

Quality Management for DSD in Nigeria

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CQUIN 7th Annual Meeting

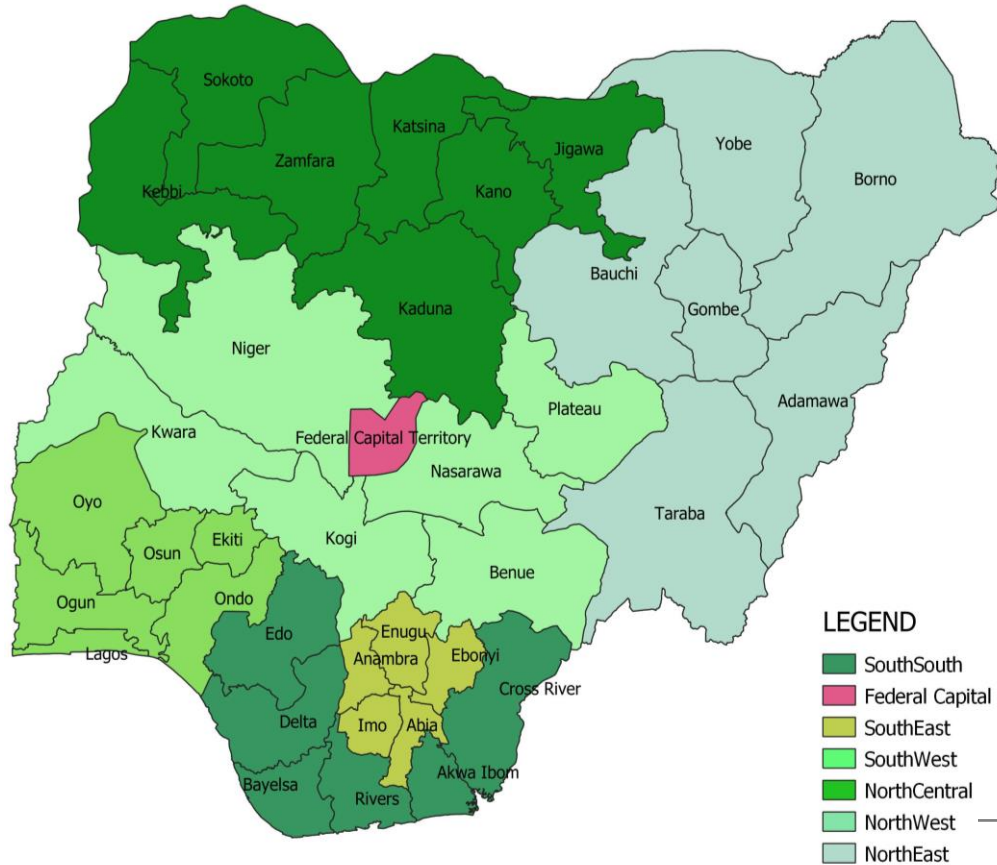
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Outline

- ✓ HIV programs and DSD Implementation in Nigeria
- ✓ Rationale
- ✓ Objectives
- ✓ Global Fund Involvement
- ✓ Assessment Process
- ✓ Successes and Challenges
- ✓ Next Steps

