

# M&E Parallel Session: Framing Remarks

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## M&E Pre-Meeting Recap

- Fantastic Pre-meeting featuring a ‘mini tools lab’ showcasing knowledge exchange between countries on integration of DSD into EMR dashboards
- Big thank you to country leads presenting at the tools lab:  
CIV, Kenya, Uganda and Eswatini
- Incredible insights from M&E focal points about their experiences with M&E of DSD, successes, challenges as well as lessons learned
- Engaging discussion on the practicalities of EMR documentation and roll-out as well as really attempting to bridge the divide between policy and practice of M&E of DSD
- One area continuously stressed was the necessity to create demand for data and demand for the use of EMR data in particular



- **Past Achievements:**

- Developed **M&E framework** in year one, which informed M&E of DSD strategies in Côte d'Ivoire, Eswatini, Malawi, Uganda, Zambia, and Zimbabwe
- Currently includes representatives from more than 20 network countries
  - Membership include country DSD M&E leads, DSD Coordinators, in-country donors/IPs and ROC
- Developed a **toolkit for DSD performance** reviews (DPR) to guide the implementation of country DPRs
- More recently, topics such as M&E adaptations under COVID-19, assessing provider and recipient of care satisfaction, and the use of national electronic medical records systems (EMRs) for M&E of DSD have been discussed
- Introduced the topic of **unique identifiers** as a system to address silent transfers and artificial LTFU

- **Meeting in October 2022, presentations on:**

- Unique identifiers (Malawi)
- HIV centered surveillance system (Burundi)



## Overview of Today's Presentation

- Community engagement and community led monitoring (CLM)
- Use of EMRs and electronic dashboards and DSD integration
- 2022 DPRs to-date and planned



# Community engagement and CLM

## Background and Gaps

- **Engagement of RoC and routine/periodic monitoring of RoC experience is an outstanding gap in DSD data for decision making**
- **Monitoring of services and DSD initiatives BY communities**, where they are the end-user.
- **Monitoring can be routine or at a point in time.** Monitoring of indicators that are relevant to that community in order to improve services (quality, type of service etc.). Monitoring provides an evidence informed platform for the all-too-often missing voice in the response to advocate for change
- **How can we accurately guide RoC experience/satisfaction within the M&E framework?**
  - CLM is one way to potentially guide an understanding of the performance of HIV programs
- **Kigali Meeting August 2022**
  - Network of People Living with HIV in Nigeria (NEPHWAN) in Nigeria showed us the role of PLHIV in optimizing engagement from linkage to retention on HIV care
- **Community engagement toolkit developed by CQUIN and ITPC**
  - In 2020 – 2021 we developed indicators and tools to assess CE using the new conceptual framework for community engagement and then piloted an adapted community-led monitoring approach

# Community engagement and CLM

## Results of pilot of CQUIN Community Engagement Framework in two countries, M&E domains, 2021:

INDICATOR	COUNTRY 1	COUNTRY 2
% of M&E meetings that include RoC	Red	Green
% of impact assessment exercises where RoC participated	Red	Red
% of DSD M&E tools development meetings where RoC participated	Green	Green
% of DSD M&E activities where RoC participated	Green	Green
% of self assessments where RoC participated and led on community engagement domain	Red	Yellow
% of DSD facilities where community score cards and/or client satisfaction surveys are implemented	Red	Red

Scoring Levels & Definitions				
Red	Yellow	Light Green	Green	Dark Green
<p>Representatives from the community of people living with HIV (PLHIV) and civil society organizations (CSO) are not involved in any activities related to DSD and there are currently no plans to engage these groups*</p> <p>* use this color score if: 1) activity not developed / planned and therefore no CE or plans to engage communities; 2) data source not noted, available, accessible</p>	<p>PLHIV and CSO are not currently engaged in DSD activities, but engagement is planned or meetings and discussions are ongoing</p>	<p>PLHIV and CSO are meaningfully engaged in DSD implementation</p>	<p>PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSDM</p>	<p>PLHIV and CSO are meaningfully engaged in implementation and evaluation of DSD, as well as oversight of DSD policy (e.g., through inclusion in DSD task force or other group)</p>

