HIV Learning Network
The CQUIN Project for Differentiated Service Delivery

Eswatini Update

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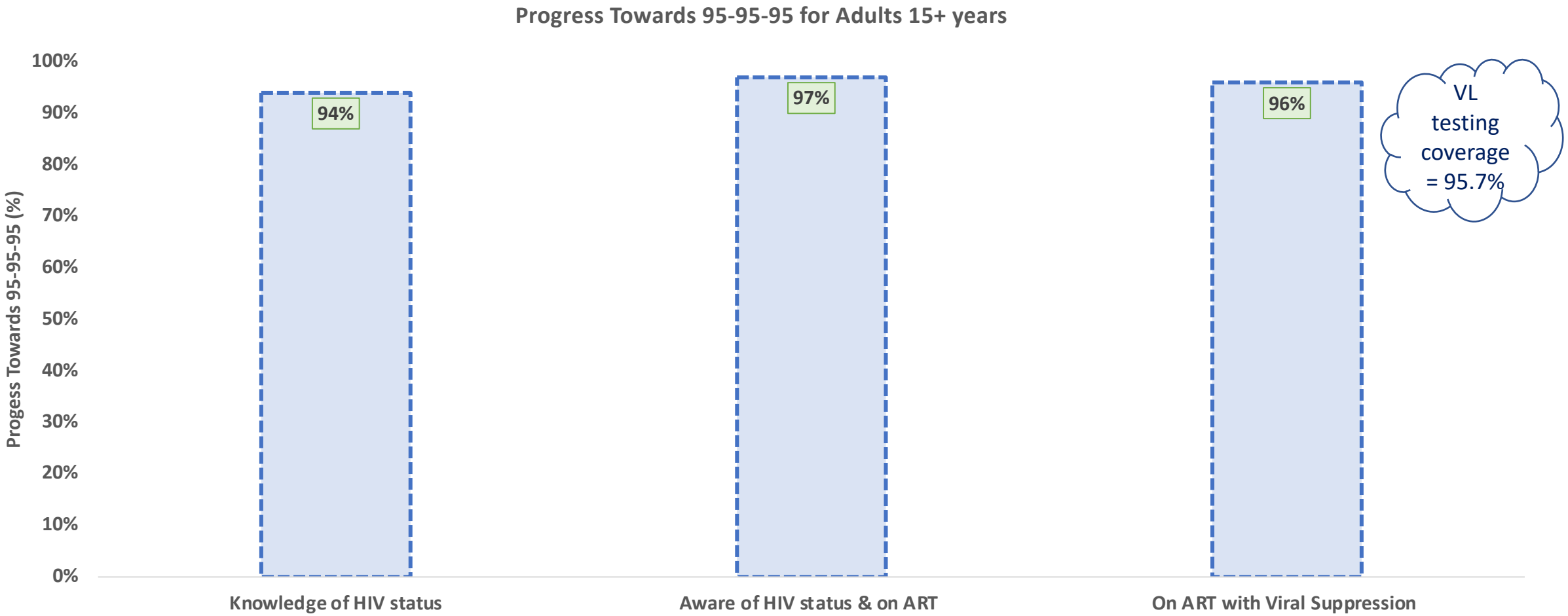
CQUIN 6th Annual Meeting
December 6 – 9, 2022 | Durban, South Africa

