Zimbabwe Update

CQUIN 5th Annual Meeting

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icap Global Health

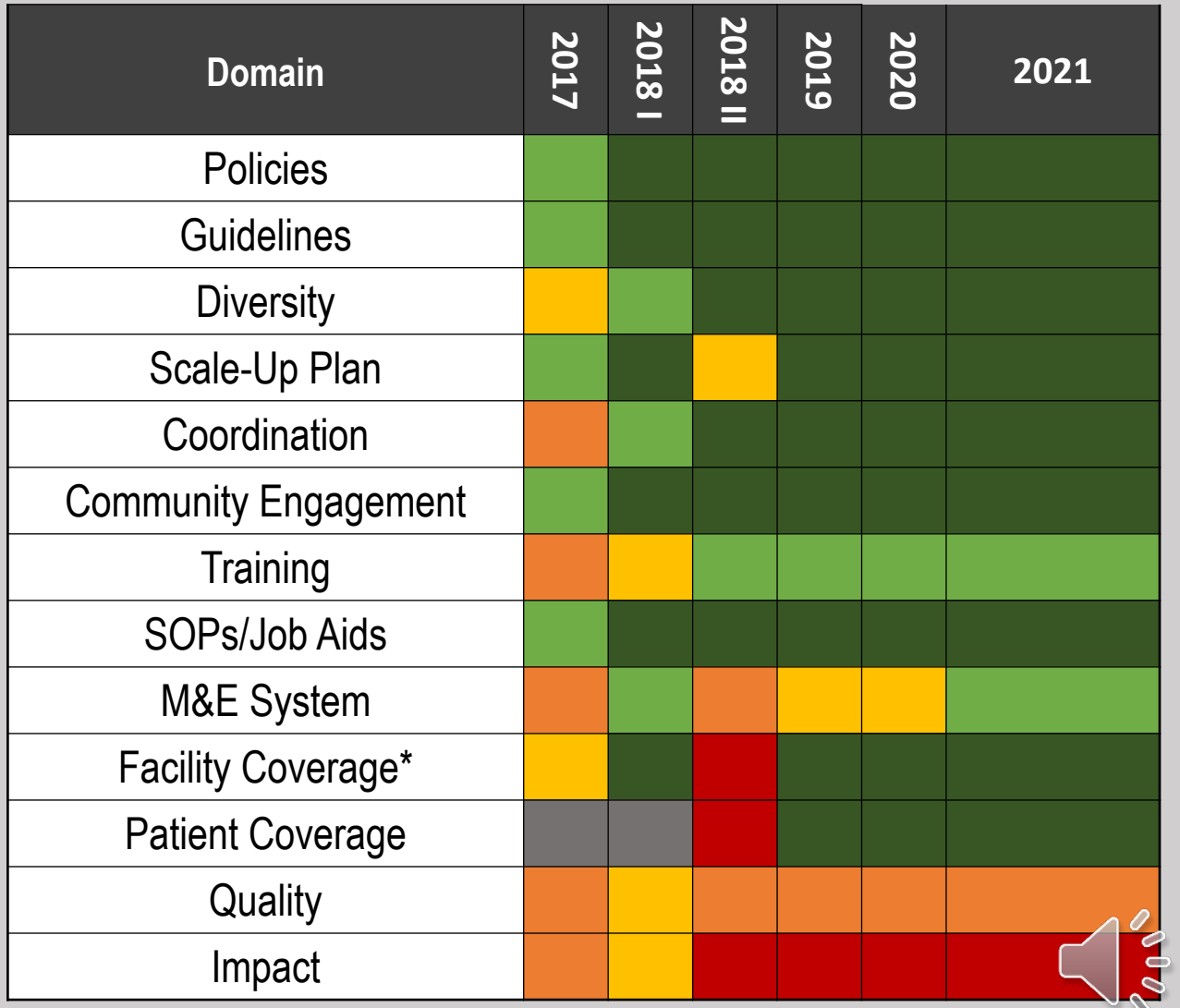
HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

