



Delivering High-Quality DSD Services at Scale

A CQUIN Learning Network Workshop

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Key Populations HIV Prevention Self-Assessment Tool (PSAT) Findings
(FSW & MSM)

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HIV Learning Network
The CQUIN Project for Differentiated Service Delivery



Prevention Self-Assessment Tools – PSATs

- **Purpose:** Easy-to-use tool for country-led review of national HIV programme against a global standardised set of programmatic components
- **Development:** an iterative and collaborative process:
 1. **extensive literature review** to identify guidance on best practice
 2. **multiple key informant interviews** with content experts
 3. **piloting** of the tool with countries
 4. final **verification** with multiple key stakeholders
- **PSATs are NOT evaluation tools;** they rather allow country programmes to conduct a holistic **self-reflection of their progress** within each of the HIV prevention pillar, **identify programmatic gaps and prioritise resources.**

Introduction

- Separate PSATs were developed for each of the five thematic pillars of HIV prevention highlighted by the HIV Prevention 2020 Road Map
 1. *Condom programming*
 2. *Key Populations (KP)*
 3. *Pre-Exposure Prophylaxis (PrEP)*
 4. *Medical Male Circumcision (VMMC)*
 5. *Adolescent Girls and Young Women (AGYW)*
- The South-to-South Learning Network countries became the first in the world to use the PSATs to self-assess their progress on condom and KP HIV prevention programming

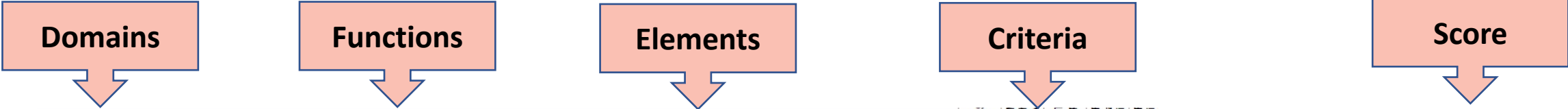
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Completing a PSAT

- The PSAT is structured as a rubric that is used to score the three “**domains**” of the HIV KP programme. The domains include *Programme Management*, *Programme Implementation* and *Programme Outcomes*.
- Each of the domain comprises of essential “**functions**” required for a successful HIV KP programme.
- Each function is made up of a set of “**elements**” i.e., activities and services provided by the programme.
- The tool has been programmed to self-assign scores for each element based on the response entered within each criteria.

Completing a PSAT



Domain	Function	Element	Criteria	N/A	Absent	Present but not optimal	Present and working well	Average for element		
Programme Management	1. Leadership & coordination	1.1 National KP strategy	<p>There is a strategic plan in place for HIV Prevention amongst SWs or SWs have been included in an overarching HIV prevention strategy:</p> <ul style="list-style-type: none"> SWs have been involved in the development of the strategic plan The goals and objectives have been clearly defined for the SW programme SW has been clearly defined as per WHO guidelines The plan recognises specific vulnerabilities of SWs due to gender and age A clear logic model or theory of change has been articulated <p>The plan includes a comprehensive package of evidence-based interventions and activities, aligned with the SW Implementation Tools, identified per SW, including non-health sector interventions (e.g. community empowerment, addressing violence, stigma reduction, among others) and tailored to address specific vulnerabilities</p> <ul style="list-style-type: none"> Clear scale-up has been defined with responsibilities assigned Funding plans are in place A monitoring and evaluation framework has been defined with core indicators and targets Implementation mechanism clearly defined <p>Leading department/ministry responsible for success of the SW programme with strong leadership/authority has been identified:</p> <ul style="list-style-type: none"> All SW projects in country report routinely on key indicators to government at sub-national and national level with common indicators When reporting, data is anonymised and secured to protect SW There are regular programmatic reviews using programmatic data Government ministry responsible for the programme attends relevant coordination meetings SW TWG is involved in ensuring accountability 							
		1.2 Accountability								
		1.3 Technical working group for KP								
	2. Policy & regulation	1.4 Stakeholder coordination		<p>National SW strategy</p>						
		2.1 Policies								
		2.2 Guidelines								
	3. Financing	3.1 Costing								
		3.1 Budgeting planning								
		4. Targeting & planning			4.1 Demographic assessment (population size estimation)					
	4.2 Epidemiological assessment (sero-prevalence survey)									
	4.3 Needs assessment									
	5. Implementation arrangement	4.4 Target setting								
		5.1 Develop/ensure an access platform (mechanism for service delivery)			<p>Accountability</p>					
		5.2 Management structure								
5.3 Data flow										
6. Differentiated service delivery	5.4 Peer outreach educators									
	5.5 Meaningful engagement of affected communities in service delivery									
	6.1 Accessible services									
7. Clinical service package	6.2 Acceptable services									
	6.3 Tailored/appropriate services									
	7.1 Condoms and Lube									
Programme Implementation		7.2 HIV testing, treatment, counselling and support								
		7.3 Pre-exposure Prophylaxis								
		7.4 Family planning and SRH (including STI)								
		7.5 STI Prevention screening and treatment								
		7.6 PMTCT								
		7.7 GBV services, post-rape care								
		7.8 TB prevention, screening and treatment								
		7.9 Prevention, vaccination, screening and treatment of viral hepatitis								
		7.10 Screening and treatment for drug and alcohol use								
		7.11 Mental health care								
		7.12 Needle exchange and syringe program								
		7.13 Opioid substitution treatment								
		7.14 VMMC								