# Community engagement and CLM

## Background and Gaps (con't):

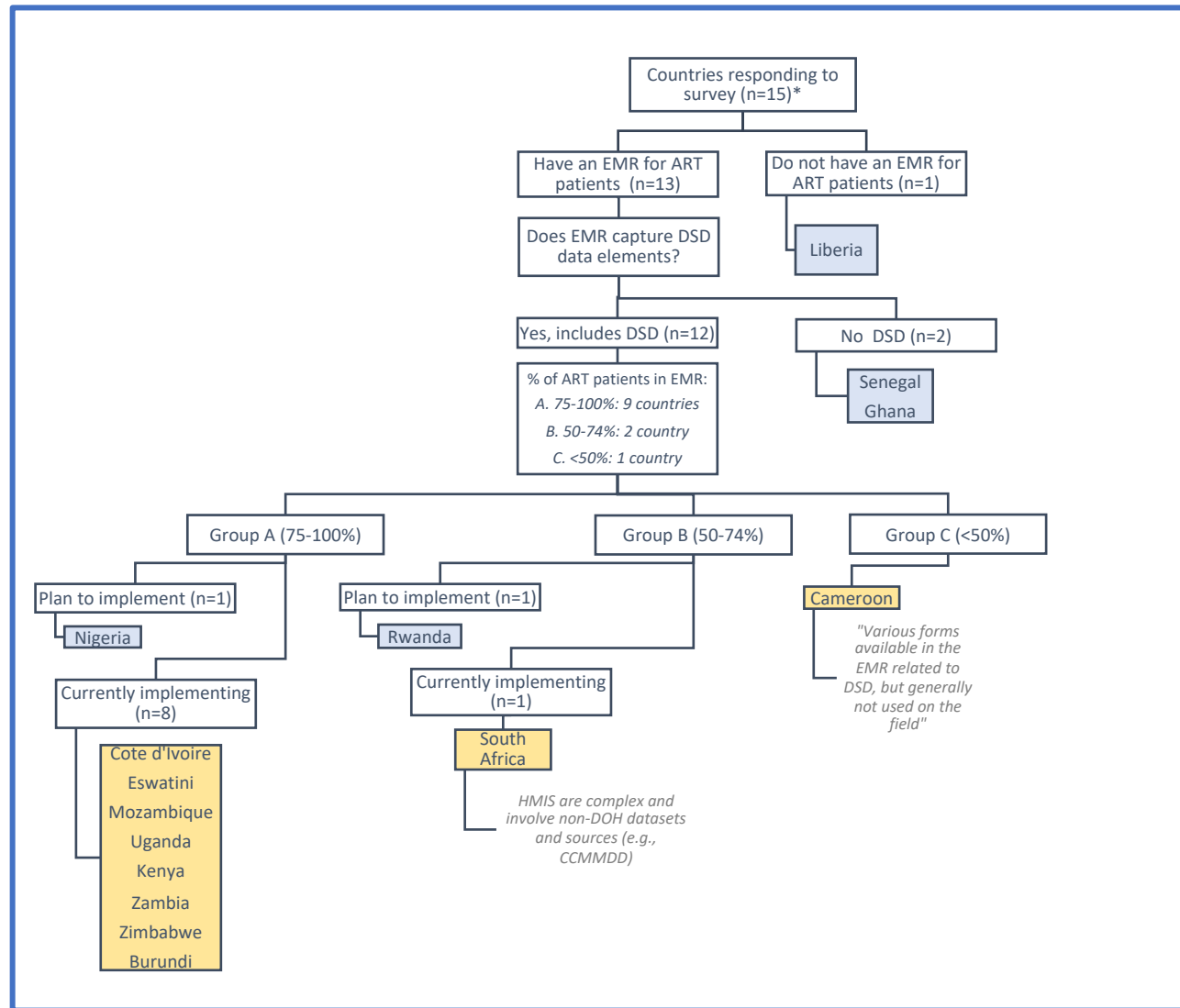
- **Client Satisfaction Decision Framework and Toolkit**
  - We are in the process of developing a framework that will assist stakeholders in assessing client satisfaction
- **Upcoming discussion on CLM in TZ--**Tanzania has been at the forefront of community led monitoring and engagement and will be sharing some updates from a strong CLM *program* in country



## Use of EMRs and Electronic Dashboards

- One critical area for development in M&E of DSD is the use of patient-level electronic medical records (EMRs) for routine data collection and data use for decision-making.
- We believe that in the CQUIN network, there are opportunities emerging for countries to share important progress, gain key insights from other network countries, and guide future technical assistance related to EMRs, and routine data use.

