



Sierra Leone Country Update

CQUIN 5th Annual Meeting

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Outline

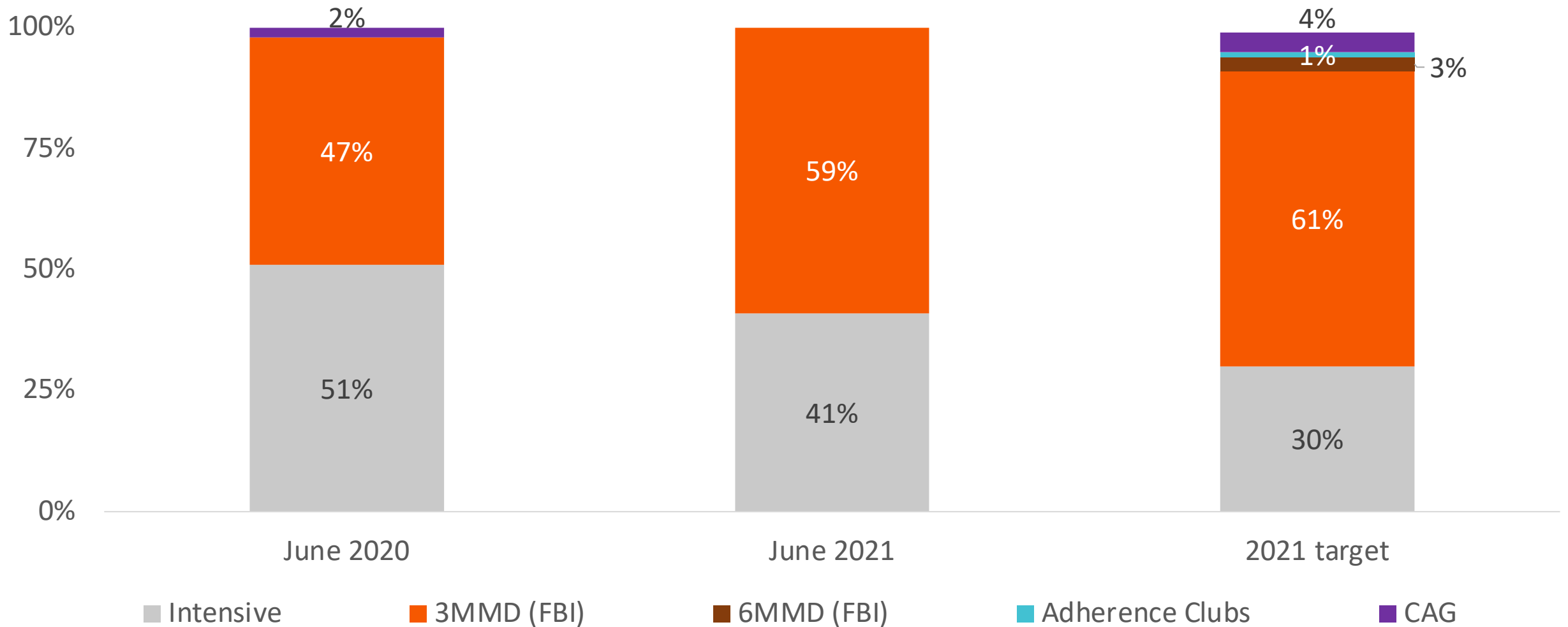
- **Where are we now?**
 - CQUIN Dashboard Results
 - DART Model Mix
- **How did we get here?**
 - Update on CQUIN Action Plan
 - COVID19 specific adaptations
 - Successes and Challenges
- **2022 goals and targets**