Process of completing PSATs

The success and utility of the PSAT is related to the country-led approach to its completion

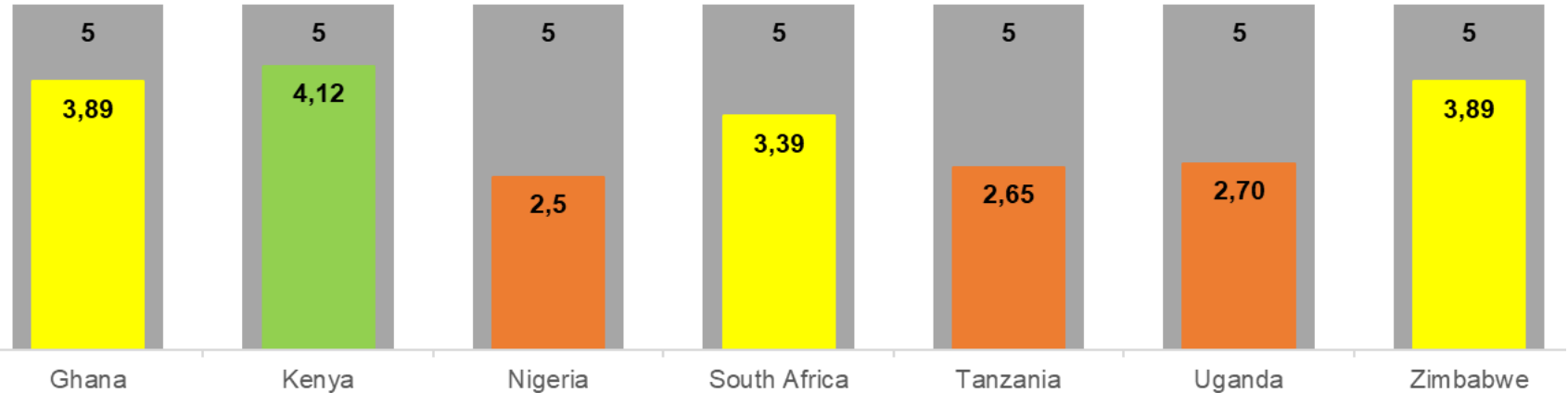
1. PSATs were completed between August 2020 and December 2021
2. Six to eight nominated Country Champions led the process (NAC, MOH, UNAIDS/UNFPA, Implementing Partner, Community Network representative and donors)
3. A PSAT orientation meeting took place with each country team to explain the process and to choose the method of facilitation of completing the PSAT (full or partial)
4. The SSLN designated one to two technical staff for each country, who worked with the country team to complete the PSAT tool.
5. The time taken by each country to complete the PSAT tool varied for each country, with a median time of 6 hrs (maximum time taken was 24 working hours).
6. The PSAT tool was completed by the nominated country champions and was shared with their national technical working group (TWG) to provide holistic input and validate the scores, gaps and next steps provided by the smaller group.
7. Once approved by the TWG, the completed PSAT tool was submitted to the SSLN. The SSLN analysed the PSAT scores and uploaded the results onto an online country portal and dashboard
8. PSAT summary briefs were drafted, and shared with countries who then developed TA plans, country action plans for all low scoring activities and the development of a learning agenda.