Overview of HIV in Nigeria



- Population of 218,000,000 with a growth rate of 3.2%



- HIV prevalence of 1.4%



- Estimated PLHIV 2,000,000

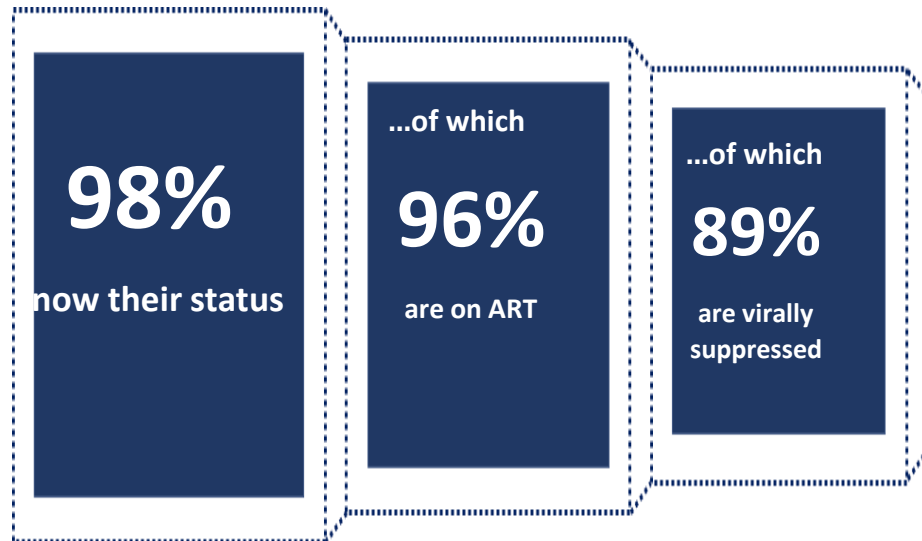


- 1,900,000 currently on ART

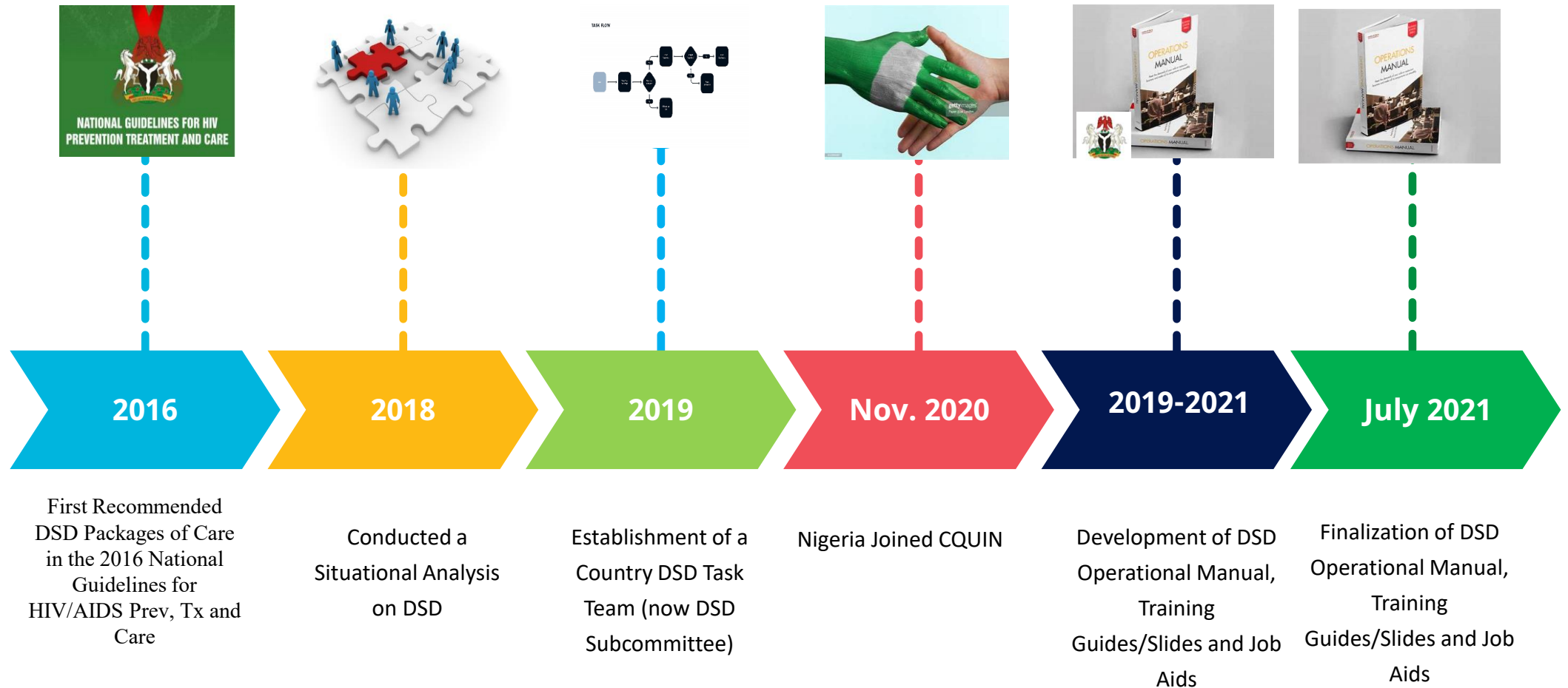
Nigeria has 36+1 states in 6 geopolitical zones

