Improving Early Retention using the Operation Phuthuma Platform: A Case Study of Kwa-Zulu Natal (KZN) Province

Dr. Musa Manganye – DSD Advisor – NDOH South Africa

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KwaZulu Natal HIV Profile

- KZN contribute 26% of PLHIV in South Africa (over 2 Million PLHIV), making it the largest HIV epidemic in South Africa

- The scale-up of antiretroviral therapy (ART) has been one of the success stories in KZN.

- Whilst heavily burdened by HIV/AIDS, it is equally the first Province that graduated more districts by reaching 90-90-90 targets
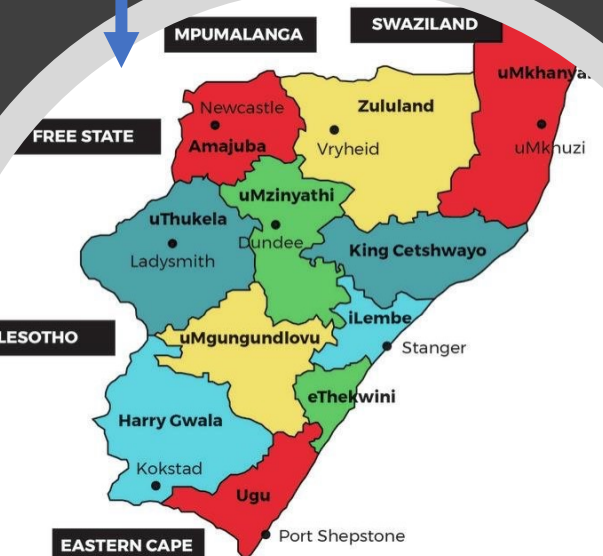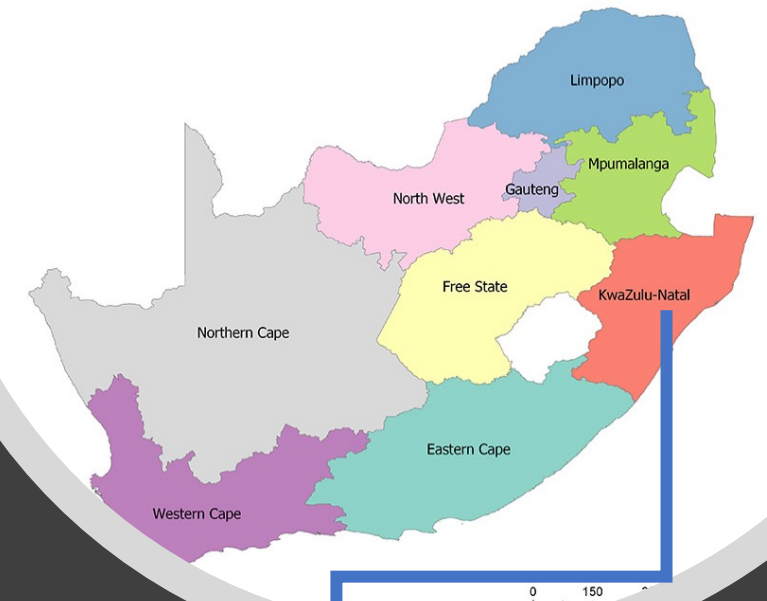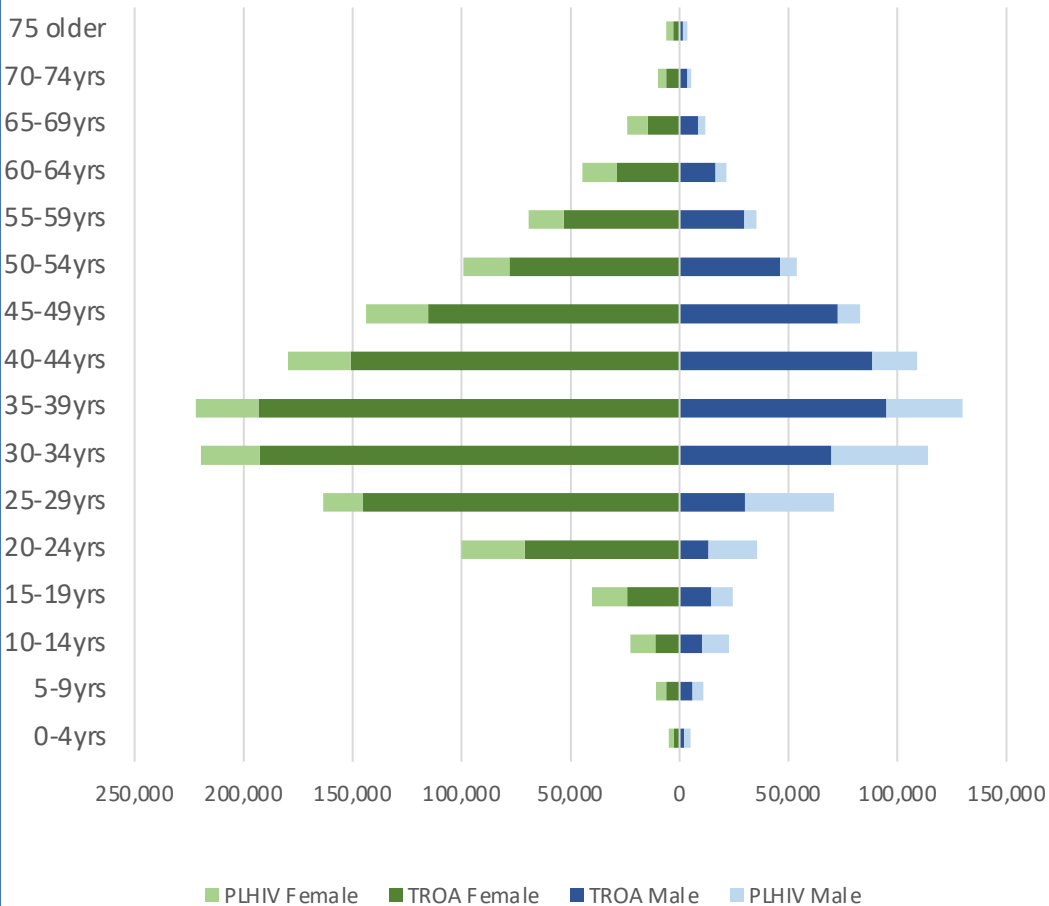
ART Coverage by Age and Sex: KZN