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

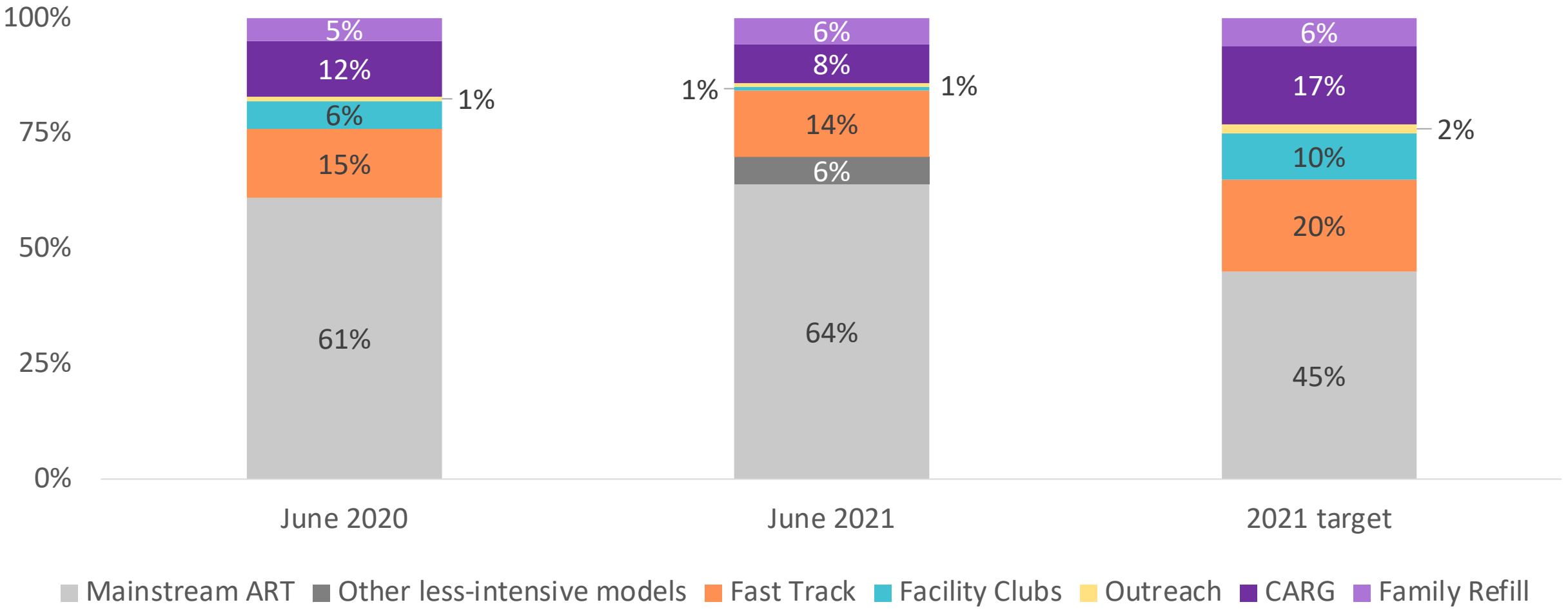
Change in Dashboard Domains, 2017-2021

- Rapid progress in changes in DSD domains seen in the first 3 years of DSD implementation, with the country attaining dark green status for most domains (9/13) by 2019
- Slower change seen thereafter with gross movement seen only in the M&E system domain
- Improvement still required for the Quality and Impact domains