Key Findings



FEMALE SEX WORKERS

PSAT scores – FSWs

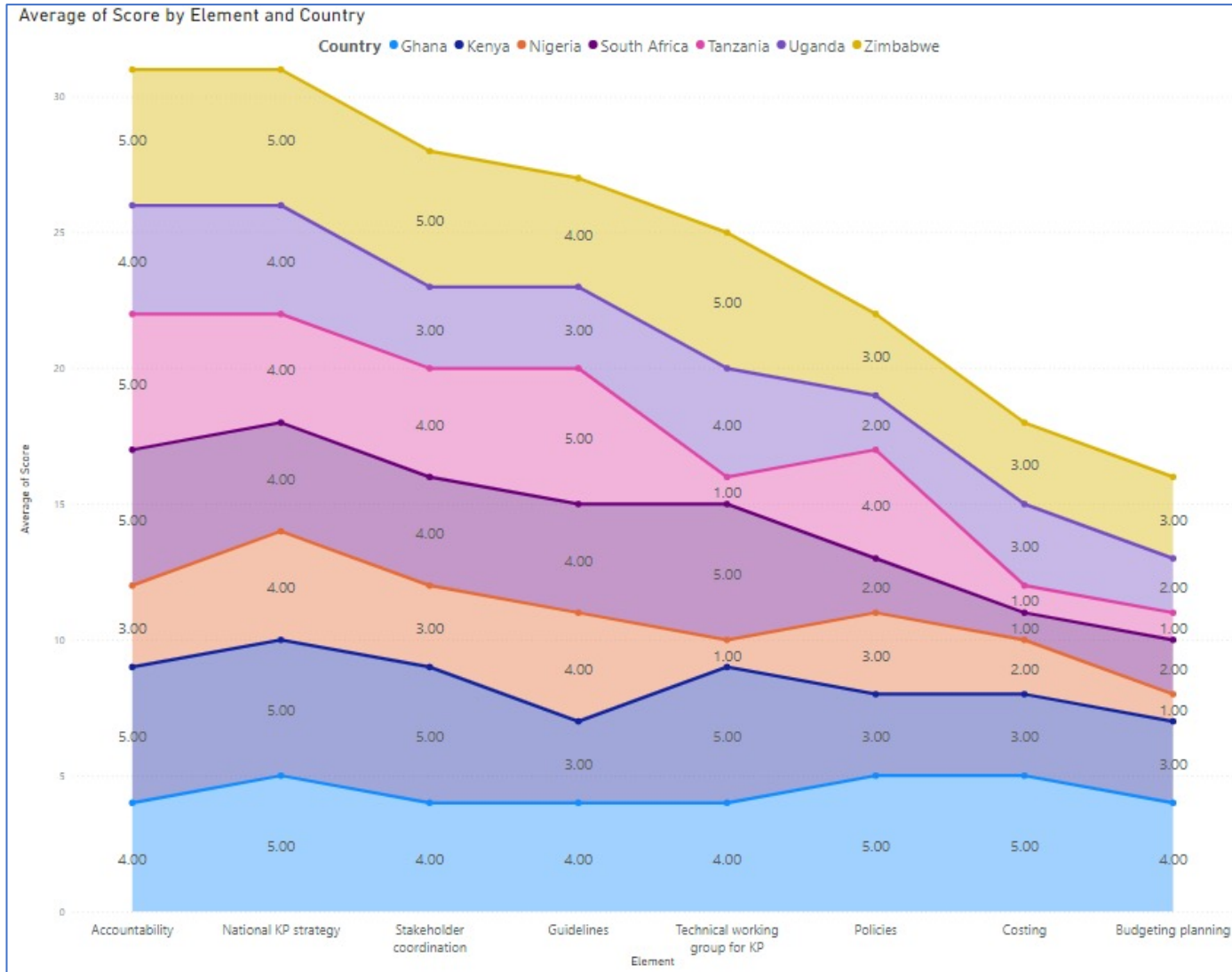


Overall PSAT scores:
1.9 – 4.4

Fairly high: Programme Management & Implementation

Lowest: Programme Outcomes & Sustainability
(only Kenya and Zimbabwe scored above 3)

Programme management – FSWs



- **Leadership & coordination:** all countries reported
 - High levels of accountability
 - Existing national KP Strategies & Policies
- **TWGs:** 5 / 7 countries (except Tanzania and Nigeria)
- **Challenges:** Resource mobilisation, budget planning and costing
 - Lack of unit costs for FSW programmes
 - Inadequate capacity to develop FSW investment cases
 - Sustainable financing concerns

Programme implementation – FSWs

Domain scores:

2.7 and 4.4

- Sub-domains comprise the **FSW package of interventions** and supporting systems (*Programme M&E, Differentiated Service Delivery, Targeting and Planning, Implementation Arrangements*)
- The FSW intervention package
 1. Behavioral Interventions
 2. Clinical Service Package
 3. Structural Intervention Package