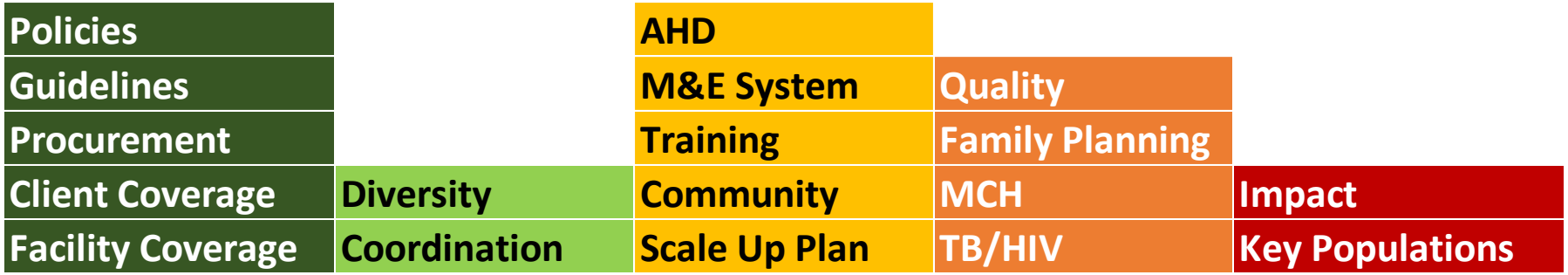
Outline

- Where are we now?
  - Progress towards 95:95:95 targets
  - CQUIN capability maturity model self-staging results
  - DART model mix
- How did we get here?
  - Country planning and coordination activities
  - Engagement with CQUIN
  - Update on CQUIN Action Plan
  - Successes and Challenges
- What's next?

