

HIV Learning Network

The **CQUIN** Project for Differentiated Service Delivery

www.cquin.icap.columbia.edu



M&E Community of Practice (CoP)

May 4, 2023

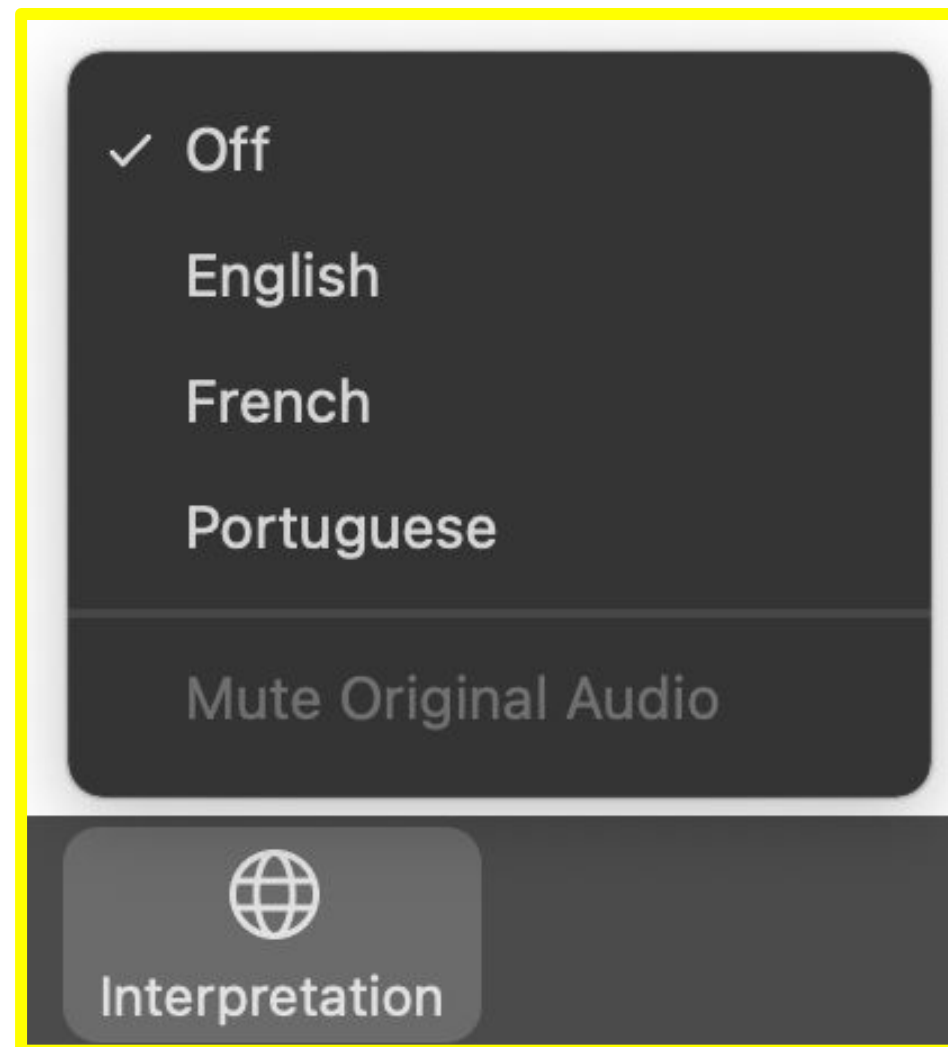
Facilitators: Karam Sachathap & Violet Oramisi



Welcome/Bienvenue

Be sure you have selected the language of your choice using the “Interpretation” menu on the bottom of your screen.

Assurez-vous d’avoir sélectionné la langue de votre choix à l’aide du menu <<Interprétation>> en bas de votre écran Zoom.



Housekeeping

- 90-minute meeting with a framing presentation followed by country presentations and discussion with Q&A
- Please type questions in the chat box located on the toolbar at the bottom of your screen
- If you would prefer to speak, please use the “raise hand” function on the toolbar, you have control of your microphone
- If you are a French or English speaker, please ask your question in your language of choice and the interpreters will translate as needed



Agenda

Welcome and introductions

Karam Sachathep, ICAP at Columbia University

Framing Remarks- DPR overview

Karam Sachathep, ICAP at Columbia University

Country Presentations

Uganda- Luwunzu Moses

Kenya- Lazarus Momanyi

Nigeria-Eleen Ekanem

Mozambique- Hélder Macul

Q&A & Closing

Bill Reidy, ICAP at Columbia University

Framing remarks – Overview of DSD Performance Reviews



Karam Sachatp, PhD
ICAP at Columbia University



Overview of DSD Performance Reviews

Sachathep, Karampreet

Senior Strategic Information Manager,

ICAP- CQUIN

May 4, 2023

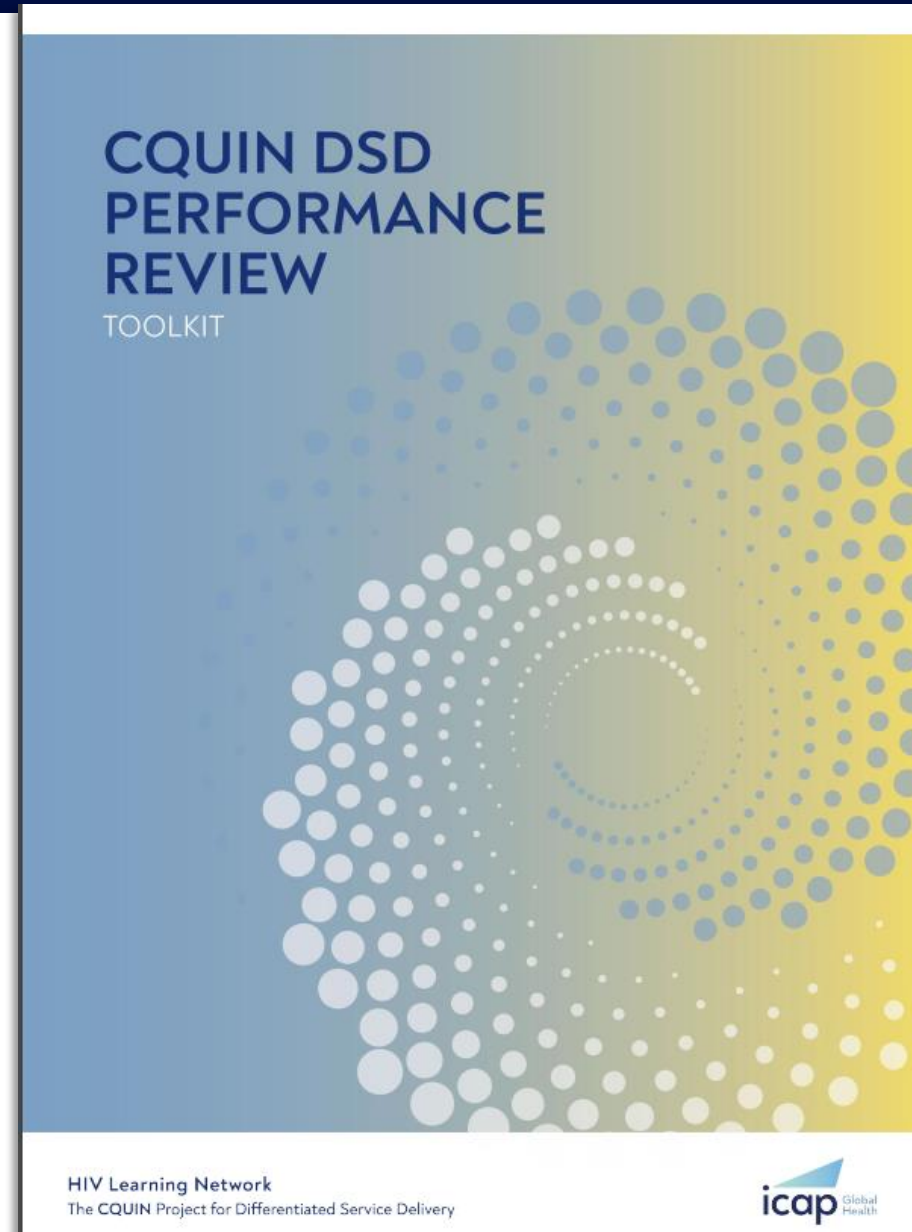


Outline

- 1) **Overview of CQUIN Differentiated Service Delivery (DSD) Performance Reviews**
- 2) **Evolution of the DSD Performance Review**
- 3) **DPR Data Elements**
- 4) **DPR Findings- Additional data elements**
- 5) **Next steps**

Overview of CQUIN Differentiated Service Delivery (DSD) Performance Reviews

- Designed to identify the progress of DSD implementation and to fill the gaps in M&E of DSD
- Standalone process of accessing data in facility-held records
- Data abstraction conducted in a sample of facilities
- Data are analyzed and shared in dissemination meetings designed to facilitate in-country cross learning
- Stakeholders develop action plans based on results
- Process repeated ~ yearly



DPR Data Elements

Additional Data Elements

❖ Facility Location

- Province/County/Region (of the facility)

❖ Demographic Information

- Cohort and
- Date of ART initiation
- Gender
- Date of birth/ Age in years

❖ DSD Model and Retention

- Status at each time period
- Current ART Model
- ART Regimen at each time period
- No months ARVS dispensed

❖ Eligibility

- VL test/Any OI/TB/BMI/Age

❖ ART pickups and clinical visits for all cohorts

- No. of ART pickups in past 12 months
- No. of clinical visits in past 12 months

❖ Non-Communicable Disease

- Hypertension/Diabetes/ BMI/ Mental health

❖ High VL Cascade

- Received EAC
- Follow-up 3-6 months of EAC etc

❖ AHD

- CD4 Availability
- CD4 result/CrAG Test for <200
- Treatment for CM

❖ Cervical cancer screening

❖ Key Populations

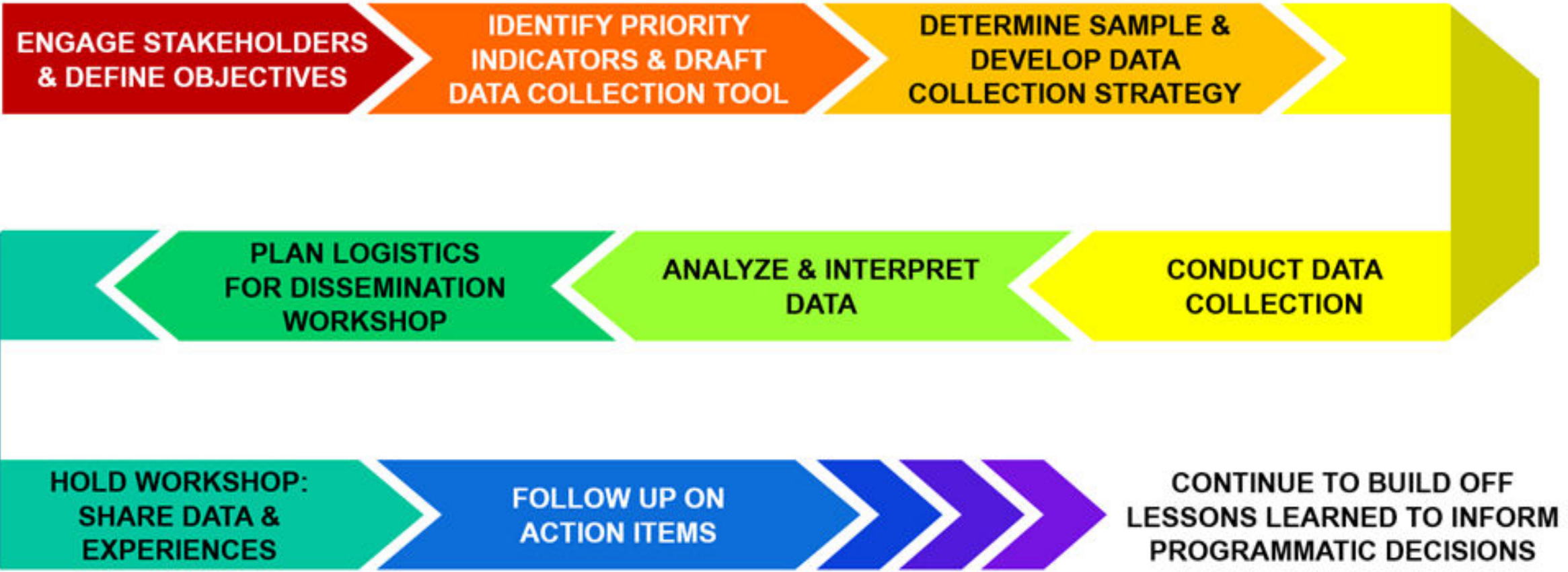
❖ TB

❖ Pregnancy and family planning

❖ Loss to follow up(Interrupted treatment)