	Domain	Element	Kenya	Ghana	Zimbabwe	South Africa	Uganda	Tanzania	Nigeria	Mozambique	Malawi
4.1	Programme Implementation	Demographic assessment (population size estimation or hotspot)	5	4	5	5	3	4	4	4	5
4.2	Programme Implementation	Epidemiological assessment (sero-prevalence survey or)	4	5	3	5	2	3	4	3	5
4.3	Programme Implementation	Needs assessment	5	5	5	5	1	1	3	3	4
4.4	Programme Implementation	Target setting	4	5	4	4	3	2	3	3	4
5.1	Programme Implementation	Develop/ensure an access platform (mechanism for prisoners)	4	5	5	5	3	2	4	3	4
5.2	Programme Implementation	Management structure	5	4	5	4	3	2	3	3	4
5.3	Programme Implementation	Data flow	5	5	4	4	3	4	2	3	5
5.4	Programme Implementation	Peer outreach educators	-	-	-	-	-	-	-	-	-
5.5	Programme Implementation	Meaningful engagement of affected communities in leadership	5	5	4	5	4	5	3	4	4
6.1	Programme Implementation	Accessible services	5	4	5	4	3	4	3	3	4
6.2	Programme Implementation	Acceptable services	5	4	5	4	3	3	3	3	4
6.3	Programme Implementation	Tailored/appropriate services	4	4	4	4	3	5	2	3	3
7.1	Programme Implementation	Condoms and Lube	4	5	3	4	3	3	3	3	3
7.2	Programme Implementation	HIV testing, treatment, counselling and support	4	5	4	4	5	5	4	4	5
7.3	Programme Implementation	Pre-exposure Prophylaxis	5	1	5	4	5	3	4	4	4
7.4	Programme Implementation	Family planning and SRH (including STI)	5	5	5	4	4	2	3	3	3
7.5	Programme Implementation	STI prevention screening and treatment	5	5	5	4	4	2	3	3	3
7.6	Programme Implementation	PMTCT	4	5	3	5	5	5	3	5	5
7.7	Programme Implementation	GBV services, post-rape care	4	5	3	3	3	4	2	5	3
7.8	Programme Implementation	TB prevention, screening and treatment	4	4	3	3	4	5	3	4	5
7.9	Programme Implementation	Prevention, vaccination, screening and treatment of viral	3	-	3	1	3	1	3	3	3
7.10	Programme Implementation	Screening and treatment for drug and alcohol use	3	3	3	2	3	3	3	3	3
7.11	Programme Implementation	Mental health care	3	2	4	1	3	3	2	1	1
7.12	Programme Implementation	Needle exchange and syringe program	-	-	-	-	-	-	-	-	-
7.13	Programme Implementation	Opioid substitution treatment	-	-	-	-	-	-	-	-	-
7.14	Programme Implementation	VMMC	-	-	-	-	-	-	-	-	-
8.1	Programme Implementation	Social behaviour change communication	5	5	5	3	3	4	3	3	3
9.1	Programme Implementation	Violence prevention and response	4	4	4	3	3	2	2	2	4
9.2	Programme Implementation	Stigma and discrimination reduction	4	5	3	4	3	3	3	3	3
9.3	Programme Implementation	HIV-related legal services	3	4	3	3	3	-	-	3	3
9.4	Programme Implementation	Monitoring and reforming laws, regulations, and policies relating	4	4	3	4	1	1	3	3	1
9.5	Programme Implementation	Legal literacy ("Know your rights")	4	4	3	4	3	1	1	3	4
9.6	Programme Implementation	Sensitization of law-makers and law-enforcement agents	5	5	3	5	1	3	1	4	3
9.7	Programme Implementation	Training for health care providers on human rights and medical	5	5	5	5	3	1	2	3	3
9.8	Programme Implementation	Reducing discrimination against women in the context of HIV	-	4	3	3	3	3	3	3	3
9.9	Programme Implementation	Safe spaces / drop-in centres	5	5	3	5	3	1	4	3	5
9.10	Programme Implementation	Community committees	4	3	3	5	3	1	4	3	4
10.1	Programme Implementation	Routine monitoring	3	4	5	4	3	4	3	3	4
10.2	Programme Implementation	Community-based monitoring for accountability	3	3	3	3	3	1	1	3	5
10.3	Programme Implementation	Referral system tracking	3	5	4	5	3	4	3	2	5
10.4	Programme Implementation	Quality assessment	5	4	4	5	3	3	1	3	5
10.5	Programme Implementation	Surveillance	5	5	5	5	3	3	4	3	5
10.6	Programme Implementation	Data for decision making	5	5	5	4	3	3	2	4	4
10.7	Programme Implementation	Budget monitoring	3	5	4	2	1	-	1	4	3
10.8	Programme Implementation	The use of Unique Identifier Code for program monitoring	3	5	4	1	3	2	1	3	1

Reported Performance: Package of Interventions

- **Inconsistent performance** across the FSW package of interventions were reported
- **Behavioral interventions** performed well, with most countries scoring above 3
- **Clinical Service Package**
 - HIV testing, treatment, counselling and support received the highest scores, followed by PMTCT
 - STI prevention, screening and treatment, PrEP, TB prevention and treatment services were adequate
 - Prevention, vaccination, screening for and treatment of viral hepatitis and mental health were weakest
 - Lack of information on Hepatitis C Virus (HCV) testing and co-morbidities
- **Structural Interventions**
 - The weakest (most critical) component that limits access to the full package of interventions
- **Structural barriers include**
 - **Violence**
 - **Stigma and discrimination** perpetrated by sexual partners, family members, healthcare workers, law enforcement officials and other community members
 - **Lack of information on the levels of stigma and discrimination**

Programme outcomes – FSWs

Domain scores:

1.9 – 3.8 (most countries -3)

Aligned to GPC scorecard: **programme coverage is low with poor outcomes**

- 4 / 9 noted poor use of data for decision-making, tracking referrals and monitoring programmes
- Weak technical capacity to estimate FSW population size
- Ghana noted successful use of unique identifiers

Areas of strength:

- Condom use at last anal sex among FSW (SA)
- Resource mobilisation & financing (SA)
- Domestic resourcing (SA)
- Social contracting (Ghana, SA)
- Capacity building and TA plans (Ghana)