# Integration of DSD into electronic medical records

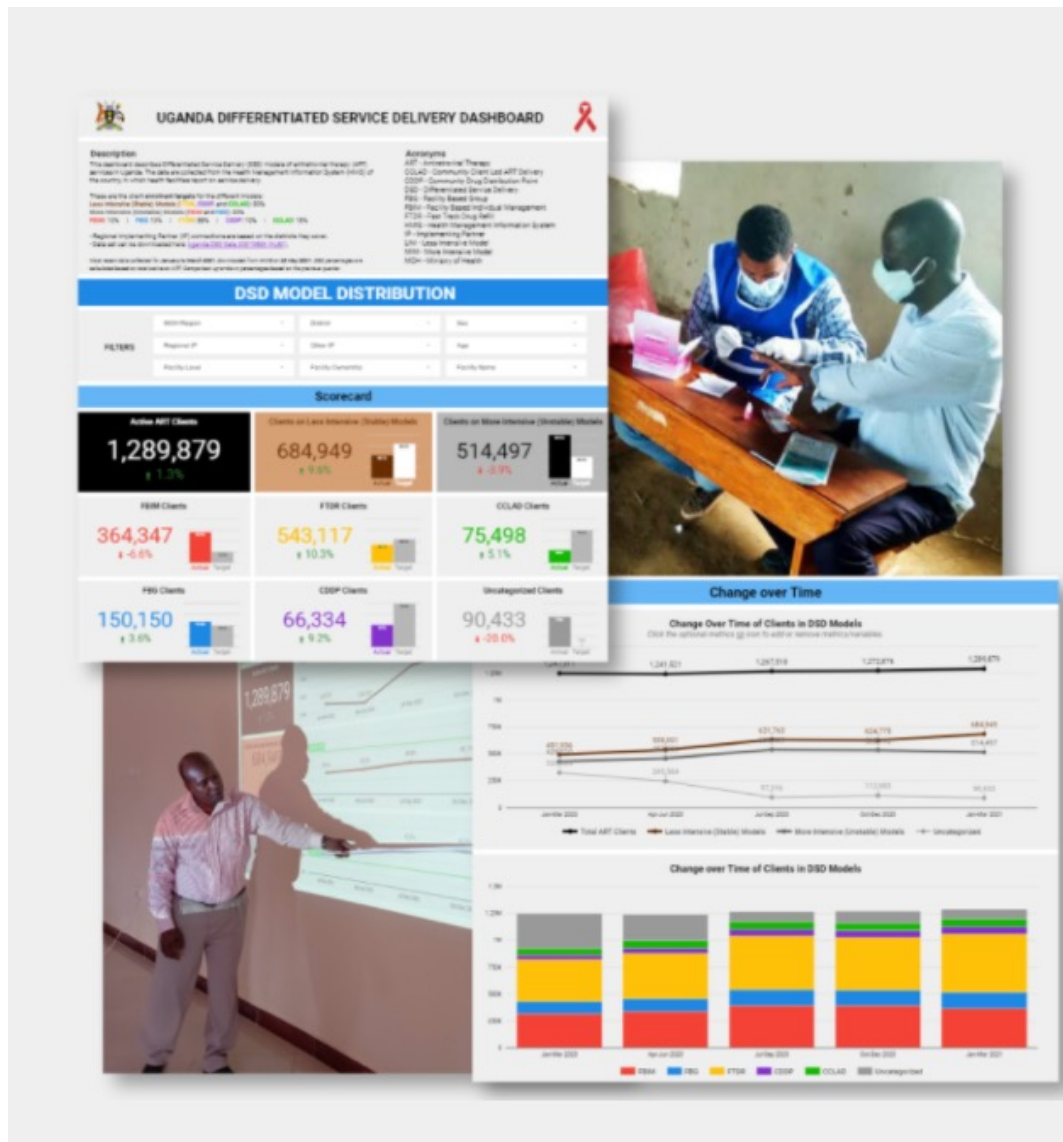


- Among 15 CQUIN network countries surveyed in Sept-Nov 2021, 7 reported integration of DSD data elements into their national EMR. 1 country updated their system towards the end of 2021.
- Two additional countries plan to integrate DSD data elements into their EMR

## Use of EMRs and Electronic Dashboards

- Several countries have progressed in integrating DSD data into their EMR dashboards
- **Data.FI in Burundi (Kigali):**
  - Presented on SIDAInfo: the National EMR dashboard that collects, manages, analyzes, and shares HIV client data; the web-based EMR platform is contributing to improve patient quality of care and differentiated service delivery;
  - Goals of system: increasing testing and linkage to care, increasing retention on treatment, VLs follow up and testing
  - Introduced a unique identification system (web-based biometric system)
  - Indicators for tracking interruption in treatment, viral load eligibility, VL suppression