Review at 6,12, 24,36 & 48 month cohorts

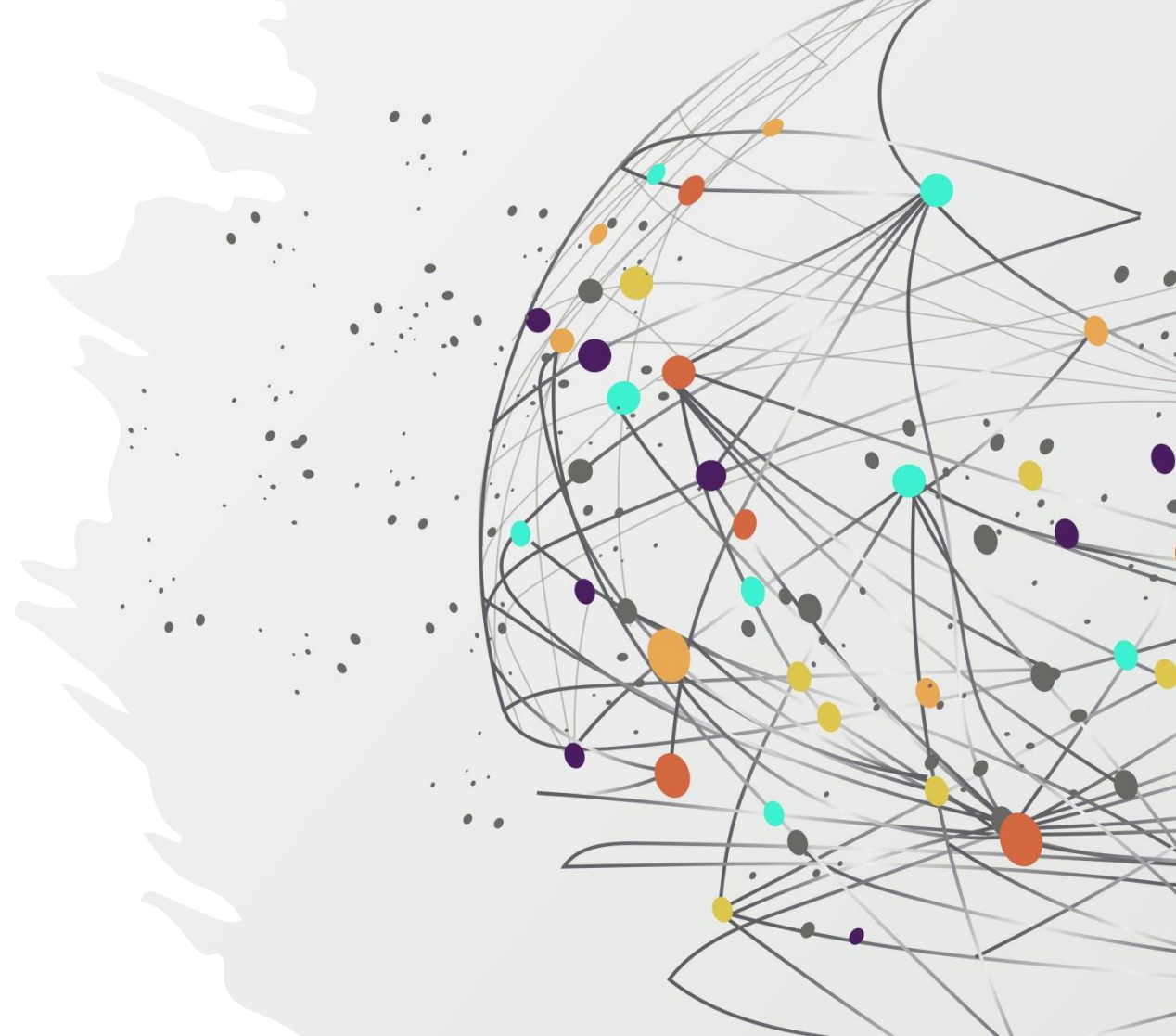
DSD Performance Reviews



Showcasing additional data elements:

The following countries will be presenting DPR country data on selected indicators:

1. Uganda
2. Nigeria
3. Kenya
4. Mozambique



Next Steps

- Exploring additional data elements as per the country guidelines; improving on data elements captured based on lessons learned.
- Contextualize each DPR to the country's needs
- Review the quality of data for the additional data elements
- Negotiate with countries for local funding – Global fund and PEPFAR to increase local capacity and skill
- Build country capacity to do analysis
- Ensure data-driven policy making and program planning with DPR data

Thank you!





Exploring Additional Data Elements in the 2022 Uganda DPR

Luwunzu Moses

Program Officer – Monitoring and Evaluation

Ministry of Health – AIDs Control Program

Division

May 4, 2023



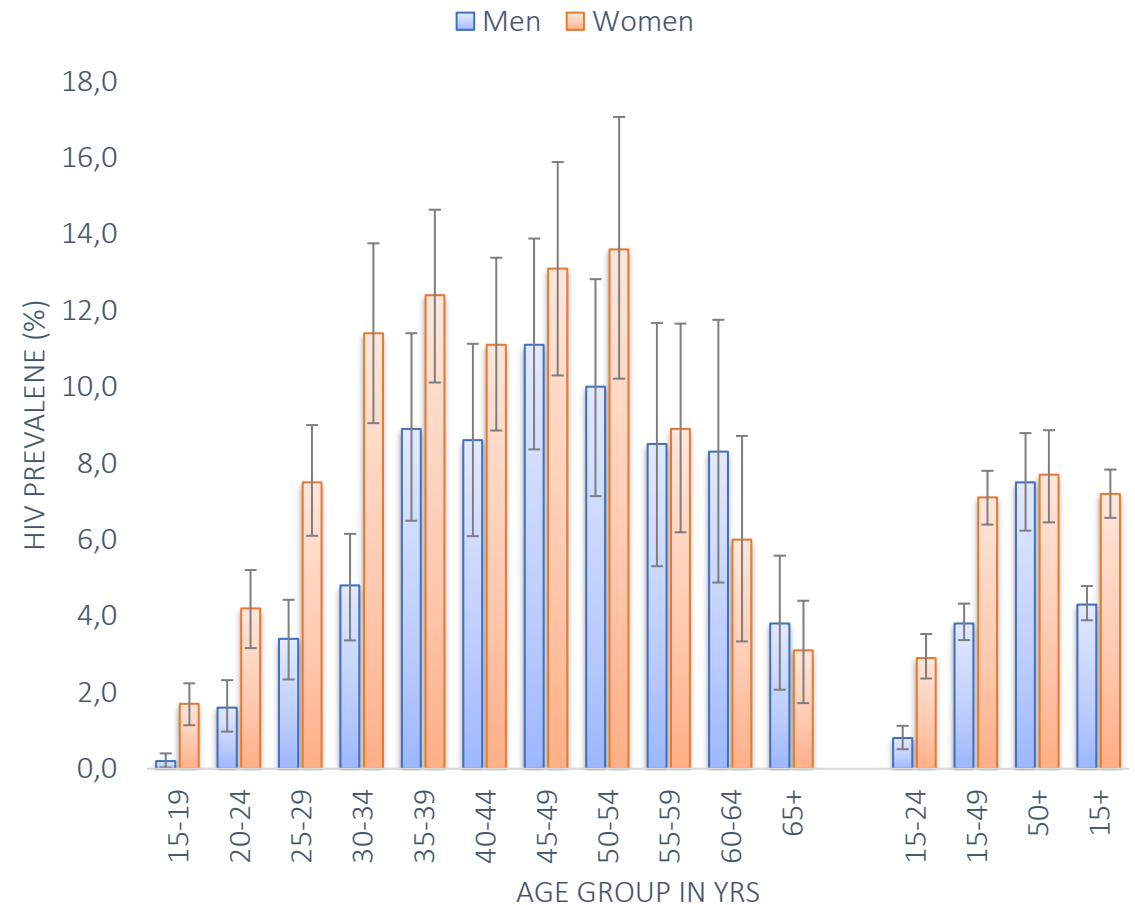
Outline

- 1) Background:
 - a) Country HIV Burden
 - b) DSD Landscape
- 2) Rationale for inclusion of additional data elements in the 2022 DPR
- 3) Overview of the additional data elements included in the 2022 DPR
- 4) Results
- 5) Next steps

Background of the country's Epidemiology of HIV

- Uganda has made great strides in scaling up combination ART for PLHIV.
 - Over 90% of the estimated 1.4 million PLHIV in the country are currently enrolled in ART
 - Over 80% VL suppression; though with disparities in age and subpopulation groups
- Burden of HIVDR in Uganda is high and will rise even further if not addressed urgently
 - Poses a serious threat to our current successful and effective ART program
 - Compromise our efforts to meet global targets of ending the epidemic by 2030

Age Group Specific HIV Prevalence in Uganda
UPHIA 2020

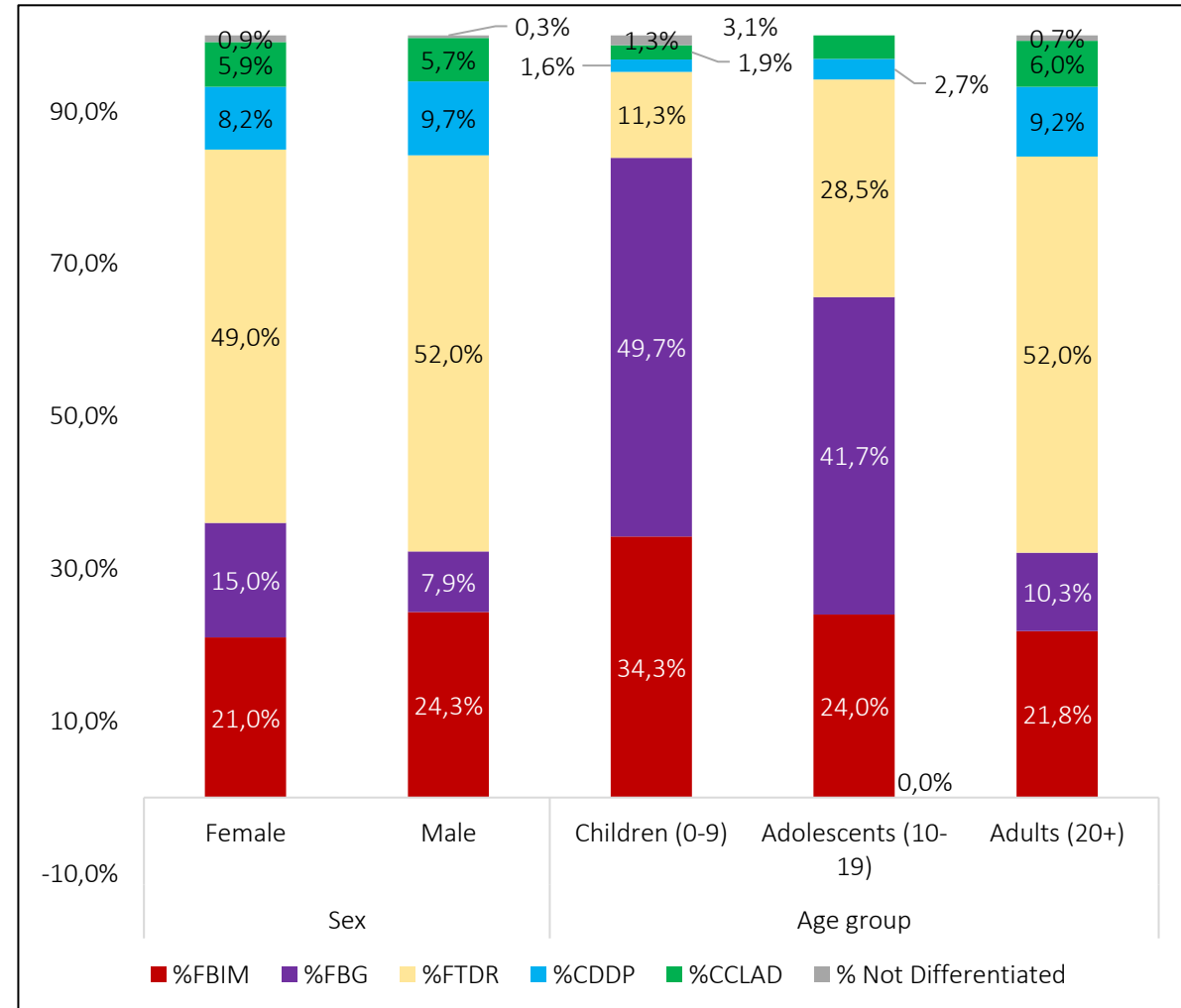


Background of the country's DSD landscape

- 2018 ART Guidelines: Recommends the adoption of patient-centered models for PLHIV on ART
- Models recommended in Uganda Currently :(Facility/Community)
- **Less Intense Models (LIM)- Stable Models (80%)**
 - Fast Track Drug Refill – 55%
 - Community Drug Distribution Point – 10%
 - Community Client-Led ART Delivery – 15%
- **More Intense Models (MIM) : Unstable Models (20%)**
 - Facility Based Individual Management – 10%
 - Facility-Based Group – 10%

There are varied levels of implementation across the Country as per the shared updates that call for continued support to achieve the set targets

DSD Model distribution by Sex/Age (Oct – Dec 2022)



Background of the country's DSD landscape - Key players

- These include;
 - Ministry of Health- Does the over-site planning and supervision of the DPR
 - Development Partners- Support with resources for the DPR. They include; CQUIN, PEPFAR
 - Implementing Partners- Assist in the preparation of the region and health facilities that participate in the DPR.
 - Health workers – Run the HIV clinics and work with the coaches during data collection.
 - Coaches – collect data, mentor facility staff
 - CSO – work with the facility team and the coaches for ownership of the DPR process

Rationale for additional data elements in the 2022 DPR assessment

- There were implementation challenges regarding Pregnancy & breastfeeding status, FP Method coverage, High Viral load cascade
- The collection of additional data elements helped provide data on the quality of services being provided and a one-stop center for all patient's needs in DSD
- Currently the country's guidance is on the integration of these elements into routine care at all service points
- We expected the DPR assessment to show common challenges different regions are facing as we plan for targeted support supervision