Domain	Element	Kenya	Ghana	Zimbabwe	South Africa	Uganda	Tanzania	Nigeria	Mozambique	Malawi
11.1	Programme Outcomes and S PLHIV who know their HIV status	-	3	5	3	3	3	3	5	5
11.2	Programme Outcomes and S PLHIV on antiretroviral therapy	-	3	5	3	3	1	3	5	3
11.3	Programme Outcomes and S Retention on antiretroviral therapy at 12 months	-	3	5	3	3	1	3	3	3
11.4	Programme Outcomes and S PLHIV who have suppressed loads	-	3	3	3	3	1	3	3	1
11.5	Programme Outcomes and S Discriminatory attitudes towards PLHIV	-	3	3	1	3	1	1	3	3
11.6	Programme Outcomes and S Avoidance of health care among key populations because of stigma and discrimination	-	3	3	1	1	1	1	1	3
11.7	Programme Outcomes and S Prevalence of recent intimate partner violence	-	1	3	3	1	3	1	1	3
11.8	Programme Outcomes and S Experience of HIV-related discrimination in health-care settings	-	3	3	1	1	3	1	3	5
11.9	Programme Outcomes and S Proportion of PLHIV newly enrolled in HIV care started on TB preventive therapy	-	3	5	1	3	3	3	5	5
11.10	Programme Outcomes and S Men with urethral discharge	-	-	-	-	-	-	-	-	-
11.11	Programme Outcomes and S Gonorrhoea among men	-	-	-	-	-	-	-	-	-
11.12	Programme Outcomes and S Hepatitis B testing	-	-	3	1	1	1	1	-	1
11.13	Programme Outcomes and S Proportion of people connected with HIV and HCV receiving combined treatment	-	1	3	1	1	1	1	-	1
11.14	Programme Outcomes and S Hepatitis C testing	-	-	3	1	1	1	1	-	1
11.15	Programme Outcomes and S Proportion of people connected with HIV and HCV starting HCV treatment	-	1	3	1	1	1	1	-	1
11.16	Programme Outcomes and S Cervical cancer screening among women living with HIV	-	1	3	1	1	3	1	5	3
11.17	Programme Outcomes and S Condom use of sex workers with most recent client	-	5	5	5	3	5	5	5	3
11.18	Programme Outcomes and S Condom use at last anal sex among MSM	-	-	-	-	-	-	-	-	-
11.19	Programme Outcomes and S Condom use amongst transgender people	-	-	-	-	-	-	-	-	-
11.20	Programme Outcomes and S Safe injecting practices (PWID)	-	-	-	-	-	-	-	-	-
11.21	Programme Outcomes and S Percentage of opioid users who receive MAT (PWID)	-	-	-	-	-	-	-	-	-
12.1	Programme Outcomes and S Resource mobilisation and financing	3	3	-	5	3	3	3	3	3
12.2	Programme Outcomes and S Domestic resourcing	3	3	-	3	1	3	1	3	1
12.3	Programme Outcomes and S Social contracting	5	3	-	5	3	3	5	3	1
12.4	Programme Outcomes and S Capacity building and TA Plan	5	3	-	4	1	1	1	3	1
12.5	Programme Outcomes and S Sustainability plan and transition roadmap	3	3	-	3	1	1	1	1	1

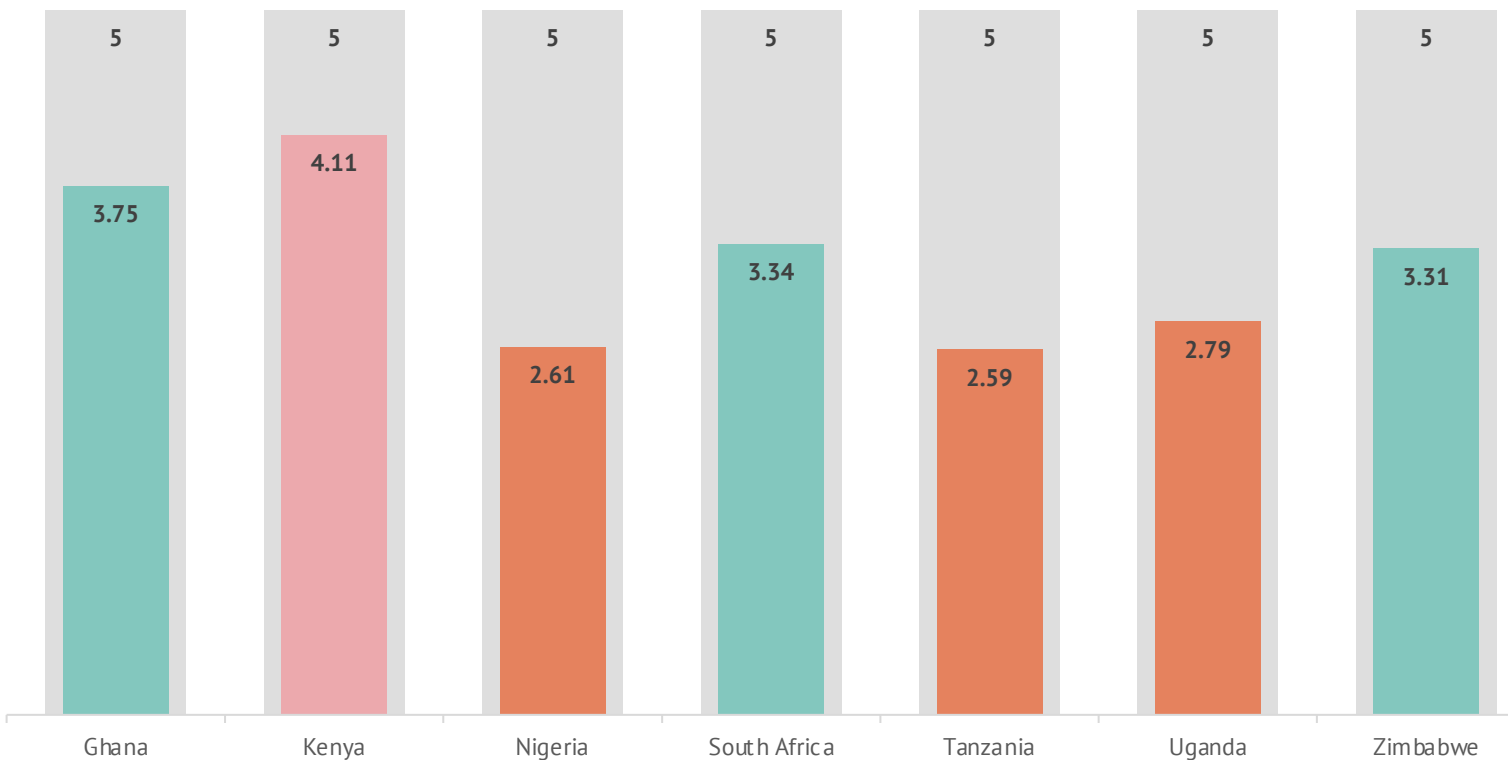
Sustainability indicators raised as concerning across all countries

