

**Hands-on strategy implemented by  
EGPAF in health facilities in Eswatini to  
minimize interruptions in treatment, and  
promote rapid returns to treatment**

Dr. Lydia Mpango- ASPIRE Project USAID

**CQUIN Differentiated Service Delivery Across the HIV Cascade Workshop**

August 15 – 19, 2022 | Kigali, Rwanda

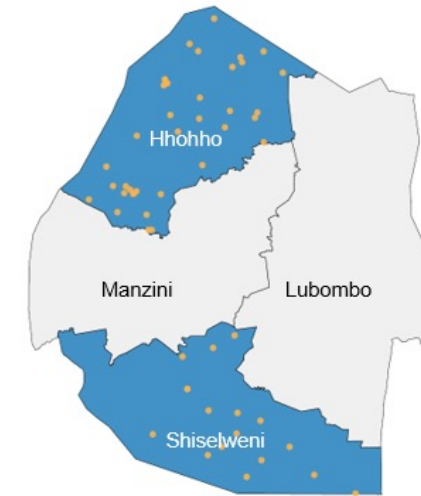


# Presentation outline

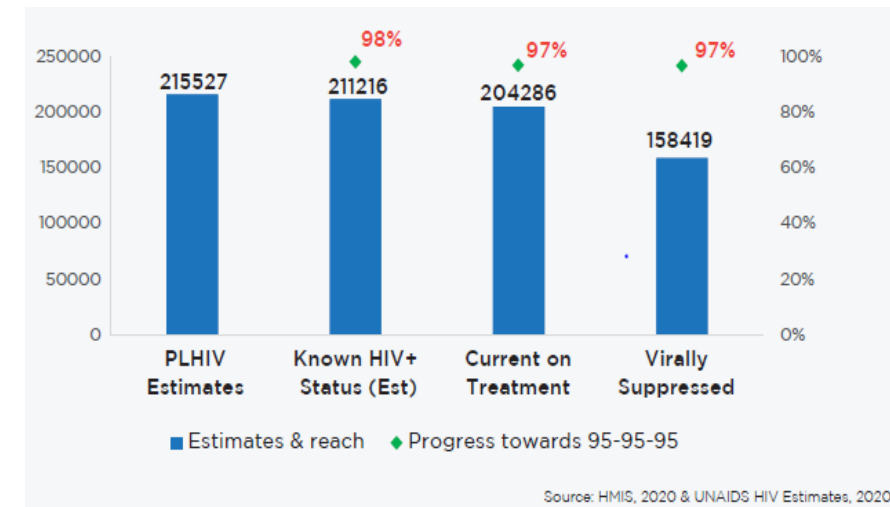
- Background
- Timeline classifications
- Strategies to support linkages and retention
- Strengthening data capture, monitoring and evaluation
- Way forward