Overview of the additional data elements -2022 DPR

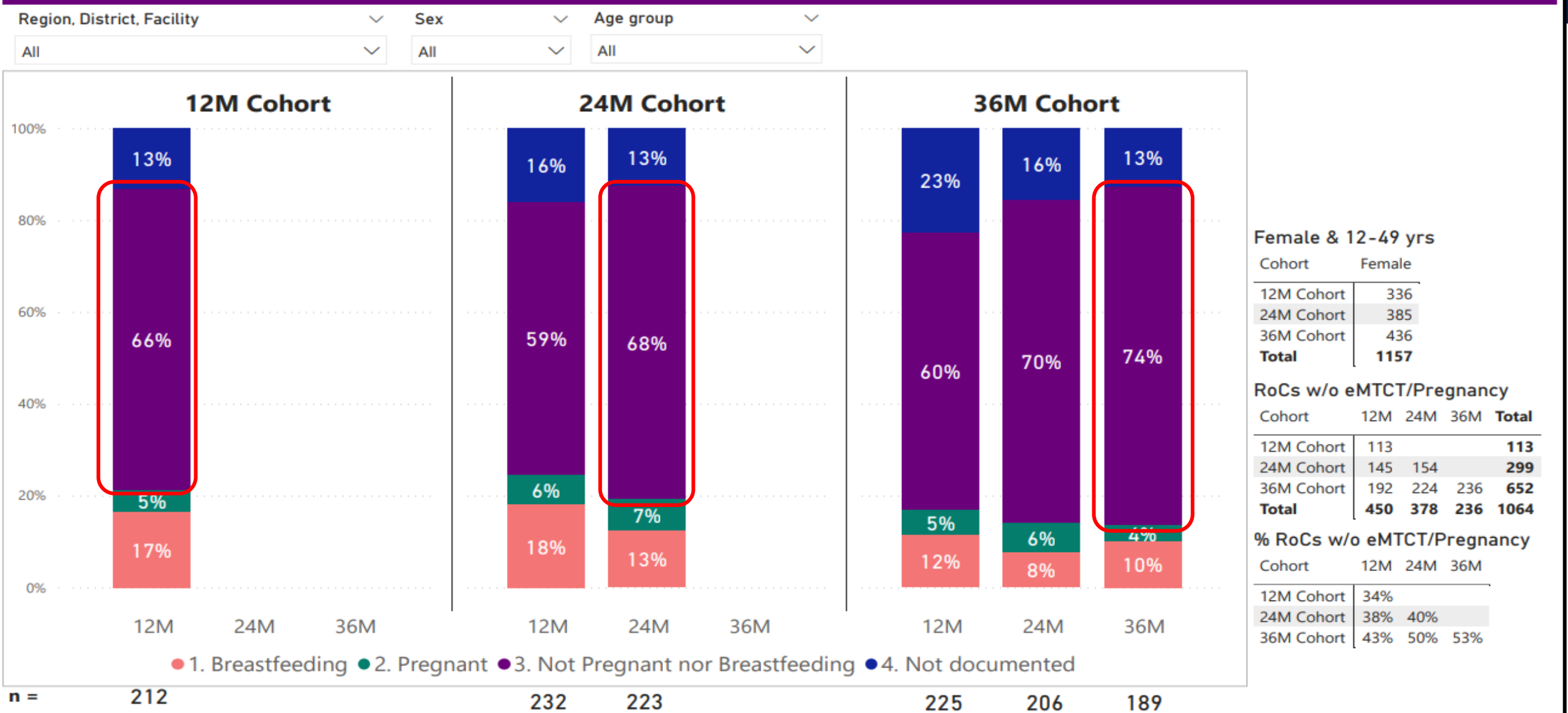
- Additional data elements included in the 2022 DPR
 1. Pregnancy & breastfeeding status
 2. FP Method coverage
 3. High Viral load cascade

2022 DPR Results – Additional data elements



2022 DPR Results for the additional data elements

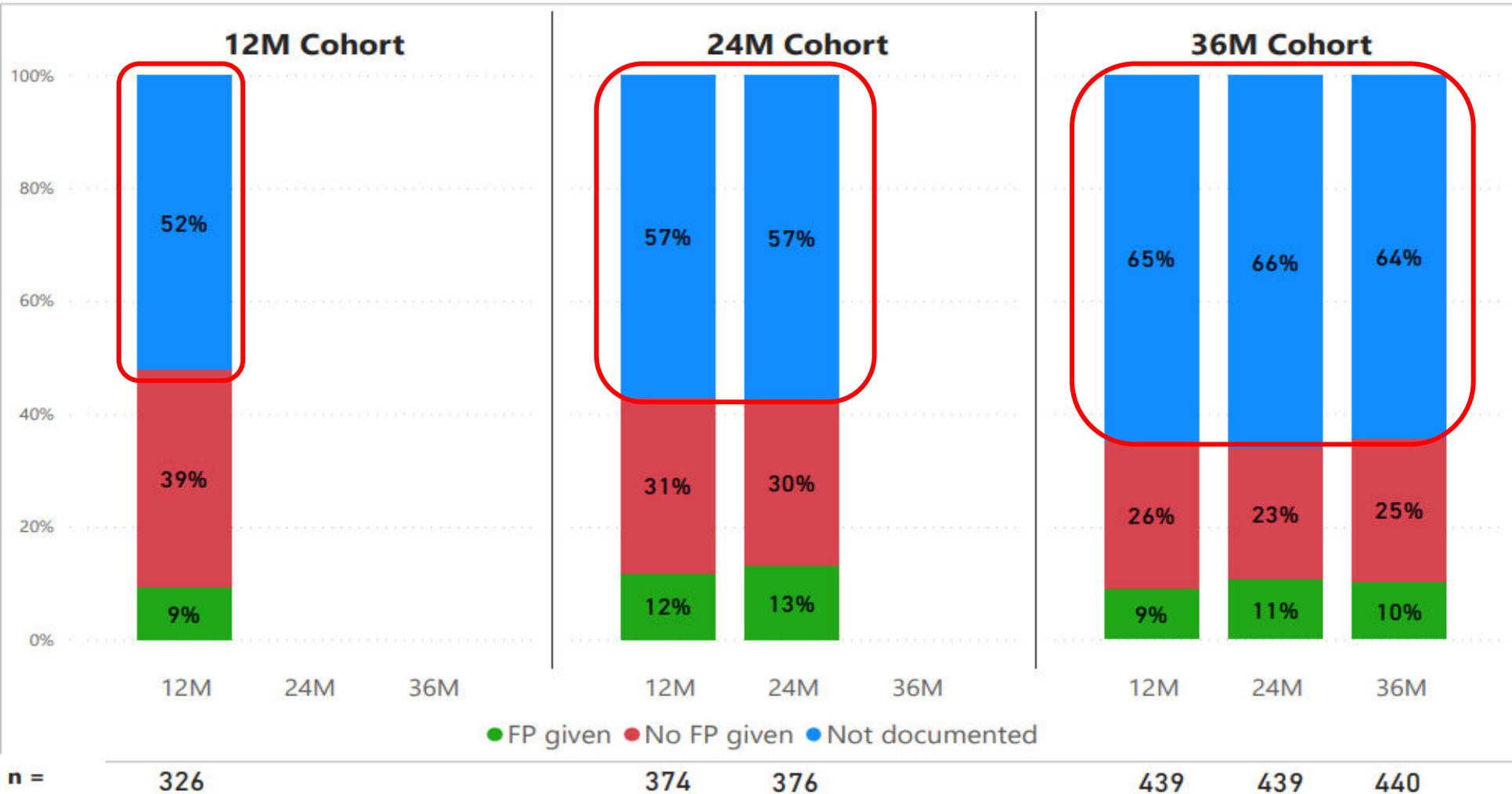
Pregnancy/BF Status by cohort and time point



2022 DPR Results for the additional data elements

FP Method Coverage

Region, District, Facility Sex Age group

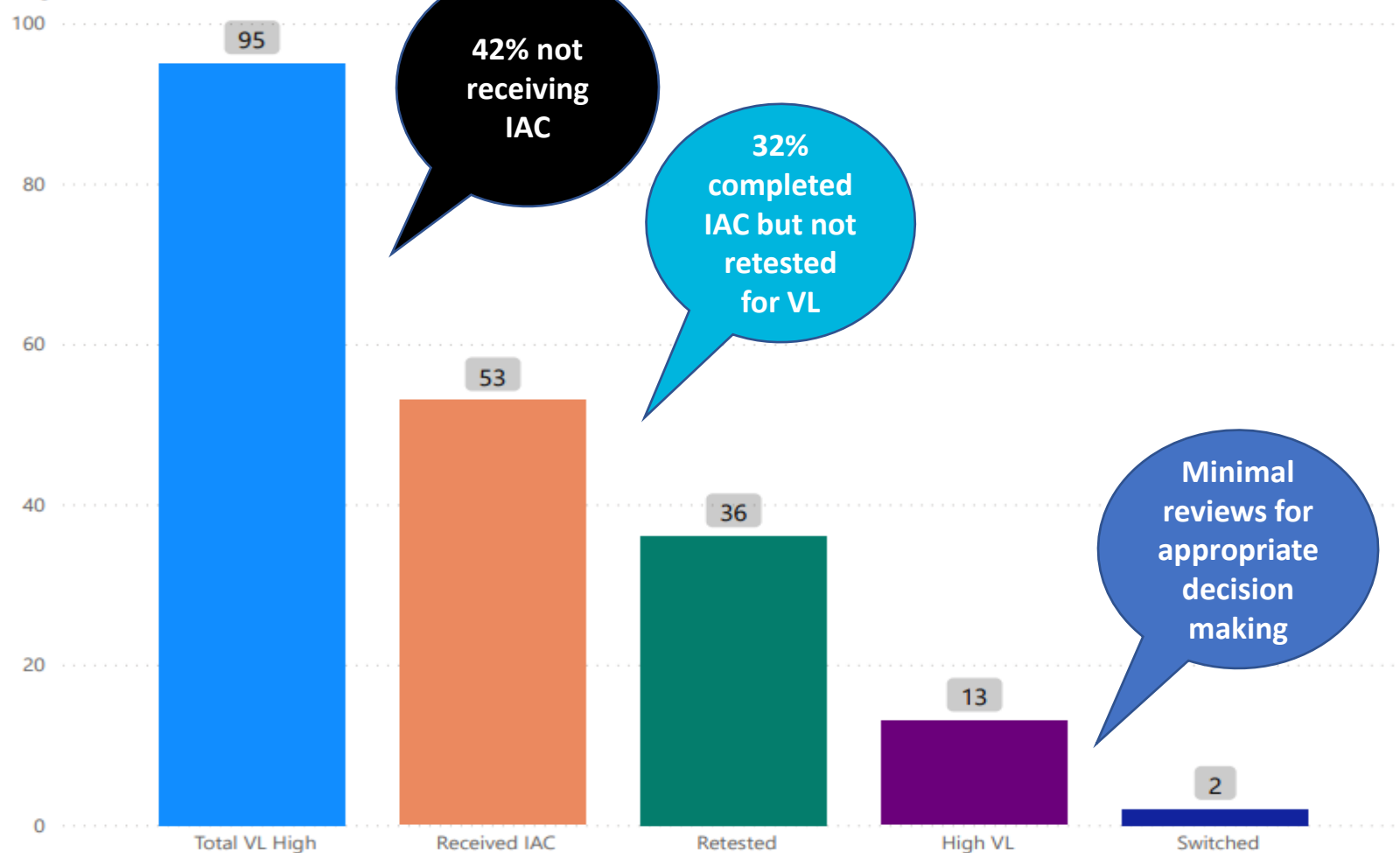


2022 DPR Results for the additional data elements

High VL Cascade

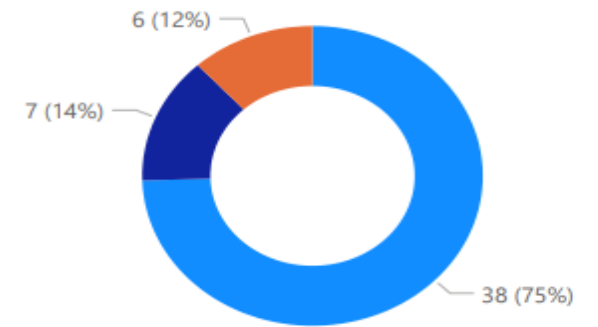
Region, District, Facility
 Sex
 Age group

High VL Cascade



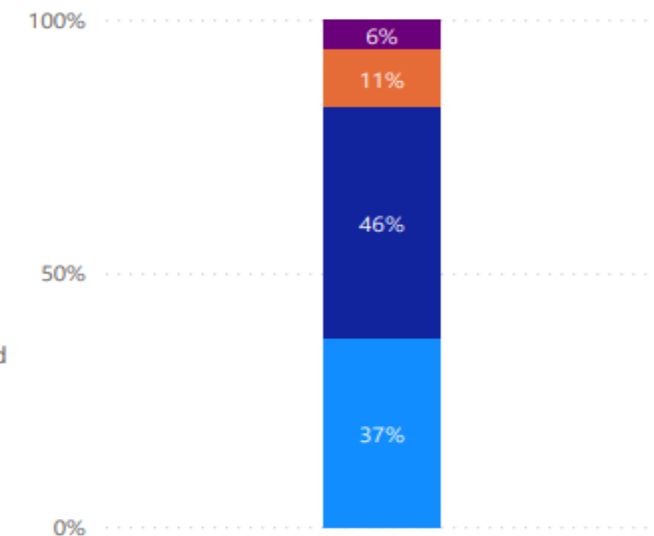
Regimen Line

- Regline
- 1L
 - 2L
 - (Blank)



Model

- Model
- 1. FTDR
 - 2. FBIM
 - 3. FBG
 - 6. Not documented



Next steps

- ❑ Plan is to use the current additional data elements to push for the integration of services
- ❑ In the upcoming DPRs we shall be dropping off some data elements as we add new ones and refine the current ones
 - ❖ The next DPR is planned to be an integral part of the quarterly performance reviews (to be piloted in a few regions and scaled up later based on the lessons learned from the pilot)

Thank you!