Key Findings



MEN WHO SEX WITH MEN

PSAT scores – MSM



Delivering High-Quality DSD Services at Scale, April 26-29, 2022

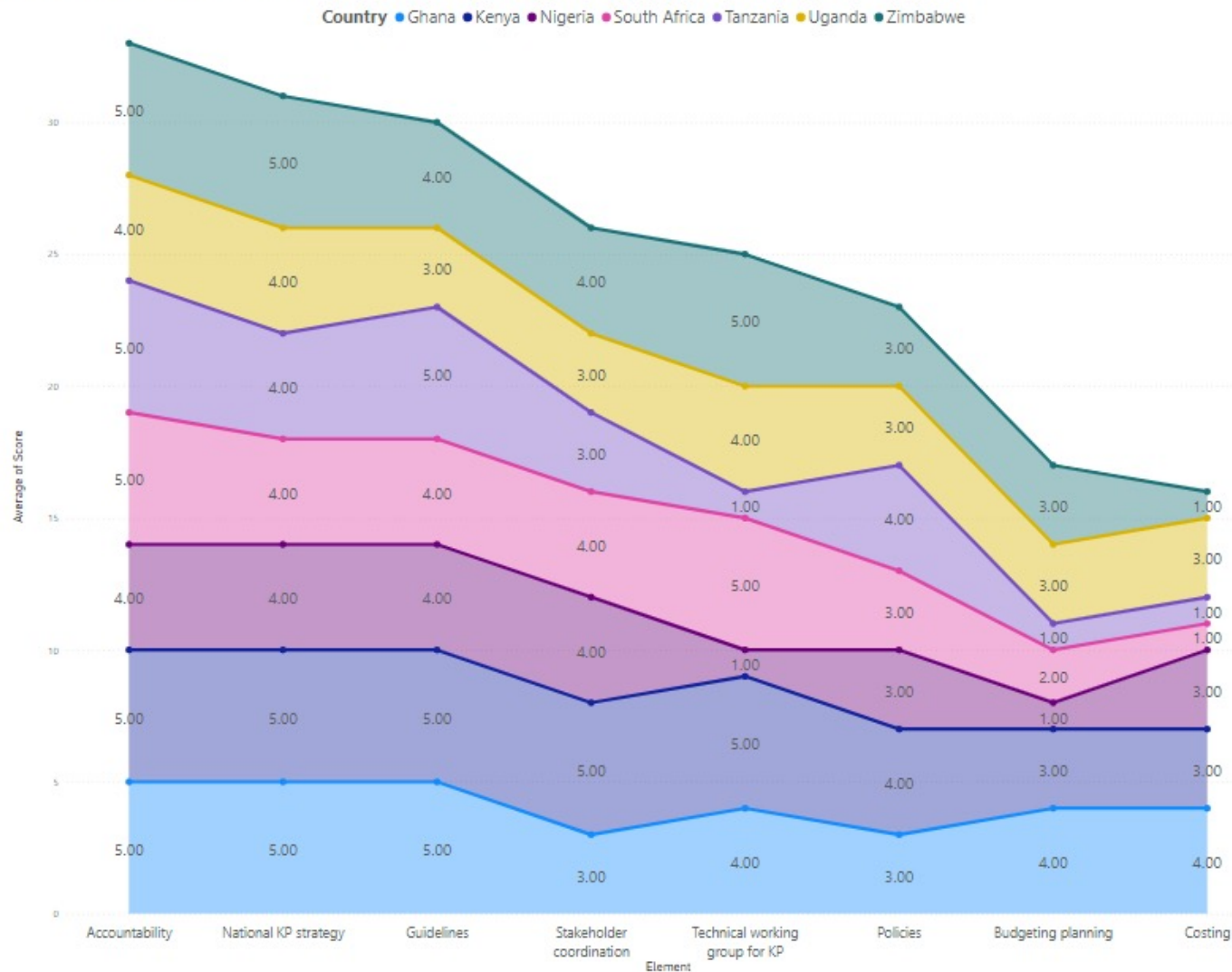
PSAT scores:

2.59 – 4.1

- **Highest rating:** MSM programme management (3.38 to 4.38) (5 x countries: Kenya, Ghana, South Africa, Zimbabwe and Uganda)
- **Lowest rating:** MSM programme implementation (< 3) (2 x countries: Nigeria and Tanzania)
- All countries rated MSM programme outcomes and sustainability the lowest (1.86 in Tanzania to 3.8 in Kenya)
- Self-reported scores aligns with objective GPC scoring

Programme management – MSM

Average of Score by Element and Country



Strong: leadership & coordination (all)

- High level of accountability
- Existing national KP strategies and policies
- Five countries have MSM TWG (except for Tanzania and Nigeria)

Weakest: Budget planning and costing

- Shrinking budget envelopes and sustainable financing concerns
- Lack of unit cost of MSM programmes information
- Lack of capacity to develop investment cases for resource mobilisation advocacy