ART coverage by age and sex: Public & Private sector

KwaZulu-Natal Public & Private sector (PLHIV date: Sep 2020; DHIS date: May 2022; CMS date: Dec 2021)

Legend: PLHIV Female, TROA Female, TROA Male, PLHIV Male

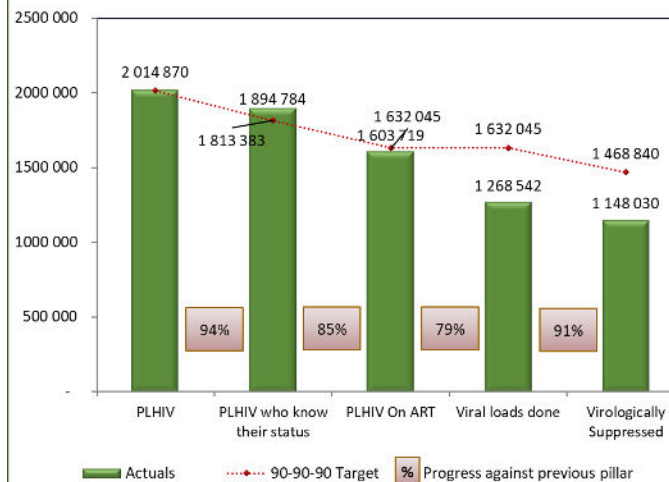| KwaZulu-Natal Public & Private sector (PLHIV date: Sep 2020; DHIS date: May 2022; CMS date: Dec 2021)								
	Females				Males			
Age group	Living with HIV	On ART	ART Coverage	Gap	Living with HIV	On ART	ART Coverage	Gap
0-4yrs	4 951	2 525	51%	2 427	5 005	2 147	43%	2 857
5-9yrs	10 776	6 241	58%	4 535	10 890	5 925	54%	4 965
10-14yrs	22 200	11 094	50%	11 106	22 319	10 323	46%	11 996
15-19yrs	39 063	23 986	61%	15 077	23 515	14 506	62%	9 009
20-24yrs	96 614	71 024	74%	25 590	34 738	13 389	39%	21 350
25-29yrs	156 565	145 313	93%	11 253	68 979	30 126	44%	38 853
30-34yrs	210 363	192 561	92%	17 802	109 935	69 712	63%	40 224
35-39yrs	212 602	193 085	91%	19 517	124 386	94 865	76%	29 521
40-44yrs	172 302	150 978	88%	21 324	103 795	88 295	85%	15 500
45-49yrs	138 242	115 387	83%	22 855	78 570	72 621	92%	5 949
50-54yrs	95 337	77 968	82%	17 368	50 948	46 135	91%	4 813
55-59yrs	66 733	53 079	80%	13 654	33 512	29 749	89%	3 763
60-64yrs	43 053	28 775	67%	14 278	20 627	16 351	79%	4 276
65-69yrs	23 240	14 725	63%	8 515	11 243	8 608	77%	2 635
70-74yrs	9 635	6 173	64%	3 462	5 170	3 582	69%	1 588
75 older	6 111	2 929	48%	3 182	3 450	1 544	45%	1 906
All age groups	1 307 787	1 095 842	84%	211 946	707 083	507 877	72%	199 205