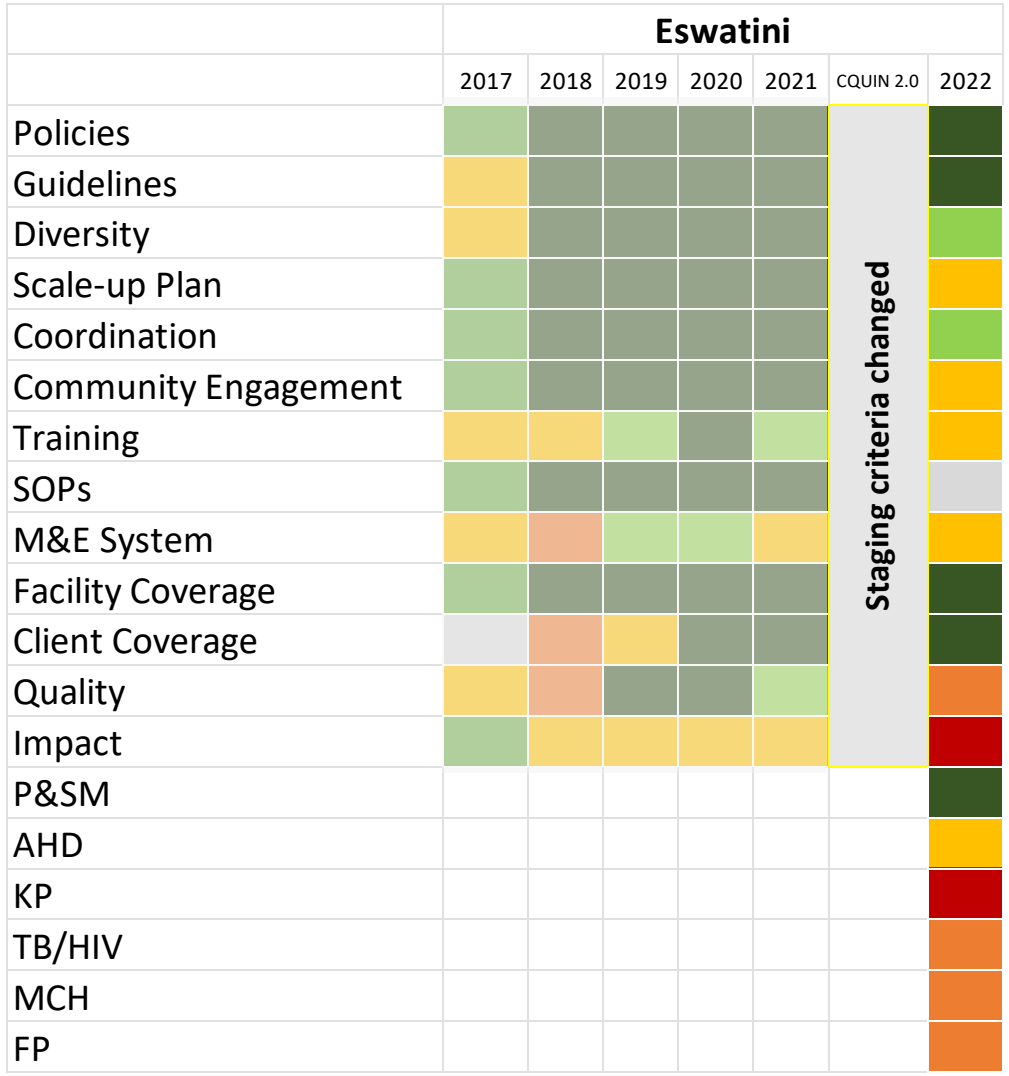
Progress towards the 95:95:95 targets