Programme implementation – MSM

Domain scores:

2.8 – 4.2

- **Behavioural interventions** >3 (i.e., reported to have performed well in most countries)
- **Biomedical interventions** most components are working well in most countries
 - STI prevention, screening and treatment as well as post-rape care and mental health are components of the biomedical service package that are most commonly lacking.
- **Differentiated service delivery components** had inconsistent scores (area for development)
- **Structural interventions** identified as a critical area needing improvement

Domain	Element	Kenya	Ghana	South Africa	Zimbabwe	Nigeria	Uganda	Tanzania
4.1	Programme Implementation	5	4	2	4	3	2	4
4.2	Programme Implementation	4	5	1	4	2	3	3
4.3	Programme Implementation	5	5	5	5	-	3	1
4.4	Programme Implementation	4	4	-	4	-	3	2
5.1	Programme Implementation	4	5	-	5	-	3	2
5.2	Programme Implementation	5	5	-	4	-	3	2
5.3	Programme Implementation	5	5	3	3	1	3	4
5.4	Programme Implementation	5	5	4	-	4	3	5
5.5	Programme Implementation	5	5	5	4	1	3	3
6.1	Programme Implementation	5	3	3	5	3	3	4
6.2	Programme Implementation	5	4	3	4	3	3	3
6.3	Programme Implementation	4	2	3	4	3	3	5
7.1	Programme Implementation	4	5	1	3	3	3	3
7.2	Programme Implementation	4	4	1	4	3	5	5
7.3	Programme Implementation	5	3	3	4	1	5	4
7.4	Programme Implementation	3	2	1	5	1	3	3
7.5	Programme Implementation	4	5	1	3	1	4	3
7.6	Programme Implementation	-	-	1	3	3	-	-
7.7	Programme Implementation	4	3	1	5	1	3	5
7.8	Programme Implementation	4	5	1	1	1	4	1
7.9	Programme Implementation	3	3	1	1	1	2	3
7.10	Programme Implementation	3	3	1	4	1	3	3
7.11	Programme Implementation	3	1	1	4	-	3	5
7.12	Programme Implementation	-	-	5	-	3	-	-
7.13	Programme Implementation	-	-	-	-	-	-	-
7.14	Programme Implementation	5	-	-	-	-	5	3
8.1	Programme Implementation	4	5	-	4	-	3	1
8.1	Programme Implementation	4	4	-	4	-	3	3
8.2	Programme Implementation	4	5	5	3	3	3	1
8.3	Programme Implementation	3	4	5	3	1	3	-
8.4	Programme Implementation	3	-	5	3	1	1	3
8.5	Programme Implementation	4	4	4	3	3	3	4
8.6	Programme Implementation	5	5	3	4	1	1	1
8.7	Programme Implementation	5	5	5	5	5	3	2
8.8	Programme Implementation	-	5	5	5	5	-	1
8.9	Programme Implementation	4	5	5	3	5	3	1
8.10	Programme Implementation	4	3	3	5	4	3	3
10.1	Programme Implementation	3	4	4	3	3	3	3
10.2	Programme Implementation	3	3	3	3	5	3	3
10.3	Programme Implementation	3	5	5	3	5	3	3
10.4	Programme Implementation	4	4	4	3	5	3	3
10.5	Programme Implementation	5	5	5	3	4	3	3
10.6	Programme Implementation	5	5	5	3	2	3	3
10.7	Programme Implementation	3	5	5	3	1	3	3
10.8	Programme Implementation	3	5	5	3	3	1	3
11.1	Programme Outcomes and	-	3	3	3	3	3	3
11.2	Programme Outcomes and	-	3	3	3	3	3	3
11.3	Programme Outcomes and	-	3	3	3	3	3	3

Differentiated Service Delivery – MSM

Differentiated service delivery components had inconsistent scores (area for development) though there were a few trends in scoring:

- **Common (not universal) areas of strength:**

- Needs assessments
- Meaningful engagement of affected communities in leadership and coordination
- Training for health care providers on human rights and medical ethics related to HIV
- Excellent use of peer outreach educators
- Outstanding delivery of tailored/appropriate MSM services
- Exceptional implementation of safe spaces/ drop-in centres

- **Common areas of weakness**

- Integration of full package of MSM interventions, e.g., SRH (including STI screening/treatment)
- Combination prevention programmes (condoms/lube, PrEP, HPV, needle exchange/syringe programmes)
- Community-based monitoring for accountability
- Use of unique identifiers
- Referral system tracking