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All age groups



DSD Implementation in Nigeria





Quality Management for DSD in Nigeria

Rationale

Nigeria remained red for the 'Quality' domain during the 2022 DSD dashboard staging

Analysis revealed the lack of a DSD quality management system including standards, indicators, and assessment tools that would allow leaders to understand more about the quality of DSD implementation and respond more precisely

Non-inclusion of DSD strategies into the National HIV Quality of Care Guidelines

Poor harmonization of data sources from other MoH departments with HIV data systems which would reflect integrated service data (e.g. NCDs)



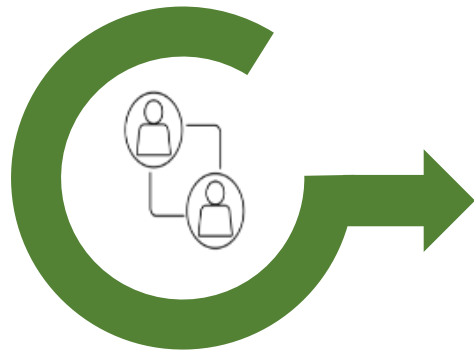
Non-standardization of the model mix terminologies within the facility EMRs, despite the availability of an operational manual in-country.

Inactive DSD module on the national data repository

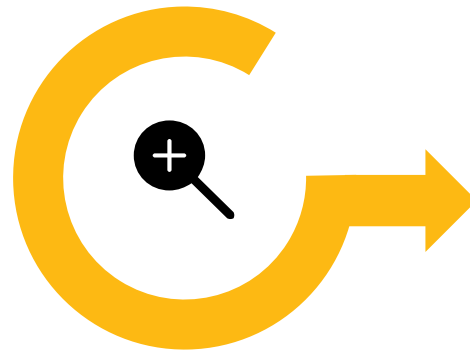
Global Fund Involvement

The Global Fund NFM3 mechanism (Jan 2021 to Dec 2023) awarded to NASCP with funding to expand quality programs for DSD

ICAP Nigeria provides TA to NASCP on DSD implementation.



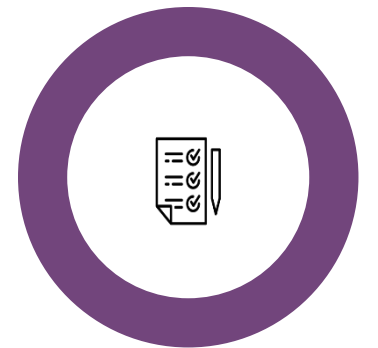
Conducting DSD performance reviews in four states,



Assessing the quality of DSD programs in five states including; Rivers, Imo, Plateau, Kano, and Adamawa



Facilitating state-to-state learning exchange visits



Developing DSD M&E indicators in Nigeria.

Objectives of the quality standards assessment:

Evaluate healthcare facilities' adherence to DSD Quality standards in Nigeria



Offer recommendations for integrating quality standards into routine facility processes for individuals on DSD.



