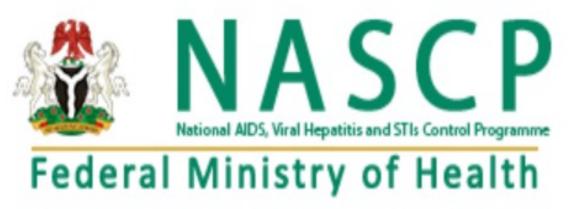


# Taking Differentiated Service Delivery to Scale in Nigeria:

Authors: Dr. Akudo Ikpeazu (NASCP); Dr. Clement Adesigbin (NASCP); Dr. Irene Esu (NASCP); Chiamaka Uzomba (NASCP/CQUIN); Dr. Gwomson Daudu (NASCP); Pharm Uzoma Atu (NASCP); Dr. Peter Nwokennaya (NASCP); Geoffrey Ogbeke (NASCP)



## BACKGROUND

Nigeria joined CQUIN in November 2020. Currently, key priorities for DSD scale-up include developing a 5-year national DSD workplan, operationalizing the new national DSD Quality Indicators, and expanding the pilot state-to-state learning visits initiative modeled after CQUIN country-to-country visits.

DSD in Nigeria is coordinated by NASCP while the national DSD subcommittee provides technical support to the national programme. The country developed Policies and Guidelines to support DSD implementation such as: The National Guidelines for HIV Prevention, Treatment & Care and the DSD Operational Manual.

Recipients of care are engaged in Nigeria at multiple levels:

• National level: As members of the DSD subcommittee

# DART CAPABILITY MATURITY MODEL SELF-STAGING

# Figure 3: DART Capability Maturity Model Dashboard Results 2022

| Client Coverage     |           |          |                        |                      |
|---------------------|-----------|----------|------------------------|----------------------|
| Facility Coverage   |           |          |                        |                      |
| Procurement         |           |          | Quality                |                      |
| Coordination        |           |          | <b>Family Planning</b> |                      |
| Diversity           |           |          | MCH                    |                      |
| Guidelines          | AHD       | TB/HIV   | M&E System             | Impact               |
| Policies            | Community | Training | Scale Up Plan          | Key Populations      |
| Most mature domains |           |          |                        | Least mature domains |

### Figure 4: DART CMM Dashboard 2021 – 2022

| Figure | 3 | shows | the | results | of         |
|--------|---|-------|-----|---------|------------|
| iguic  |   |       |     | roourto | <b>U</b> I |

| Nigeria |           |      |  |
|---------|-----------|------|--|
| 2021    | CQUIN 2.0 | 2022 |  |

- State-level: State NEPWHAN coordinators work closely with the SASCP
- Facility-level: As mentors/expert clients to support retention and reengagement in care

## **DSD IMPLEMENTATION**

There are 1826 health facilities that offer DSD services. Children > 5 years, adolescents, adults, key populations, and pregnant and breastfeeding mothers are eligible for less-intensive models. The following are the more-intensive and less-intensive models currently available:

*Facility–based Individual:* Fast-track; Decentralization; After hours; Weekend/Public holiday

*Facility–based Group:* Facility ART group: HCW-led/Support-group led; Adolescent club; Mentor-mother/mother-infant pair

*Community-based Individual:* Community pharmacy; Home delivery; OSS *Community-based Group:* Community ART Refill Group: HCW-led/PLHIV-led; Adolescent Group