# Background

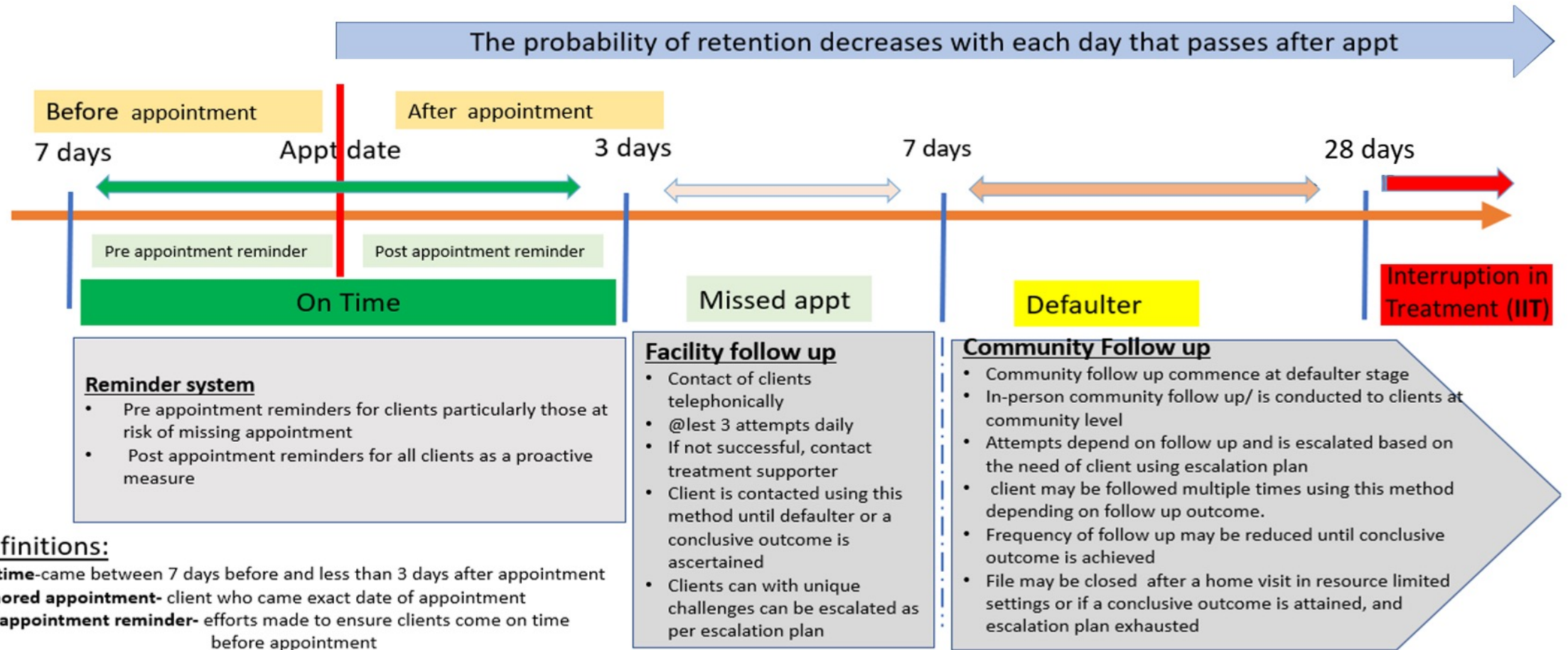
- Eswatini has made significant progress in addressing the HIV epidemic and In September 2020, became the first country in Africa to achieve the 95-95-95 United Nations HIV targets .
- Differentiated Service Delivery (DSD) models for stable clients at both facility and community levels were piloted and adopted into National guidance in 2016.
- EGPAF supported the introduction, implementation, scale up and Monitoring & Evaluation of DSD models in 2 supported regions (Hhohho and Shiselweni) and has led the adaptation, pilot scale up and evaluation of DSD models e.g. Family centered models
- DSD has been implemented using paper-based tools included registers (appointments, LCM, ART initiation, DSD, AHD, back to care, patient files) to foster retention through the cascade of care from testing to re-engagement and retention in care. EGPAF has collaborated with SI partners and the MoH to support the transition of DSD into an electronic medical record (EMR), currently implemented in 100% ASPIRE supported sites in Hhohho and Shiselweni (Client Management Information systems (CMIS), CMIS lite and CMIS Plus (NEW))\*



National Progress towards UNAIDS 95-95-95 targets



# Timeline classification



## Definitions:

**On time**-came between 7 days before and less than 3 days after appointment

**Honored appointment**- client who came exact date of appointment

**Pre appointment reminder**- efforts made to ensure clients come on time before appointment

**Post appointment reminder**-efforts between 1to less than 3 days after the appointment

**Missed appointment** -3-7 days after appointment

**Defaulter**-7-28 days

**IIT( Interruption in treatment)**-more than 28 days

# Strategies to support differentiated linkages and retention (1)

- **Motivational counselling**
- **Patient preparation**
  - Psychosocial assessments
- **Assessment of patient readiness**
  - Implemented as part of **extended LCM** for newly identified HIV+, RTT, IIT and HVL, to minimize treatment interruption and strengthen retention in care
  - Includes a readiness scoring job aid with management guidance
- **Clear individual escalation plans**
  - Newly diagnosed clients delaying treatment, adherence challenges, IIT, RTT, Back to care
  - Involves HTS counselor, Expert clients, social workers, nurses, doctors, clinical psychologist)
- **Tracking appointments**
  - On time
  - Missed visits
  - Defaulters
  - IIT



