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Abstracts - Technical Tracks

(*** - asterisks represent abstracts that will be presenting on panels during the Local Partner Meeting)

Key Populations

***Community-Public Partnerships (C2P) help effectively and efficiently utilize contributions of the community to address public health needs, like COVID, in addition to HIV

Centre for Promotion of Quality of Life (LIFE Centre), Vietnam; USAID Vietnam

Primary Author: Hau Nguyen

Background: In Vietnam, the burden of HIV continues to affect key populations and community-based organizations have been a strategic partner in helping to reach this vulnerable population. However, effectively and efficiently utilizing this work requires additional support and commitment.

Methods: LIFE Centre has been working with CBOs to build relationships with them, based in Ho Chi Minh City, and also establishing formal relationships between those CBOs and the health facilities (C2P) for which they refer clients. This required inclusion of the provincial CDC/DoH to support these relationships, MoUs to establish expectations, and active/ongoing meetings to share issues, feedback and new information/approaches to optimize client outreach, care and support in their management and adherence to ART, and prevention like PrEP. Through active support, the provincial CDC/DoH was also able to advocate to get travel authorization and early vaccination for CBO staff to provide support during the lockdown period.

Results: The outcome of districts in HCMC with the C2P model showed more clients being found and linked to ART by CBO versus districts without the model (over 2x as much). CBOs under this model also were able to support COVID needs among KP who were unable to travel due to lockdown restrictions to maintain their ART as well as receiving other basic needs to overcome the lockdown with sufficient support. Delivering ART and PrEP to 4,269 clients in Dong Nai and HCMC, as well as food aid to roughly 2,000 people and supporting living expenses for 3,234 people from April to September 2021.

Conclusion: The C2P model allowed facilities to work directly with known and trusted CBOs to help facilitate client support to care and is adaptable to respond to other needs for prompt response and continued care of other health emergencies, such as COVID, and currently also being utilized to help prepare communications for potential monkeypox exposure given global trends.

D.Health: A responsive community application bringing services and empowering clients to manage and navigate their care

Centre for Promotion of Quality of Life (LIFE Centre), Vietnam

Primary Author: Nhung Truong

Background: Vietnam utilizes many applications in both everyday life as well as during the COVID restrictions. D.Health, originally designed to be an application to bring information to users, particularly KP, is at a point of growth to align with the community one-stop shop model, allowing users to do more, conveniently and confidentially.

Methods: LIFE Centre worked with CBOs to co-develop the application. Its use boosts health literacy, empower users with basic information, and provides the specific organizations and facilities that deliver those services. Version 2.0, brings the “one-stop shop” experience online to allow clients a tailored, convenient, and facilitated approach to accessing both HIV-related services and additional services that respond to the needs of KP. This “online one-stop shop” model brings a virtual experience option to support the six step community one-stop shop model. The system allows clients to explore promotional materials, select or screen for certain services, provide information regarding that particular service, ability to order or schedule community testing,

and guide clients through the referral process and additional support to help them complete each respective service. Information is secured and only shared with an established outreach worker linked to the client.

Results: The D.Health 2.0 upgrade is focused on modules for the 8 HIV-related services (i.e., HIV testing, PrEP, PEP, ART, ART adherence, PNS, IPV, safe behaviors), as well as sexual and reproductive health. Additional modules will be added, including STI, hepatitis, TB, mental health, etc. This initial upgrade is expected for October 2022.

Conclusion: This milestone will bring clients the information and support they need to know the services available, and to help navigate and access those services. Engaging end-users early makes it responsive to the respective needs of the community and brings transparency and control to clients - supporting clients at their pace, anytime and from anywhere.

Utilizing CBOs to provide services through a Community One-Stop Shop Model – how lay providers can support clients in navigating and accessing integrated care

Centre for Promotion of Quality of Life (LIFE Centre), Vietnam

Primary Author: Ruben Frescas Jr

Background: In Vietnam, high adherence to ART has allowed more people to live longer lives with control of HIV, however this has also increased the importance of addressing various other health needs that can both jeopardize adherence and expose them to risk of additional morbidity.

Methods: A standardized, general approach was applied to HIV case finding in order to improve quality control of the general service delivery approach. Six key steps were identified: (1) outreach (includes demand generation activities), (2) counseling (further information to clients), (3) screening (risk stratifying clients), (4) testing (providing community rapid screening test and post-test counseling), (5) referral (to appropriate services at health facilities), and (6) support (particularly for newly diagnosed clients to address barriers and enhance likelihood of linkage to care and adherence to treatment). These steps are applicable beyond HIV case finding and can support clients who may benefit from other health services like sexually transmitted infection, tuberculosis, hepatitis, mental health, etc.

Results: To date, there are 6 KP-led CBOs with recognized legal status in Vietnam that will be providing these services through a community-public partnership (C2P). Baseline assessment shows that all these organizations provide the core HIV services in the community, however they desire to expand to additional services to benefit their clients.