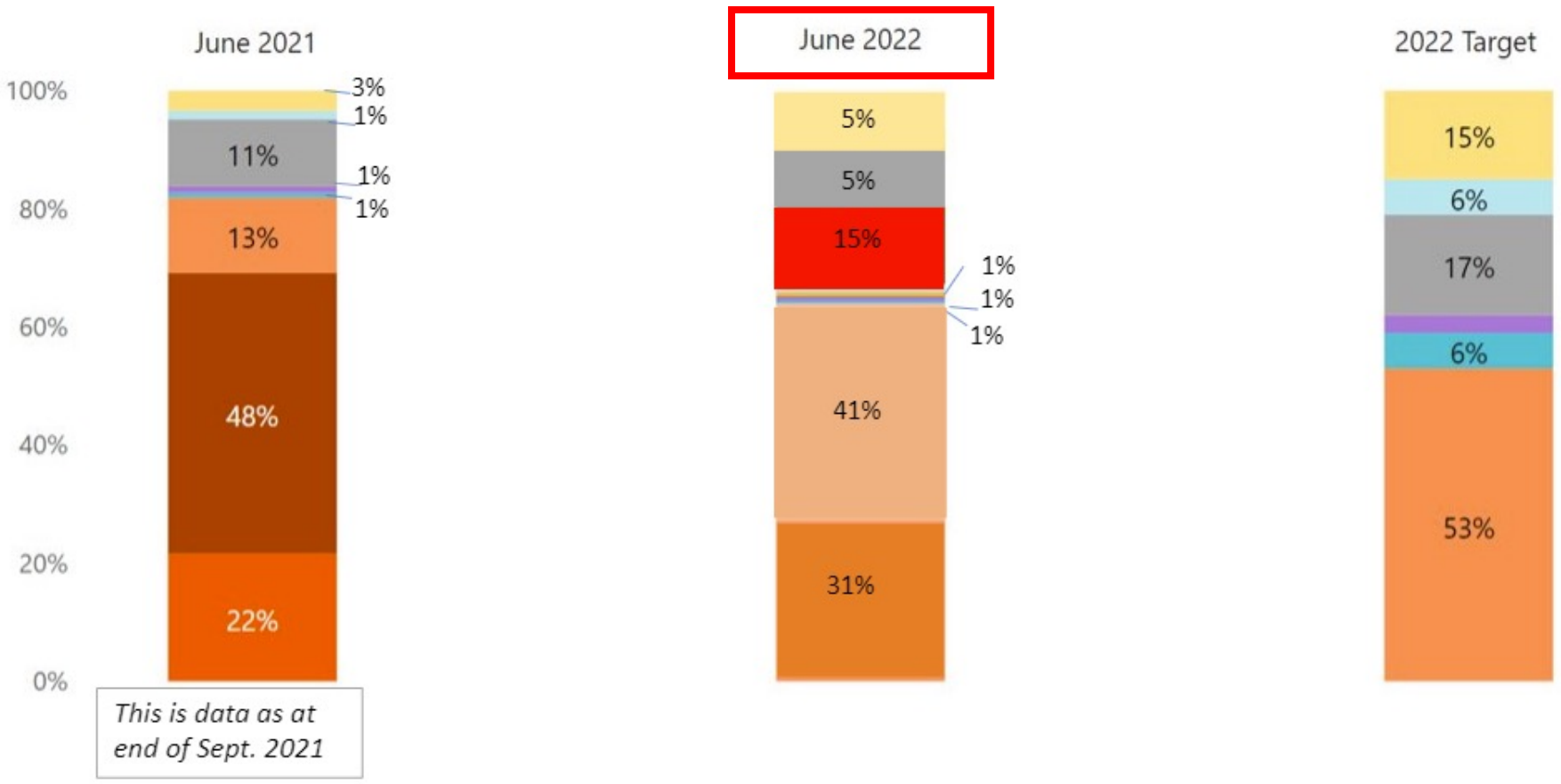
Eswatini 2022: CQUIN Treatment Capability Maturity Model Staging Results



