

# Scaling up DSD in Nigeria through the Implementation of State-to-State Learning Visits

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## BACKGROUND / INTRODUCTION

Nigeria has 36 states and a Federal Capital Territory. While the country's HIV prevalence is 1.4% (NAIIS 2018), the prevalence for states differs with some states having a low prevalence of 0.4% and some states having a prevalence as high as 4.8%. Similarly, there is a lot of diversity across states in terms of HIV service delivery approaches and performance towards targets, and therefore different states have much to learn from each other and can leverage on each other's experiences as they plan to scale up DSD.

In December 2021, Nigeria launched the Differentiated Service Delivery Strategic Initiative (DSD-SI) to drive innovation and adaptations in service delivery. With support from the Global Fund, ICAP at Columbia University (ICAP) was engaged to support NASCP's State-to-State (S2S) learning visit initiative to promote cross-learning and ensure that high-impact strategies are quickly scaled up across several states.

Between June and August 2022, a total of 8 states participated in a learning visit with core themes ranging from facility/community DSD models to DSD for paediatrics and adolescents, and an additional focus on logistics, M&E, and quality improvement. This poster focuses on the S2S visit process and post-visit impact in 3 of the 8 states – Anambra, Benue, and Taraba. These three states were selected owing to their relevance to both the DSD SI project and the national HIV programme as Benue state has the highest prevalence in the country while Anambra and Taraba are Global Fund supported states.

## METHODS

Building on experience from the CQUIN learning network, a process-based approach(es) was employed to ensure that the S2S learning visits were efficient, inclusive, and impactful. These approaches included: establishing criteria for prioritizing visit requests; developing structured tools (concept note and action plan) to enable states to submit requests that document a needs assessment and outline the proposed visit objectives, participants (including recipients of care), expected learning outcomes, and post-visit action plans; and the development of a standard operating procedure (that details the rationale, steps to identify opportunities, planning and post-visit activities).

A structured review process using the developed checklists and scoring criteria was adopted to assess states' requests and support NASCP's objective review for the approval of concept notes from states. On submission of a concept note, NASCP reviews and either approves/rejects the proposal or provides feedback to the state for improvement before an approval is given. Before the visit commences, a virtual meeting is organized between NASCP, the host state and the visiting states alongside the implementing partners in the states to discuss the expectations and modalities for the visit and clarify expectations.

At the end of each visit, the visiting state developed an action plan (using a specific template) and submitted it to NASCP for review and approval. The action plans detail the activities to be implemented to scale up DSD between 1-3-, 4-6-, and 7-12-months post visit. At one-month post-visit, NASCP initiates a follow up call to the visiting state to provide technical support (if needed) and ensure they are on track with the implementation of the action plan. At the 3rd, 6th and 12th month post-visit, NASCP conducts an in-person visit to the state to assess progress made.

The Network of People Living with HIV in Nigeria (NEPWHAN) are meaningfully engaged in this process. State NEPWHAN coordinators participated in the learning visits and the development/implementation of post-visit action plans.

## RESULTS

Key lessons and innovative practices learned include the use of government non-ART facilities as Decentralised ART Refill Facilities (DARF)<sup>1</sup> for RoC who reside in close proximity to such facilities; providing DSD information to RoC at enrolment; engagement of PLHIV community as case managers and assigning RoC to case managers that reside in the same community; strategies to effectively set up Community ART Refill Groups (CARG): peer led, where RoC within each group support each other with adherence and take turns to visit the facility for group ART refills and clinical assessment.

Prior to the S2S visit, Anambra state implemented 7 less intensive models with 11,451 persons on treatment devolved to a model. At 4 months post-visit, the state currently has 17,516 devolved to 14 less intensive models (LIMs) as 7 more models were initiated to increase the available model mix. The 7 additional models are After hours, CARG, DARF, Facility ART group, F-CARG, Mother-infant pair/Mentor mother-led, and Weekends & public holidays.

As of September 2022, Benue state has devolved an additional 2,325 RoC to a less intensive model totaling 44,865 (19.3%) of RoC who are on LIMs in the state. The state programme is implementing a phased approach in the scale up of DSD with plans to increase the number of devolved RoC (who are established on ART) from 19.3% to 50% by February 2023.

Taraba state has mapped 168 primary health centres (PHCs) and trained the staff in these facilities to provide ART refills as DARF sites. These DARF sites would also be provided with HIV test kits to support case finding and linkage to the hub for ART initiation. The DARF sites became operational in October 2022, and a total of 45 RoC have been devolved to 1 of the operational sites. The 25 Pharmacies to be engaged as community pharmacies have been mapped across 7 LGAs in the state with an assessment currently ongoing.

## CONCLUSION

The state-to-state learning exchange intervention has a great potential to support a rapid scale up of differentiated service delivery across the country. An approach that has supported the achievement of the recorded success has been the engagement of relevant stakeholders in the process from the planning and development of the concept and theme(s) for the visit to their engagement in the development of the state action plan, and the participation of thematic area(s) focal persons in the visit.

Some participants from Benue and Plateau interacting with the community pharmacist in Rivers State.