CQUIN Dashboard Results

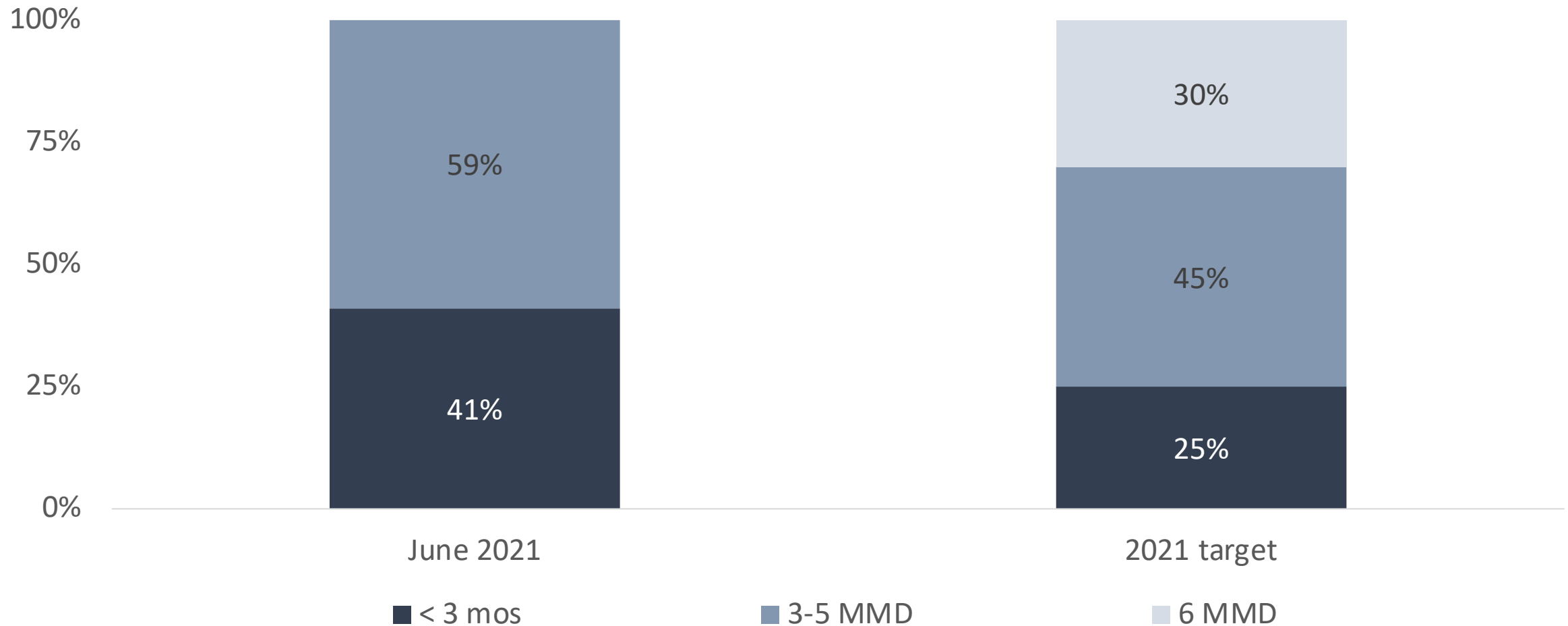
- Stable performance between 2020-2021
- The Guidelines domain staging decreased from dark green to yellow, which the country team believes is more accurate

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						

Differentiated Treatment Model Mix



Quantity of ART distributed: June 2021 results vs. 2021 targets



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Update on CQUIN Action Plan

- **Activities successfully completed**
 - Development of SOPs for MMD indicators (SOP for M&E)
- **Activities still underway**
 - Complete and validate DSD Operational Guide
 - Training of HCW on DSD Guidelines
 - Adapt and implement DSD quality standards

Were there any items added to the action plan midyear?

- After the Differentiated MNCH meeting in May 2021?
 - None
- After the Differentiated KP meeting in August 2021?
 - DSD approaches for KPs to be included in the DSD Operational Guide
- Other?
 - Development of a DSD scale-up plan and SOPs

M&E adaptations made in response to COVID19 and new DSD policies adapted to enhance data reporting



Ministry of Health and Sanitation National HIV/AIDS Control Programme

Standard Operating Procedures (SOPs) on Documenting and Reporting Multi-Month ARV Dispensing

All clients who are **STABLE** clients who have been on treatment for at least six months (6 months) are eligible for Multi-Month ARV Dispensing (MMD).

Stable Clients:

- Adults, Pregnant and Lactating women, Adolescents, Children above 5 years of age**
- A client on ART is considered "stable" if they meet all the following criteria*:**
 - On ART for at least 6 months
 - No current illness (which does not include well controlled chronic health conditions)
 - Good adherence for the previous 6 months
 - Most recent VL < 1,000 copies/ml OR CD4 count >200 cells/mm3 OR weight gain, absence of symptoms and concurrent infection

Health Care Workers at ART facilities will provide MMD to all eligible clients and ensure that the clients understand the treatment and next appointment the MMD correctly in the ART register.