Exploring Additional Data Elements in the 2022 Kenya DPR (AHD & NCDs)

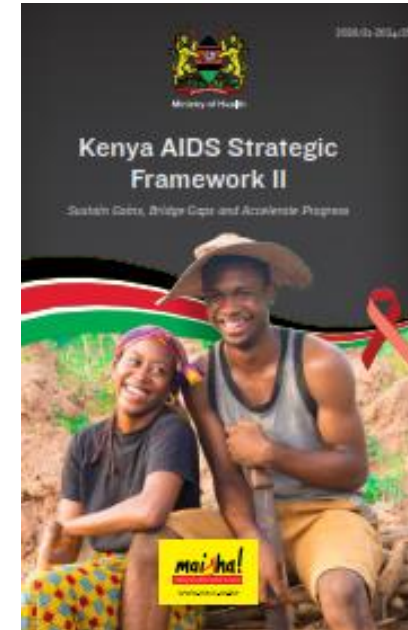
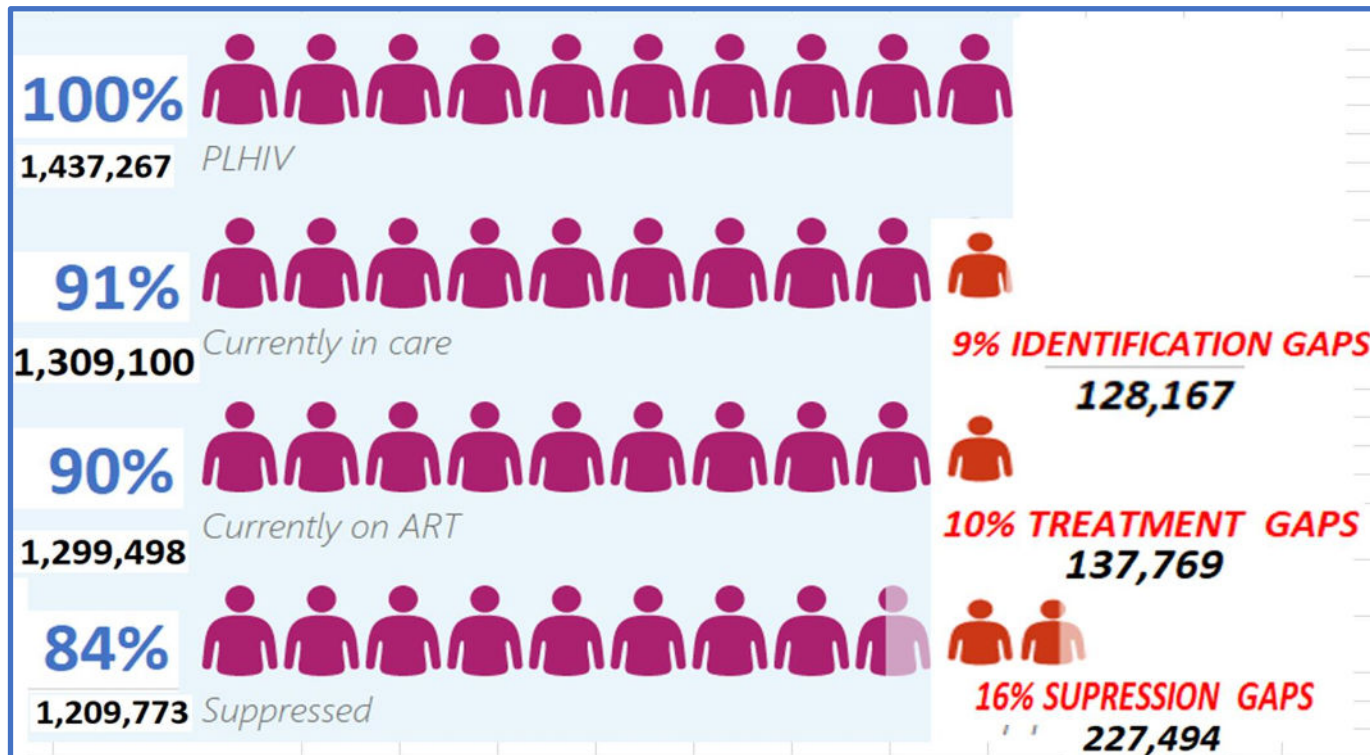
Dr. Lazarus Momanyi, DSD Coordinator
Kenya



Presentation Outline

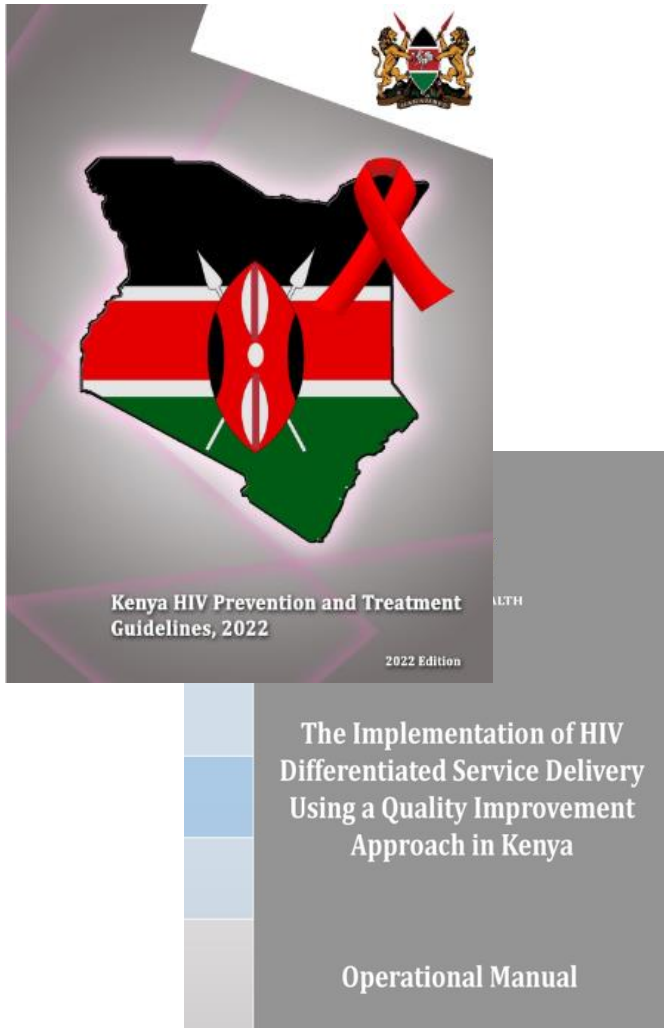
- Background:
 - Country HIV Burden
 - DSD Landscape
 - DPR 2022
- Rationale for inclusion of additional AHD & NCDs data elements in the 2022 DPR
- Overview of the additional data elements included in the 2022 DPR
- Results
- Next steps

Background : Kenya HIV Burden, Progress Towards HIV Epidemic Control



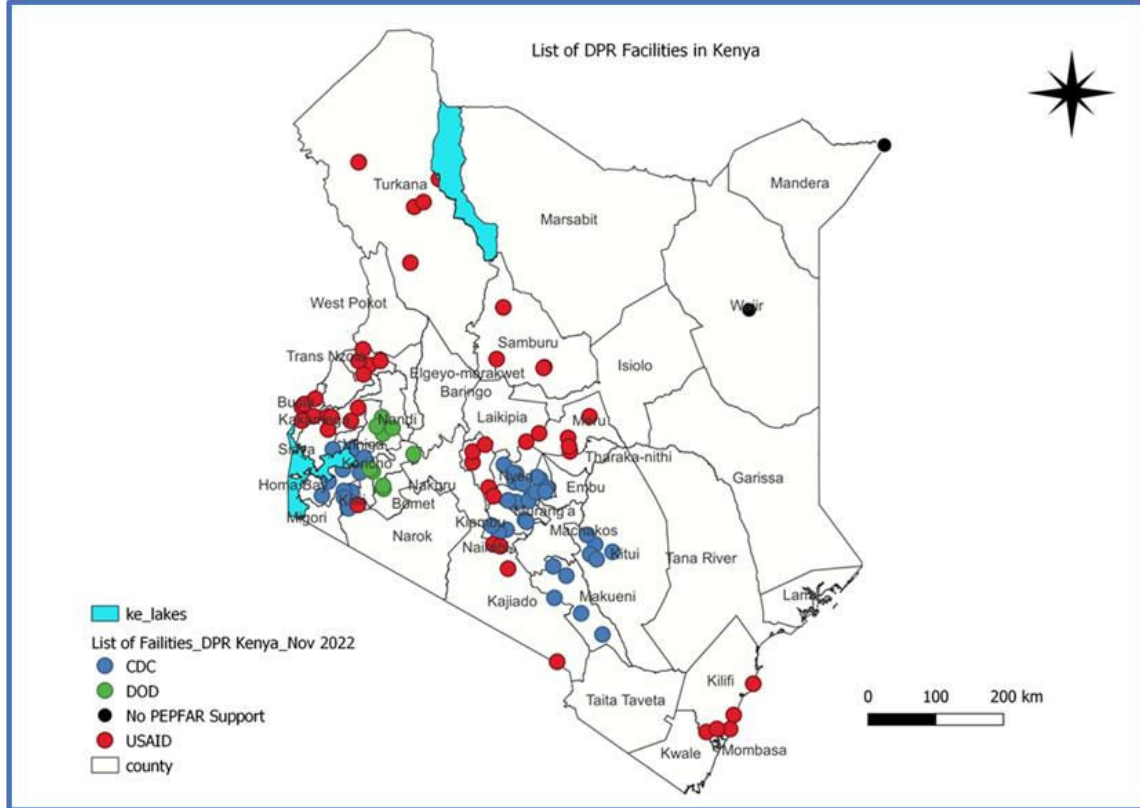
- 1.3 million PLHIV on ART
- KASF II Goal: Reduce HIV related mortality by 50%, New Infections by 75%, by 2025

Background : Implementation of HIV Services and DSD Landscape in Kenya



- The Kenya HIV guidelines recommend for **person centered services** across the HIV cascade of prevention and treatment
- Increased emphasis on Advanced HIV Disease and NCD integration
- Differentiated ART models currently offered for PLHIV;
 - **Facility** (Standard care, Facility fast track, Facility ART Distribution Group)
 - **Community** (Peer & HCW Led CAGs, Community individual ART Distribution)
 - **Models of CALHIV** (Family Model, AYP Clubs)
 - **More intense models;** Viremia Clinics etc
- Differentiated HIV prevention services

Background : Kenya DPR 2022



- Review conducted in Nov 2022
- A total of **22** Counties, **101** Facilities
- Funding support from PEPFAR; technical support from CQUIN (including non-PEPFAR supported Counties)
- MOH-led activity; participation included County teams, Ips, and Representatives of recipients of care (ROC)

Kenya DPR 2022 : Data Elements

❖ Facility Location

- County
- Sub-County
- MFL Code

❖ Demographic Information

- Cohort
- Gender
- Date of birth

❖ DSD Model and Retention

- Status at each time period
- Current ART Model
- ART Regimen at each time period
- No months ARVS dispensed

❖ Eligibility

- VL test/Any OI/TB/BMI/Age

❖ ART pickups and clinical visits for all cohorts

- No. of ART pickups in past 12 months
- No. of clinical visits in past 12 months

❖ Non-Communicable Disease

- Hypertension/Diabetes/Cancer

❖ AHD

- CD4 Availability
- CD4 result/CrAG Test for <200
- Treatment for CM

❖ High VL Cascade

Review at 12, 24 & 36 month cohorts

Rationale for Additional Elements in DPR: AHD & NCDs

Kenya HIV Prevention and Treatment Guidelines, 2022

3.4 Management of Patients Who Present with Advanced HIV Disease

The World health organization (WHO) defines **AHD** for adults, adolescents, and children five years and older as having a CD4 cell count of less than 200 cells/mm³ or WHO clinical stage III or IV disease. All children younger than five years living with HIV who are not already receiving ART and not clinically stable are considered to have AHD.

Kenya HIV Prevention and Treatment Guidelines, 2022

4.4.3 Maternal Healthcare

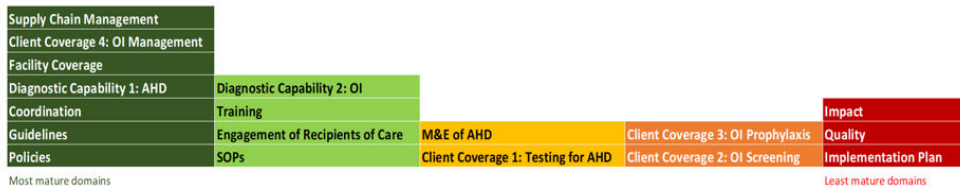
Maternal healthcare begins with preconception counselling (Table 4.9), and continues throughout pregnancy and breastfeeding. The standard package of antenatal and postnatal services in the context of HIV is described in Chapter 7 of these guidelines.