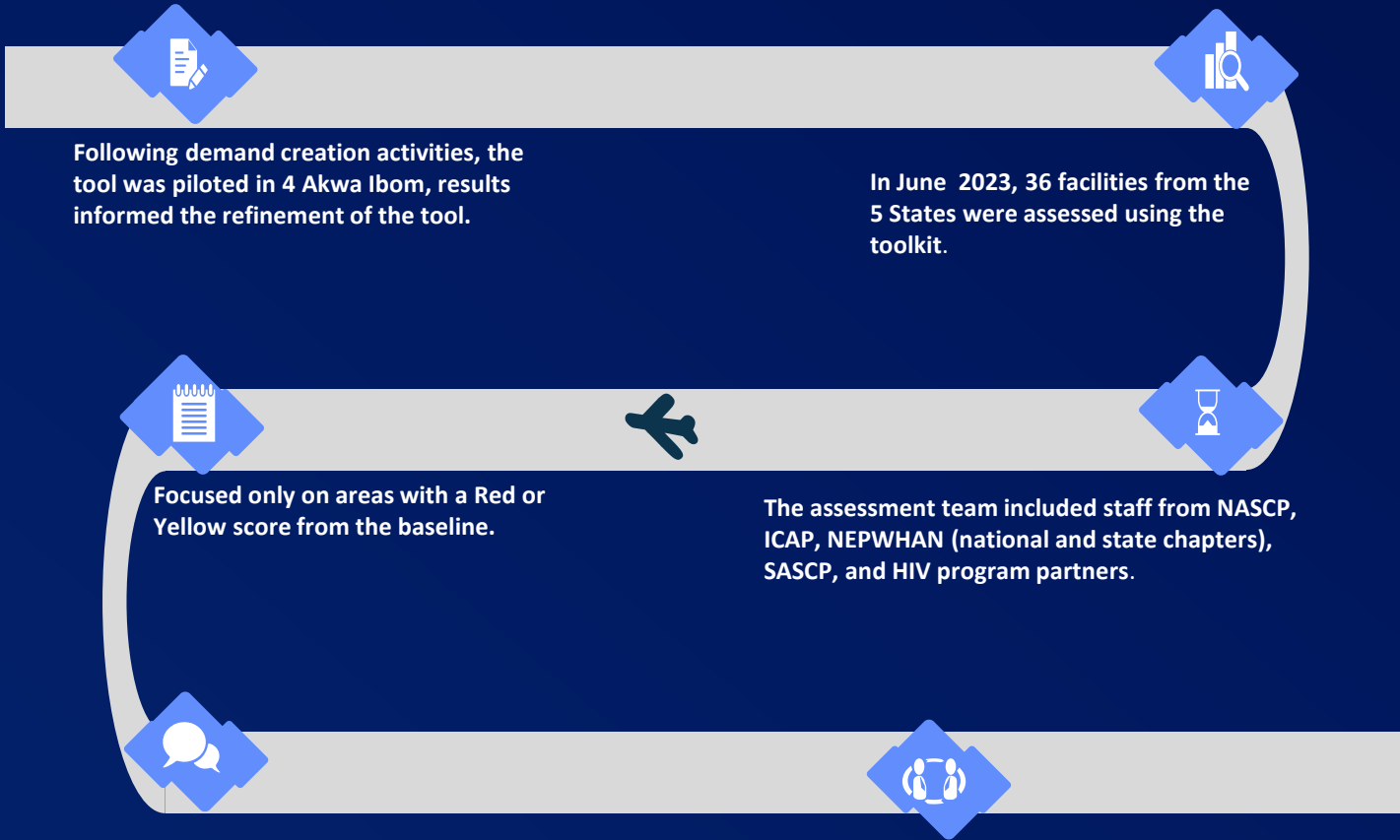
Enhance the quality of DSD program implementation in the country



Promote quality data use for DSD implementation by enabling efficient data visualization, analysis, and reporting.



