HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

EGPAFCMR:
Scaling-Up Differentiated Service Delivery (DSD) for HIV treatment to Improve Retention of clients.

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CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop

August 15 – 19, 2022 | Kigali, Rwanda

PRESENTATION OUTLINE

- ❑Background
- ❑Rolling Out DSD – How was it done!
- ❑Case scenario
- ❑Lessons Learnt

Background - Context

- Cameroon is poised to achieve epidemic control by September 2022
  - EGPAF supports 2 of 10 regions
- Steady growth in numbers of PLHIV on ART, each with specific needs (clinical & psychosocial) requires adapting the offer of care to the needs of Clients.
- DSD is thus a key strategy to ensure not only retention of clients in care, but quality of services offered.
- To that effect, EGPAF Cameroon developed and put in place DSD systems and tools including:
  - DSD models
  - SIE Tools
  - Human and financial resources
  - Training and capacity building

Background – Context (continued)

Characteristics of the working environment at the launch of this initiative by EGPAF in supported regions were:

- Absence of an adopted MOH/operational guide and related harmonized tools to facilitate implementation of DSD Model
- Limited data for clients benefiting from DSD to inform decision / approaches
  - Only MMD captured
- Limited knowledge among services providers on variety of DSD models
- Need to adapt Client flow and logistics to facilitate implementation of DSD models
- Application of additional costs/non-compliance with guidelines/regulations
- Low/non-integration of services (implementation of one-stop-shop model)

Implementation of DSD for HIV treatment : how was it done!

Coordination/Advocacy

EGPAFCMR leadership team strong commitment to improve DSD offer in supported zone. Key activities included:

- Conduction of client satisfaction survey
- Retreat to deliberate on clinical services to offer, where it can be offered and how to best implement taking into consideration the local context and client preferences
- Development of SIE tools to capture and report services
- Sensitization of Health facility staff (from gateman to Director) on DSD Models/Adolescent and KP Friendly services done in all supported HF
- Advocacy at MOH/NACC to have official guidance on DSD Model implementation??

CAPACITY BUILDING

- Training of HCW on DSD Model offer and documentation of services offered
- Supported scale down training to HCW at site levels with multiple refresher trainings
- Support sites through mentorship improve offer and documentation of services offered
- Support sites/HCWs to be innovative in responding to client with special needs or specific challenges.

DSD Offer

- Supported sites to rapidly organize and put in place systems to categorize clients and propose appropriate DSD models.
- Pretesting of new tools with updated old tools, including other registers in selected sites
- Provision of tools and SOPs to aid service offer and documentation
- Ensured availability of logistic and financial means to implement DSD models.
- Continued sensitization of clients on availability of DSD models to increase demand for services

Monitoring and Reporting

- Developed a documenting system for DSD model offered using existing registers (No additional Tool introduced)
  - Adding of column for other possible modalities (family pick-up, CBOs pick-up, etc..) on existing registers
- Development of abstraction tools for the different modalities of DSD for HIV treatment
- Developing a data management system, list of indicators to document/report in all modalities
- Daily reporting of DSD model offered.
- Weekly review of performances done.

Highlights from Center of Excellence: Cite des Palmiers District Hospital

(High-volume Urban site, TX_CURR = 2577 clients)

DSD Model offered	When	Where	What (Services Provided)	Who	*Number Served
Facility-based individual models: • Night clinic (Odd hours) • Weekend clinic	•Daily from 4pm to 8pm •Saturdays from 8am to 1pm	Facility	•ART Initiation •ART Dispensation •Adherence Support/EAC •VL Sample collection •AHD Screening	Team comprising of Doctors, Nurses, PSSA, HTS-Providers, Expert Clients.	520 Clients
Facility-based group models: • Teen club	Wednesdays & Saturdays	Facility	•ART Dispensation •Support Groups •Adherence Support/EAC •VL Sample collection •AHD Screening	Adolescent champions supported by pediatric C&T staff	59 clients (ALL Children 10-19yrs)
Community-based group models: • CAGs	Daily	CBO	•ART Dispensation •Support Groups •Adherence Support •VL Sample collection •AHD Screening	CBO Staff with support from Facility staff	20 Clients
Facility Led Community ART Delivery • Mobile clinics	Daily	Satellite Sites	•ART Initiation (SDAI) •ART Dispensation •Adherence Support •VL Sample collection •AHD Screening	Satellite site Staff with support form facility staff	12 clients
Community-based individual models: • Home delivery	Daily including weekends	Home – Based	•ART Dispensation •Adherence Support/EAC •VL Sample collection? •AHD Screening	Expert Clients/Peer Educators & Adolescent champion, OVC Partner, supported by C&T Staff	154 clients

*NB: only number dispensed through model considered

Highlights from Center of Excellence: Zoetele District Hospital

(Low-volume Rural site, TX_CURR = 657 clients)