4.5 Non-communicable Diseases Screening and Management

4.5.1 Metabolic Disorders

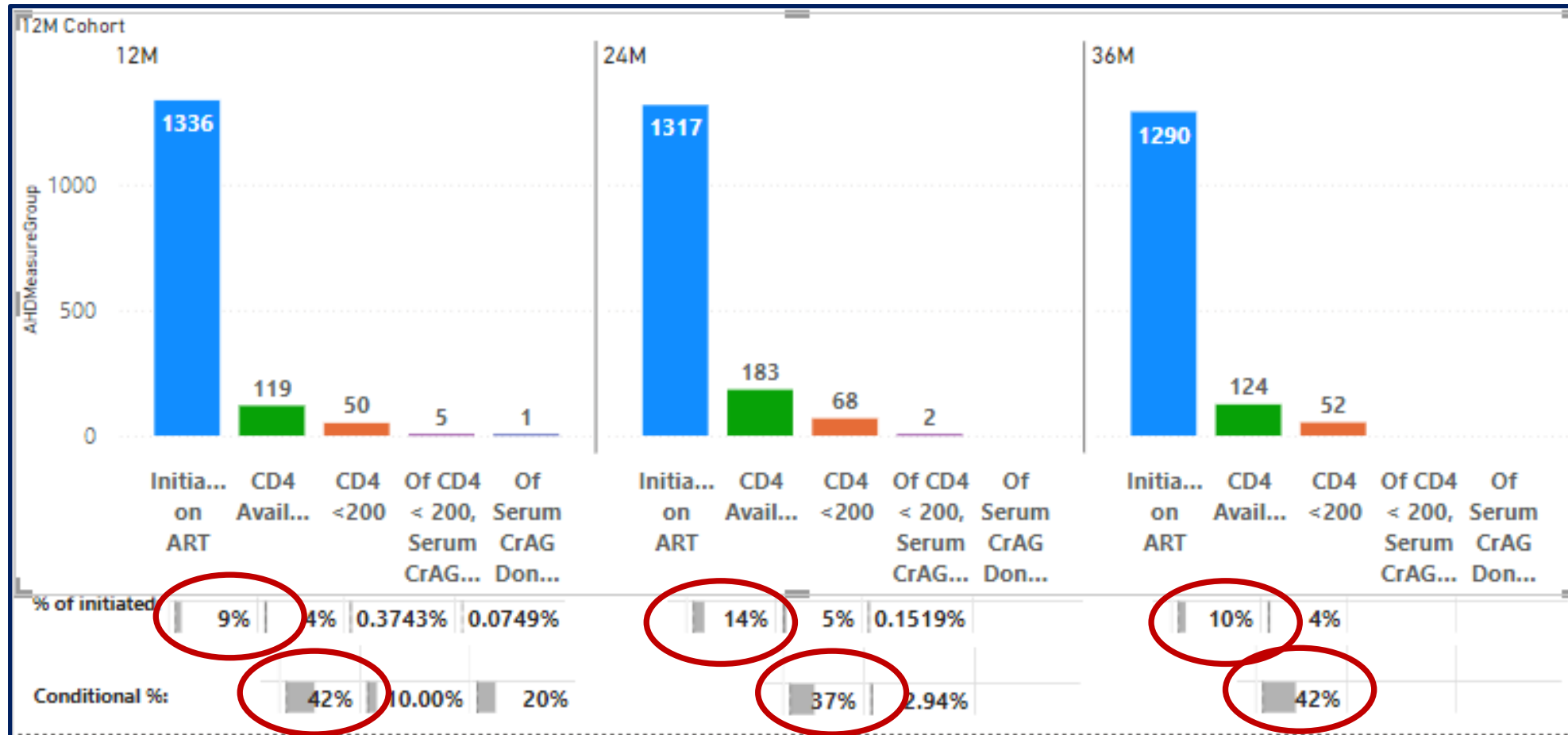
Screening, prevention and management of specific NCDs are included in the standard package of care for PLHIV because of their associated high morbidity and mortality. PLHIV are at higher risk

CQUIN **Advanced HIV Disease** Capability Maturity Model Staging Results



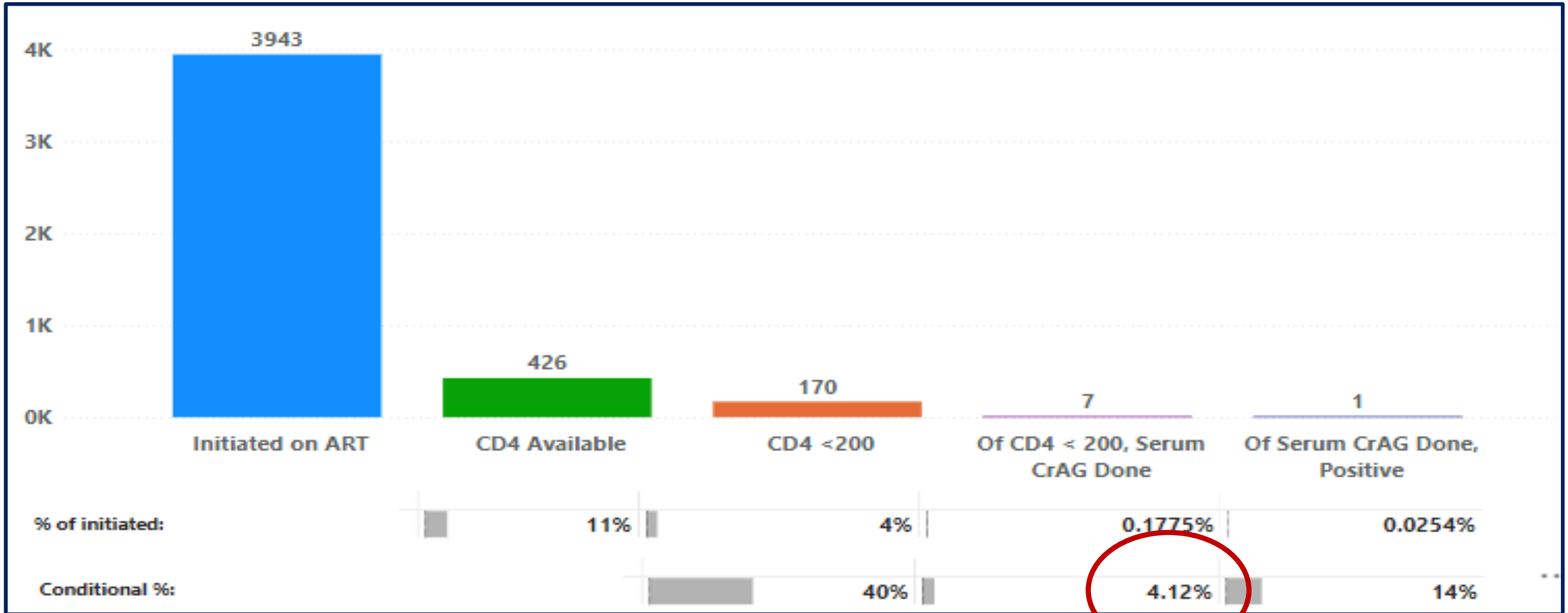
- AHD and NCD/HIV Care integration are Kenya MOH NASCOP programmatic priorities
- Limited data available at national level to track coverage and quality of care for AHD and NCDs
- Baseline Kenya AHD dashboard and data from NDWH shows low coverage of CD4 testing for AHD, but no available data for OI cascade
- Country is currently designing a package of care for AHD, NCD integration – data from DPR is critical

2022 DPR Results: AHD - CD4 Testing Coverage



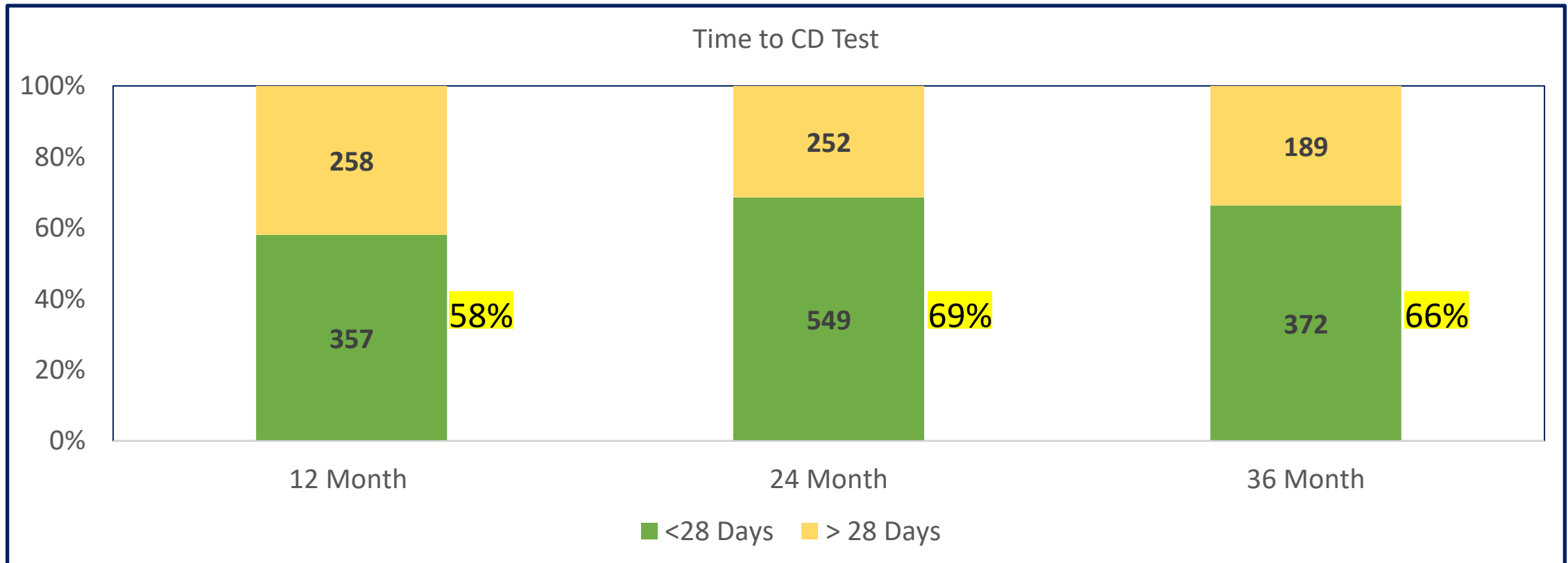
- DPR assessed CD4 coverage amongst new on ART ROC
- Low CD4 Testing coverage: Need to address commodity issues, HCW capacity, Client Literacy, documentation
- High prevalence of AHD: Need to address health system to optimise AHD care

2022 DPR Results: AHD – OI/CM Cascade



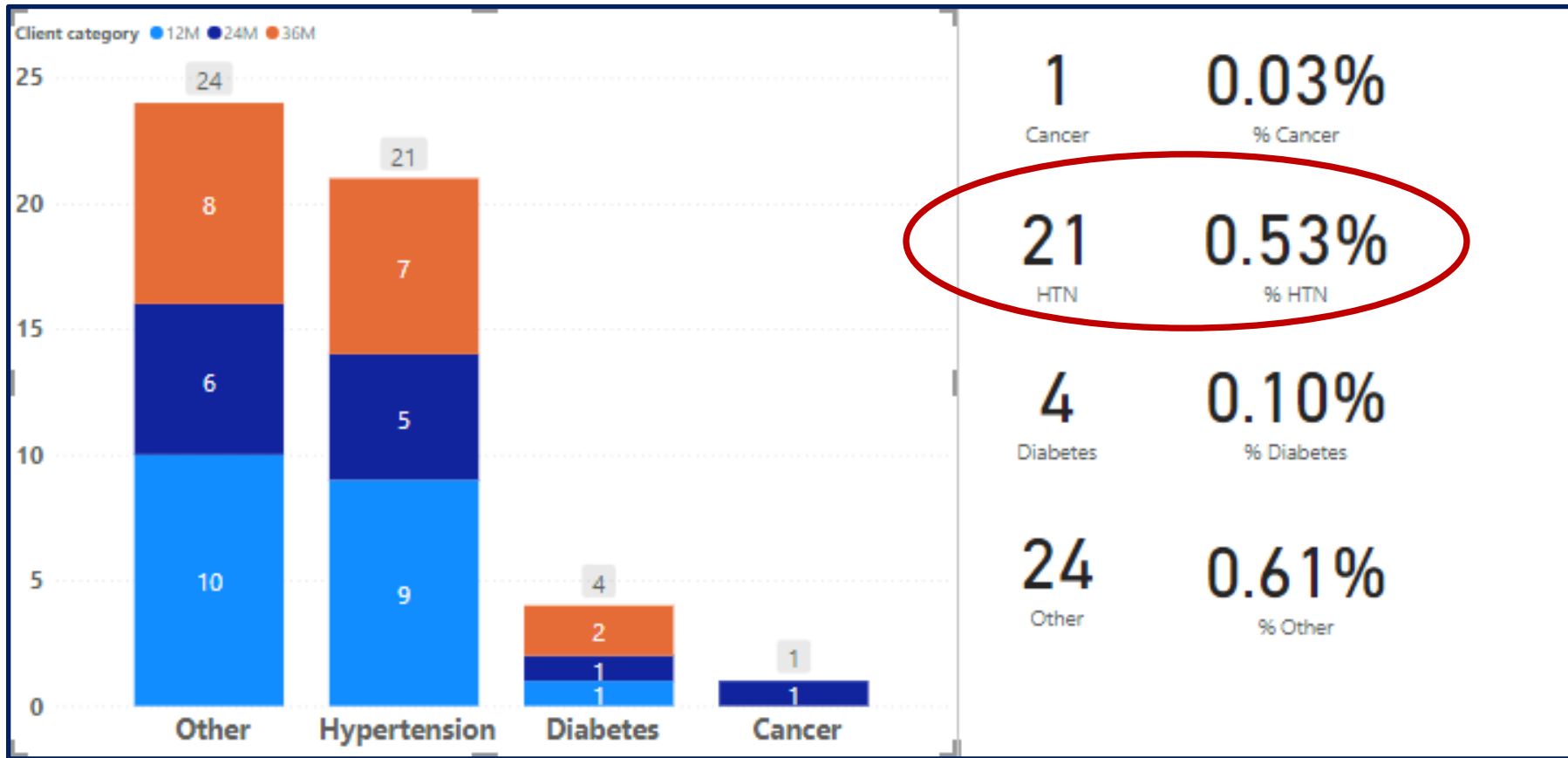
- Missed opportunities to screen for cryptococcal meningitis (CM), need to review contributing factors ; lab, commodities, lack of clear pathways for reflex CrAG, HCW capacity, documentation

2022 DPR Results: AHD - Time to CD4 Test



- Delay in CD4 testing ; delayed appropriate management, AHD package of care at time of enrolment

2022 DPR Results: NCDs Burden



- HTN : Commonest NCD comorbidity
- HTN highest in 50+ yrs population (0.89%)
- HTN in males higher than females (0.62% vs 0.48%)

- Overall Prevalence of HTN much lower than expected ; Gaps ; sub-optimal screening, documentation
- Sample size in DPR small

Next Steps

- Dissemination to all Counties - County specific actions to address gaps
- Results inform national AHD and NCD taskforce plans ; strategies to optimize AHD care and strengthen NCD integration (design of national packages)
- Data/gaps will inform current country GC7 grant writing process
- Integrate AHD and NCD elements in future DPRs; enhance data elements for CD4 to include other eligible populations ie return to care, treatment failure
- Review of documentation and reporting gaps to inform integration of AHD/NCD data in national reporting systems

Thank you!