CQUIN Treatment Capability Maturity Model Staging- Results: Change Over Time



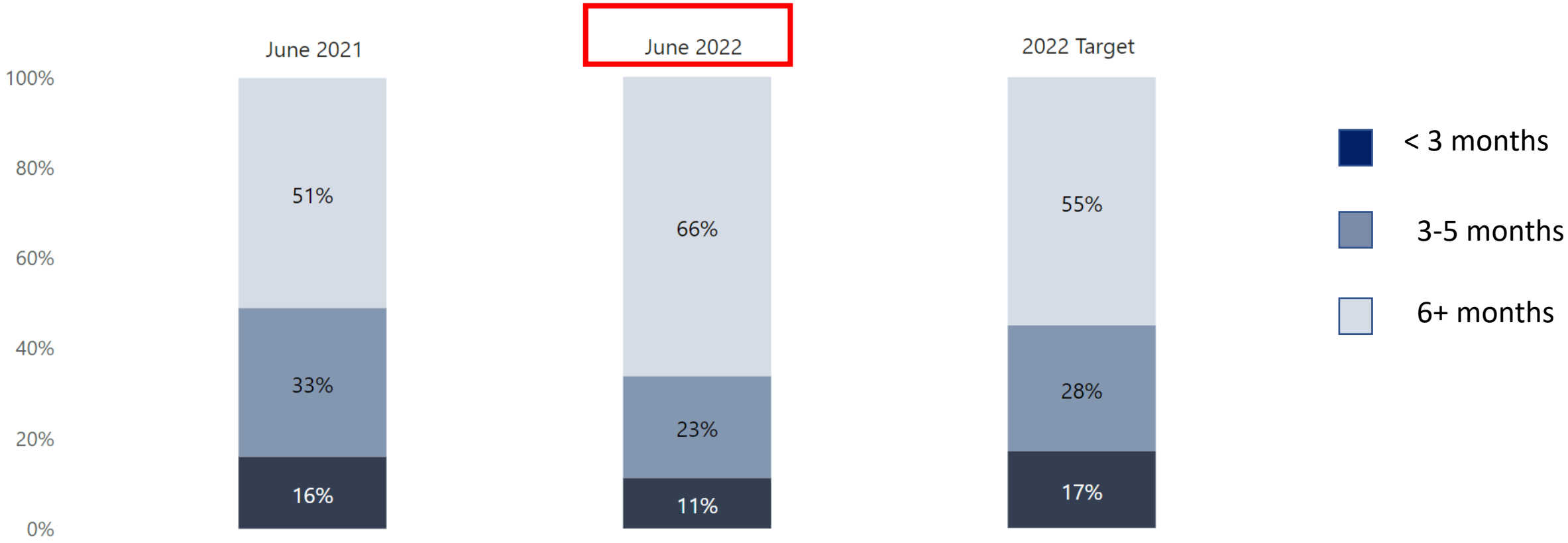
Differentiated Treatment Model Mix



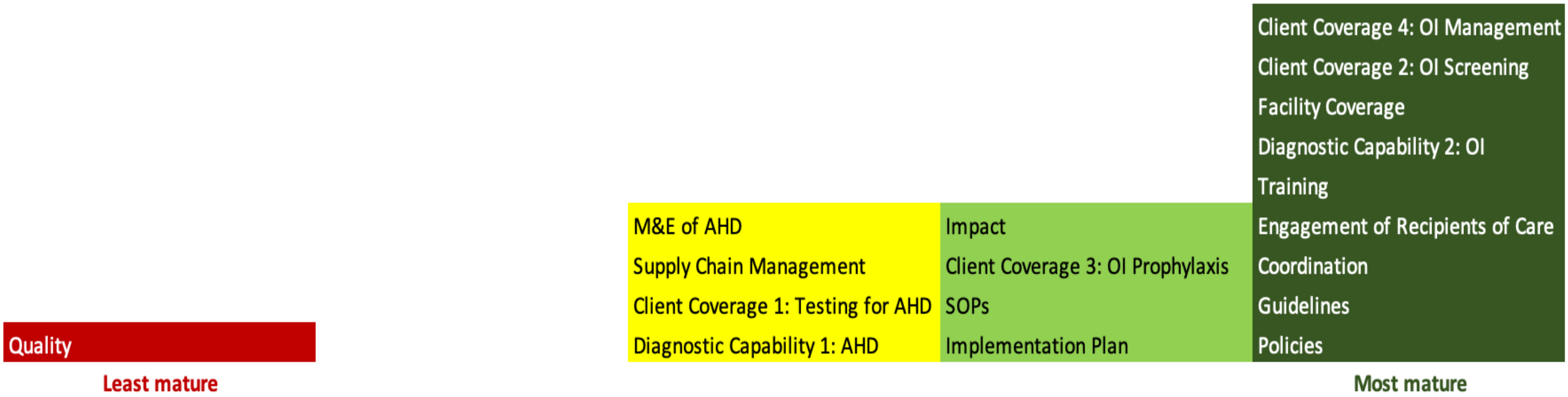
- Community Commodity Distribution (CBI)
- Outreach (CB)
- Community ART Groups-Peer Led (CBG)
- 3-month multi-month scripting (FBI)
- Conventional Models
- Appointment spacing + Fast Track (FBI)
- 6-month multi-month scripting (FBI)
- Facility-Based Treatment Clubs /Mother-Baby Clubs (FBG)
- Facility-Based Teen Clubs (FBG)
- Appointment spacing w/o Fast Track (FBI)
- Unspecified FBI Models

FBI = facility-based individual models
FBG = facility-based group models
CBI = community-based individual models
CBG = community-based group models
Conventional = more-intensive models, including but not limited to those for people initiating ART and people with AHD

Differentiated Treatment: Multi-month Dispensing



CQUIN Advanced HIV Disease Dashboard Results



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Country Level Planning and Coordination

- DSD planning and coordination is through National AIDS program / MOH DSD core team meetings (sub-TWG) with key stakeholders.
- Held four coordination meetings (quarterly) and one planning meeting where the annual workplan was finalised, in the past year.
- Recipient of care organizations that are represented in the DSD core team include:
  - Dream Alive Eswatini
  - Eswatini Network of Young Positives (ENYP+)

ROC contribution to DSD Implementation:

- In Service provision: Expert clients sensitize, identify and enroll clients in DSD models and in Community Commodity Distribution (CCD) they go out with the team from facilities. They support in patients follow up.
- At community level the support groups do demand creation and training on treatment literacy.
- At national level they are members of the sub-TWG and contributes to policy changes and national documents development

Country Level Planning and Coordination - 2

- Activities funded by PEPFAR:
  - Pilot of automated dispensing lockers
  - Printing of the new DSD guideline
  - Support for some HMIS/M&E staff
  - HR (nurses and ECs who go out to communities), transport support and data processing.
- Activities funded by Global Fund:
  - HIV/NCD integration at 15 facilities
  - Support for some HMIS/M&E staff