# National DSD dashboard - Uganda



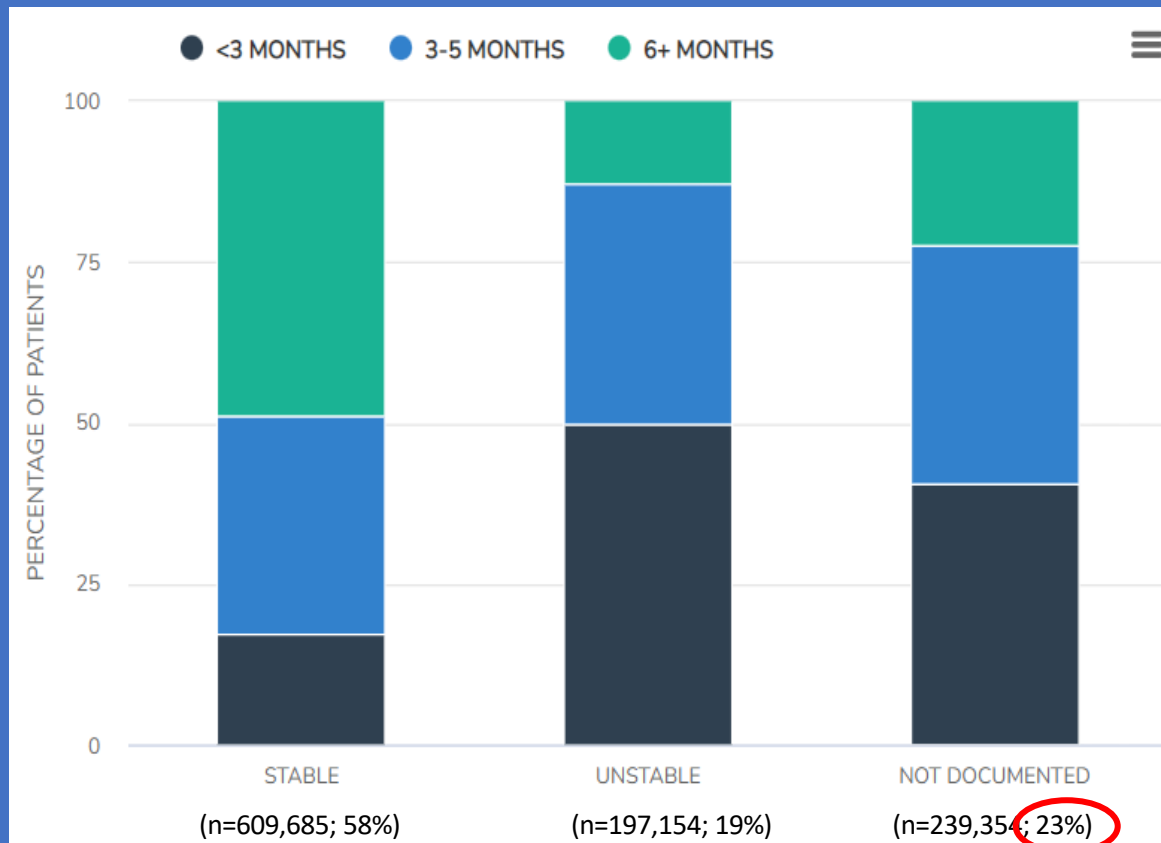
<https://dsduganda.com/>

**DSD  
Dashboard**

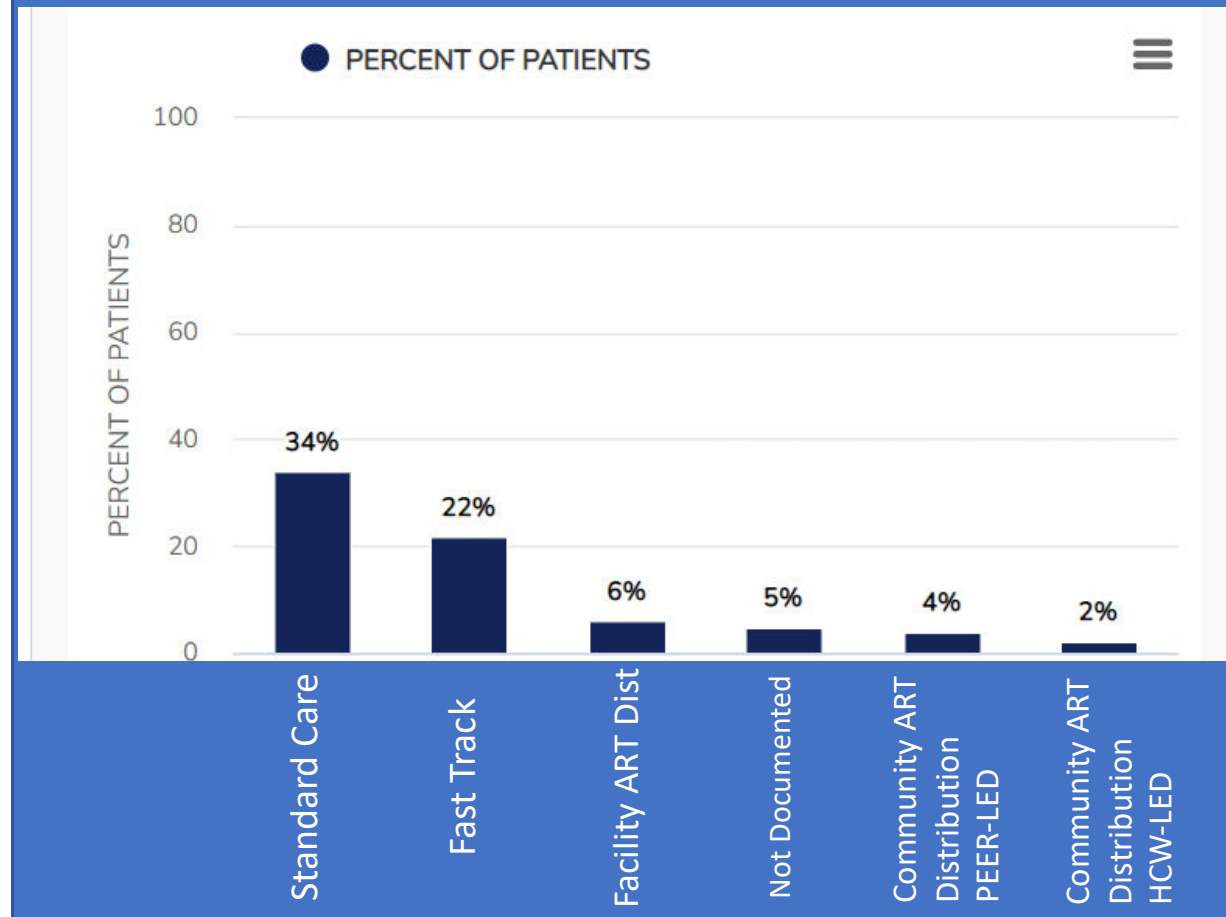
Visit the [Differentiated Service Delivery Dashboard](https://dsduganda.com/) to track the progress of Uganda in providing client-centred care.