KwaZulu Natal HIV Cascade
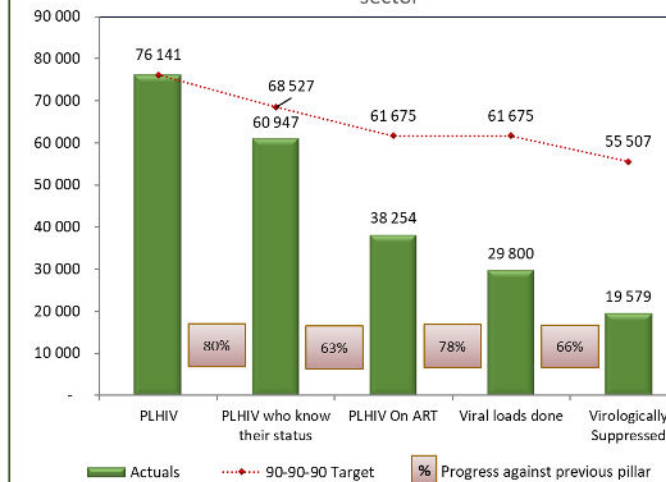
1st 90   2nd 90   3rd 90

- **94%   85%   91%**

Gaps amongst 2nd and 3rd 90 especially for Men, Children and Adolescents
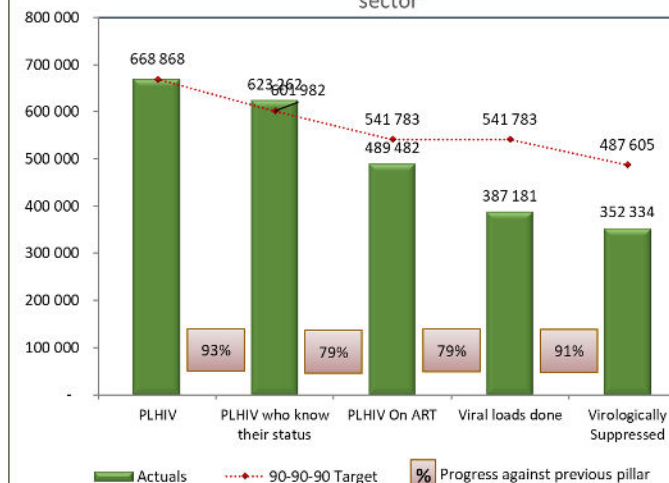

90-90-90 Cascade - Total Population
KwaZulu-Natal (May 2022) - Public & Private sector

90-90-90 Cascade - Children (<15)
KwaZulu-Natal (May 2022) - Public & Private sector

90-90-90 Cascade - Adult Males
KwaZulu-Natal (May 2022) - Public & Private sector

