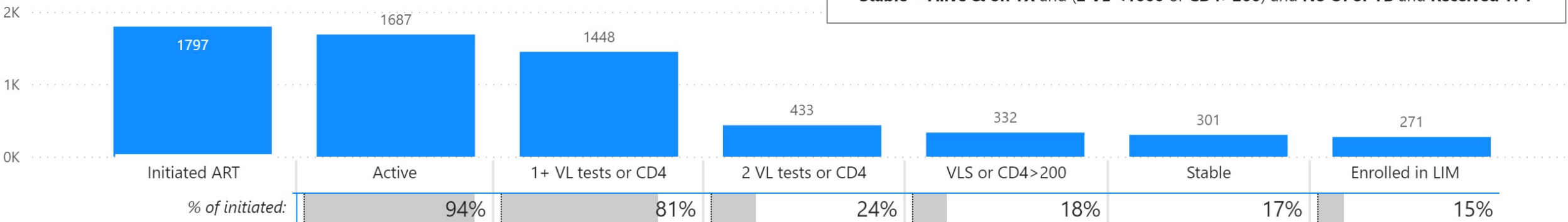
Sex
All

Age group
All

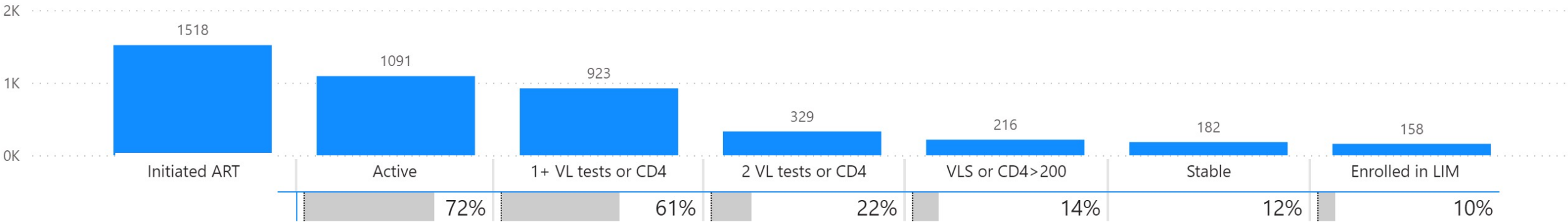
State, LGA, Facility
All

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

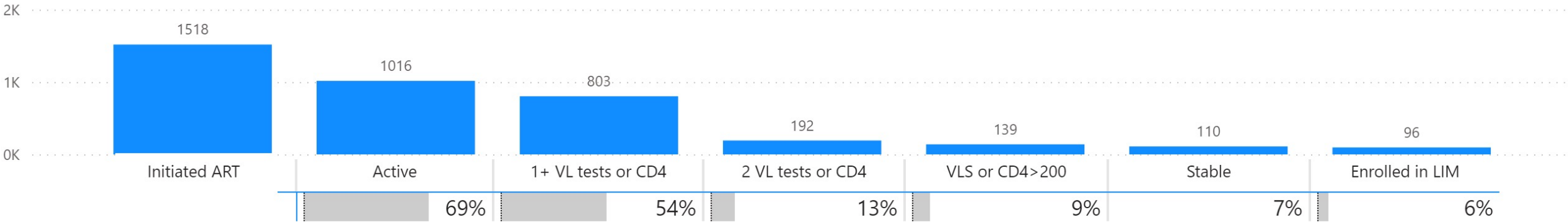
12M Cohort, at 12M visit



24M Cohort, at 12M visit



24M Cohort, at 24M visit



Model appropriateness

State, LGA, Facility

All



Sex

All

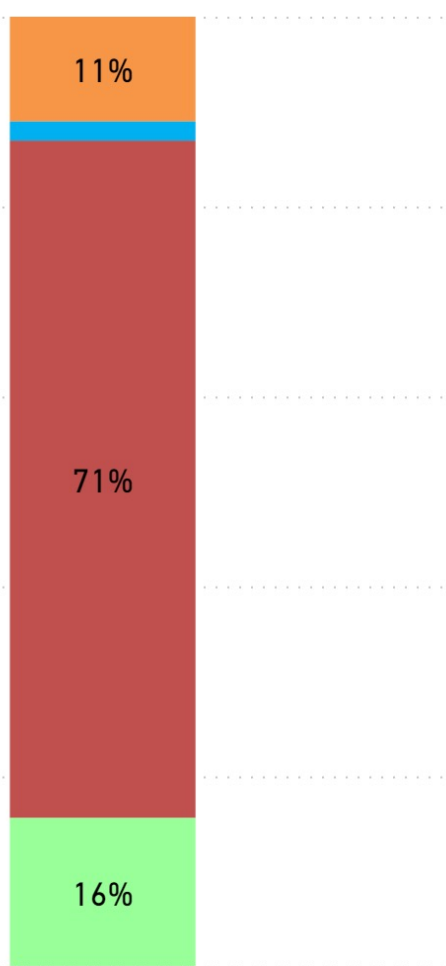


Age group

All



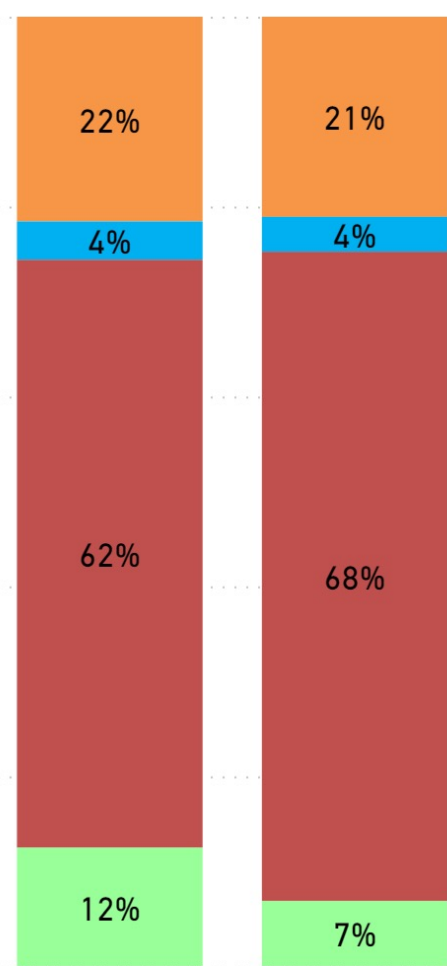
12M Cohort



at 12M visit

at 24M visit

24M Cohort



at 12M visit

at 24M visit

-  Clinically not stable and enrolled in MIM (Appropriate)
-  Clinically stable and enrolled in MIM (Missed Opportunity)
-  Clinically not stable and enrolled in LIM (Inappropriate)
-  Clinically stable and enrolled in LIM (Appropriate)