DSD Model offered	When	Where	What (Services Provided)	Who	*Number Served
Facility-based individual models: • Night clinic (Odd hours) • Weekend clinic	•Daily from 4pm to 8pm •Saturdays from 8am to 1pm	Facility	•ART Initiation •ART Dispensation •Adherence Support/EAC •VL Sample collection •AHD Screening	Team comprising of Doctors, Nurses, PSSA, HTS-Providers, Expert Clients.	43 Clients
Facility-based group models: • Teen club	Wednesdays & Saturdays	Facility	•ART Dispensation •Support Groups •Adherence Support/EAC •VL Sample collection •AHD Screening	Adolescent champions supported by pediatric C&T staff	13 clients (ALL Children 10-19yrs)
Community-based group models: • CAGs	Daily	CBO	•ART Dispensation •Support Groups •Adherence Support •VL Sample collection •AHD Screening	CBO Staff with support from Facility staff	105 Clients
Community-based group models: • CCLAD	Daily	Satellite Sites	•ART Initiation (SDAI) •ART Dispensation •Adherence Support •VL Sample collection •AHD Screening	Satellite site Staff with support form facility staff	40 Clients
Community-based individual models: • Home delivery	Daily including weekends	Home – Based	•ART Dispensation •Adherence Support/EAC •VL Sample collection? •AHD Screening	Expert Clients/Peer Educators & Adolescent champion, supported by C&T Staff	80 clients

*NB: only number dispensed through model considered

Tools/register and Data Management System

REGISTRE JOURNALIER DE DISPENSATION DES ARV, COTRIMOXAZOLE ET INH

Santé :

MEDICAMENTS ET QUANTITE RECU

Poids	Ancien patient(AP)/Nouveau Patient(NP)	Code protocole ARV	RAISON DE LA DISPENSATION: TAR Routine	Prophylaxie Post-exposition	Dépannage	PTME	Quantité d'ARV restant avec le patient (Nb de Comprimés restants)	Respect du délai de Rendez-vous (Nb de jours de retard)	ARV Adultes: Dosage et formulation (Comprimés)																										ARV Enfants: dosage et formulation (Comprimés, comprimés dispersibles, sirop)												CTX				INH		Observations	Date prochain Rendez-vous
									Quantité par boite	60	60	30	30	60	60		Quantité par boite	30	30	90	60	30	90	60	30	30	60	30	120			Quantité par boite	100mL	60	60	30		Quantité par boite	60	60	30	60	300 mL	60	120		Cotrimoxazole 120mg (Nb de comprimés)	Cotrimoxazole 240 mg / 5ml	60 ml	Cotrimoxazole 480mg (Nb de comprimés)	Cotrimoxazole 960mg (Nb de comprimés)	INH 100 mg (Nb de comprimés)	INH 300 mg (Nb de comprimés)		
									Forme simple/Dosage	AZT 300 mg	EFV 200mg	EFV 600mg	DTG 50 mg	DRV 600 mg	Ritonavir 100mg		Combination à dose fixe	TDF/3TC/EFV (300 + 300 +600)	TDF/3TC/EFV (300 + 300 +400)	TDF/3TC/EFV (300 + 300 +400)	Autres: AZT/3TC/NVP (300 + 150 + 200 mg)	TDF/3TC/DTG (300-300+50 mg)	TDF/3TC/DTG (300-300+50 mg)	AZT/3TC (300 +150 mg)	TDF/3TC (300 + 300 mg)	Truvada(TDF/FTC (300/200 mg))	ABC/3TC (600/300 mg)	AZTr (300mg +100 mg)	LPV/r (200mg + 50 mg)	Autres protocoles à base de névirapine		Forme simple/Dosage	NVP 50 mg/5mL	NVP 50 mg/tablet	EFV 200 mg	RAL		Combinaison à dose fixe	ABC/3TC (60mg + 30mg)	AZT/3TC (60mg + 30mg)	TDF/3TC (300 + 300 mg)	Autres à base de NVP: AZT/3TC/NVP (60mg + 30mg + 50 mg)	LPV/r (80 + 20 mg/5ml	LPV/r (100 + 25 mg)	LPV/r (40 + 10 mg)											

SOP – DSD ART Model – v1.0, 18-Aout-2021

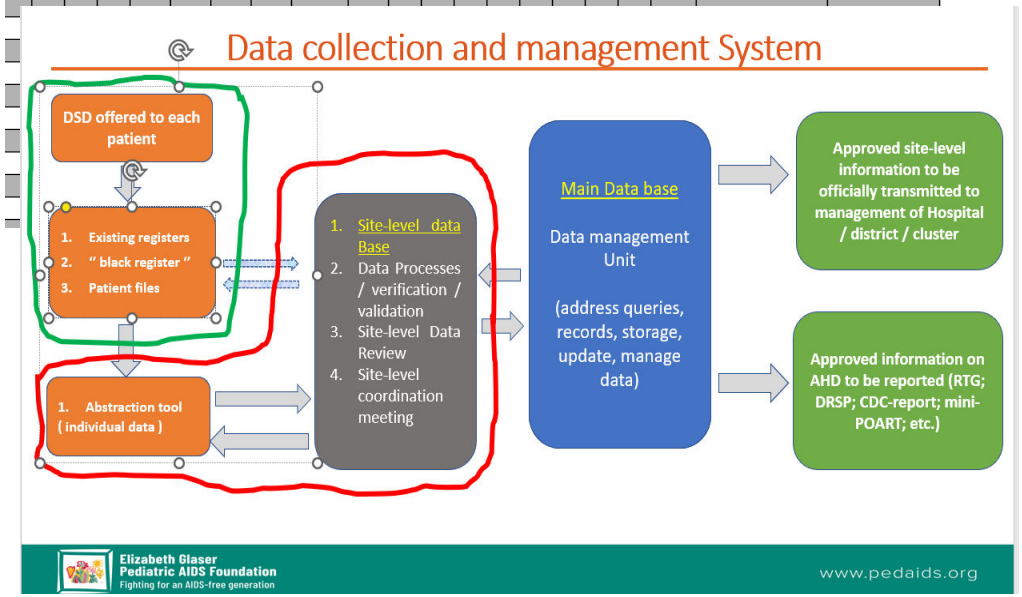
Documentation des modèles différenciés de dispensation des ARV