Guidance on low scoring assessment	
Assessment	Remedial action
From I- XVI	<ul style="list-style-type: none"> <li>▪ Additional counselling and patient education on identified knowledge gaps/ low scores to improve patient literacy and support by a nurse/ doctor or social worker</li> <li>▪ Involve treatment/ Peer supporter for counselling for additional support</li> <li>▪ Link to support group and community support structures</li> </ul>
V- VI	<ul style="list-style-type: none"> <li>▪ Appoint re- counselling session with Treatment/ supporter</li> <li>▪ Link to support group and other community support structures</li> </ul>
VIII	<ul style="list-style-type: none"> <li>▪ Counsel for assisted disclosure with EC, Peer supporter, Nurse or social worker</li> </ul>
IX	<ul style="list-style-type: none"> <li>▪ Identify treatment supporter</li> <li>▪ Emphasize setting reminders</li> </ul>
X	<ul style="list-style-type: none"> <li>▪ Refer to nurse/ doctor for assessment, management, and decision to initiate or delay ART</li> </ul>
XI	<ul style="list-style-type: none"> <li>▪ Assess the barrier</li> <li>▪ Counsel on possible remedial actions</li> <li>▪ Discuss, Agree, and revise treatment plan to address barriers</li> <li>▪ Identify/ engage treatment supporter/ Peer supporter</li> <li>▪ Assist and arrange for referral to additional support structures (Nurse, social worker, Psychiatric nurse, OVC-DREAMS Linkage Case Assistants)</li> </ul>
XII	<ul style="list-style-type: none"> <li>▪ If Client not ready</li> <li>▪ Review potential barriers to ART initiation</li> <li>▪ Additional counselling and patient education on identified knowledge gaps/ low scores to improve patient literacy and support by a nurse/ doctor or social worker</li> <li>▪ Assist and arrange for referral to additional support structures (Nurse, social worker, Psychiatric nurse, OVC-DREAMS Linkage Case Assistants)</li> <li>▪ Engage Treatment supporter</li> <li>▪ <b>Reappoint patient for follow up +/- ART initiation within 2 weeks.</b></li> </ul>
XIII	<ul style="list-style-type: none"> <li>▪ Review potential barriers to ART initiation</li> <li>▪ Additional counselling and patient education on identified knowledge gaps/ low scores to improve patient literacy and support by a nurse/ doctor or social worker</li> <li>▪ Assist and arrange for referral to additional support structures (Nurse, social worker, Psychiatric nurse, OVC-DREAMS Linkage Case Assistants)</li> <li>▪ Engage Treatment supporter</li> </ul>
XVI	<ul style="list-style-type: none"> <li>▪ Additional counselling and patient education on identified knowledge gaps/ low scores to improve patient literacy and support by a nurse/ doctor or social worker</li> <li>▪ Involve treatment/ Peer supporter for counselling for additional support</li> <li>▪ Link to support group and community support structures</li> </ul>

**All clients must be enrolled for linkage case management for active follow up and additional support.**

Ministry of Health Swaziland									
Appointments Report									
01 August 2022 - 05 August 2022 (Mahwalala Red Cross Clinic)									
Appointment Date	Contact	PIN	First Name	Middle Name	Last Name	Sex	Service Point	Note	Status
	Printed By:	Buzani Dlodlu	Date:	05 Aug 2022					



# Strategies to support differentiated linkages and retention (2)

- **Cohort tracking of linkages**
  - Test and start, same day initiations, transfers and non linkers
  - Reasons for non linkage and IIT to inform remedial actions
- **Tracking of linkage case management process and outcome indicators by patient category** (New HIV+, Non linkers and IIT)
  - Enrollment
  - Willingness to start ART
  - Barriers to initiation
  - Consent to follow up
  - Call type (1<sup>st</sup>, 2<sup>nd</sup> etc.) , call date
  - LCM completion
  - LCM outcomes
- **Cohort viral load monitoring**
  - Strengthening use of the LIS- CMIS interface for rapid results utilization
  - Assessment for DSD eligibility
  - Enrolment into more/less intensive models
- **Collaboration and referral for community support services**
  - OVC/DREAMS