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

State, LGA, Facility

All

Sex

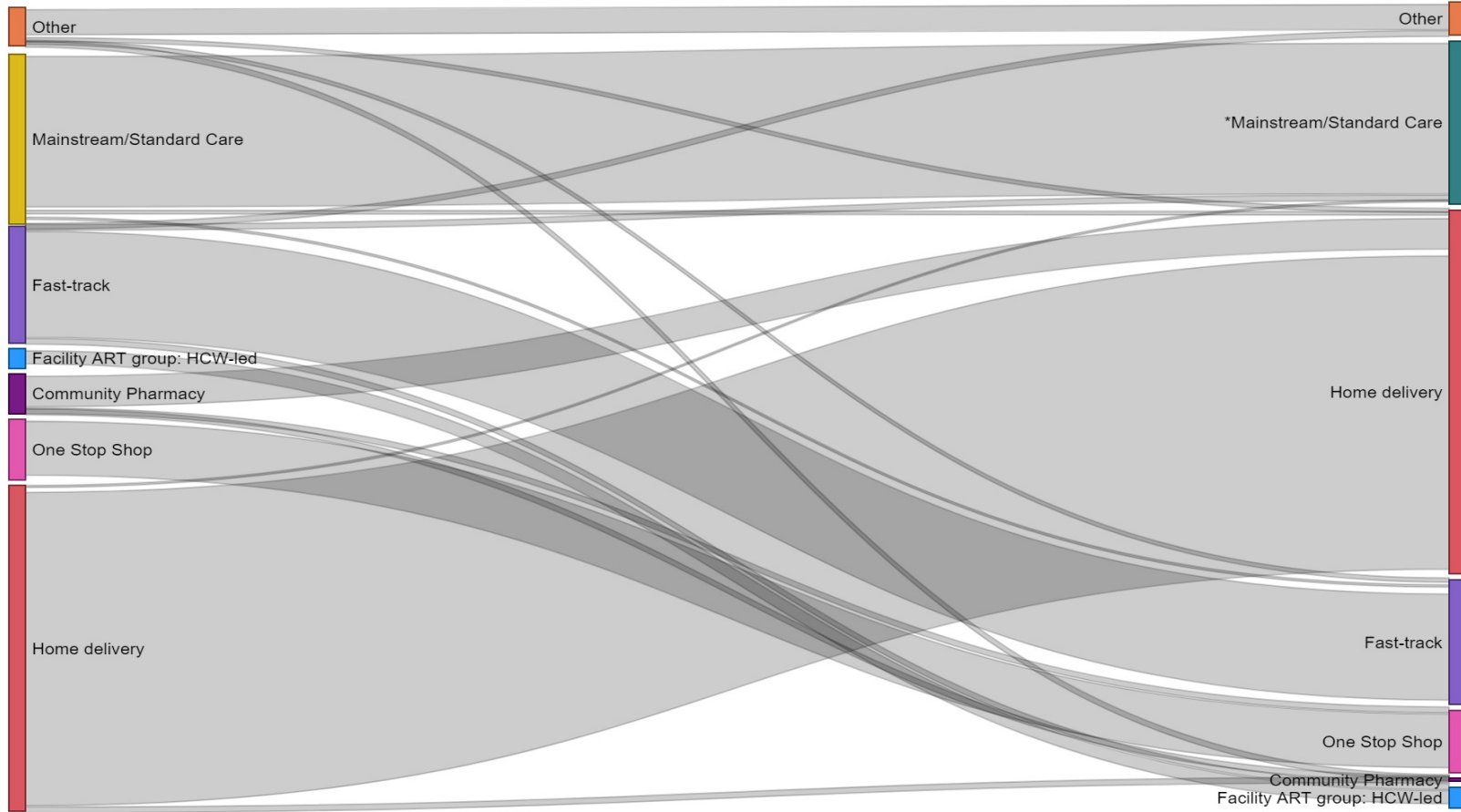
All

Age group

All

M12 Visit

M24 Visit



MMD by model intensity (active patients)