Outils primaires

L'outil primaire de documentation des modèles différenciés de dispensation des ARV est le **registre Dispensation des ARVs**. ***Compte tenu de l'absence d'une variable permettant de capter la dispensation des modèles différenciés dans ce registre, la colonne « commentaire » sera utilisée à cet effet***. Toutefois, des fiches de dispensation des groupes de soutien, les registres ARV des OBC peuvent également servir de source de documentation des modèles différenciés de dispensation.

Type de modèles différenciés de dispensation des ARV

1. Modèles individuels basés dans la formation sanitaire	
DSD Model	**Définition**
DSD1 – Service Accéléré (Fast-Tracking services):	Un ancien patient sous ARV sans plaintes est reçu directement en pharmacie sans passer par la consultation médicale ou paramédicale
DSD2–Dispensation sous Escorte (Rapid pick-up)	Le patient est escorté par un personnel de la FOSA
DSD3 – Service Convivial (Friendly Services)	Le patient a recu les ARV dans un espace spécialement aménagé dédié à cette catégorie de patient (child friendly corner, adolescent friendly corner, male partner, VIP, etc)



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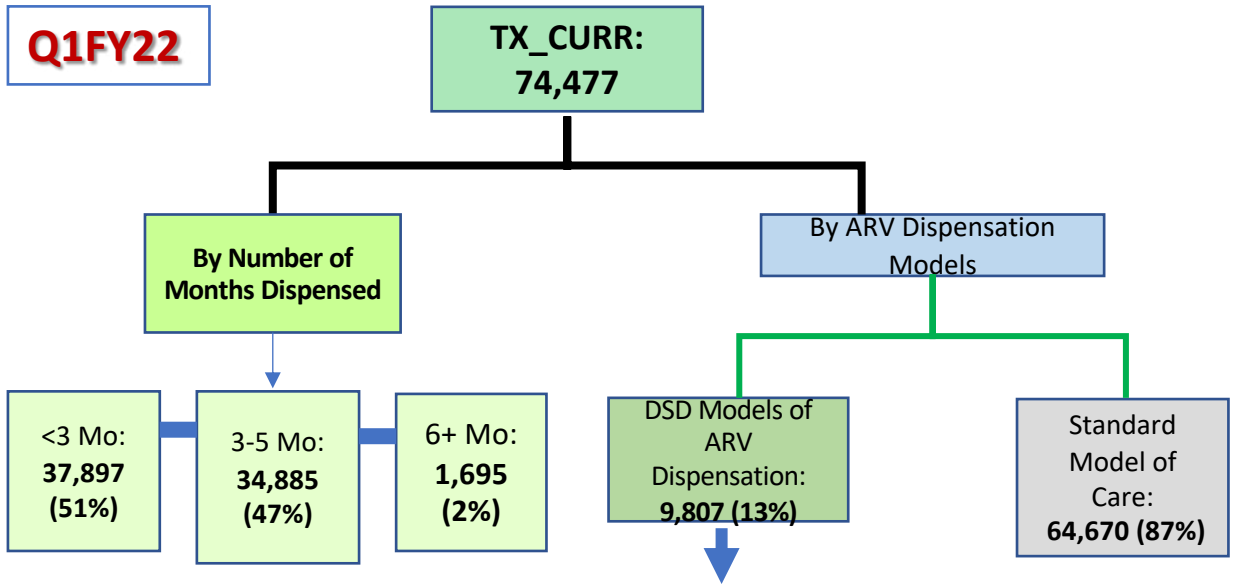
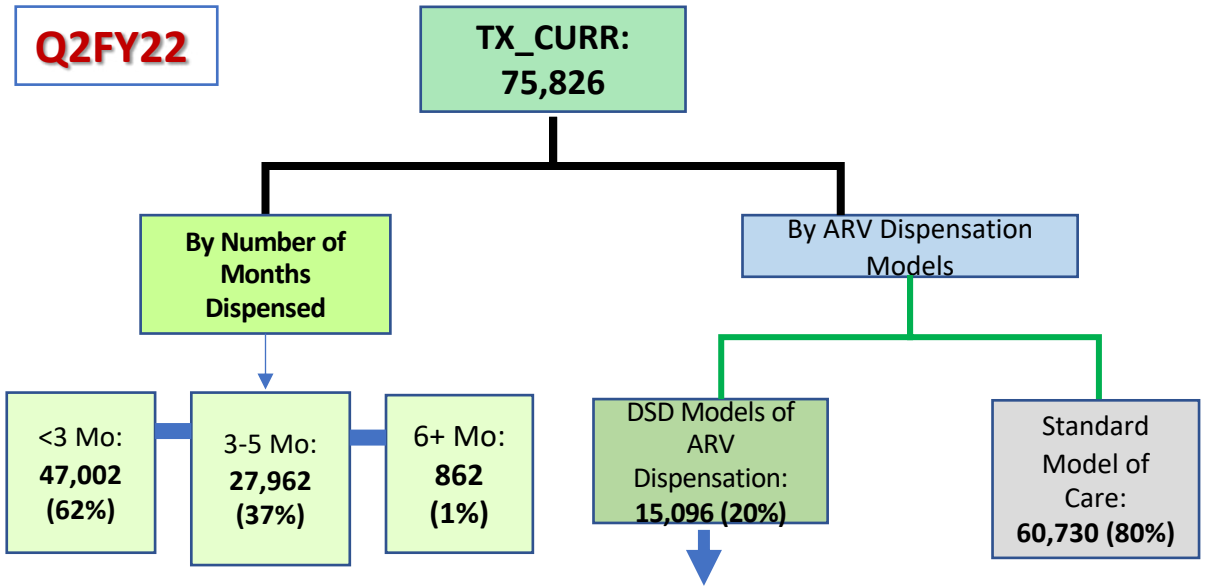
Results