90-90-90 Cascade - Adult Females
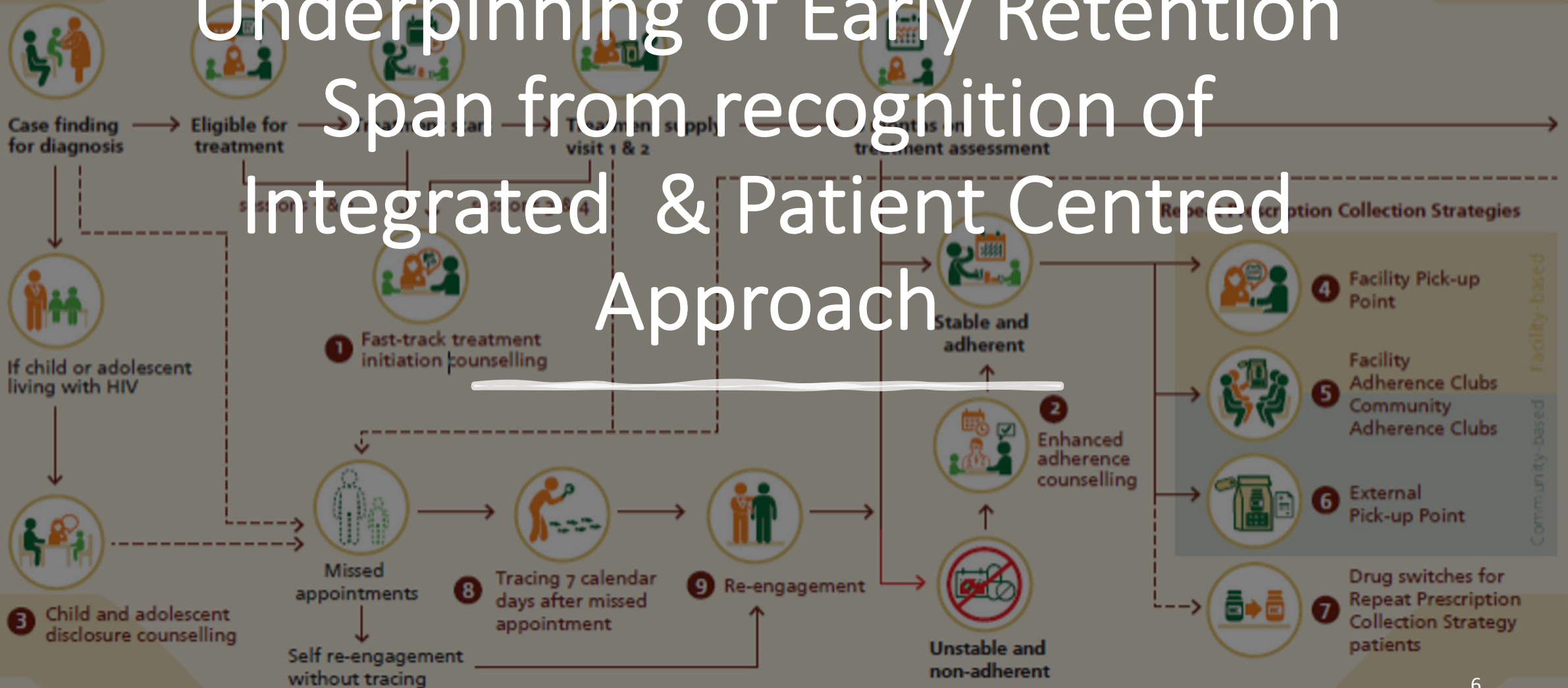KwaZulu-Natal (May 2022) - Public & Private sector

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What is Operation Phuthuma?

- Operation Phuthuma simply means**, "Acceleration towards 90-90-90"**

- In recognizing the need for a centralized, more robust structure to manage and control interventions in the HIV program, the NDOH South Africa launched Operation Phuthuma Platform in April 2019. **MOH Led Program**

- One of the primary objectives is to implement interventions that have immediate effect as well as long term sustainability. **One of the intervention is the KZN Case Study to Improve Early Retention**
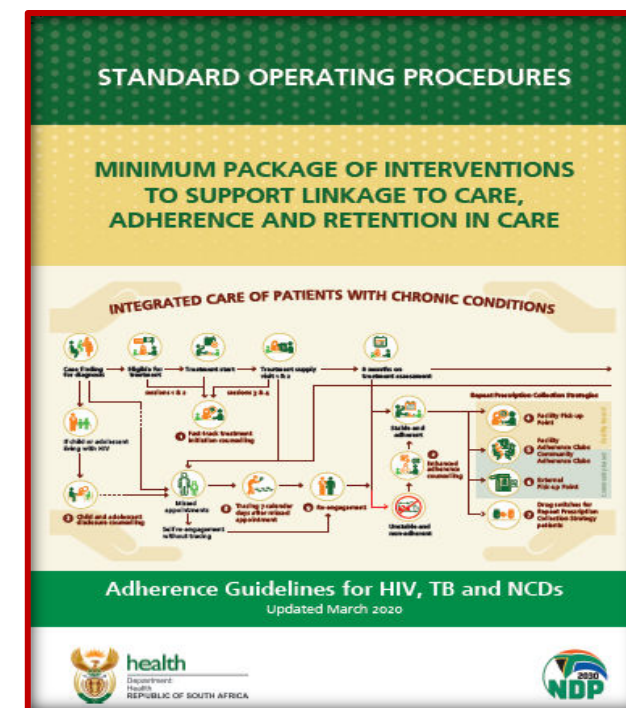
Underpinning of Early Retention Span from recognition of Integrated & Patient Centred Approach