#### Figure 1: DSD Model Mix: Results vs. Targets

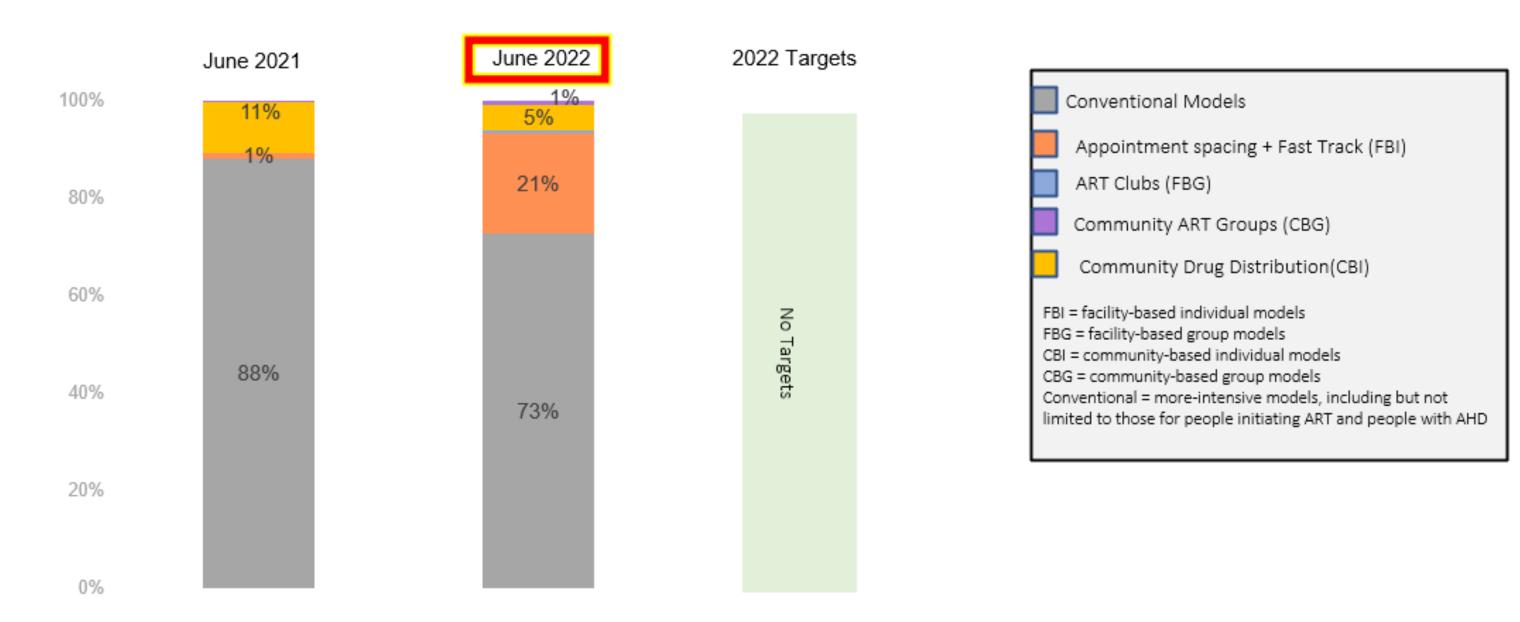
the Nigeria country team's recent self-assessment using the CQUIN DART capability maturity model. In 2022, Nigeria achieved the most mature stage (dark green) in 7 domains, while 2 domains were in the least mature (red) stage.

Figure 4 describes DART dashboard progress over time, and results of the revised and expanded DART capability maturity model used in 2022.