The screenshot displays the 'ART Adherence / Linkage Case Management' interface. The main section is titled 'Linkage Case Management' and contains the following fields:

- Enrollment date ★: 04/08/2022
- Readiness assessment done ★: Yes
- Provided psychosocial support? ★: Yes
- Willingness to initiate ★: No
- Barriers to initiation: Myths about ART
- Willingness to disclose ★: Yes
- Consent for follow-up ★: Yes
- Remarks: (Empty text area)

The footer of the interface includes several logos (including the U.S. Department of Health and Human Services and Data.FI), a 'TRAINING' banner, and user information: 'Toll Free Help Line: 800 800 5' and 'Logged in user: CMIS Administrator'.

# Strategies to support differentiated linkages and retention (3)

- **Scale up of comprehensive DSD models**
  - Less intensive/more intensive; facility/community; individual/group
  - Adaptation, pilot implementation, scale up and evaluation of DSD models – Family centered models
  - Integration of comprehensive services into DSD (VL, CaCx screening, FP)
- **Cohort tracking of treatment interrupters by patient category**
  - Duration of IIT
  - Outcomes of missed appointments
  - Reasons for interruption to inform remedial actions
  - Back to care initiatives
- **Drugs and other commodities**
  - Regimen and formulation optimization
  - Pharmacovigilance
  - Supply chain management

**iCMIS**  
Lost To Follow  
All fields marked by (\*) are mandatory.

Lost to follow

Date of call \*  
04/08/2022

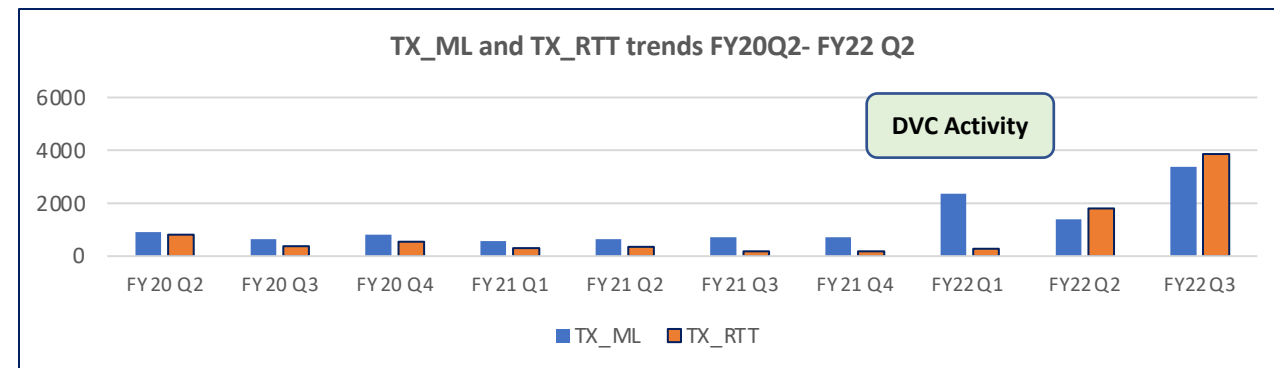
Treatment interruption reasons \*  
Relocated due to family reasons