Minimum Package of Interventions- Gateway to Early Retention

Interventions	SOP #	SOP Label
Standardised Education Sessions and Counselling approach for: • Treatment Initiation • Patients struggling with adherence (while in care or when re-engaging in care) • Supporting child and adolescent disclosure	SOP 1	Fast Track Initiation and Counselling (FTIC)
	SOP 2	Enhanced Adherence Counselling (EAC)
	SOP 3	Child and Adolescent Disclosure Counselling (CADC)
Differentiated Models of care (DMoC) for stable patients on treatment • Repeat Prescription Collection strategies (RPCs) after 6 months on treatment: • SOP4-6 (Patients decanted at 6months) • Switching first line regiments for stable patients utilizing RPCs – SOP7	SOP4	Facility Pick – up Point (FAC-PUP)
	SOP 5	Adherence Club (AC)
	SOP6	External Pick – up Point (EX – PUP)
	SOP7	Switching first line regiment for stable patients utilizing RPCs (DRUG SWITCH)

Interventions	SOP #	SOP Label
Patient tracing and re-engagement	SOP8	Tracing and Recall (TRACING)
	SOP9	Re-engagement in care (RE – ENGAGEMENT)

STANDARD OPERATING PROCEDURES

MINIMUM PACKAGE OF INTERVENTIONS TO SUPPORT LINKAGE TO CARE, ADHERENCE AND RETENTION IN CARE

INTEGRATED CARE OF PATIENTS WITH CHRONIC CONDITIONS

Adherence Guidelines for HIV, TB and NCDs
Updated March 2020

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Optimal Implementation of Welcome Back Model using Tracer Teams (Community Health Workers & PLHIV Sector Support (Ritshidze) is instrumental for fostering improved early retention

Welcome Back Campaign Link
https://www.knowledgehub.org.za/elibrary/south-african-national-welcome-back-campaign-strategy-2021

THE SOUTH AFRICAN NATIONAL WELCOME BACK CAMPAIGN STRATEGY

OCTOBER 2021

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NDP
2030

Welcome Back Steps

Create a Conducive Environment

Welcome the client and congratulate them for taking the decision to initiate or re-start treatment.

Identify Barriers to Initiation and Adherence

Understand the reasons why the client didn't come back for initiation or stopped taking ARV's without being judgemental.

Offer Counselling & Information

Counsel the client again on benefits of treatment and adherence.

Give Information on Repeat Collection strategies, Eligibility criteria and facility operating hours e.g. extended hours if any

Give information on support mechanisms available e.g. support groups/adherence clubs

Give information on TLD and benefits

Encourage open communication

Encourage client to communicate should they change contact details or any travel plans or when they are relocating.

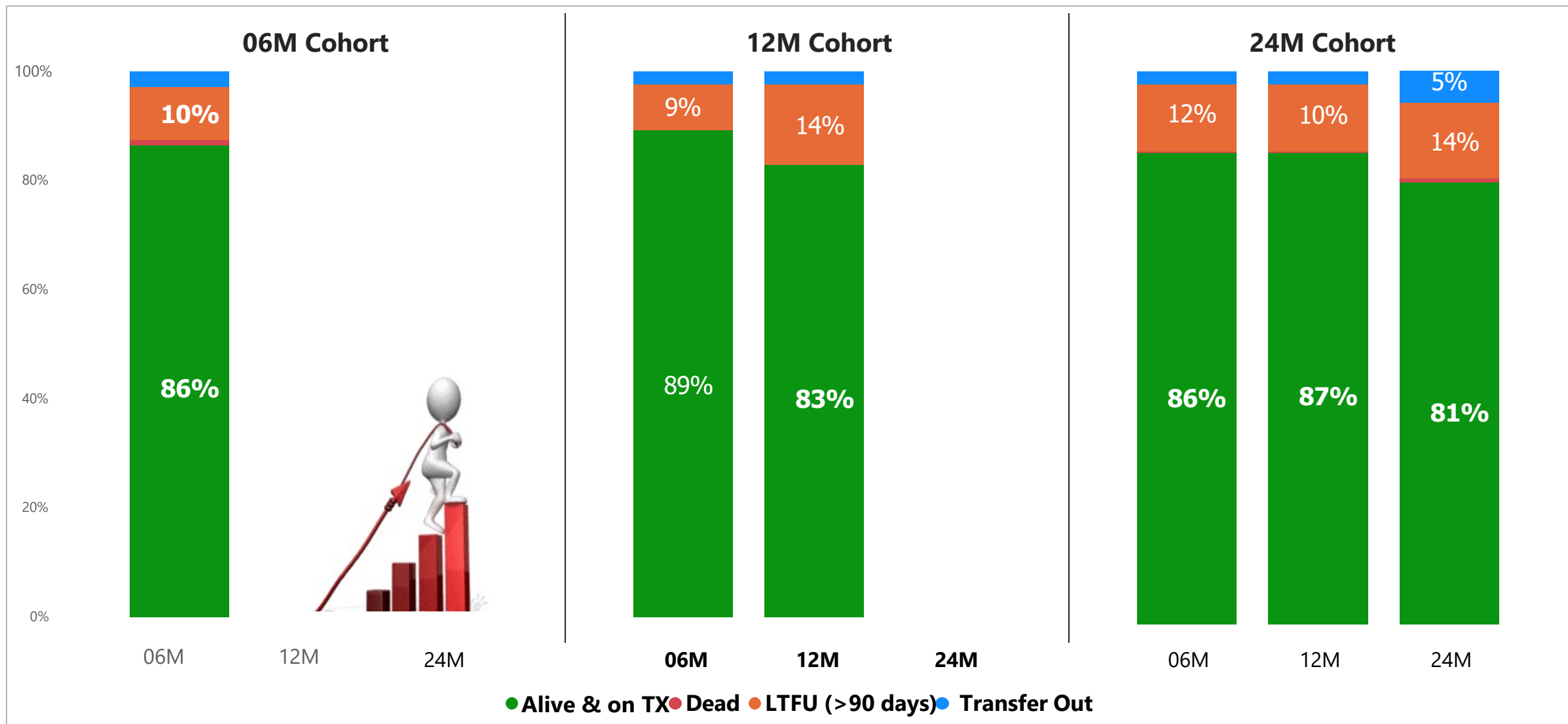*Patient-Centred Approach is encouraged. This is not a one size fits all.*