Summary for Treatment Optimization in Q1 - Q2 FY22: Zone 2

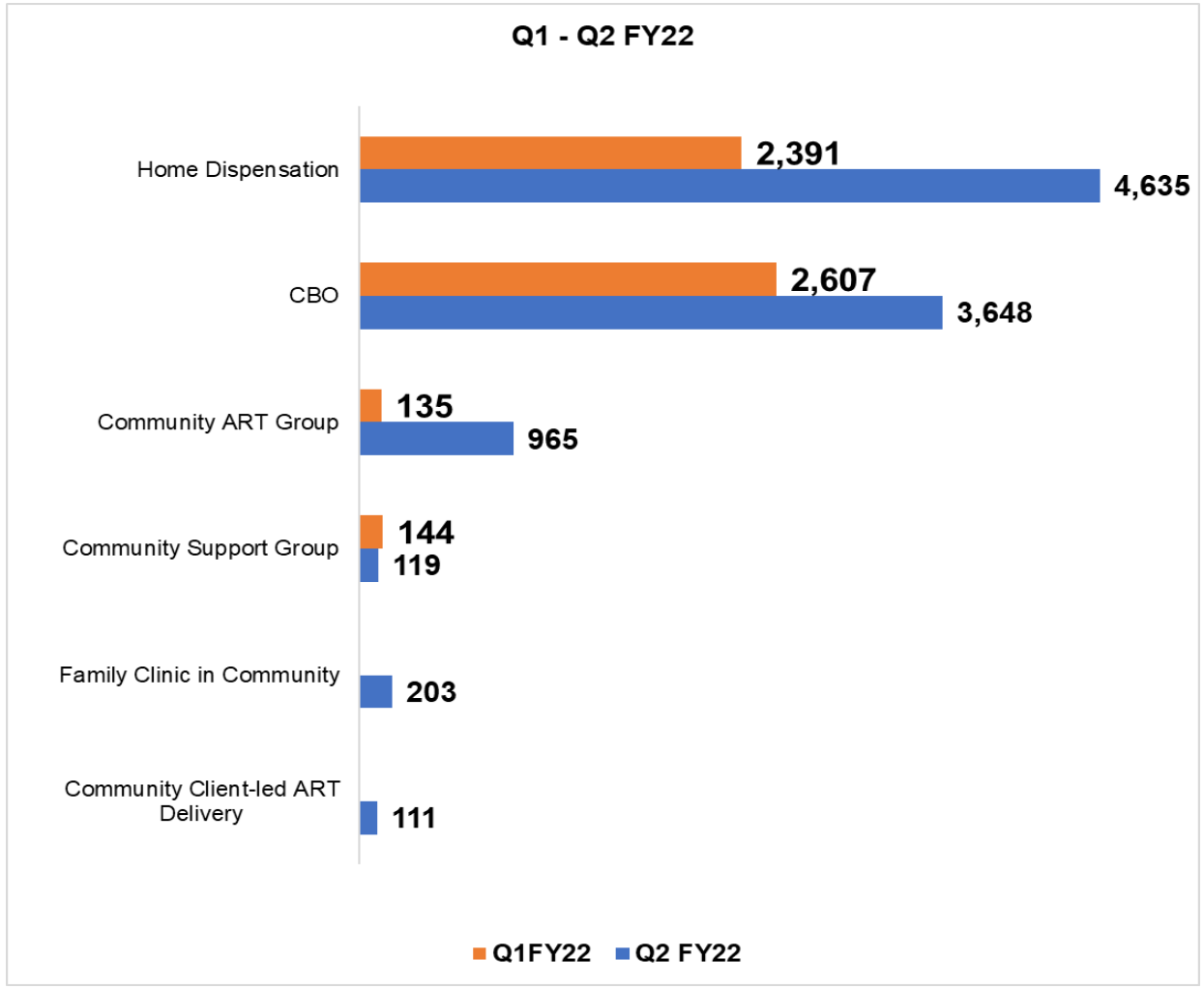


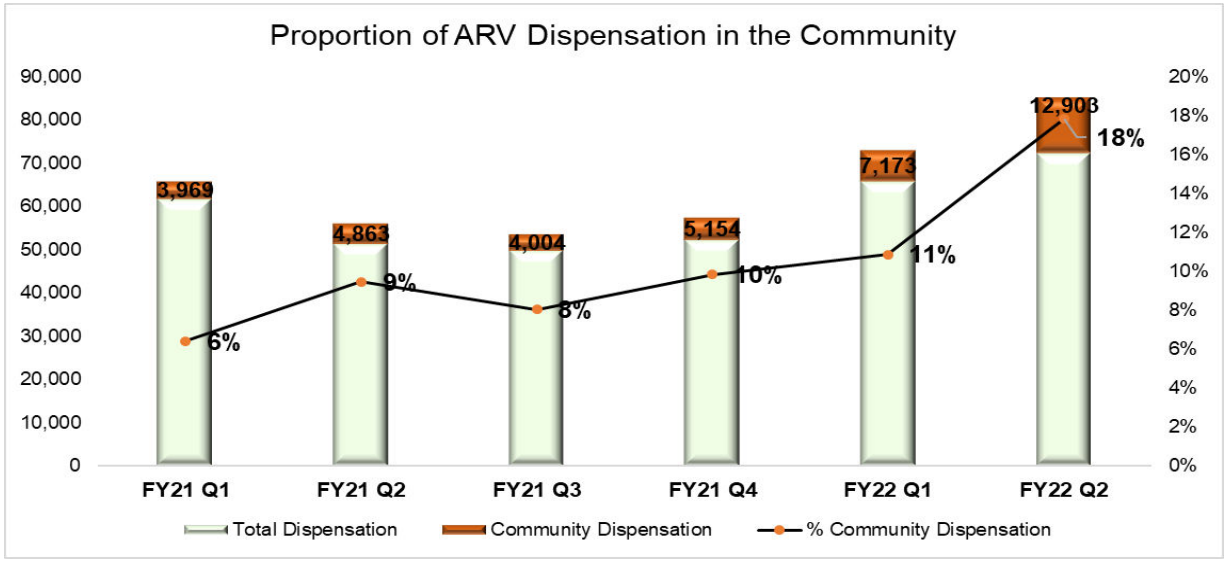
DSD Model	No. of Clients	% of Total DSD
CBO	2607	27%
Home Dispensation	2391	24%
Family Member	1947	20%
Service Provider/Fast Trackging Service	1908	19%
Peer	390	4%
Friend	152	2%
Community Support Group	144	1%
Community ART Group	135	1%
Shipped/Rapid pick-up	132	1%
Flexible and Odd Hours	1	0%
Grand Total	**9,807**	



DSD Model	No. of Clients	% of Total DSD
Home Dispensation	4635	31%
CBO	3648	24%
Family Member	2581	17%
Service Provider/Fast Trackging Service	1759	12%
Community ART Group	965	6%
Flexible and Odd Hours	339	2%
Shipped/Rapid pick-up	267	2%
Friend	239	2%
Peer	230	2%
Family Clinic in Community	203	1%
Community Support Group	119	1%
Community Client-led ART Delivery	111	1%
Grand Total	**15,096**	

Treatment Optimization: Improving on Community ARV Dispensation – Q2FY22





Key message

- There has been a sustained increase in the proportion of clients dispensed within the community

Case Scenario – **Using DSDs to Improve Access to HIV ART Services:**

Case Scenario – Using DSDs to improve access to HIV ART services

Best practice – South Region Cameroon

Enhancement of adherence and VL suppression through community based ARV dispensation by peers.

Experience of Zoetele District Hospital (A Rural setting)

(EGPAF-CAMEROON)