Other reasons treatment was interrupted

Outcome \*  
Found active

Other outcome

Save Back

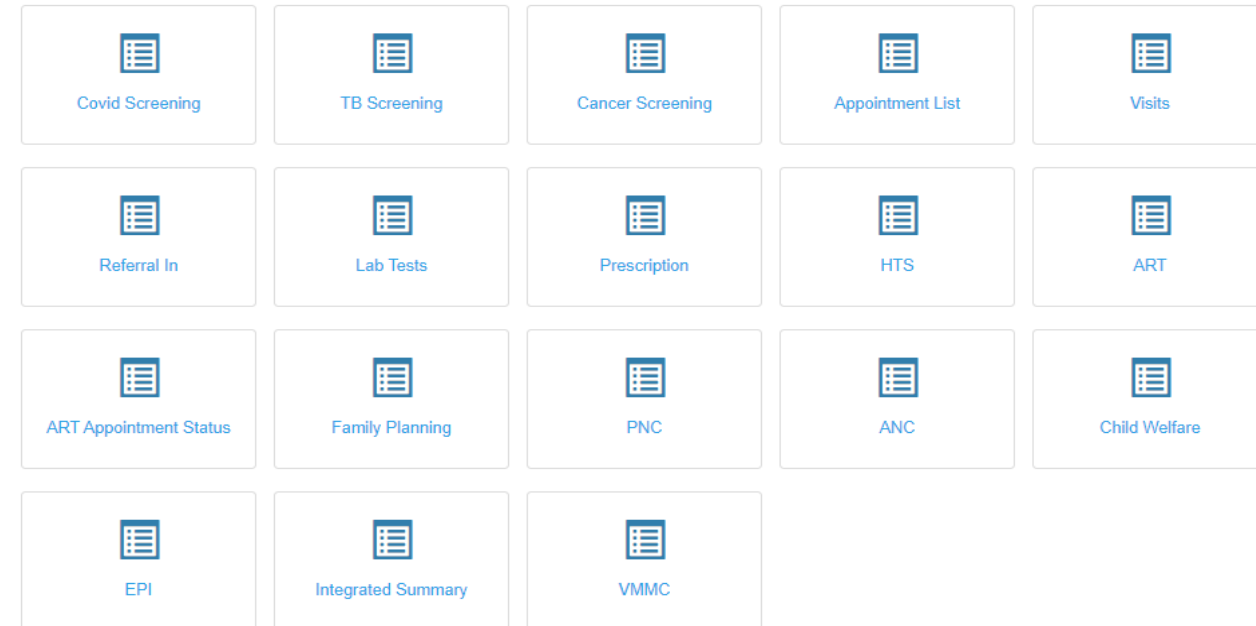


# Strengthening data capture, optimized data use, monitoring and evaluation (1)

- **Facility M&E support** (data clerks)
- **Minimizing data backlogs and false IIT**
  - Data capture of down time forms
- **MDTs, Regional, National data review**
  - MDT-QI
  - Use of dashboards for systems mentorship and DQAs
  - Running of scripts and reports
- **Supporting development and revision of CMIS modules**
  - Revised DSD module, AHD module
  - Development of follow up modules
    - AHD
    - HVL
    - Psychosocial support (inclusive of escalation)



## Reports





# Strengthening data capture, monitoring and evaluation: Performance tracking

## Daily performance indicators (SURGE)

- CXCA\_SCRN\_N
- VMMC\_CIRC

## Weekly performance indicators

- HTS\_Index
- Testing of contacts
- PrEP\_NEW
- GBV
- Linkages (new, cumulative)
- Test and start, transfer in/ outs
- Tx\_ML
- Tx\_RTT
- Reasons for non linkages and IIT
- IIT (new, cumulative)
- TB case identification