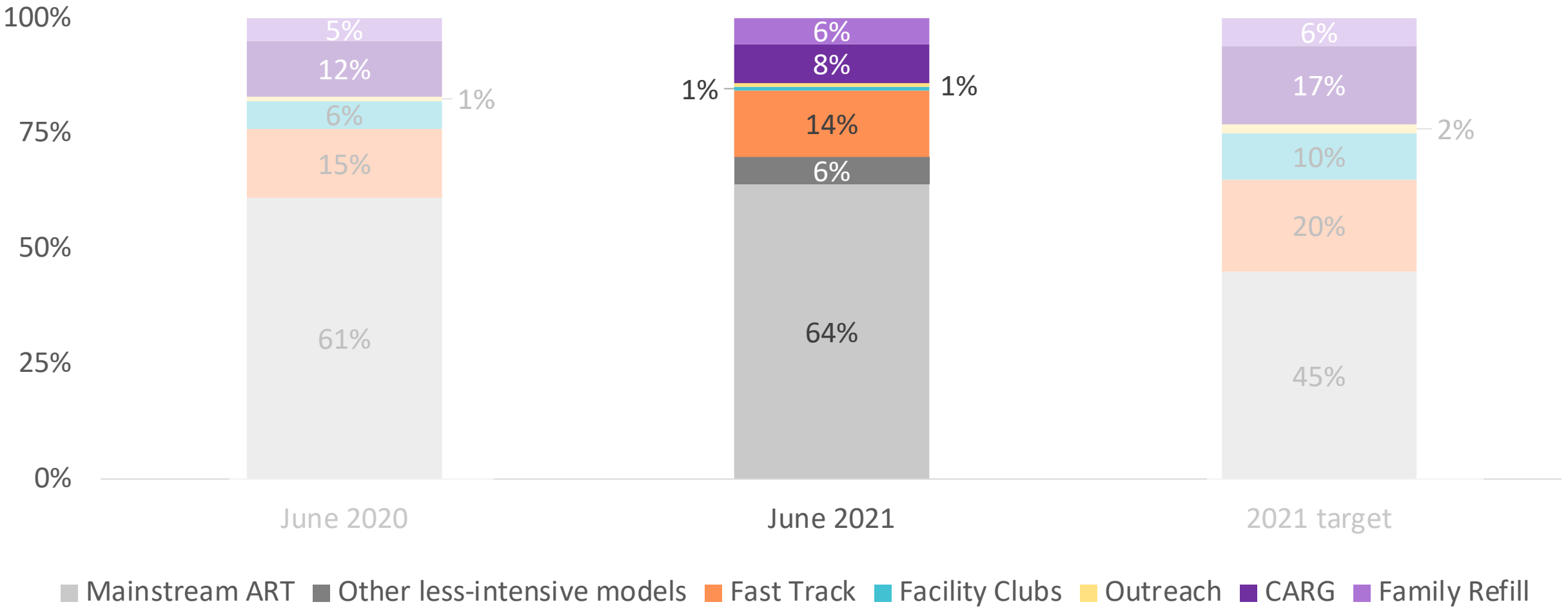


*Reflects overall coverage during 2017-18(I)

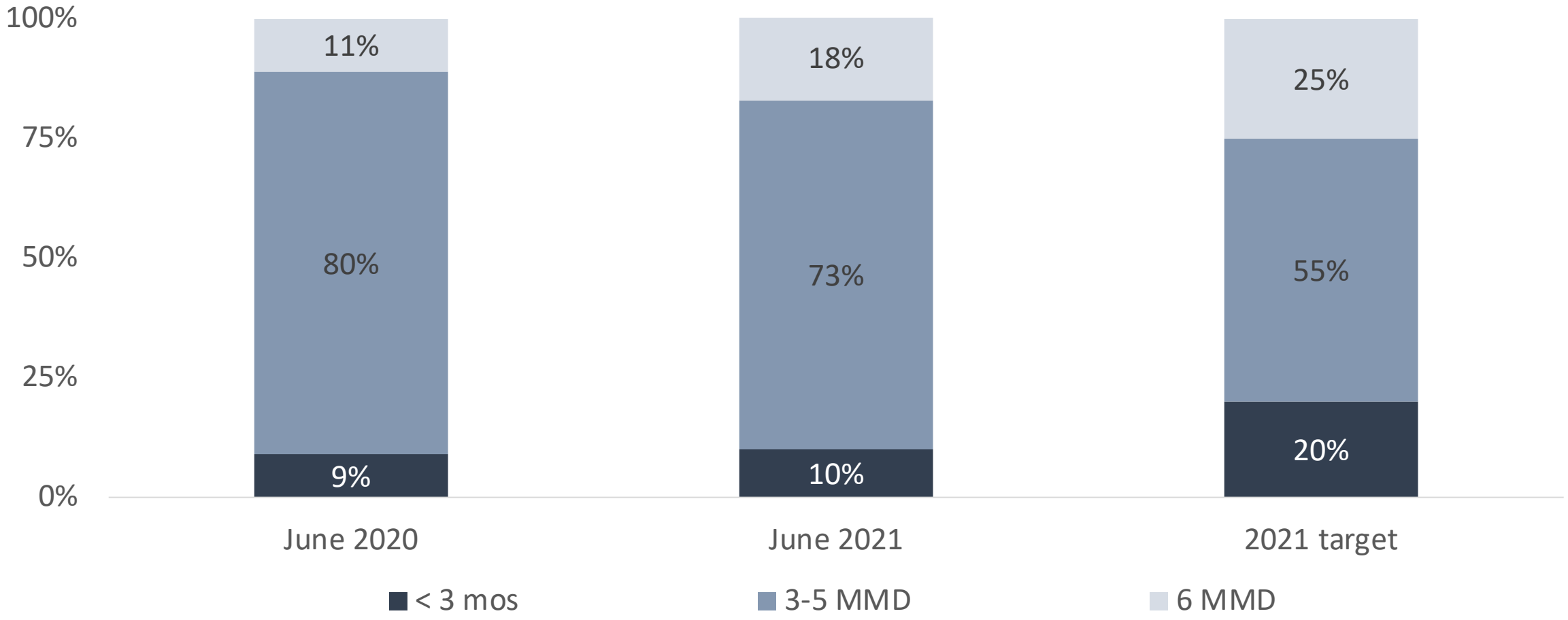
Differentiated Treatment Model Mix (1) – Less intensive treatment models exclusive of MMD