HIV Learning Network

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Review of Additional Data Elements (IPT, AHD, VL, Cervical Cancers) in the 2022 Nigeria DPR

Dr. Eleen Ekanem; DSD Coordinator

May 4, 2023



Outline

- Background of the country's DSD landscape
 - Country HIV Burden
 - DSD Landscape
 - DPR 2022
- Rationale behind the additional data elements in the 2022 DPR assessment
- Overview of the additional data elements included in the 2022 DPR
- 2022 DPR results for the additional data elements
- Next steps

Progress towards achieving HIV epidemic Control

Population: 218,000,000+ (NPC 2022)

HIV Prevalence: 1.4% (NAIIS) 2018)

PLHIV Estimate: 2.0million

No. on Treatment: 1.9million

- **98%** of people living with **HIV** in Nigeria know their status
- **96%** of people who know their status are on treatment
- **89%** of PLHIV on treatment are virally suppressed

DSD Implementation in Nigeria



First recommended DSD packages of care in the 2016 National Guidelines for HIV/AIDS Prev., Tx, and Care

2016



Establishment of a Country DSD Task Team (now DSD Subcommittee)

2019



Nigeria joined CQUIN

Nov. 2020

2018

Conducted a situational analysis on DSD



2019 – 2021

Development of DSD Operational Manual, Training Guides/Slides and Job Aids



July 2021

Finalisation of DSD Operational Manual, Training Guides/Slides and Job Aids



DSD models implemented in Nigeria for HIV care

Differentiated Antiretroviral Therapy (DART)

- More-intensive service delivery models (newly starting HIV treatment, AHD, unsuppressed viral load etc)
- Less-intensive service delivery models for people doing well on ART
 - Facility-based model
 - Community-based model

Less Intensive DSD Models in Nigeria

Facility DSD Models

- Fast-track
- Decentralization (Hub and Spoke)
- After hours
- Weekend and Public holidays
- Facility ART group: HCW-led
- Facility ART group: Support group-led
- Child/Teen/Adolescents club (Peer managed)
- Mother infant pair/Mentor mother led

Community DSD Models

- Community Pharmacy ART refill
- Home delivery
- One Stop Shop (OSS)
- Community ART Refill Group: HCW- led
- Community ART Refill Group: PLHIV- led
- Adolescent Community ART/ peer-led groups

For Nigeria, multi-month distribution (MMD) is not a stand-alone DSD model but relates to ART refills embedded within the different models

Background on the DSD Performance Review (DPR) in Nigeria

- The 2022 DPR's aim was to monitor the performance of DSD programs in two states
- DPR provides the opportunity for a deep dive into patient-level data to understand the progress of DSD implementation, quality, and outcomes
- The DSD Performance Review is presently conducted in – FCT & Akwa Ibom – and provides information on the reality of DSD implementation in the country, including the identification of program and M&E gaps
- Nigeria's first DPR was conducted in 2021 and focused on just the core indicators
- In the 2022 DPR, the country expanded the scope of the indicators to provide additional program information
- The findings of the review are essential for decision-making, coordination, and quality improvement of DSD programs in Nigeria

Rationale for the additional data element in 2022 DPR

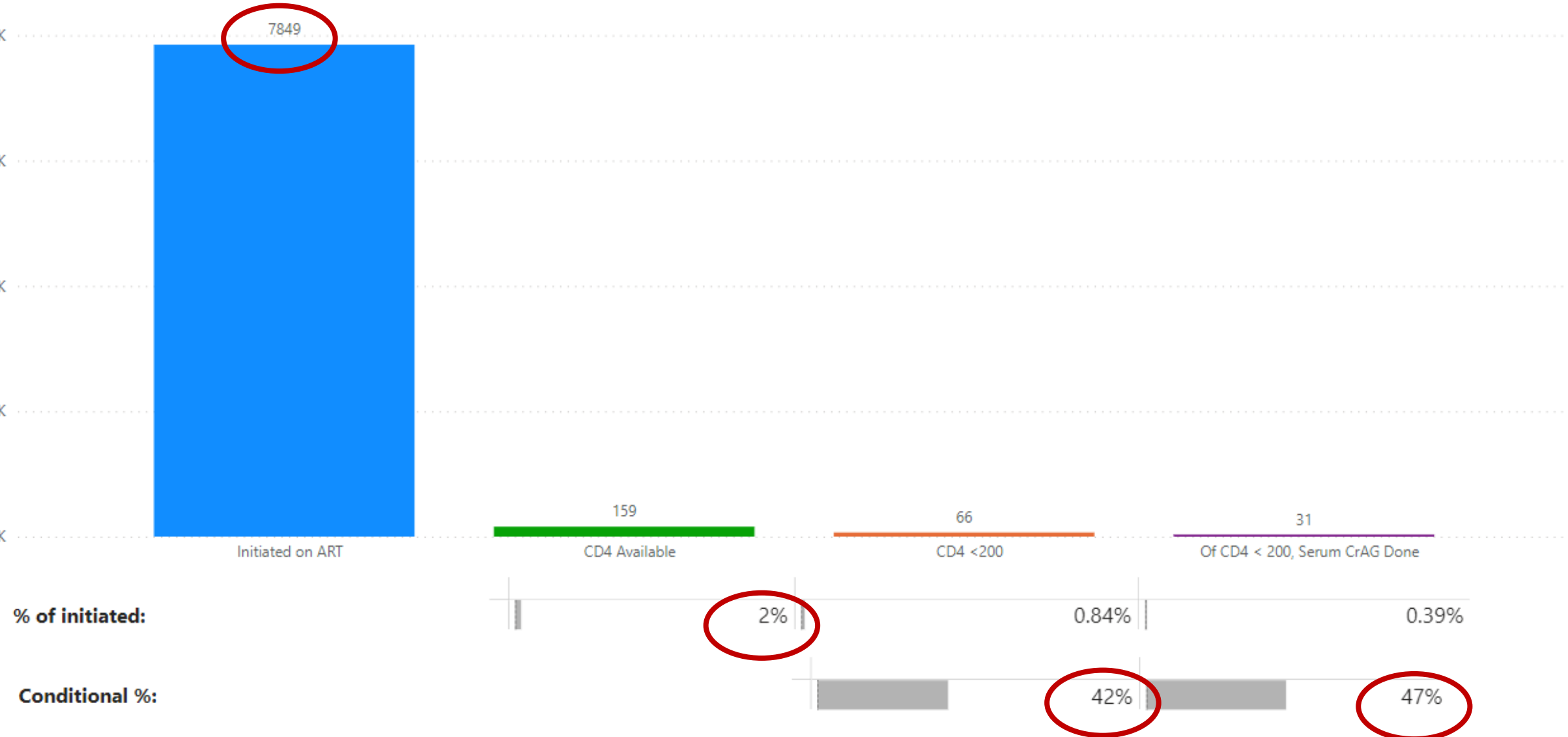
- DSD scale-up advances and priorities change (DSD 2.0)
- The additional data elements are to expand the country's focus, which is inclusive of longitudinal or chronic care services to PLHIV such as TB prevention and treatment, family planning, and NCDs thus providing objective and data-driven evaluations, rather than relying solely on subjective assessments or opinions
- The focus of performance reviews has moved beyond coverage and retention in DSD models, the fidelity of implementation to “Quality Standard and Quality Improvement for Differentiated ART”
- ROC in a DSD model should receive screening for TB, cervical cancer, and other OIs; TPT, OI prophylaxis and treatment, adherence assessment and support; and VL testing, and other lab monitoring and clinical examinations as recommended by the national guidelines

Overview of the additional data elements

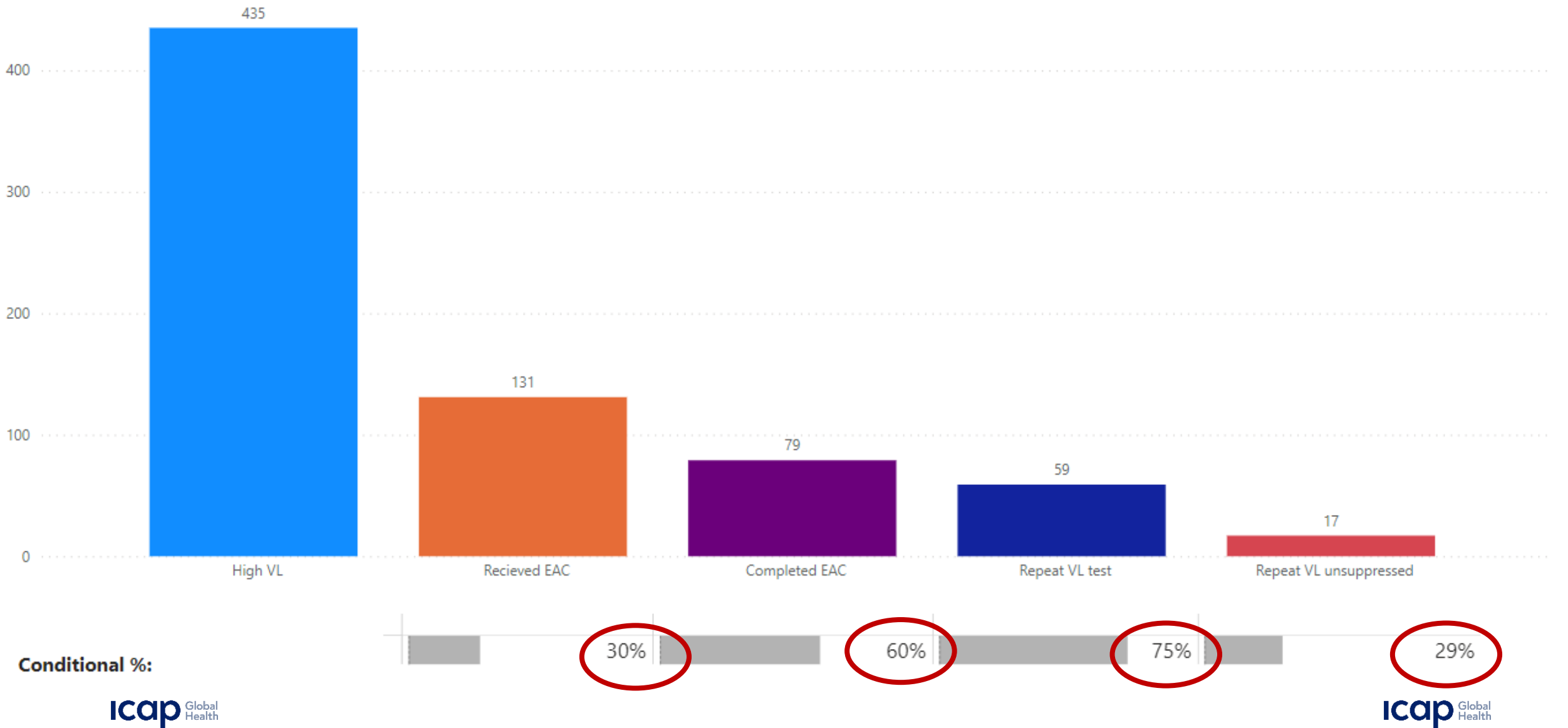
The following data elements were included:

- AHD categorization at ART enrolment- The country piloted AHD in both Akwa Ibom and the FCT states/facilities in 2022 (year) and roll out to other states is now ongoing
- High viral load cascade- the 3rd 95 is currently the only target behind in the country's epidemic control efforts
- IPT/TPT
- Cervical Cancer screening