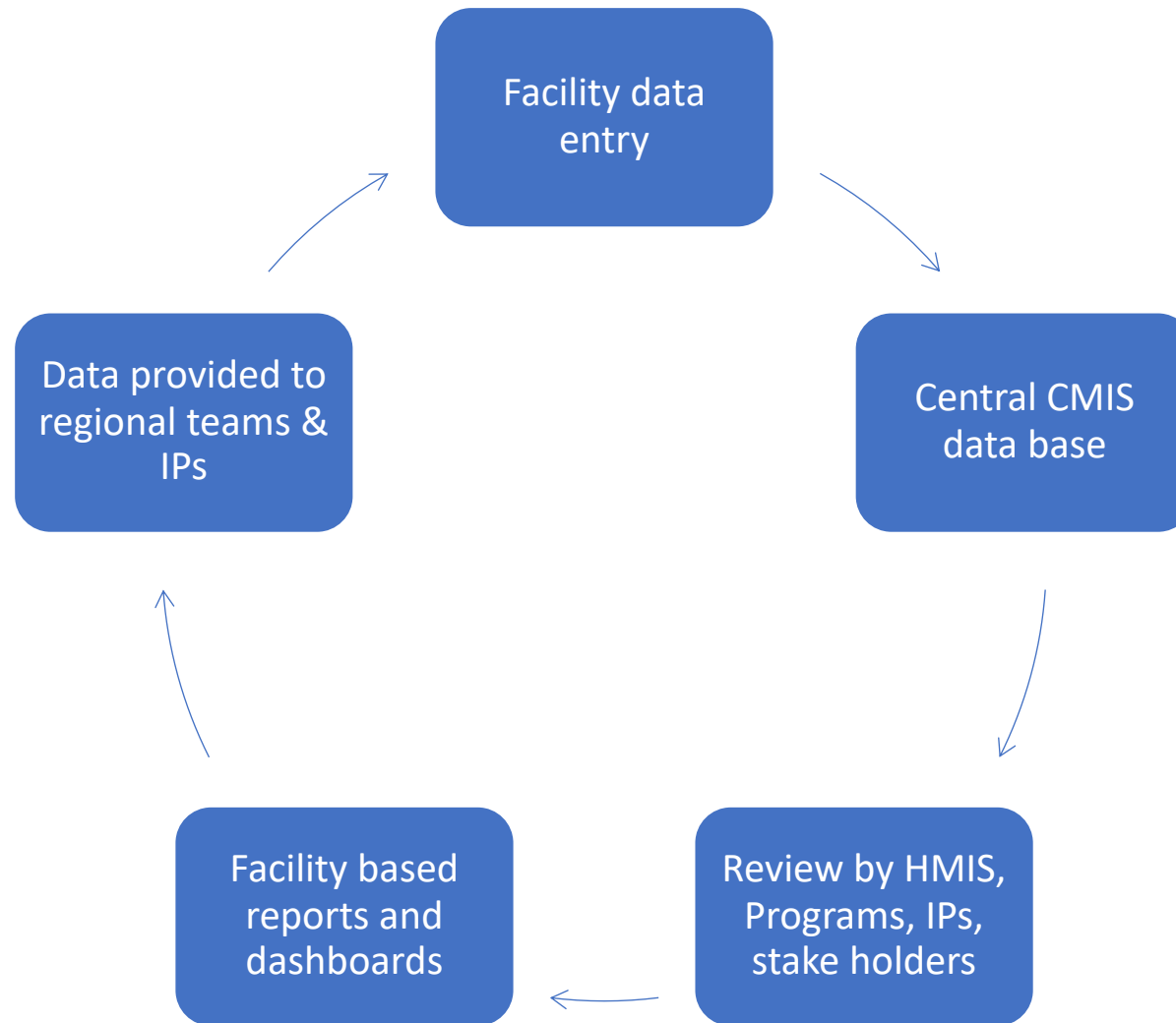
## Monthly performance indicators

- TB\_STAT\_D
- TB\_STAT\_N

## Quarterly performance indicators

- HTS\_RECENT\_D
- LCM
- PMTCT\_ART
- PMTCT\_EID
- PMTCT\_STAT\_D
- PMTCT\_STAT\_N
- PrEP\_CT
- PMTCT\_FO
- TB\_ART\_N
- TB\_PREV\_D
- TB\_PREV\_N
- TX\_CURR
- High VL Management
- Tx\_CURR -DSD
- OVC Dreams Referrals
- HIV Advance Disease
- TX\_PVLS\_D
- TX\_PVLS\_N
- TX\_TB\_D
- FP INT