Quality Assessment Process



A virtual call was held with each participant 1-month after the initial assessment

A follow-up assessment was conducted within each state 3-months after the initial assessment in Oct 2023



Background



The CQUIN DART Quality Standards and Assessment Toolkit was adapted to align with the Nigerian DSD standards established in the country's HIV treatment guidelines and DSD operational manual. Includes 11 core standards with individual process and outcome indicators



A Microsoft Excel-based tool was developed which enables immediate feedback to service providers



A PowerBI Dashboard was developed to facilitate an effective and efficient data collection and analysis system

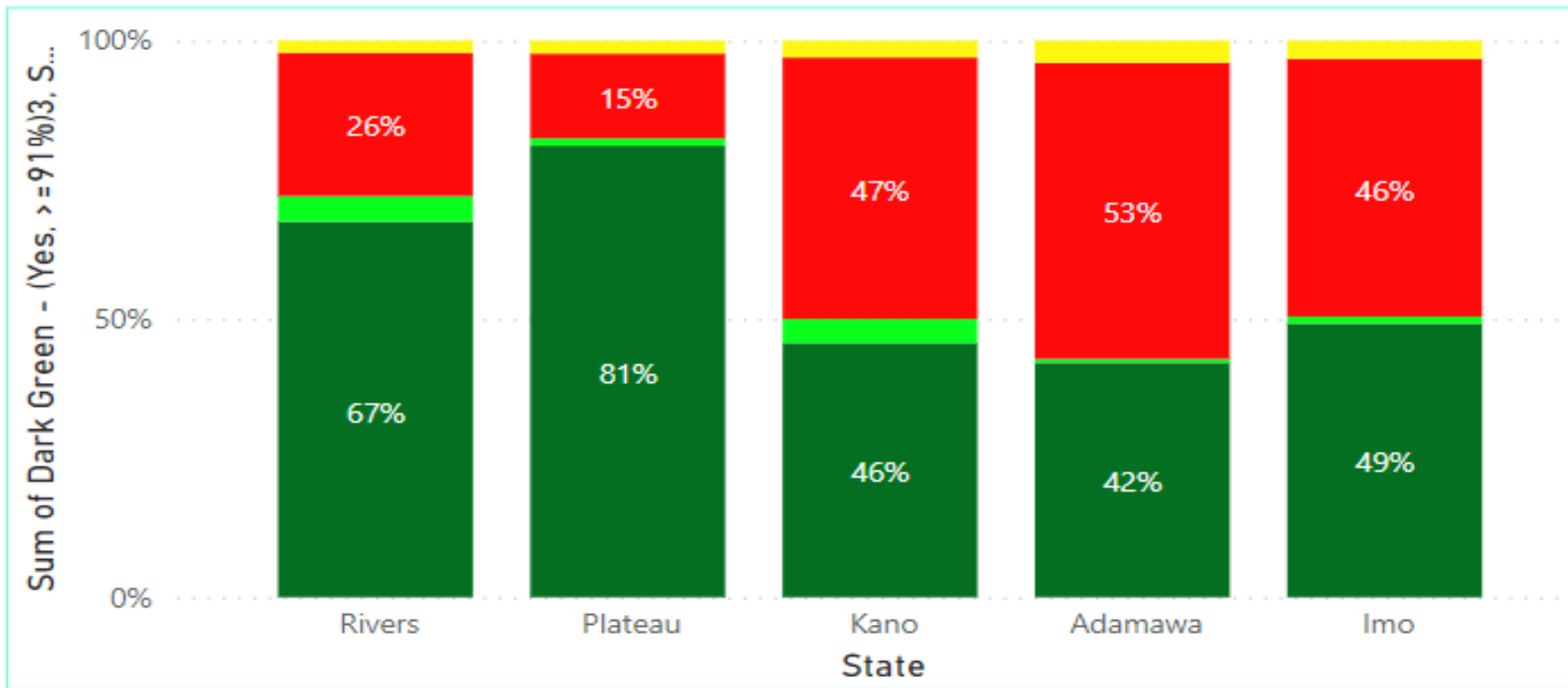


Prior to the assessment, a demand creation meeting was organized with State HIV program managers, recipients of care, and implementing partners to establish the SOPs for the assessment



Sites were selected based on the documented number of persons devolved to DSD models in their EMRs, and the states were allowed to replace sites where necessary.