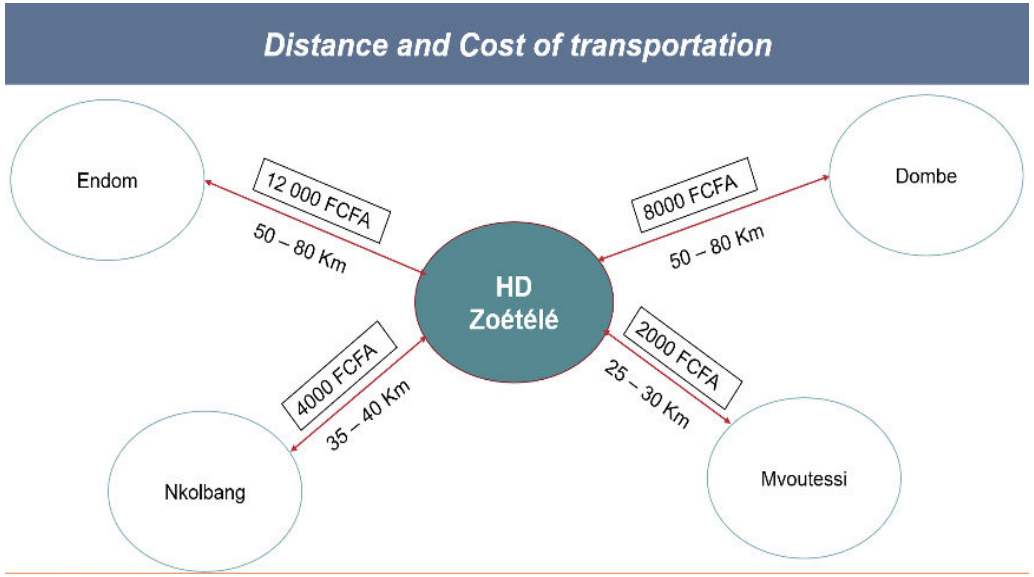
UPEC team HD Zoetele

Context /Challenge

- ✓ Zoetele Health District : Rural district with 9 health areas
- ✓ Long distance : some HIV clients live on average of 50 km from health facility (UPEC)
- ✓ Hard-to-reach localities (aggravated in rainy seasons)
- ✓ Insufficient of financial resources to ensure transport. The cost of transport ranges from 2,000 FCFA to 12,000 FCFA per individual
- ✓ Highly impacts HIV clients (Adults and Children) access to care hence huge impact in treatment outcome

Objectives

- ✓ Facilitate access to ART for Clients living in hard-to-reach areas
- ✓ Strengthen adherence to treatment and improve retention



Key Interventions/Solution

- **Institution of the following DSD Models:-**
  1. Community Client Led ART Delivery
  2. Community ART Adherence support groups
  3. facility ART Support Group for children and adolescents aged 0-19

- **Organisation of activities**
  - Keen attention on service integration (One-stop-shop model) across the HIV Clinical cascade
  - Facility led Community- HIV screening and testing according to the national algorithm : 1st test in Community
  - Facility or client led Community ART dispensation at satellite site i.e health facility located close to clients
  - Follow-up of HIV Clients /renewal of ARV pick up by Clients organized in groups /peer-to-peer delivery
  - Monitoring of eligibility and access to viral load sample collection in facility or community coupled with ARV pick up (One-stop-shop).
  - Support of Clients organized in groups for ARV pick up (setting up income-generating activities enabling them to ensure their transport)

Schematic representation of Key characteristics of each intervention Group

1. Community Client Led ART Delivery Group

- ✓ Clients newly tested HIV+ between 2021 and 2022
- ✓ Clients living in the same locality/village
- ✓ Average age is 43 years (minimum age is 21 years and maximum age is 65 years)
- ✓ Viral load not required for inclusion in the group
- ✓ Clients on same protocol per group
- ✓ Clients who value their confidentiality

2. CBO Support Group

- ✓ Stable Clients recruited at UPEC
- ✓ Clients who consent to participate in support group
- ✓ Mixed group: male and female, young adult and older person

3. Support group for children /adolescents

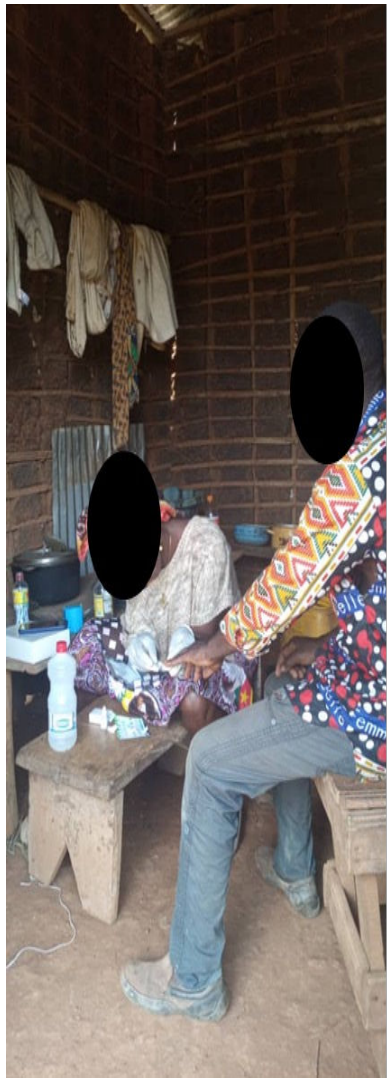
- ✓ Age : 0-19 ans
- ✓ Sex : F/M
- ✓ HVL

Intervention package 1: Community Client Led ART Delivery

- **Implementation process**
  - 4 groups of HIV positive adults with average of 5 Clients created in 4 villages
  - Each group functions as an association with a peer leader as president of the group, & a minutes secretary.
  - Support group on therapeutic education and psychological support are held monthly in confidential location.
  - ARV pick up at HD Zoetele is done according to a rotation plan predefined by the group
    - The peer who is going to pick up ARVs collects the prescriptions of her/his peers
    - The dispensation at HD Zoetele is done on the basis of these prescriptions
    - Once back in the community, the peer who picked up the ARVs, proceeds to the home or a rendezvous place for dispensation while respecting the principle of confidentiality.