What did the KZN province do differently to Improve early retention?

- First Province to conduct Differentiated performance Review (Whilst missed opportunities noted – there are more positives on patient retention

- First province to initiate the pilot of DMOC/DSD Register to address the M&E gap - Harmonizing Tier.Net & CCMDD SyNCH systems

- First province to hire the DMOC/DSD Champions in all their districts to oversee the scale-up plan

- Rolled out regional trainings on DMOC/DSD to enhance capacity of Health Care Providers to promote early retention

- Consistently undertakes Operation Phuthuma Monthly Nerve Centre Review meetings led by Provincial and districts Anchors – Supported by District Support Partners (DSPs)
  - Each month the province selects health facilities that are not performing well.
  - This is data driven approach
  - Using the Operation Phuthuma

RECIPIENT OF CARE OUTCOMES BY COHORT AND TIME POINT

Data Source: Tier.Net, 2022 Feb

06M Cohort

- 06M: 86%, 10%
- 12M
- 24M

12M Cohort

- 06M: 89%, 9%
- 12M: 83%, 14%
- 24M

24M Cohort

- 06M: 86%, 12%
- 12M: 87%, 10%
- 24M: 81%, 14%, 5%

● Alive & on TX ● Dead ● LTFU (>90 days) ● Transfer Out

ART MODEL BY COHORT AND TIME POINT

Data Source: Tier.Net, 2022, Feb

06M Cohort

- 06M: 90% Conventional, 3% External Pick-Up Points, 6% Facility Pick Up Points

12M Cohort

- 06M: 94% Conventional, 3% Facility Pick Up Points
- 12M: 78% Conventional, 15% External Pick-Up Points, 5% Facility Pick Up Points

24M Cohort

- 06M: 91% Conventional, 5% External Pick-Up Points, 4% Facility Pick Up Points
- 12M: 81% Conventional, 12% External Pick-Up Points, 6% Facility Pick Up Points
- 24M: 54% Conventional, 36% External Pick-Up Points, 7% Facility Pick Up Points

Legend: ● Adherence Clubs ● Conventional ● External Pick-Up Points ● Facility Pick Up Points ● Other Models