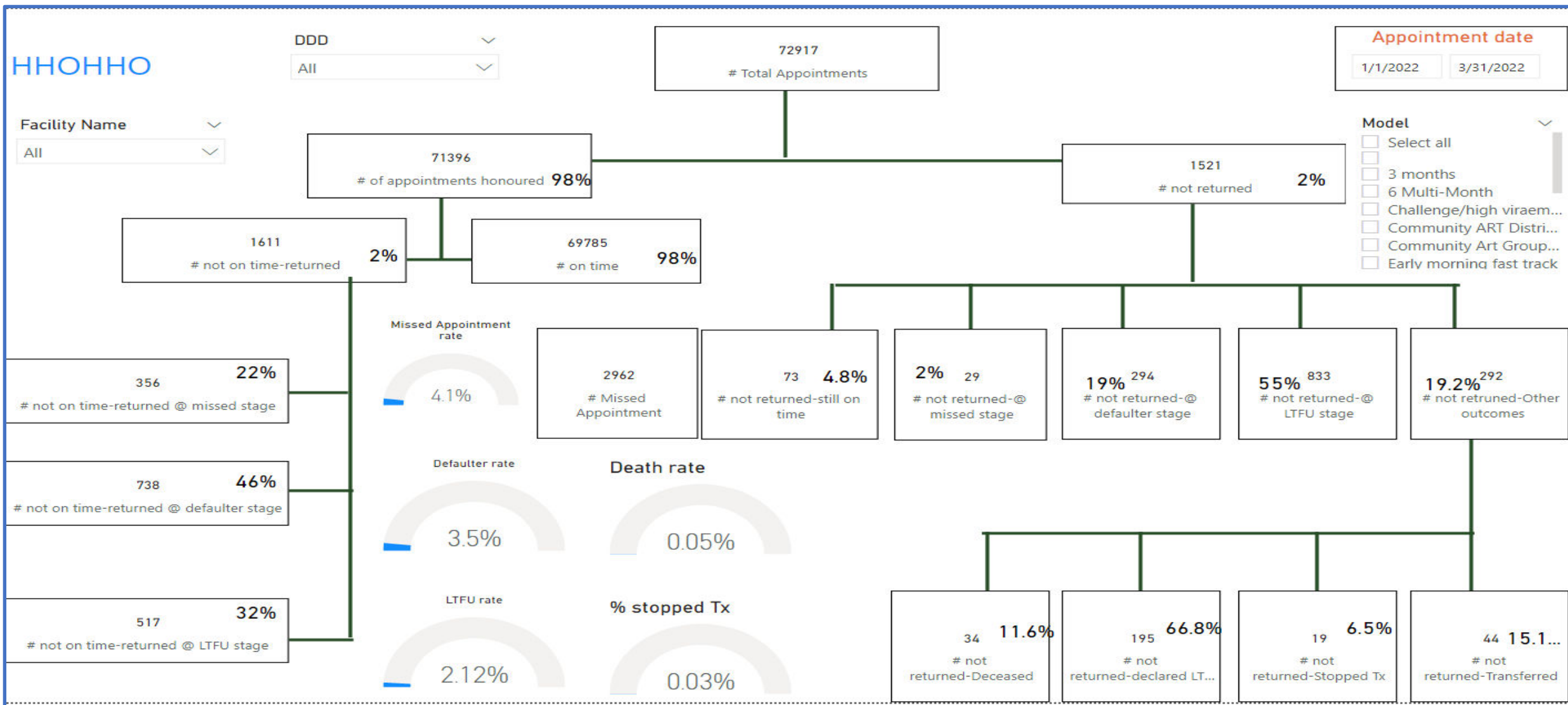
# Strengthening data capture, monitoring and evaluation: Data flow and utilization