Specificities

- Clients in the same group have the same appointment date to facilitate ARV pick up at HD Zoetele
- The rotation plan for ARV pick up is respected except in case of illness of a peer, the latter is privileged to meet the doctor
- Clients from the same group are on the same ARV protocol to avoid confusion by the peer during distribution
- Verification of the effective distribution of ARVs by the peers is done by phone calls to the other peers by the PSSA or by the help of a collaborating HCW working in a facility close to the village.



Intervention package 2: Community ART Adherence support groups

- **Intervention package**

Recruitment of an expert client PSSA who is responsible for organizing and coordinating support group activities:-

- The implementation of activities across the HIV Clinical cascade using the Hub and spoke model e.g. case finding by members through decentralized Identification and referral for testing of 'suspect cases' in the community and the follow-up of Clients newly initiated
- Supporting Clients organized in groups to implement income-generating activities (farming) enabling them to:
    - Ensure transport of peers during the various ARV pick up at CBO
    - Facilitate clinical and biological screening of group members
    - Facilitate the school attendance for the children of group members

Intervention package 2: Community ART Adherence support groups

- **Implementation process**
  - 3 networks/groups with an average of 10 Clients created at the CBO
  - Each group functions as an association with a peer leader as president and a secretary who writes the reports of the different meetings
  - Support group on therapeutic education and psychological support are held monthly at the CBO office
  - The ARV pick up at CBO is done according to a rotating plan defined by group
    - The peer who is going to pick up collects the prescriptions of her/his peers
    - The dispensation at CBO is done on the basis of these prescriptions
    - The peer who ensures the pick up once back in the community proceeds to the distribution of ARV to other peers

Specificities

- Same group have the same appointment date to facilitate ARV pick up at CBO
- Clients from the same group/village are on the same ARV protocol to avoid confusion by the peer during distribution
- Verification of the effective distribution of ARVs by the peer is done by call of the other peers by the APS expert client
- Participation in national celebrations and socio-cultural activities

Intervention package 3: Support group for children and adolescents of 0-19 yrs.

Problem

- As at end of Q3FY21- low viral load suppression at 50% among children and adolescents 0-19 years:

Intervention package

- Sorting and setting up viral load monitoring among children/adolescents
- Reorganization of parent and child/adolescent support groups on the same day separately
- Identification and discussion of topics to be presented during the support groups.
- Train various contributors on the selected themes