Operationalizing DMOC within the Operation Phuthuma QI, Handbook
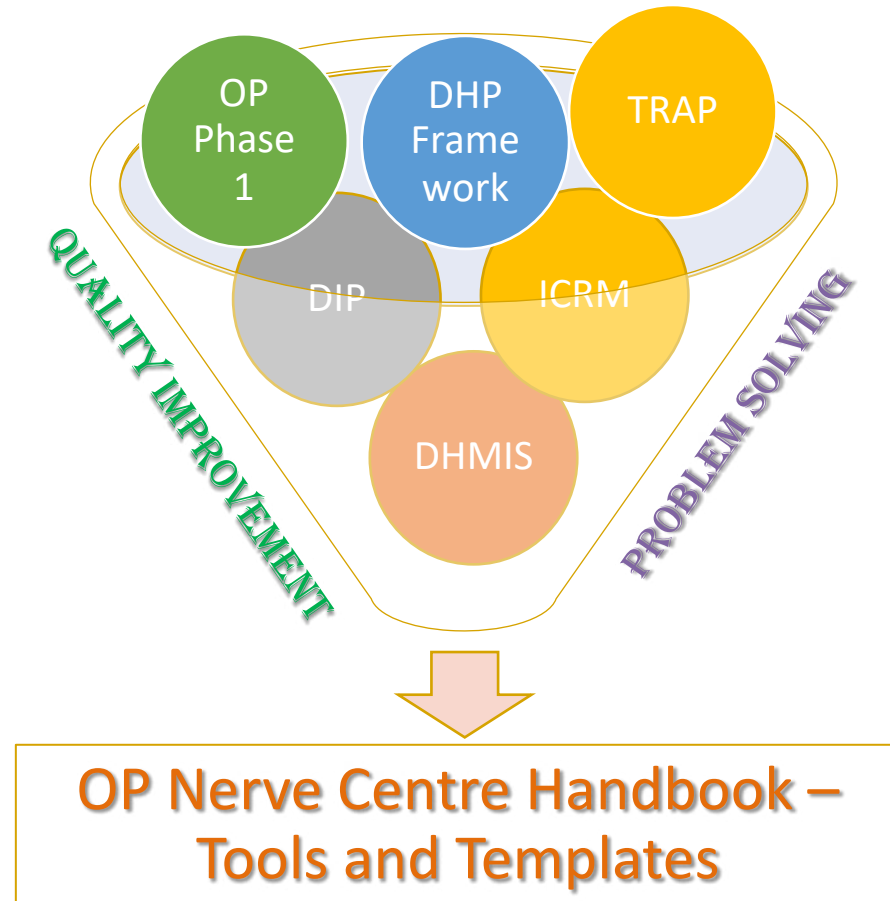
OP Handbook provides the following relating to Quality improvement

- Tools are available for every level within the system

- Ability to use expertise at the right levels

- Some shift in ownership

- Empowerment at lower levels

- Capacity building for sustainable way to manage programs

- Applicability across programs

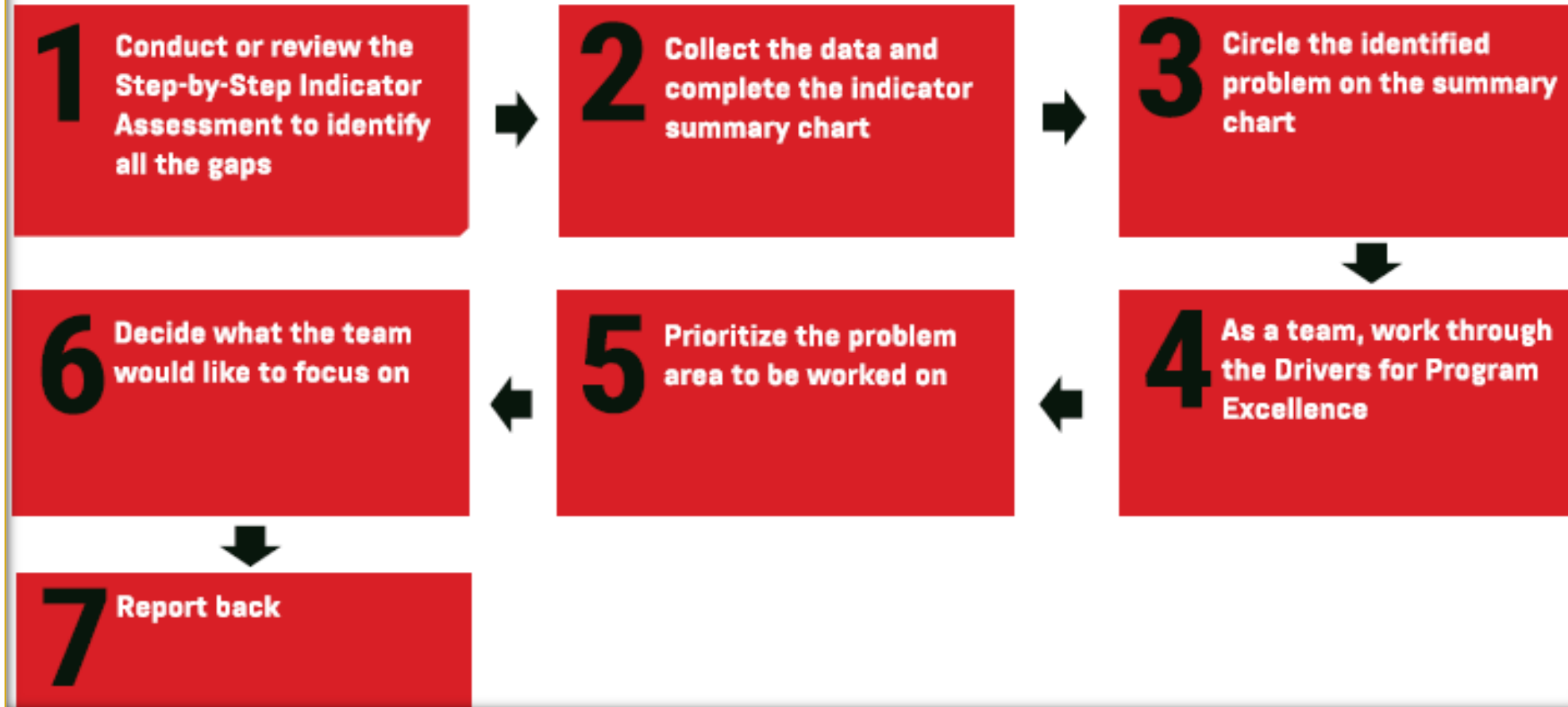# Differentiated Models Of Care (DMOC) – QI Component