However, due to COVID-19 pandemic, the MMD criteria will continue to evolve in line with NACP guidance on COVID-19 pandemic related mitigation 1

HOW? (See the pictures and examples below to guide you)

- In the ART register, for each month there are two lines designated for entering information about the patient's visit to the health facility for ART refill and clinical each month there is a box for TB screening and a box for ART regimen the patient is taking (see the picture below)
- The TB screening is done for each client during the ART refill and clinical assessment visit and its outcome is indicated in the designated box for the respective
- MMD must be indicated in the ART register by writing the number of months (M) in the remaining TB screening boxes above the regimen (example **2M** for 2 (2MMD), **3M** for 3 months dispensing (3MMD) etc., depending on the number of months of ARV dispensed)
- The correct CODE for the ARV regimen dispensed should be entered in the ARV regimen box below the TB screening box for all the months for which ARVs were
- The quantity of ARV drugs dispensed must be entered in the Daily Dispensing Register
- At the end of every reporting period, the health care worker should count all the patients in the ART register who were given MMD and report on the month well as designated ad hoc reporting summary
- The number of clients who were given MMD in the ART register should be compared with the number in the Daily Dispensing Register for correctness

	2	3	4	5	6	
1	2M	1	4M	4M	4M	W 09
1b	1b	1b	1b	1b	1b	
2a	28	27	28	29		Mar-21 Mar-21
49	50	51	52	53		54

Example No. 2: Patient Mohamed Bangura, he came for his month refill of ART (2MMD). The TB screening is only done dur 2021, hence the outcome is indicated in the appropriate box in box for February 2021 /this box would otherwise remain emp the TB screening was done).

The second visit was scheduled in 2-month time – in March scheduled and this time he was given 4-month refill of ART (4) TB screening was indicated in the designated box for the mor designated for TB Screening/IPT box for April, May, and June: only in March and that is the time when the TB screening was



Ministry of Health and Sanitation National HIV/AIDS Control Programme												
Monthly Summary Form for Multi Month ARV Dispensing												
Facility name:												
District:												
Chiefdom:												
Reporting Month:												
Date of report:												
Sex/Age groups	<3 months (less than 3 months)			3 - 5 months (3, 4 and 5 months)			6 months + (6 months and more)			Total		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
<1yr												
1-4yrs												
5-9yrs												
10-14yrs												
15-19yrs												
20-24yrs												
25-29yrs												
30-34yrs												
35-39yrs												
40-49yrs												
50yrs+												
Total												

Reported by:
Submitted by:
Verified by:

Date:.....
Date:.....
Date:.....

Note: The same principle of documentation applies for any other MMD you may dispense to 3 month ART refill, **4M** for 4MMD (4-month ART refill), **5M** for 5MMD (5-month ART refill), **6M** for 6MMD (6-month ART refill). The documentation for clients, who receive one (1) month ART refill, remains the same – i.e., do ART regimen (by code) in the lower box for the month when the client came for the ART refill an

Important: Some patients are stable for a long period of time, but some patients experience eve patient no longer fulfills the criteria for multi month dispensing, for example he/she is on TAC patients with the objective to help the patient become stable again in the shortest possible time



An SOP and *ad hoc* reporting tool for HCWs was developed to enhance MMD data collection and reporting

Successes

- CQUIN M&E support
- M&E SOP for enhanced data collection
- Secondment of DSD Advisor
- Reactivation of DSD TWG
- Establishment of DSD Taskforce
- Additional funding for DSD activities (C19 GF grant)
- Establishment of close collaboration with the CSOs (through CQUIN KP workshop and active membership of KP CSO in DSD TWG)

Challenges (other than COVID-19)

- Shortage of staff
- Data on community DSD models (CAG/Happy Kids SGs)
- Challenges with VL monitoring
- Delays related to funding availability
- Delays in finalization of the DSD Operational Guide
- Delay in south to south visit due to C19

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2022 Goals and Targets – 1

By CQUIN's next annual meeting (end-2022):


- 82% of people on ART will be in less-intensive DSD treatment models
- Plans for model mix – implement 6MMD, make less-intensive models more inclusive
- Plans to integrate TB/HIV services into less-intensive models – TB/HIV service integration factored in facility based less-intensive models
- Plans to integrate NCDs services into less-intensive models – integration of NCDs services into the community/facility-based models

2022 Goals and Targets – 2

- Plans for AHD services – develop AHD guidelines (C19 grant), establish AHD committees in district hospitals
- Plans for differentiated MNCH services – adopt new WHO recommendations to include pregnant/lactating women in DSD models
- Plans for differentiated KP services – *DSD Operational Guide* to include DSD models for KPs, implementation of DSD models in DICs
- Others – establish district committees for DSD, review of the national tools to include DSD

2022 Goals and Targets – 3

What are the *most important* DSD-related goals or targets in your country's plans for 2022?

- Update, finalize, and validate the *DSD Operational Guide* and SOPs
- Develop a DSD Scale-Up plan
- Train HCWs on DSD models, train recipients of care on community DSD models  implement facility and community based DSD models

Acknowledgements

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