- What process was used, if applicable, to prioritize these action plans to get donor buy-in for funding prioritization through COP22 and GF? :
  - Advocacy
    - There was no national HIV/NCD data and gaps in DSD data
    - Morbidity and mortality among PLHIV with NCDs
  - New WHO HIV guidelines 2021 advocated for integration of services.
  - MOH applied for GF to support HIV/NCD integration.
    - Request from MOH for support to print the DSD guideline

Engagement with CQUIN

- Communities of practices
  - Quality & QI, Advanced HIV disease (AHD), Differentiated TB/HIV, Differentiated MCH, Differentiated HIV/NCD services and DSD for key populations.
- Country-to-country visits
  - Eswatini went to Tanzania to learn about DSD for KP
  - Hosted Ethiopia (AHD) and Rwanda (progress towards 95-95-95 targets) teams.
  - Virtual C2C meeting with Kenya on HIV/NCD integration
- DSD Performance Reviews
  - No DSD performance review done, however Eswatini received support for development of DSD dashboards using EMR data
- CQUIN-supported quality assessment exercises carried out
  - DSD care and treatment dashboard staging exercise.
  - Baseline assessment of HIV/NCD integration in selected 15 facilities.
  - Ongoing reviewing and updating the national HIV quality standards.

Engagement with CQUIN

- Resources or tools from other CQUIN network countries
  - From Tanzania. Tools on the KP and HIV care and treatment.
- Other DSD-related activities supported by CQUIN
  - Breakfast meeting between SNAP and director of pharmaceuticals on automated dispensing lockers
  - Technical support on INTEREST and AIDS conference posters development.
- Key lessons learned and impact on country DSD implementation plans
  - Coordination, Teamwork, information and experience sharing and stakeholders' involvements, especially recipients of care, at all levels is key to successful implementation of DSD

Update on CQUIN Action Plan from the 5th Annual Meeting (2021)

- Activities that have been successfully completed include:
  - Integration of other thematic area in HMIS (NCDs, MNCH) in HMIS
  - Improve documentation of AHD patients
  - Integrate MNCH into DSD models

- Activities that were dropped or that are still underway include:
  - Ensure that more DSD data is captured and reported. (69% unspecified and blank DSD model in December 2021 improved to 15% in June 2022)
  - Explore more different models of dispensing – PEPFAR supported automated Dispensing lockers Pilot underway, expanding to other regions

Update on CQUIN Action Plan from the 5th Annual Meeting (2021) - 2

- Work with NCDs unit to scale up of DSD models for HIV/NCDs integration to health facilities: HIV/NCD integration SOP and DSD guidelines completed and distributed. Ongoing sensitization and mentorship to facilities.
- Integration of different data sources in HMIS (APMR, CMIS, paper based and other EMR) – Still underway
- Improve the service delivery of AHD – VISITECT CD4 POC training plan being finalized, and regional and onsite trainings starting in November 2022.
- Conduct evaluation study to assess VL suppression and retention into ART among patients enrolled in different DSD vs those who are not – Not done
- Conduct satisfaction study for children and adolescents on DSD models – Not done

Were any activities added to the action plan mid-year?

- After the Quality meeting in April 2022:

Planned activities	Status
Goal 1: Eswatini to align national DSD quality standards with CQUIN standards	
Review and update current DSD Standards to include missing elements for intense and less intensive DSD models	Received CQUIN DSD tool. Team is working on different sections to align with the local standards
Align the assessment tool to the updated DSD quality standards	To finalize the draft of the tool by mid-November
Print, Orient and disseminate the new DSD quality standards	Not started
Upload DSD quality standard tool on to an e-platform	Not started
Goal 2: Check for compliance to the DSD quality standards	Not started
Goal 3: Decentralize Quality assessment to regions and health facilities	Not started
Goal 4: Align M&E system to respond to the evolving needs of DSD implementation	Ongoing
Goal 5: Improve Engagement of Recipients of Care	Client &HCW satisfaction survey – Not done
Goal 6: Evaluate impact of the different DSD models	Not done