Differentiated Treatment Model Mix – Less intensive treatment models exclusive of MMD

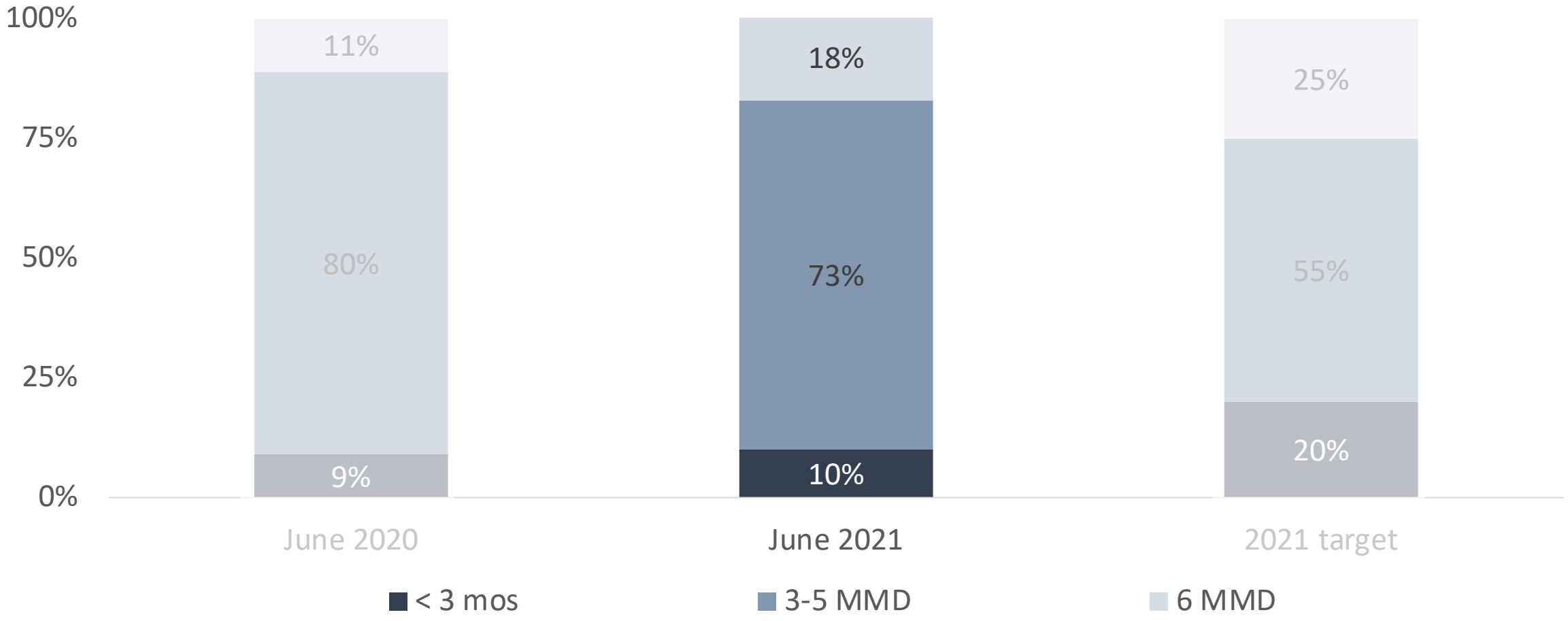


Multi – Month Dispensing: June 2020 - 21 results* *vs.* 2021 targets



**MMD distribution calculated from PEPFAR MER indicator TX_CURR (current on ART) MMD disaggregation; data representative of PEPFAR-supported areas only*