# National DSD dashboard - Kenya

## Quantity of ART distributed by patient stability status



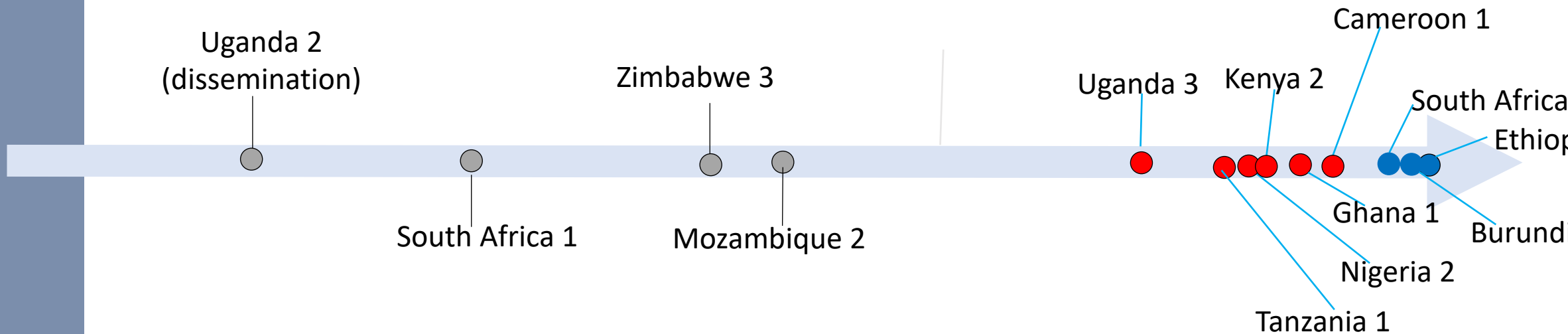
## Distribution of models among patients currently on ART



# DSD Performance Reviews: 2022

January 2022

December 2022



**Red:** Completing Data Collection in 2022  
**Grey:** Dissemination meetings completed  
**Blue:** In planning stages for 2023