Cascade meeting August 2022: Priority activities to improve/address gaps in Differentiated Linkage

Planned Activities	Status
Goal #1: Sustain the 2nd 95 UNAIDS goal	
1. Collaborate with NERCHA , CANGO and UNAIDS to re-institute a National advisory group for PLHIV to coordinate support groups for PLHIV for a more effective and impactful voice	PLHIV task team identified. This is the forum which may be used for now - represents the views of different networks.
2. Differentiated approaches to strengthen linkages for sub - populations (male, adolescents, Key populations)	Ongoing integrated ART in male friendly clinics. Ongoing mobile clinics for KPs, integration of ART within the DREAMS program (AGYW). Peer to peer support for adolescents - Community adolescents Treatment supporters (CATS) model
3. Advocate for involvement of mental health nurses in more intensive DSD models	Ongoing referral at hospitals, training of 23 psychologists & social workers done; Advocacy needed to include mental health nurses
Goal #2: Advocate for a more responsive M&E system to improve programming	
1. Advocate for scale up use of biometrics for unique identifier	It is being piloted in the new CMIS version
2. Advocate for comprehensive and integrated SI systems for Community and Facility data processing	CMIS can be used for data collection in the community by a tablet.
3.Assess innovations (patient readiness, escalation, Use of visual aids, virtual PSS)	Not ready for assessment but: virtual PSS is done at selected facilities under IPs support
4. Assess patient literacy amongst ROC (KAPs) and impact	Not yet started

Cascade meeting August 2022: Priority activities to improve/address gaps in Differentiated Retention

Planned activities	Status
Goal #1: Improve retention of risk populations (adolescents, cross border, seasonal workers, KPs)	
1. Characterize ROC at risk of disengagement from care	Reasons for disengaging from care are now captured in the new eLCM register
2. Adapt specific care packages for sub populations at risk of IIT	A draft document for the RTT is currently being developed.
3. Engage HCWs on the dynamic nature of patient centered care (DSD)	Engaged IPs and other stakeholders in to support sensitizing HCW. Training slides for HCWs updated
Goal #2: Strengthening implementation of the Welcome Back Strategies for patients returning to care	
1. Strengthen implementation of eLCM return to care package	Ongoing training for HCWs and ongoing process of developing a counseling guide on APS.
2. Collaborate with ROC for patient literacy and positive messaging on reengagement in care using conventional and social media	Engaged ROC to develop messages and in the review of treatment literacy manual. It is a continuous engagement process
Goal # 3 Strengthening self-management for ROC to improve retention	
1. Indaba with representatives of ROC (rights and responsibilities)	Not done. Need some fund for implementation.

Cascade meeting August 2022: Priority activities to improve/address gaps in Differentiated Re-engagement

Planned Activities	Status
Goal #1: Meaningful engagement of ROC at national, facility and community level	
1. Advocate for feedback meetings between ROC and HCW in health committees	Not done. Advocacy to Regional Health Administrators is needed for PLHIV to be part of facility health committees.
2. Advocate for establishment of CAB (community Advisory boards)	Not done. It needs engagement with PLHIV task team and the regional health administrator's office.
Goal #2: Improve contact with ROCs who disengaged in care	
1. Scale up of the Know your client (KYC) to all sites	Ongoing. IPs have introduced it to the regions.
2. Strengthen patient literacy regarding self-management & retention support available	Ongoing sensitization at community level. 120 trainers have been trained to do sensitization in the community to reach PLHIV
3. Capacity building for HCW on motivational counseling and re-packaging of care for clients returning to care	Trainings are being done to HCWs on motivational counseling. The use of the beads is assisting ROC to understand the benefits of ART and disease progression. Training slides for RTT package available

After a country-to-country visit: KP specific on PWID action plan (1)