Quantity of ART distributed: June 2020 - 21 results* *vs.* 2021 targets



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Update on CQUIN Action Plan - 1

Activities that have been successfully completed include strengthening AHD management and coordination, including HCW capacitation, supply chain management and M&E:

- ✓ AHD TWG has been established, with the ART Coordinator as the focal person
- ✓ AHD Guidelines Addendum has been developed, approved and adopted and provincial HCW trainings for clinicians commenced in June 2021
- ✓ M & E system has also been adapted, with AHD indicators being included in the patient OI booklet, ART register. Monthly Return (Reporting) Form and the DHIS
- ✓ A gap analysis for CD4 support was done and the document is being used to resource mobilise for reagents and machine repairs etc.

Update on CQUIN Action Plan - 2

Activities that are still underway include:

- DSD Performance Review Meetings
  - Data abstraction and analysis for the 4 provinces participating in the 2021 DSD Review was done and completed between July and September
  - Dissemination meetings were planned for Q3 then Q4 but deferred due to the COVID lockdown restrictions initially then changes in funding support later.
  - Because of poor penetration of connectivity in rural areas, virtual meetings could not be done. The physical dissemination meetings will now be conducted in the 2nd and 3rd weeks of January 2022.

- Scale up DSD models for children and adolescents, pregnant and breastfeeding women, mobile populations and patients in the diaspora
  - DSD models for these subpopulations have been identified, documented, and approved by TWG.
  - Pending is integration into the OSDM whose revision has been deferred to Q1 2022

Items Added to the Action Plan Midyear

- After the Differentiated MNCH meeting in May 2021
  - Lobby to recruit and train younger peers as community distributors of FP to improve FP access for AGYW
  - Capacity building on PrEP (initiation and counselling support) for HCWs in OPD/FCH entry point, community health posts and tertiary institution clinics
  - Adoption and adaptation of the peer-to-peer groups (Mbereko) as a DSD model for pregnant women in the OSDM revision for scale up nationally
  - Scale up of the young mentor mothers programme and support the pilot of the young mentor dad project
- After the Differentiated KP services meeting in August 2021
  - Engage consultant to develop online content for use on virtual platforms to generate demand for services
  - Develop a national safety & security protocol for KPs
  - Develop specific DSD models for KPs and include in revision of OSDM
  - Engage Parirenyatwa Annex for the set up of a pilot centre of excellence for PWUID management
- Activities are in various stages of implementation – Young mentor dad pilot and capacity building for PrEP have started

COVID-specific adaptations

- Policies adapted in response to COVID19
  - Scale down of VMMC activities
  - Promotion of HIV self-testing
  - Multi – month scripting
    - PrEP for those already enrolled
    - ART and TPT medicines
    - 3 – 6 months; priority groups i.e., 50+, those with NCDs, Travellers
  - DSD models promotion
    - CARGs, Family Refill and Fast Track
  - Staggering clinic appointments
  - Specific time appointments, few people in queues for consultations
- All of these will be sustained beyond COVID19 except for the scale down of VMMC services