## Plans for 2022: Expand and better formalize collection of integrated services

Technical/programmatic area	Illustrative new data elements	2022 Countries
<b>Key populations</b>	Key populations (KP) group Other or additional KP group	
<b>Advanced HIV Disease</b>	WHO Stage  CD4 count	South Africa, potentially Cote d'Ivoire  Kenya, Uganda, Tanzania, Ghana and Nigeria
<b>TB</b>	Active TB history  TB Disease classification TB Treatment status	Cote d'Ivoire, Burundi, Cameroon Kenya, Uganda, Tanzania, Ghana and Nigeria, Zimbabwe, SA, Cameroon, Mozambique
<b>Pregnancy and family planning</b>	Family planning method  Pregnancy Status	Cote d'Ivoire, Burundi, Cameroon Kenya, Uganda, Tanzania, Ghana and Nigeria, Mozambique
<b>High viral load care</b>	Enhanced adherence counseling Follow up VL testing and results Regimen switch	Uganda, SA, Cameroon (But will propose also Burundi and Cote d'Ivoire to add in their DPR ) Kenya, Uganda, Tanzania, Ghana and Nigeria

## Plans for 2022: Expand and better formalize collection of integrated services

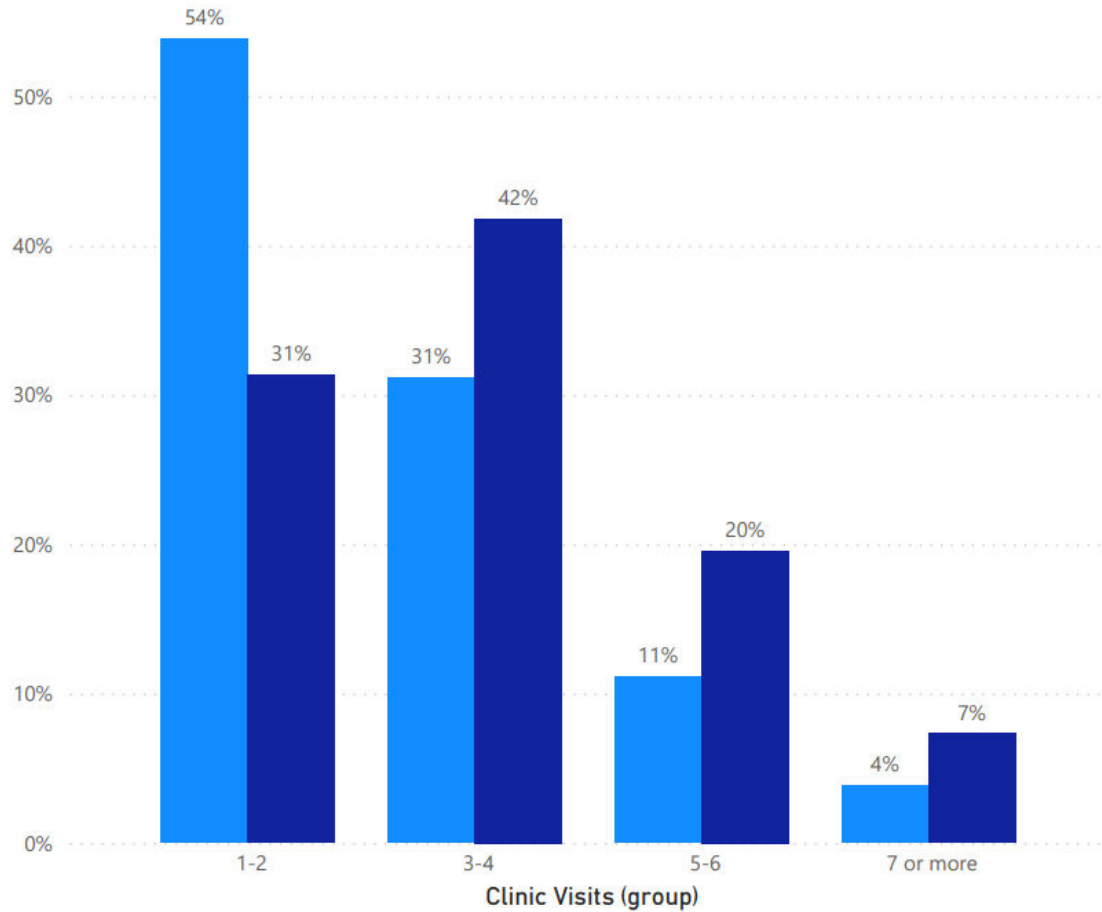
Technical/programmatic area	Illustrative new data elements	2022 Countries
<b>Non-communicable diseases</b>	Blood pressure at last visit Random/Fasting blood sugar in past year BMI in past year Mental health Other health conditions	Cancer Screening-Zimbabwe