Programme outcomes – MSM

Domain	Element	Kenya	Ghana	South Africa	Zimbabwe	Nigeria	Uganda	Tanzania
11.1	Programme Outcomes and PLHIV who know their HIV status	-	3	3	3	3	3	3
11.2	Programme Outcomes and PLHIV on antiretroviral therapy	-	3	3	3	3	3	3
11.3	Programme Outcomes and Retention on antiretroviral therapy at 12 months	-	3	3	3	3	3	3
11.4	Programme Outcomes and PLHIV who have suppressed loads	-	3	3	3	1	3	1
11.5	Programme Outcomes and Discriminatory attitudes towards PLHIV	-	3	3	3	1	1	1
11.6	Programme Outcomes and Avoidance of health care among key populations because of stigma and	-	3	3	1	3	1	1
11.7	Programme Outcomes and Prevalence of recent intimate partner violence	-	3	3	3	1	1	1
11.8	Programme Outcomes and Experience of HIV-related discrimination in health-care settings	-	3	3	3	1	1	3
11.9	Programme Outcomes and Proportion of PLHIV newly enrolled in HIV care started on TB preventive	-	3	3	3	1	3	1
11.10	Programme Outcomes and Men with urethral discharge	-	5	5	-	-	3	-
11.11	Programme Outcomes and Gonorrhoea among men	-	5	5	-	-	3	-
11.12	Programme Outcomes and Hepatitis B testing	-	1	1	3	1	3	1
11.13	Programme Outcomes and Proportion of people coinfectd with HIV and HBV receiving combined tr	-	1	1	1	1	3	1
11.14	Programme Outcomes and Hepatitis C testing	-	1	1	1	1	3	1
11.15	Programme Outcomes and Proportion of people coinfectd with HIV and HCV starting HCV treatment	-	1	1	1	1	3	1
11.16	Programme Outcomes and Cervical cancer screening among women living with HIV	-	-	-	1	1	-	1
11.17	Programme Outcomes and Condom use of sex workers with most recent client	-	-	-	3	5	-	1
11.18	Programme Outcomes and Condom use at last anal sex among MSM	-	3	3	-	-	3	-
11.19	Programme Outcomes and Condom use amongst transgender people	-	-	-	-	-	-	-
11.20	Programme Outcomes and Safe injecting practices (PWID)	-	-	-	-	-	-	-
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12.1	Programme Outcomes and Resource mobilisation and financing	3	3	3	-	5	1	3
12.2	Programme Outcomes and Domestic resourcing	3	3	3	-	5	1	1
12.3	Programme Outcomes and Social contracting	5	3	3	-	5	3	3
12.4	Programme Outcomes and Capacity building and TA Plan	5	3	3	-	4	1	3
12.5	Programme Outcomes and Sustainability plan and transition roadmap	3	3	3	-	3	1	3

Sustainability indicators were raised as concerned across all countries

- PSAT scores validate globally recognized challenge of data gaps and inaccurate population size estimates (GPC, 2020).
 - One country (Ghana) noted successful use of unique identifiers
- Areas of strength:
 - Condom use at last anal sex among MSM (South Africa)
 - Resource mobilisation and financing (South Africa)
 - Domestic resourcing (South Africa)
 - Social contracting (Ghana, South Africa)
 - Capacity building and TA plans (Ghana)

Using the PSAT Findings



Country Action Plans, Learning Agendas & Technical Assistance Plans

Summary Scores, Reasons & Proposed Actions

Summary of scores	Sex workers (SW)	Men who have sex with men (MSM)	Reason for low performance	Proposed actions (e.g. support required or corrective actions)
Budget monitoring	Green	Green		
The use of Unique Identifier Code for program monitoring	Green	Green		
PLHIV who know their HIV status	Yellow	Yellow	Low awareness on a national scale	Invest into national level SBCC programmes
PLHIV on antiretroviral therapy	Yellow	Yellow	Socio-cultural beliefs and norms, stigma, criminality factors limit access, lack of scale	Advocacy to reduce stigmatisation, scale up success and monitoring, follow up on complaints, operationalise Ghana AIDS Commission ACT and new stigma index study
Retention on antiretroviral therapy at 12 months	Yellow	Yellow	Yet to complete transition to TLD, lost to follow up Clients	Validating clients lost to follow up and linking them to care, transition clients in care to TLD
PLHIV who have suppressed loads	Yellow	Yellow	Viral load mgt program not timely; yet to complete transition and place clients on better regimen; low awareness	Improve viral load mgt programme awareness, including decentralisation of the system
Discriminatory attitudes towards PLHIV	Yellow	Yellow	Socio-cultural issues, care givers discriminatory attitudes, same	decriminalise issues of SW, SBCC campaigns to address negative same
Avoidance of health care among key populations because of stigma and discrimination	Yellow	Yellow	No research on IPV yet	Roll out awareness package on IPV, conduct research to establish
Prevalence of recent intimate partner violence	Red	Yellow	Negative attitude of some health care providers, socio-cultural,	
Experience of HIV-related discrimination in health-care settings	Yellow	Yellow	Weak scale up and monitoring	Strengthen follow up and monitoring
Proportion of PLHIV newly enrolled in HIV care started on TB preventive therapy	Yellow	Yellow		
Men with urethral discharge		Green		
Gonorrhoea among men		Green		
Herpes B testing		Red		

Forget about the scores: PSATs encourages self-reflection on sub-population needs or KP programme performance and calls for an understanding of reasons for sub-optimal performance.

Using PSAT findings: Country Champions develop/implement country action plans, are supported to develop/progress their learning agendas and develop/progress technical assistance plans

Conclusions

Self honest reflection will lead to **the identification of gaps & challenges** e.g.,

- Measuring outcome data; what to measure, when to measure, how to measure is one of the key challenge identified...



Why is there a disconnect between Programme Management scores and Outcomes? Are strategic plans translating into actions? Are best practices followed in the field? Is coverage appropriate? Are we using a community-centered approach?

Dealing with **identified challenges can bring** tangible programmatic **improvements**

Thank you

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