Baseline Overall Performance to Standards (Sum of Scores) Aggregate Results from 36 facilities in 5 states

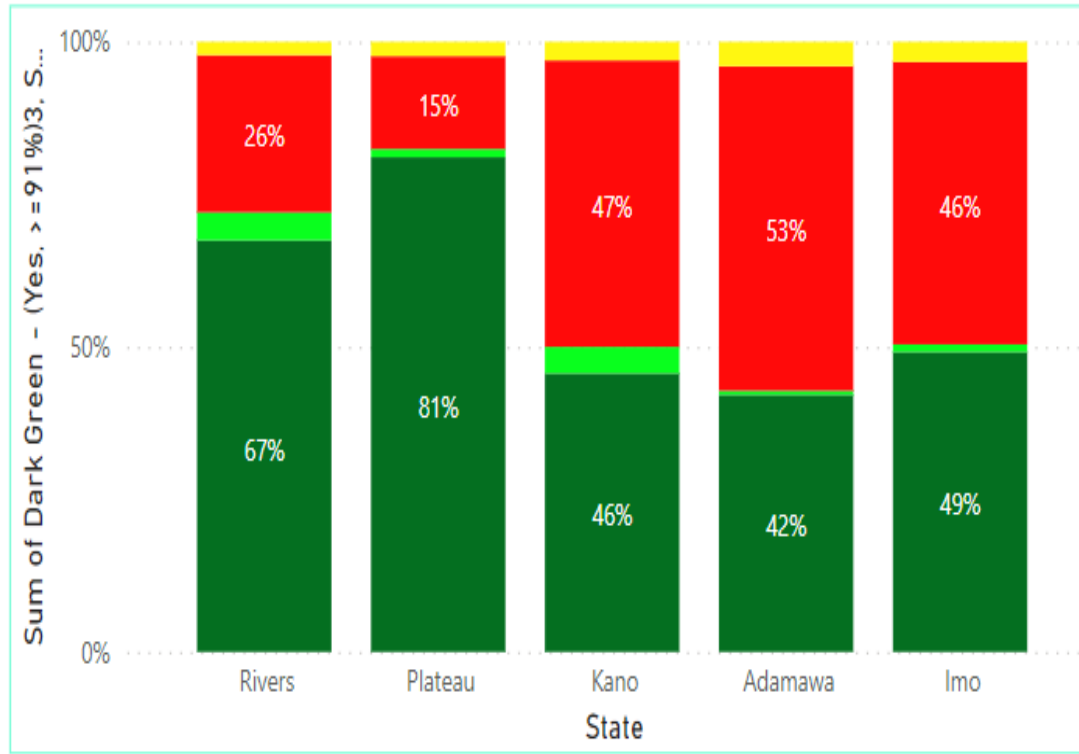


■ Dark green- exceeded minimum standards
■ Light green – met the minimum standards