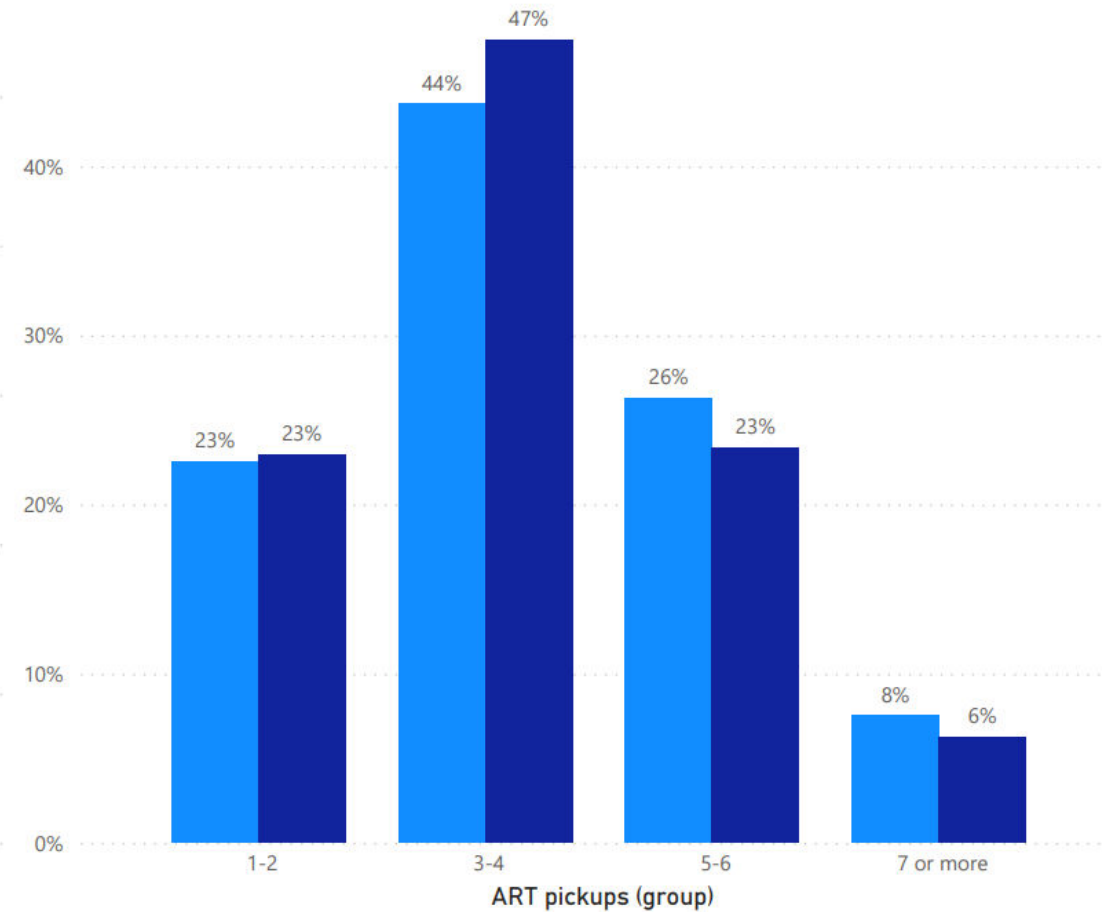
# Clinical Visits and ART pick ups by DSD model intensity