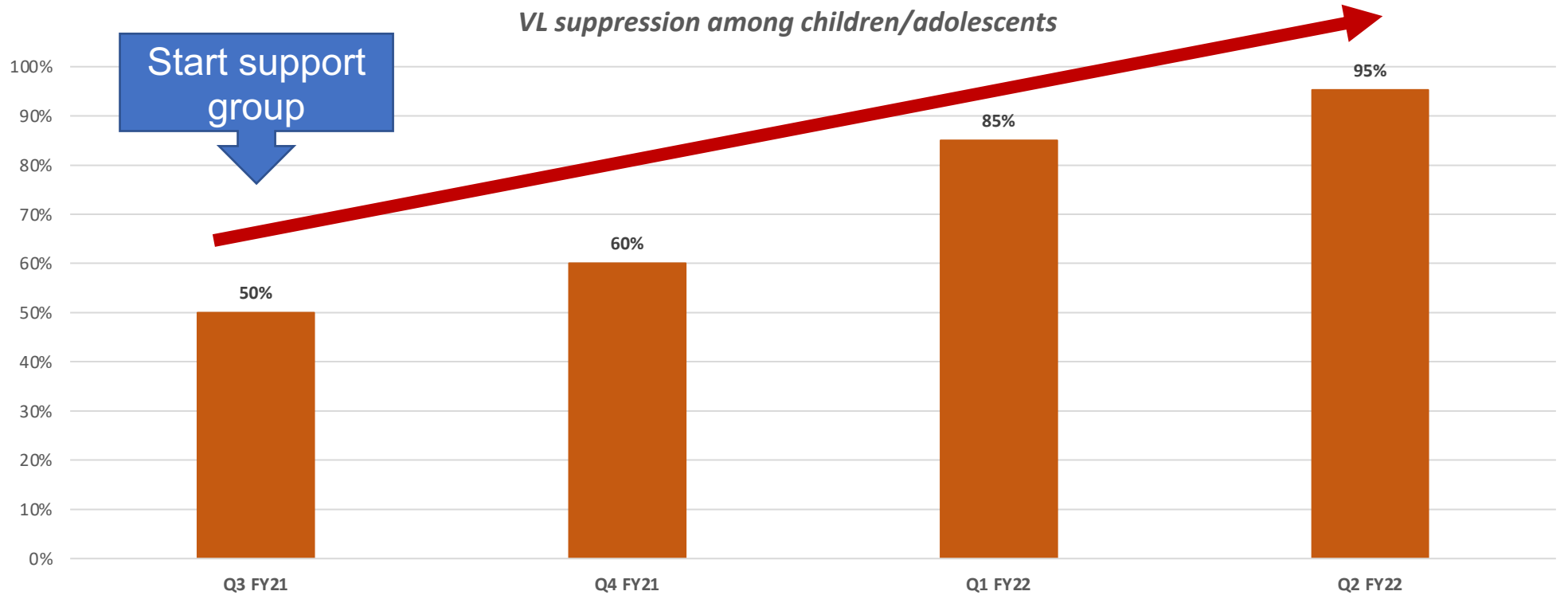
Implementation process

- Support group and therapeutic class every second Tuesday of the month at the health care facility with various topics :
  - Adherence, Biological/clinical monitoring, Nutrition, Psychological support, Etc..
- Individual therapeutic sessions with parents/guardians & children/adolescents with HVL

Results: Retention, VL Uptake and Suppression of clients enrolled

N°1	Sex	Age	village of residence	Date of initiation	Protocole	Date of entry into the support group	Status of client as at end of Q2FY22	Vl results	Date of samples collected
1	F	39	ENDOM	17-janv-22	TELE 400	30-avr-22	PRESENT	non eligible	NA
2	M	48	ENDOM	17-janv-22	TELE 400	30-avr-22	PRESENT	non eligible	NA
3	F	30	ENDOM	02-mai-22	TELE 400	02-mai-22	PRESENT	non eligible	NA
4	F	43	ENDOM	12-janv-22	TELE 400	30-avr-22	PRESENT	non eligible	NA
5	M	38	ENDOM	17-janv-22	TELE 400	30-avr-22	PRESENT	non eligible	NA
6	F	55	ENDOM	17-janv-22	TELE 400	30-avr-22	PRESENT	non eligible	NA
7	M	50	ENDOM	17-janv-22	TELE 400	30-avr-22	PRESENT	non eligible	NA
8	F	28	Nkolbang	11-mai-21	TLD	01-mars-22	PRESENT	< 40 cp/ml	12/11/2021
9	M	38	Nkolbang	28-août-21	TLD	21-mars-22	PRESENT	< 173 cp/ml	31/03/2022
10	M	21	Nkolbang	28-avr-21	TLD	01-mars-22	PRESENT	Unavailable	05/10/2021
11	M	59	Nkolbang	18-août-21	TLD	01-mars-22	PRESENT	< 40 cp/ml	01/03/2022
12	F	42	Nkolbang	18-août-21	TLD	01-mars-22	PRESENT	< 40 cp/ml	01/03/2022
13	M	36	Dombe	09-mai-21	TLD	01-mars-22	PRESENT	< 40 cp/ml	06/03/2022
14	F	30	Dombe	06-août-21	TLD	01-mars-22	PRESENT	en cours	29/03/2022
15	F	39	Dombe	25-août-21	TLD	01-mars-22	PRESENT	< 40 cp/ml	12/12/2022
16	F	29	Dombe	15-sept-21	TLD	01-mars-22	PRESENT	< 40 cp/ml	01/03/2022
17	M	45	Dombe	17-juil-21	TLD	01-mars-22	PRESENT	< 40 cp/ml	01/03/2022
18	M	62	Mvoutessi	04-déc-13	TLD	26-févr-22	PRESENT	non eligible	NA
19	F	64	Mvoutessi	13-sept-10	TLD	26-févr-22	PRESENT	< 40 cp/ml	26/02/2022
20	M	65	Mvoutessi	22-nov-12	TLD	26-févr-22	PRESENT	< 40 cp/ml	08/02/2022
21	F	24	Mvoutessi	04-mai-21	TLD	25-avr-22	PRESENT	< 40 cp/ml	08/11/2021
22	F	59	Mvoutessi	06-mai-21	TLD	26-févr-22	PRESENT	< 40 cp/ml	08/11/2021

Results: VL Suppression amongst children at HD ZOETELE



Mois	Active file	# Eligibles	# sample collected	VL coverage	# results available	# VL suppressed	% Suppression	# HVL
Q3 FY21	27	20	15	75%	14	7	50%	7
Q4 FY21	25	22	21	95%	20	12	60%	8
Q1 FY22	25	25	22	88%	20	17	85%	3
Q2 FY22	25	22	22	100%	21	20	95%	1

Lessons Learned

- ✓ A combined package tailored to meet the needs of Clients increase access to ARVs and improved treatment outcome can be oriented towards; Well structured community client led ART dispensation, Community ART adherence support group interventions and Children/adolescent specific interventions.
- ✓ Involving Clients and strengthening their role in their care improves adherence and improved retention as well as viral load suppression hence better treatment outcomes.
- ✓ Intermittent Community ART dispensation (Between two clinical visits), some stable Clients need facility-led outreach ARV dispensation visits to improve retention in care
- ✓ Demand creation through sensitization and a Robust SIE System for data capture and reporting necessary to evaluate impact of interventions for informed decision making

Thank you!

*Data from Atteindre95 project implemented in Cameroon under Grant No. 5NU2GGH002178 - 0300, funded by CDC/PEPFAR