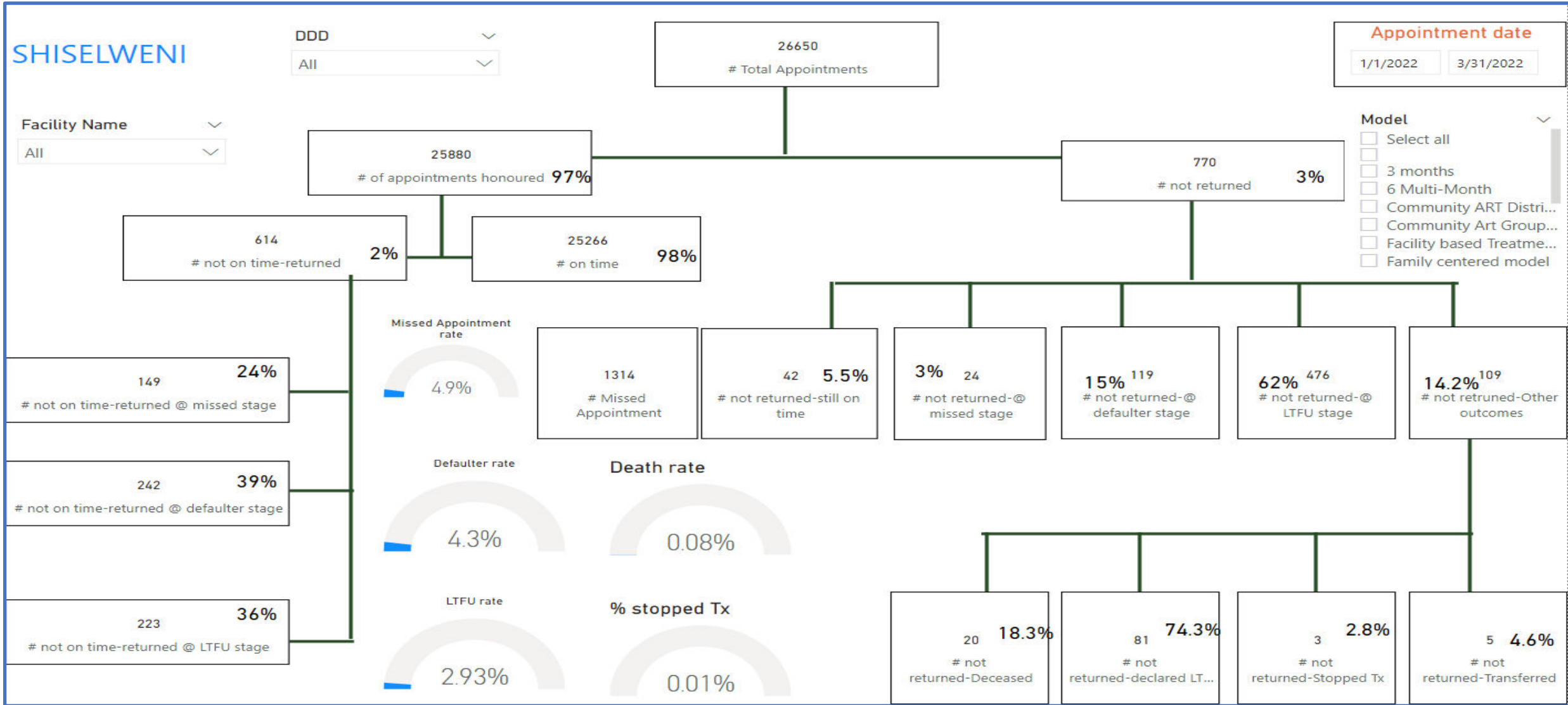
## Current status

- Incomplete CMIS data reports and scripts at facility level limit real time access to data by facilities
- Lag time 1 month for most reports
- Revised Dashboards and reports currently being finalized on a DHIS II platform
- Data abstraction and CMIS is used for daily and weekly indicators using standardized tools approved by DMT

# Appointments cascade FY22 Q2: Hhohho Region



# Appointments cascade FY22 Q2: Shiselweni Region



# Way forward

Strategy	Way forward
Strengthening implementation of DSD	<ul style="list-style-type: none"> <li>▪ Collaboration of facility and community-based IPs to maximize uptake and access to available resources</li> <li>▪ Aligning clinical visits and facility appointments for provision of other comprehensive services (Cervical cancer screening, viral load, timely Stepped Up Adherence Counselling (SUAC) especially with 6MMD</li> <li>▪ Advocate for the availability of DSD and Community Commodity Distribution (CCD) facility dashboards</li> </ul>
Strengthening data use	<ul style="list-style-type: none"> <li>▪ Strengthen data capture by DSD model</li> <li>▪ Advocate for use of CMIS lite (CMIS Plus) across all CCD sites and during CMIS downtime</li> <li>▪ Advocate for real time data access at facility level</li> <li>▪ Implementation of routine DQA</li> <li>▪ Work with regional HMIS team to modify reports to meet the needs of MDT-QI</li> </ul>
Supporting Recipients of care	<ul style="list-style-type: none"> <li>▪ Optimize reassessment patient readiness, extended LCM and support for IIT and RTT</li> <li>▪ Optimize service integration in community DSD models</li> <li>▪ Aligning refills and facility appointments for provision of other comprehensive services (Cervical cancer screening, viral load, SUAC)</li> <li>▪ Strengthening patient counselling regarding comprehensive care.</li> <li>▪ Patient literacy on DSD options and benefits including e-lockers</li> </ul>

Thank you!