## Country X

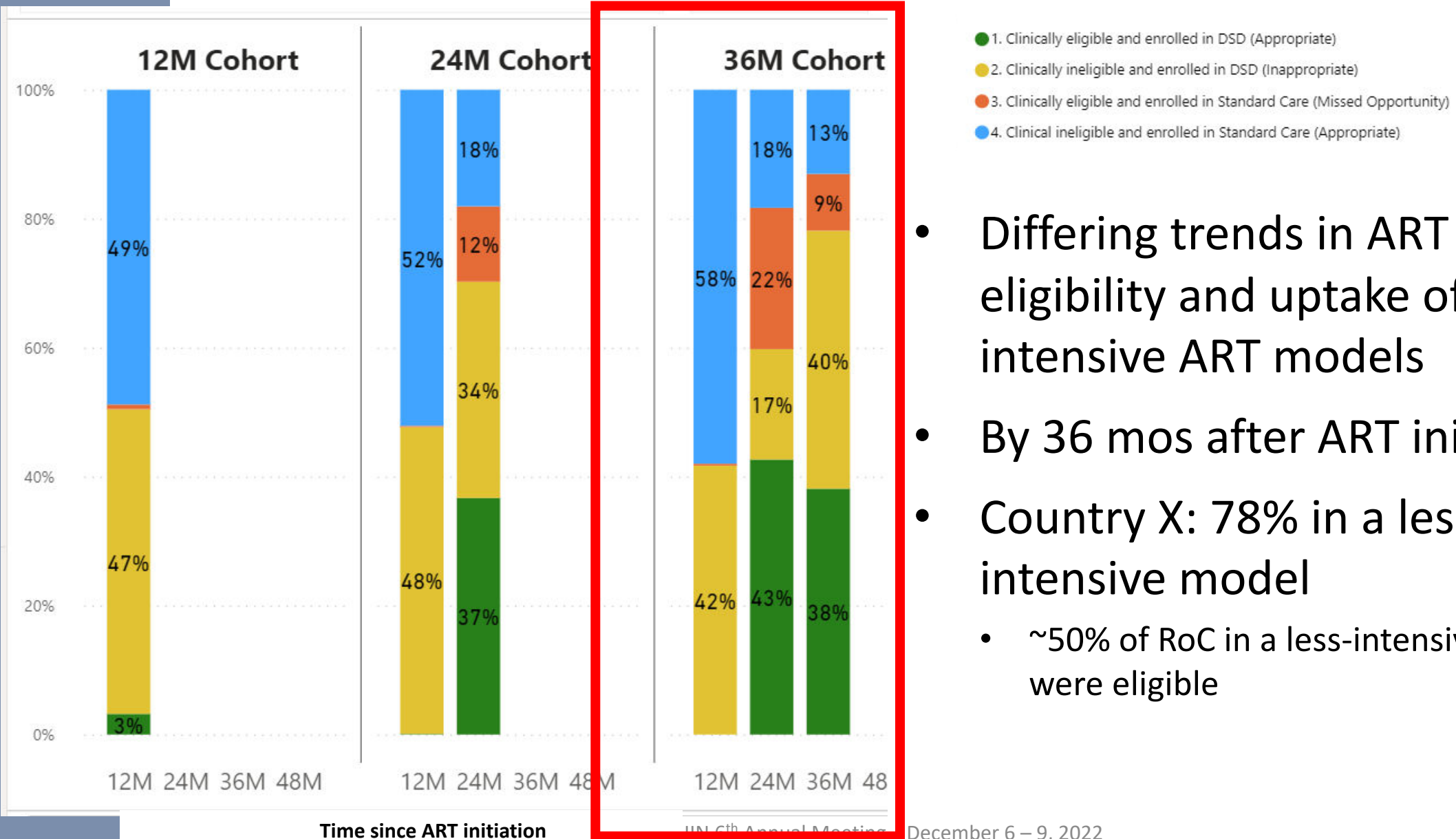
Model Intensity ● LIM ● MIM



Model Intensity ● LIM ● MIM



# Trends in ART model eligibility and uptake: COUNTRY X



- Differing trends in ART model eligibility and uptake of less-intensive ART models
- By 36 mos after ART initiation:
- Country X: 78% in a less-intensive model
  - ~50% of RoC in a less-intensive model were eligible

# Trends in ART model eligibility and uptake: COUNTRY Y



- Country Y: 30% in a less-intensive model
- 67% of RoC in a less-intensive model were eligible

## Way Forward

- Community engagement needs to be institutionalized/better integrated to ensure accountability of the health system
- Better integration of DSD into EMRs required (electronic systems are more scalable as we know) and outcome data is only feasible with EMR data
- Continued strengthening of HMIS systems across countries
- Critical to perform deep dives into DPR data to better understand gaps that remain and challenges and to think of creative solutions for how to isolate the issue
  - E.g. appropriateness across many countries needs to be carefully reviewed
- Conduct research/evaluation where needed to fill in data gaps
- Continue to engage with members of the CQUIN network for knowledge exchange and sharing of best practices

## Way Forward

- Expansion of indicators captured by DPR; will assist in providing more nuanced understanding of some of the core barriers/challenges in country in regards to uptake, linkage and treatment
- Flexibility in refining and adapting systems is critical so as to allow for the incorporation of key populations, new populations accessing DSD etc

Thank you!