SOURCE	DATA	TIME
Tier.net	Appointment list: For pre-retrieval of files to identify eligibility for Decanting	Can be done 24 hours to a week prior to the booked appointment. Recommended to at least 48 -72 hours to allow sufficient time for the review of pre-retrieved files
Lab track / Hard copy of results / Patient file: Clinical stationery	Viral load results: To check Viral load suppression for decanting eligibility	Recommended to check 72 hours – 7days after Viral load was done to use the opportunity to decant within the same cohort month
Synch	The number of patients enrolled for Decanting	Can be done daily or weekly

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DMOC – Role Structure

Differentiated Models of Care	Operational Manager	Professional Nurse	Data Capturer	Counsellor	Index Counsellor	OTL & Tracer	Clerks	Pharmacy	Community committee member
		⊗ Decanting Champion	X			X	X	X	

Differentiated Models Of Care (DMOC) – Stepwise Approach For QI

7 Responsibilities of the Indicator Champion and Indicator Team

1 Conduct or review the Step-by-Step Indicator Assessment to identify all the gaps

2 Collect the data and complete the indicator summary chart

3 Circle the identified problem on the summary chart

6 Decide what the team would like to focus on

5 Prioritize the problem area to be worked on

4 As a team, work through the Drivers for Program Excellence

7 Report back

Quality Improvement Management Framework

Lessons Learned from KZN Early Improvement Strategies

Triangulations and harmonization of Tier.Net and CCMDD SyNCH M&E Systems to track patient monitoring and medicine management for the client from the point of diagnosis, ART initiation, Clinical Visits and medicine refills.

DMOC Indicator on process for adding NIDS – KZN evidence been critical

On-going Capacity Building – Technical Assistance Focus, Mentorship and Implementation Partner Support

Clinical supervision, management accountability as key drivers for excellence and foster quality clinical service provision.

Reliable ascertainment of true outcomes of patients lost to follow-up – Optimal Implementation of Welcome Back Campaign and Re-engagement SOP. E.g. "Operation Vuyo Model". Linkage Officers.

Lessons Learned from KZN Early Improvement Strategies

- Ensuring uninterrupted drug supplies – Optimal use of Stock Visibility System (SVS) - *web-based management tool with a mobile application that is used at public primary health care (PHC) clinics to capture and monitor medicine availability.*

- Decentralization of ART care to health centres and the community – *Implementation of Community ART Initiation using the Mobile Services – Targeting Men, Youth, Adolescents and key Population*

- Implementation of Repeat Prescription and Collection Strategies at 6 months upon initiation on ART – *provided meeting the eligibility criteria (External Pick-up Point, Facility Pick up Point and Adherence Clubs)*

- Strengthening links within and between health services and the community.

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Key Consideration for M&E and Quality Improvement

The KZN model for Early Retention processes begins with asking right questions wherever Operation Phuthuma Supervision visits are conducted.

Strategy	• Are we doing the right things? • Providing a rationale/justification • Providing a clear theory of change
Operation	• Are we doing things, right? • Achieving intended results • Optimizing limited resources • Achieving client satisfaction
Learning	• Are there better ways of doing things? • Assessing alternatives • Determining best practices • Identifying lessons learned

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Conclusion

Maximizing the power of measuring results

If you do not measure results, you cannot tell success from failure.

If you can not see success, you can not reward it.

If you can not reward success, you are probably rewarding failure.

If you can not see success, you can not learn from it.

If you can not recognize failure, you can not correct it.

If you can demonstrate results, you can win public support

Thank you!