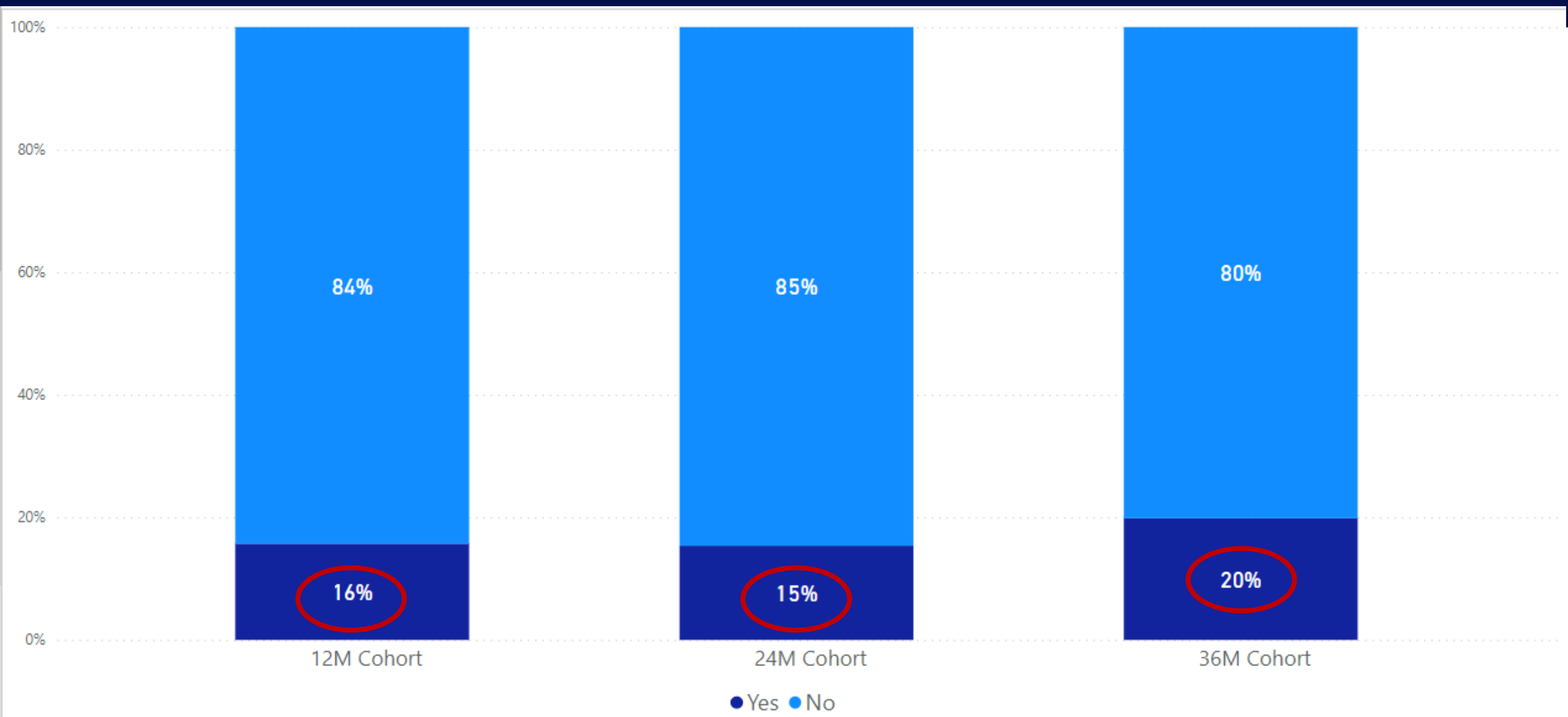
AHD categorization at enrolment



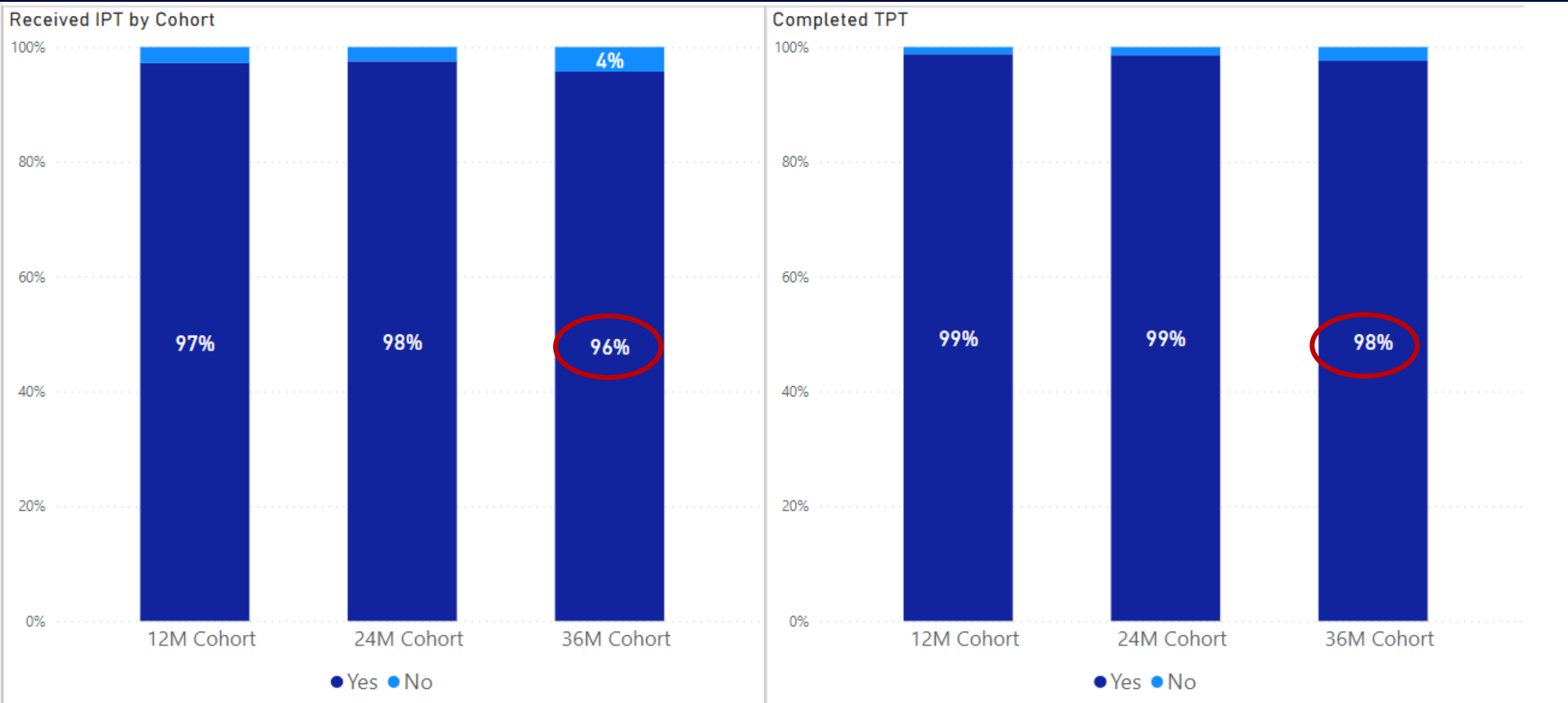
High viral load cascade



Cervical cancer screening in the last two years by cohort



IPT/TPT initiation and completion in the last year



Next steps

- The information collected will be used to refine and update existing guidelines and protocols We will also identify areas for improvement, address program, and M&E gaps, and develop targeted interventions to enhance client outcomes and reduce the burden on health systems
- Results serve as a baseline for future assessments
- Global Fund will be supporting the expansion of DPR to four more states including Lagos, Kaduna, Anambra, and Ekiti in the NFM3 reprogram request
- The same data elements will be collected to provide more data on those data elements

Thank you!





MOZAMBIQUE 2nd DPR Additional Data Elements

Moving the focus: from Coverage to Quality

BY: HÉLDER MACUL

May 4, 2023



Outline

- 1) HIV Context
- 2) DSD Models in place
- 3) Overview of the 2nd DPR
- 4) Overview of the additional data analysis included in the 2022 DPR
- 5) DPR Results for the additional data analysis
- 6) Next steps

HIV CONTEXT

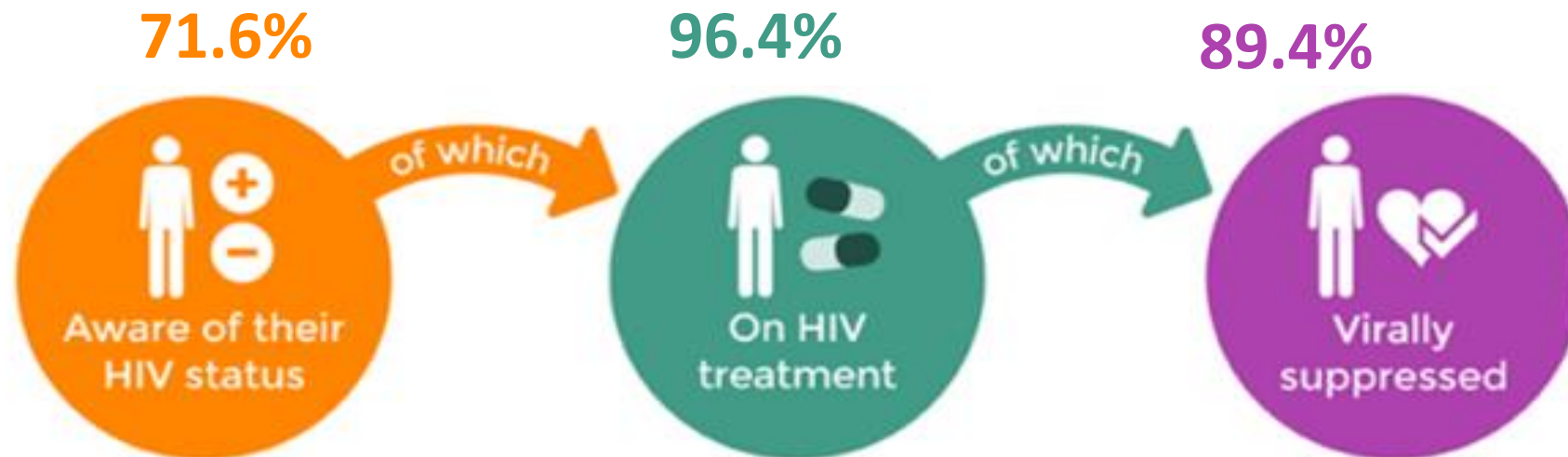
PLHIV: 2.430.000

HIV PREVALENCE: 12.5%

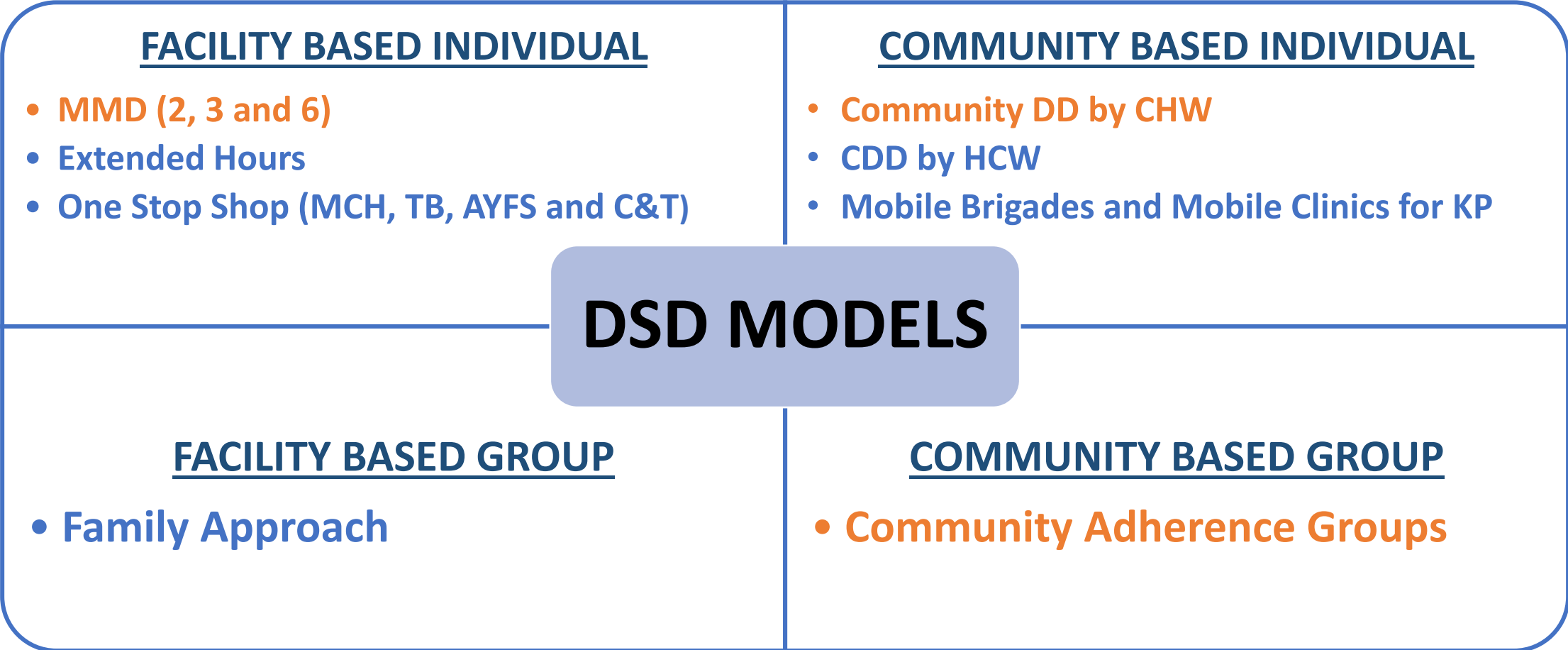
NEW INFECTIONS/DAY: 266

PLHIV ON ART: 2.036.979

ART HF: 1759



DSD MODELS IN PLACE



LESS INTENSIVE MODELS
MORE INTENSIVE MODELS

2nd DPR Overview

Data collection: September 2022

Data dissemination: March 2023

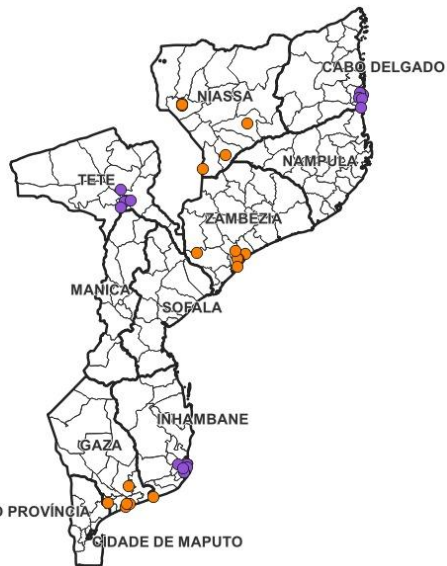
ASSESSED DOMAINS

- Coverage
- Quality
- Retention
- VL Suppression

METHODOLOGY

- Quantitative and qualitative Approach
- Data collection from registration tools
- Semi-structured interviews

- Data collection funded by PEPFAR funds allocated at MoH through CoAg.
- Data collection conducted by provincial staff and supervised by MoH staff.
- Data analysis conducted by MoH.
- Data divulgation during the National HIV meeting