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

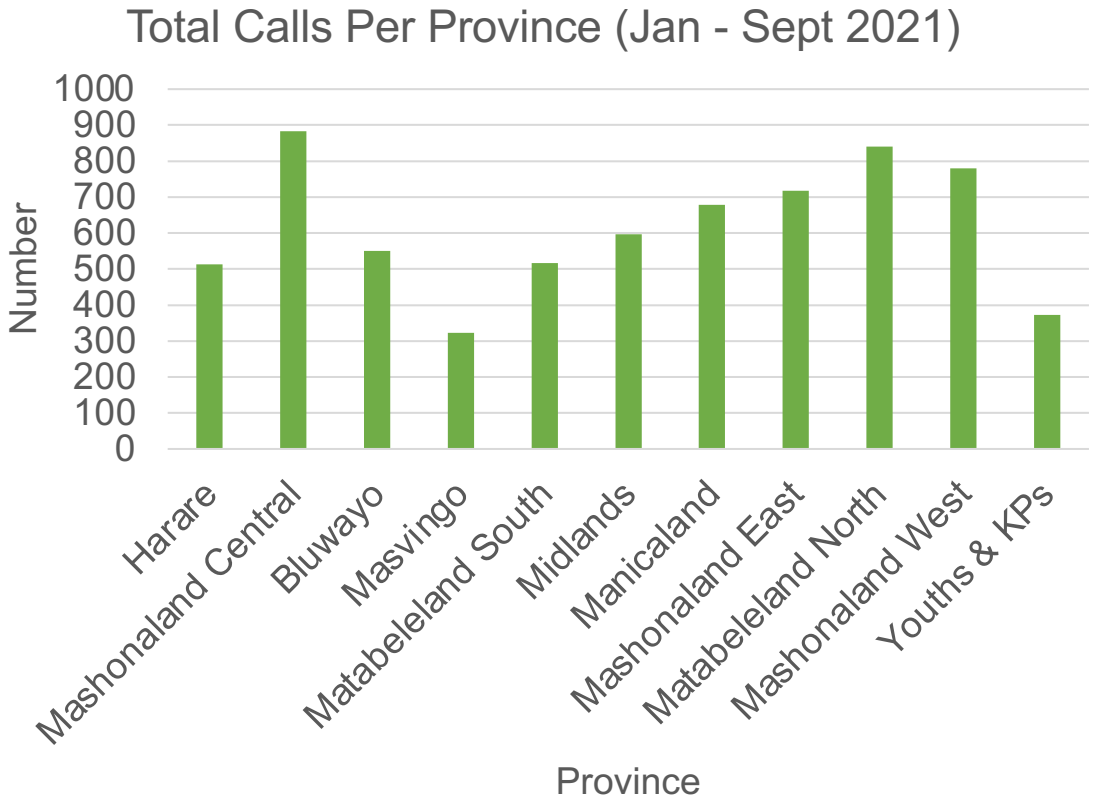
- SOPs on reporting of ‘visitors’
  - MoHCC developed a SOP for standard reporting of ‘visitors’ at facilities who had to use their nearest facility due to COVID restrictions on movement.
  - The SOP gave guidance on the amount of ARVs to be dispensed, as well as recording in the national tools and RoCs’ books to avoid misclassifications of visiting RoC as defaulters or loss to follow up
- Increased utilization of social media platforms for feedback to other facilities for update
  - District WhatsApp groups were formed and nurses report RoCs from other facilities who would have visited their facilities so that records are updated