Planned Activities	Status
Triangulation of data to map hotspots, size estimation and drugs used.	Hotspots identified. Established: national population estimation of PWIDs. Commonly used drugs identified
Advocate for the introduction of harm reduction program for PWIDs to PEPFAR Global Fund, UNAIDS	Submitted GF application - support introduction of needle and syringe exchange program. Developed concept note in engaging key stakeholder. UNAIDS supports materials to prevent abscess.
Advocate for inclusion of strategies to improve access to health services in the parliament	Presentation to parliamentary senators highlighting the challenges of PWID was made
Establish a national KP Led forum in KP Program	The forum was established some meetings have been held. its an ongoing activity
Capacity building of HCWs on safe injecting practices for PWIDs	SOP on the safe injecting practices developed. Nurses and PWID outreach workers trained.
Inclusion of PWID module in the HCWs training manual	Module has been included in the HCW s training manual
Identify 4 HCFs as KP Centre's of Excellence(one in each region)	4 HCF were identified. Staff trained from those facilities

After a country-to-country visit: KP specific on PWID action plan (2)

Planned Activities	Status
Integrate low level harm reduction services for PWIDs such as Abscess prevention commodity distribution	Financial support was provided and materials procured and distributed in the two community centres
Develop a package of activities for sensitizing and monitoring the Centers of Excellence facilities	A sensitization package was developed
Train Health Care Workers on the new HCW training manual on PWIDs module	Training of HCWs was conducted targeting nurses from facilities and training institutions(125 nurses were trained)
Review Peer Educator Training Manual to include PWID module	Peer educators manual has been reviewed to include a module on PWID
Provision of Comprehensive Community mobile outreach in safe spaces-informal brothel and bars	New mobile outreach services sites including bars and brothel have been identified and services provided in makeshift venues especially for sex workers
Risk Network referral oriented Door to door – This includes HIVST distribution, HIV status Confirmations and ART and PrEP Initiations	Door to door model is being used to confirm HIVST reactive result, initiate clients on ART and PrEP among those who test negative and at risk for HIV.

Successes

- DSD Guidelines (2022) are completed and disseminated
- Community engagement: Supported training of trainers for community peer support groups on DSD models and provided them with DSD flipcharts
- M&E: In the CMIS there is a pop-up that reminds clinicians to enroll people on treatment for at least 12 months in less intensive DSD models
- Improved data capturing. We can now check VL suppression of ROC by DSD models.
- Decongested facilities by expanding MMD:
  - 66% of ROC enrolled in 6MMD and 89% enrolled in ≥ 3MMD
  - About 6% of ROC receiving their ART through community commodity distribution
- Expanded DSD models to MNCH, children, KPs, people on 2nd line ART regimen
- Diversified client-centered DSD models with addition (in pilot) of the automated dispensing machines

Challenges

- Unsatisfactory DSD data capturing in HMIS. This includes Community Commodity Distribution (CCD) data not available in CMIS and lack of DSD data from facilities which are not in CMIS.
- NCD drugs/ART drugs MMD mismatch due to shortages of the NCD medicines at facilities.
- Poor uptake of other services in Community Commodity Distribution (CCD) e.g., TB and NCD services.
- Dwindling resources with tighter and stretched budgets to fully cover transport and additional staffing in the CCD services.

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DSD priorities for 2023

What are the *most important* DSD-related goals and/or targets in your country's plans for 2023?

- To work on action plans for improvements of the least matured domains in the care and treatment dashboard.
- Meaningful engagement of ROC at all levels from community to national level
- End term HIV program review to inform priorities for the next strategic plan

What do you want to learn from other countries in the CQUIN network in the coming year?

- TB/HIV-AHD learning experience in Nigeria to learn about the implementation of the Visitect CD4 count point of care test.
- HIV/NCD integration at the community in Kenya.
- 4D strategy in Malawi (Deflate the fears of returning in care, Discuss reasons for interrupting, Direct the client to appropriate service, Decoration of those retained in care)

Acknowledgements

Thank you