● 2021

● 2022

17HF

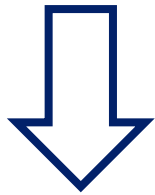
18HF

2nd DPR Data collection tool

PROVINCIA	DISTRICT	HF	CONTEXT	ROC INFORM	QUALIDADE DE SERVIÇOS						24 months DEPOIS DA INSCRIÇÃO NOS						
				A.1	B.13	B.14	B.15	B.16	B.17	B.18	C.1	C.2	C.3	C.4	C.5	C.6	C.7
				PATIENT ID	RECEIVED TPT BETWEEN ENROLLMENT ON DSD 12 MONTHS OF ART?	BMI REGISTERED IN ALL VISITS BETWEEN ENROLLMENT ON DSD AND 12 MONTHS	MALNOURISHED RECEIVED TREATMENT FOR MALNOURISHMENT BETWEEN ENROLLMENT ON DSD AND 12 MONTHS	NUMBER OF CLINICAL CONSULTATIONS BETWEEN 6 AND 12 MONTHS	NUMBER OF PSYCHOSOCIAL CONSULTATIONS BETWEEN 6 AND 12 MONTHS	STATUS AT 12 MONTHS OF ART	DATE OF FOLLOWUP VL REQUEST	DATE OF REGISTRATION OF VL RESULT	RESULT OF FOLLOW UP VL	RESULT OF CD4 MADE BETWEEN 12 AND 24 MONTHS OF ART	REGISTRATION OF GOOD ADHERENCE IN ALL VISITS BETWEEN	PREGNANT OR BREASTFEEDING BETWEEN 12 AND 24 MONTHS OF ART?	HAD ACTIVE CONDITION OF WHO STAGE 3 OR 4 BETWEEN 12 AND 24 MONTHS
8	Cabo Delgado	Beira	Munhava	Urban	2021/68	N/A	N/A	N/A	1	1	para						
9	Cabo Delgado	Beira	Munhava	Urban	2021/86	N/A	Yes	N/A	2	1	Active on ART						
10	Cabo Delgado	Beira	Munhava	Urban	2021/87	N/A	Yes	N/A	3	3	Active on ART						
11	Cabo Delgado	Beira	Munhava	Urban	2021/90	N/A	Yes	N/A	2	2	Active on ART						
12	Cabo Delgado	Beira	Munhava	Urban	2021/52	N/A	N/A	N/A	0	0	Abandonment						

Overview of the additional data analysis included in the 2022 DPR

From:
COVERAGE

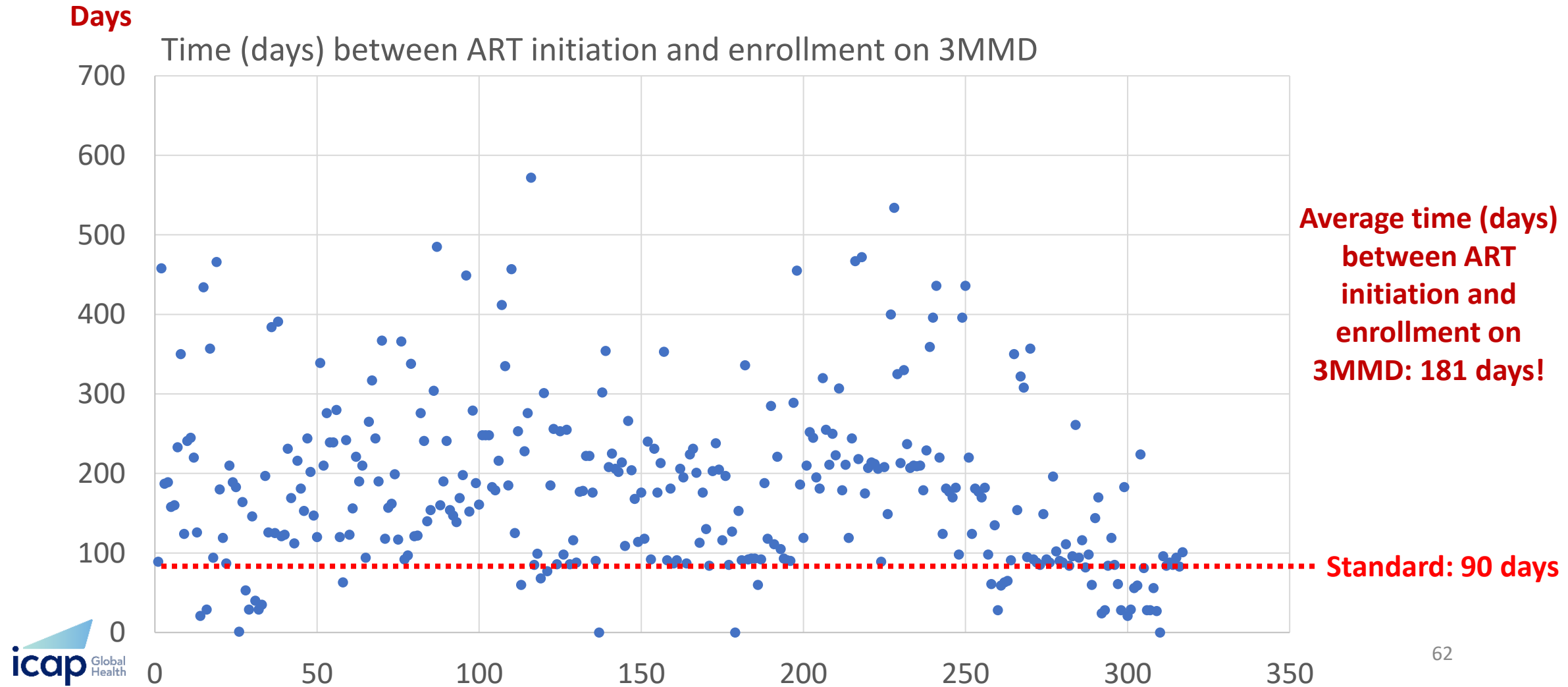


To:
QUALITY

- DSD coverage is no longer a “big” problem
 - More than 80% of RoC are on DSD
- The country is still monitoring the coverage but moving the focus to the quality of services provided o RoC on MMD

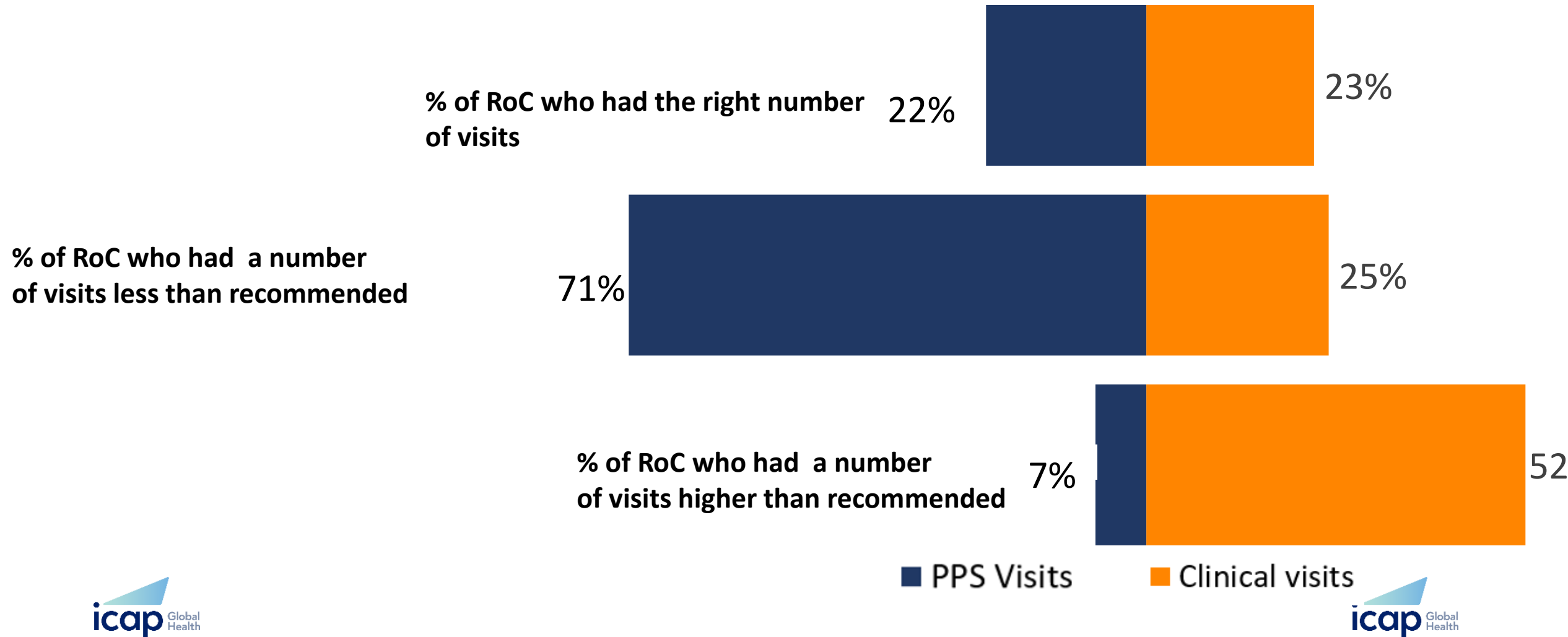
2022 DPR Results for the additional data Analysis

TIMELY ENROLLMENT ON MMD



2022 DPR Results for the additional data Analysis

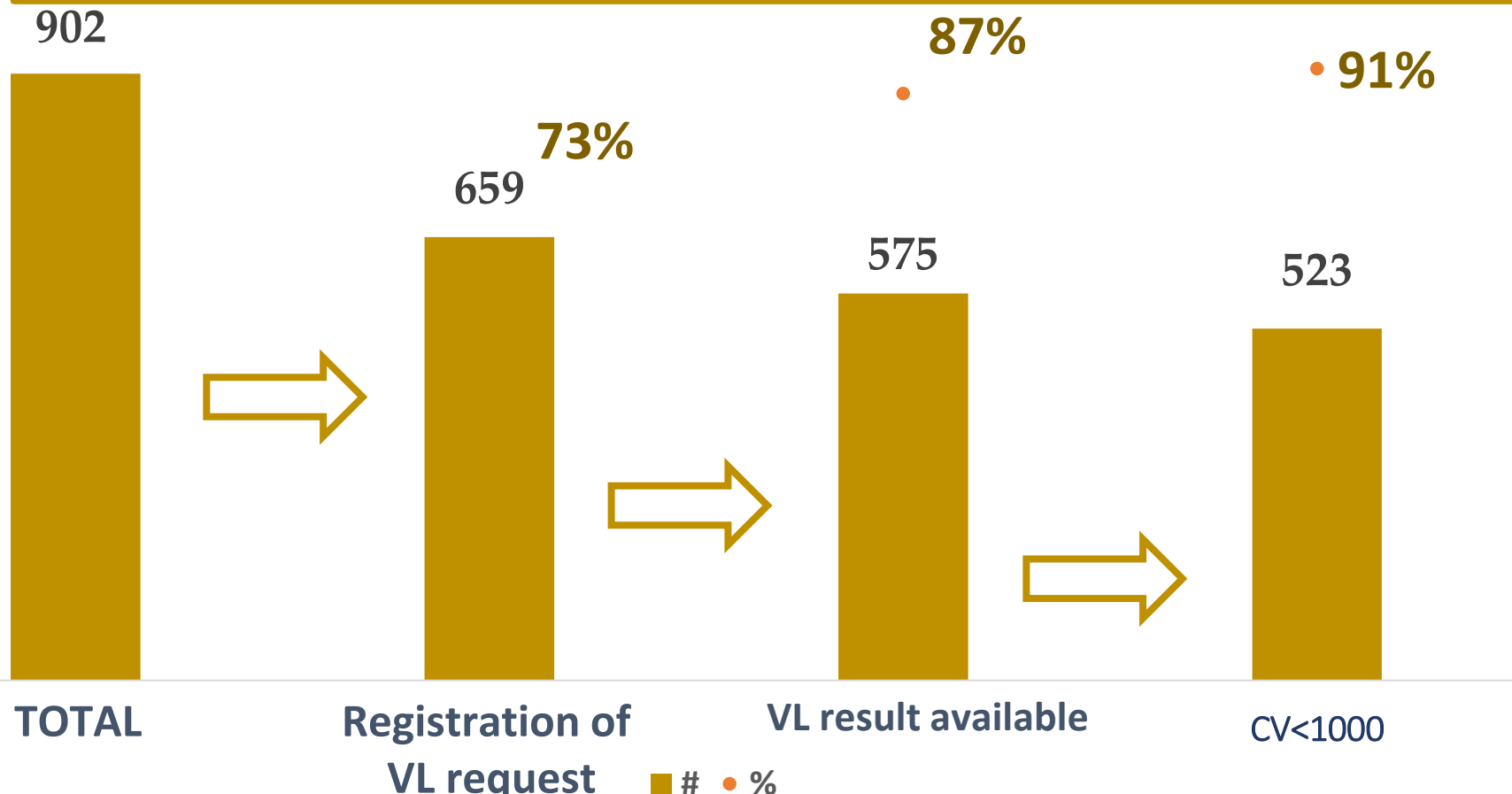
RoC ON 3 MMD: COMPLIANCE WITH THE SCHEDULE DURING A YEAR



2022 DPR Results for the additional data Analysis

- **VL CASCADE**

- VL Suppression rate above 90%
- Average time between ART initiation and 1st VL: 280 days (standard: 180 days).
- 26% of RoC were removed from 3MMD just to know the result of their suppressed VL.



Next steps

- No data elements will be dropped!
- Use the available data elements to generate other quality indicators
- Add data elements which will allow to generate more quality indicators
- Continue implementing interventions to improve quality of services
- About the next DPR:
 - Increase the HF coverage:
 - Ongoing development of an electronic DPR report which will be generated at site level (health facilities with EMR). It will allow to increase the DPR coverage;
 - Leverage local funds (JHPIEGO) to increase the sample of HF

Thank you!



Q&A & Next Steps



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HIV Learning Network

The CQUIN Project for Differentiated Service Delivery