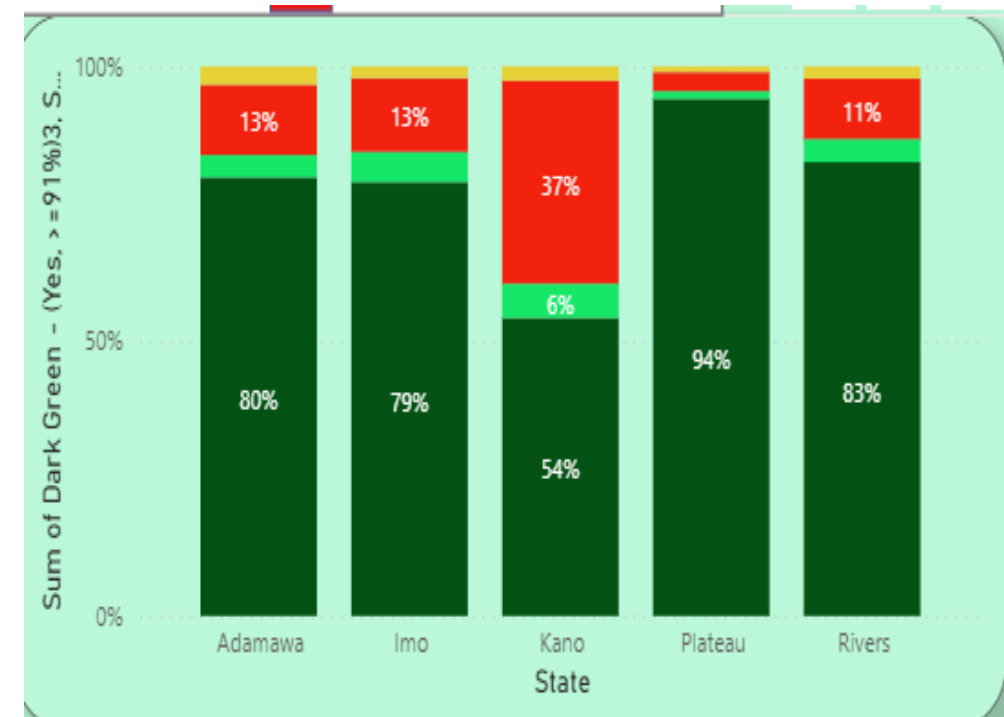
■ Yellow - needs remediation
■ Red – needs urgent remediation