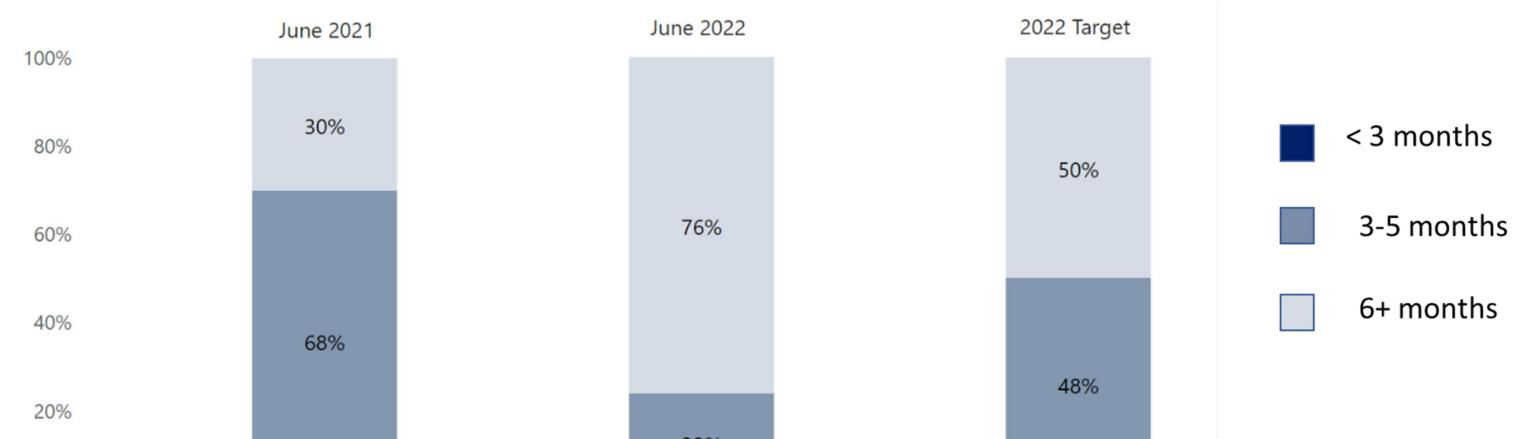
| Policies                    |                          |  |
|-----------------------------|--------------------------|--|
| Guidelines                  |                          |  |
| Diversity                   |                          |  |
| Scale-Up Plan               | ged                      |  |
| Coordination                | าลทธุ                    |  |
| <b>Community Engagement</b> | ia ch                    |  |
| Training                    | iter                     |  |
| SOPs                        | g cr                     |  |
| M&E System                  | Staging criteria changed |  |
| Facility Coverage           | St                       |  |
| Client Coverage             |                          |  |
| Quality                     |                          |  |
| Impact                      |                          |  |
| P&SM                        |                          |  |
| AHD                         |                          |  |
| KP                          |                          |  |
| TB/HIV                      |                          |  |
| MCH                         |                          |  |
| FP                          |                          |  |

# **CQUIN ENGAGEMENT AND ACHIEVEMENTS**

Nigeria prioritized participation in five communities of practice (CoPs): Differentiated M&E; Advanced HIV disease (AHD); Differentiated MCH;



### Figure 2: Multi-month Dispensing (MMD): Results vs. Targets



Differentiated HIV/NCD services; Quality & QI. Focal technical leads have been nominated and will represent the MOH in all the CoPs activities.

Nigeria did not participate in a country-to-country visit this year but hosted visiting teams from Tanzania and Zambia.

Key lessons learned from CQUIN meetings include:

- ✓ The benefit of same-day enrolment and ART initiation for linkage, to minimize lost to follow up, disease progression and transmission
- ✓ Active involvement of recipients of care is vital in the delivery of HIV services
- ✓ Treatment literacy is key to linkage, retention and reengagement
- ✓ HIV service delivery is not linear; disengagement and reengagement in care can occur at any stage of the cascade ranging from diagnosis to ART initiation to the early retention stage and in some cases, after a long-term period of retention. Strategies should be modelled with this consideration.

The country has initiated the process of same day enrollment and same day ART initiation by using VISITEC CD4 testing to diagnose AHD and screening for other OIs using urine LF-LAM and CrAg for CM. These initiatives have helped in the diagnosis of clients with AHD that will require delay in ART



Nigeria increased the proportion of people on ART receiving 6MMD from 30% in June 2021 to 76% in June 2022 exceeding its 2022 target.

The major contributions include the scale-up of DSD across the country.

Nigeria has achieved over 80% viral suppression - an indication of treatment fidelity that supported the decision to increase multi-month scripting and dispensing.

initiation while caring out same day initiation for those without AHD.

Recipients of care in Nigeria (NEPWHAN) are engaged in all national DSD activities in the country.

## NEXT STEPS/WAY FORWARD

- Finalize and commence implementation of the national DSD 5-year workplan (Development ongoing) by 2023
- Continue efforts to improve the quality of differentiated service delivery across the country