State, LGA, Facility

All

Sex

All

Age group

All

Model Group

All

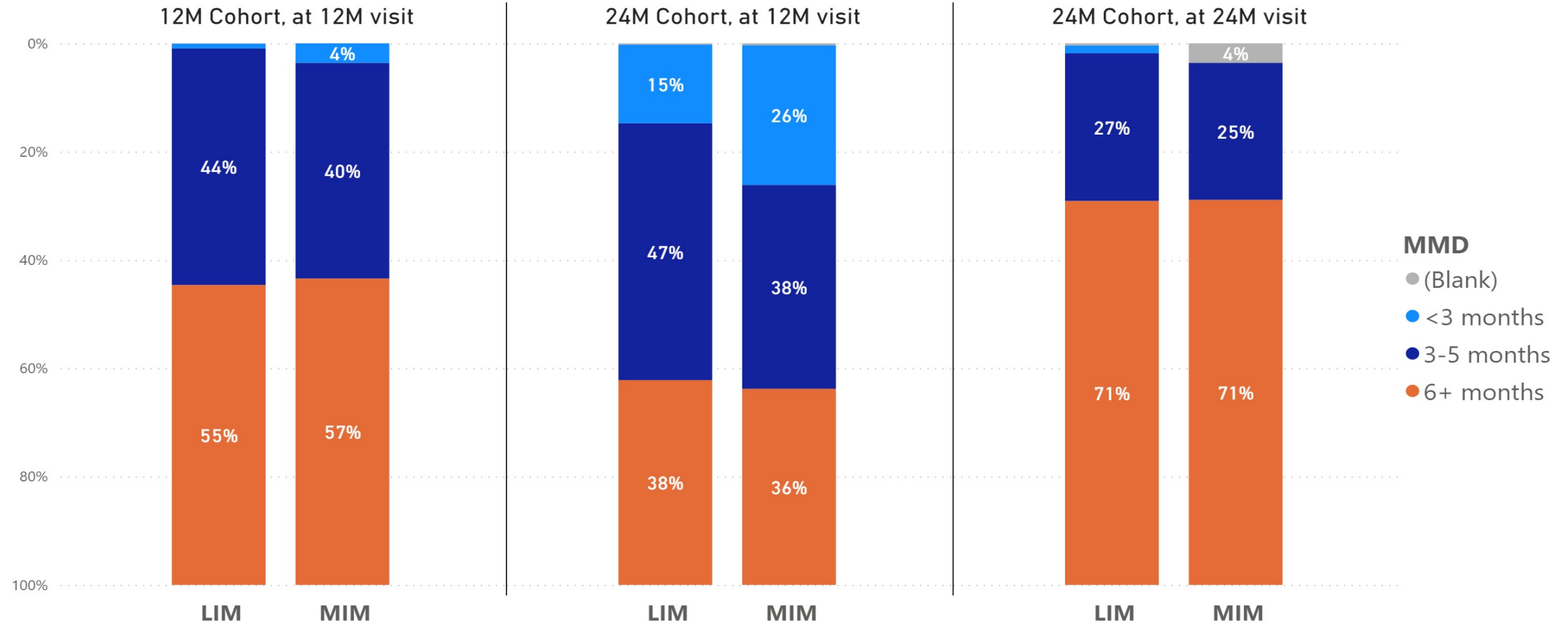


PHOTO GALERY



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