Follow Up Reassessments after 3 months at same 36 facilities

Baseline Results by State



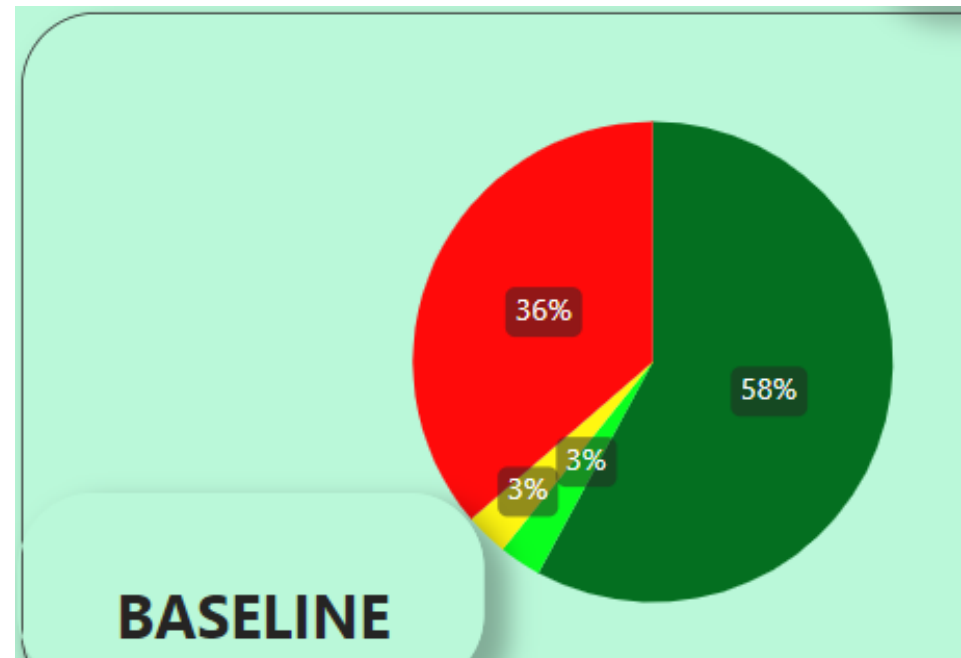
Follow-up results by State



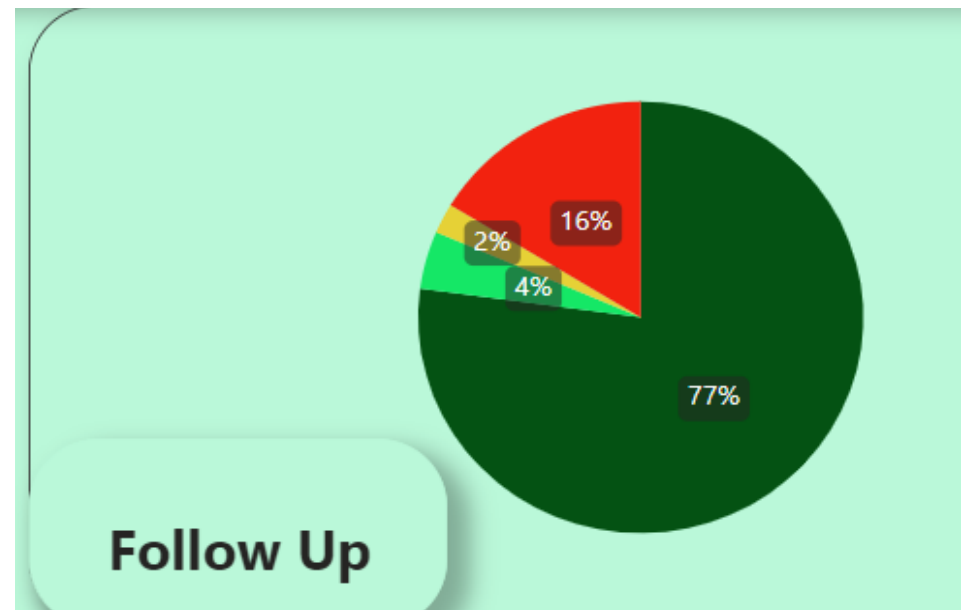
State-level comparison of baseline and follow-up assessment results shows varying levels of improvement across states.

3 month Follow up Assessment Aggregate Results from 36 facilities in 5 states

- ✓ Overall, there was a **20% improvement** (dark and light green) from baseline to follow-up.
- ✓ Performance to Quality Standard 11 which included performance of community ART groups (CAGS) demonstrated the most improvement of 31%.
- ✓ The least improvement was in Quality Standard 2 which includes laboratory assessment for persons enrolled in LIMs



Cumulative national results for the baseline and follow-up assessments.



Successes

- Increased availability of national DSD guidelines at the facilities
Availability of model-specific SOPS to guide the implementation of LIM at the facilities
- Improved collaboration between IPs and the state team for DSD implementation
- Increased awareness of DSD models and implementation modalities amongst HCW and RoC
- Improved implementation of client tracking strategies for devolved clients in Adamawa.
- Improvement in availability of national DSD tools and service documentation for persons devolved to DSD models.



Challenges

- ❑ Suboptimal documentation and utilization of DSD M&E tools across health facilities leading to poor data quality
- ❑ Minimal screening of females 25-49 on DSD for cervical cancer
- ❑ Extended TAT of viral load results across states preventing timely enrollment in DSD models
- ❑ Competing priorities at the state level limit the attention given to the DSD program (e.g. AP3 and biometric drives)



Next Steps

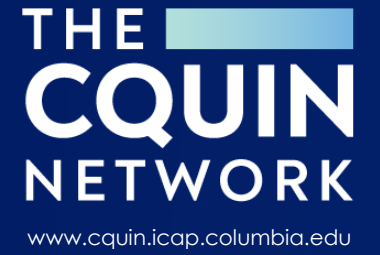
Disseminate the 2023 assessment results of the assessment to national stakeholders.

Leverage findings from the assessment to update national documents and implementation guidelines.

Plan for further continuous assessment of states in 2024 by leveraging on the next cycle of GF grants.

Apply QI methods to implement projects targeting persistent quality challenges

Scale up QMD program, aiming to achieve dark green on DART CMM dashboard for the quality domain in 2024



Thank you!