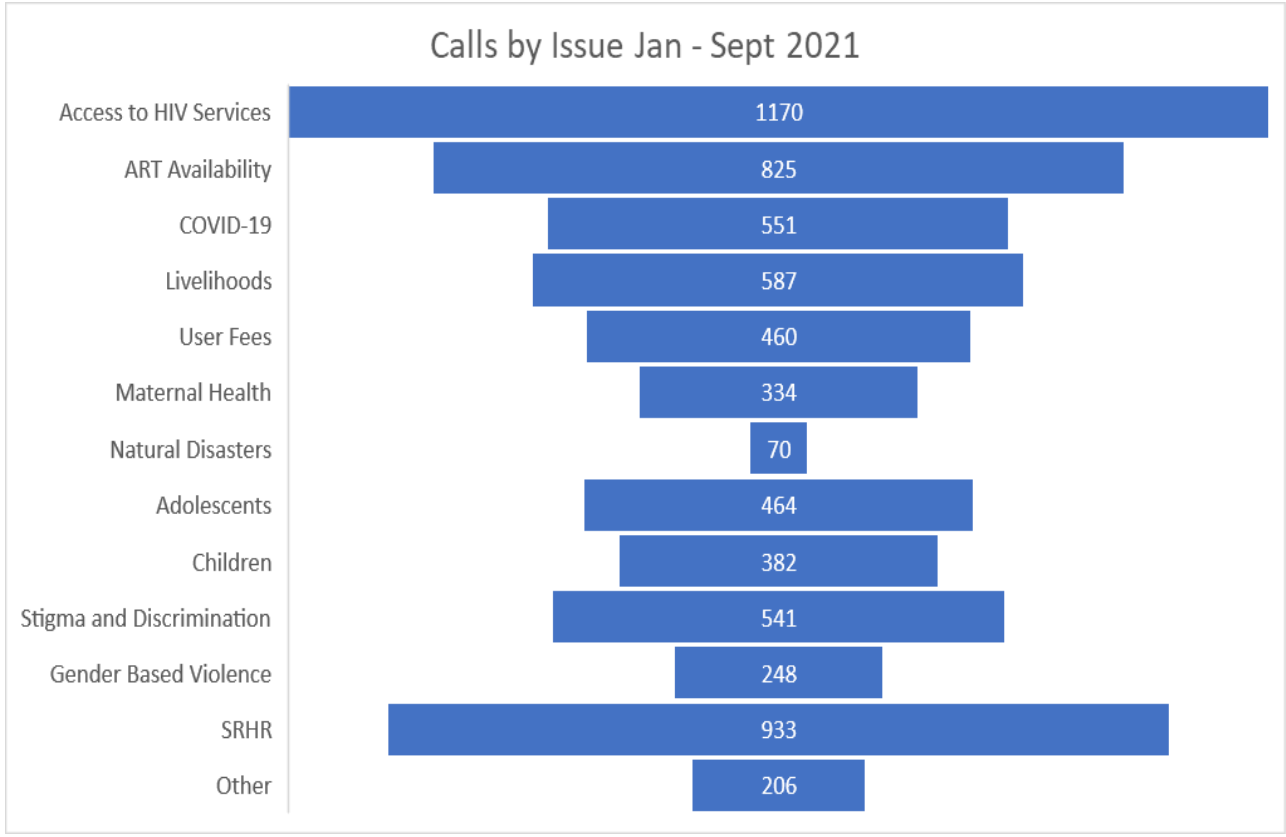
Successes - 1

- National M and E System adapted for DSD
  - Development, printing and distribution of a standard national DSD register
  - Update of patient level care tools (OI Care booklet, EHR, EPMS) to include DSD data points
  - Inclusion of coverage and uptake DSD indicators in the monthly reporting form, and update of the national DHIS2 system
- Sustained implementation of outreach services for HIV/ART in urban areas
- Increase in 6-MMD implementation
  - Both for priority groups and non-priority groups

Successes - 2

- Strengthening of the dissemination and use of the Kuthabila Call Centre for RoC





- All provinces fully active; Youths and KPs reached and utilising platform; Wide range of issues addressed

Challenges (other than COVID-19)

- Kutabila Platform
  - Limited use for those with out Econet lines as it's currently only toll free these
  - Power-cuts and internet service disruptions affect services as the platform depends on both
  - Funding gaps for full support of the utilisation of the platform
- Scale up of 6 MMD led to the reduction of the number of RoCs in the standard DSD models

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2022 Goals and Targets – 1

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

- 55% of people on ART will be in less-intensive DSD treatment models
- Plans for model mix
  - Updating the current guidance on less-intensive treatment models for priority populations
    - Children, Pregnant & Breastfeeding women
    - Mobile Populations
    - Key Populations
- Continued scale-up of 6-MMD
  - Mobile populations prioritised
- Continued integration of TB/HIV services into less-intensive models
- Plans to integrate NCDs and family planning services into less-intensive models ongoing

2022 Goals and Targets – 2

- Plans for AHD services
  - HCW training and capacitation
  - Continued pilot of the AHD package
- Plans for differentiated MNCH services
  - Integration of FP in routine HIV clinical care visits
  - Strengthening of cervical cancer among women living with HIV
  - Strengthen male involvement in HIV care through the pilot of the young mentor dad project and adopt lessons leant for scale up
  - Scale up young mentor mothers' initiative and Mbereko groups
- Plans for differentiated KP services
  - Capacity building for KP friendly services especially for PWUID
- Plans for impact assessment
  - DSD Quality and Impact Assessment

2022 Goals and Targets – 3

Most important DSD-related goal or target for 2022

- Conducting a nationally representative DSD Quality and Impact Assessment / DSD Programme Review

Acknowledgements

- Ministry of Health and Child Care
- PEPFAR
  - USAID
  - CDC
- The Global Fund
- Bill and Melinda Gates Foundation
- Implementing Partners
- The National AIDS Council
- Civil Society Organisations
- Recipients of care

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спасибо
dank je
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dakujem
grazie
merci