Conclusion: This model is currently being implemented, yet the enthusiasm and commitment of the CBOs, as well as their involvement in informing the model, will assure that services are applicable and responsive to their clients. Given their established relationship through C2P with health facilities, the ability to link and support those clients identified in the community to seek additional necessary health services will help increase access and utilization so people can live healthy quality lives with HIV controlled and other health problems addressed.

Setting Up HIV Community-Led Monitoring (CLM) Advocacy Strategy in Myanmar's Political Regression

PYI GYI KHIN (PGK), Myanmar

Primary Author: Thant Lwin Htoo

Background: PYI GYI KHIN (PGK) has been preparing the implementation of CLM in Myanmar with coordination of HIV local key population networks since 2020. On February 1, 2021, Myanmar's military regime overthrew democratically elected government and many systems including health system has been collapsing and link with community system becomes severed.

Methods: Since the preparation stage, PGK has been closely coordinating and consulting with Community Network Consortium for HIV (CNC), a body which leaders from HIV communities are representing and is a main actor for CLM implementation in Myanmar. The initial advocacy strategy was set up to follow experience of other countries which aims CLM to be a priority of the national AIDS policy agenda. After consulting with community and other stakeholders, PGK redesigned CLM's advocacy strategy to postpone policy advocacy with authorities at all levels until the situation allows it to do so. However, the advocacy with

service providers, fund management agencies and other stakeholders will be implemented at all levels.

Results: This strategy ensures a sense of security and develops more confidence among CNC and community members and coordination and planning meetings also provide better coordination from service providers. Even though country level policy is not tackled in the current period, it creates opportunities to build capacity of community members in CLM implementation by reducing burden of engagement with authorities. It becomes the most feasible strategy that benefits both the HIV community and partners in the current context of Myanmar.

Conclusion: Recognizing that CLM will only be most effective with policy support, current CLM's implementation aims to collect and deliver community's voices to development partners to understand the needs of the HIV sector in Myanmar. There may be a long way ahead, however, by learning and sharing from each other, HIV CLM is gradually progressing despite political regression in Myanmar and hope to perform its purpose in the future.

Quality of Care & Gender-based Violence/Intimate Partner Violence among PLHIV

Jaringan Indonesia Positif, Indonesia

Primary Author: Meirinda Sebayang

Background: Quality of care (QoC) is defined as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes (WHO).” Measuring QoC for people living with HIV (PLHIV) is vital to monitor the burden of disease, treatment impact, and barriers to healthcare. This study captured QoC in PLHIV from three dimensions, namely counseling & literacy, treatment outcomes, and rights to health, as well as its correlation with gender-based violence (GBV) and intimate partner violence (IPV).

Method: This study, which used a cross-sectional & phenomenology design, began with data collection (February 2022) through quantitative questionnaire (400 respondents), in-depth interview (19 respondents), and FGD (77 respondents) in DKI Jakarta, West Java, and Banten.

Findings: The proportion of HIV-related counseling and literacy in most respondents is good (51%) and most of their treatment outcomes (67%) and rights to care (66%) have been fulfilled. The QoC score across the three dimensions is good (51%) though experience of violence inhibited PLHIV from gaining good QoC. For those who have partners, the probability of getting a good QoC decreased by 40% in those that have experienced violence compared to those that have not.

Conclusions: Though the QoC score across the 3 dimensions is good, policymakers and service providers need to consider GBV/IPV as a major barrier for PLHIV to get good QoC.

Identifying opportunities for HIV prevention in Central America: Online risk behavior Study with MSM

Pan American Social Marketing Organization (PASMO), Central America

Primary Author: Carlos Palma

Background: Under USAID's Prevention Services Against HIV activity, PASMO implements offline and online interventions in Central America to increase the access of key populations (KPs) to HIV testing and linkage services. In 2021, PASMO conducted a quantitative study to identify online risk behaviors, barriers to HIV testing uptake, and to explore knowledge and perceptions about self-testing and pre-exposure prophylaxis (PrEP) services.

Methods: The study used an online recruitment methodology through PASMO's digital channels (fan pages) and a total of 616 men who have sex with men (MSM) from 5 Central American countries responded the online survey.

Results: The results showed high levels of online risk behaviors. 73% used social networks to meet sexual partners, while 82.5% had penetrative sex in the last three months with people they met online. Only 57% used condoms consistently with these partners. Despite the identified risks, only half of the participants had taken the HIV test in the past 12 months, and 25% had never been tested for HIV. The study also identified some important barriers to HIV testing, such as the fear about consequences of receiving a positive result (75%), as well as the perception that there is nothing to do about receiving a positive result (55.5%).

Half of participants also mentioned that they will not have the support of their family and feel they must hide their sexual behaviors from others to avoid discrimination.

Conclusion: The results shown a persistent need to implement an integrated prevention strategy that addresses the importance of condom use, but also the adoption of other prevention behaviors such as PrEP (79.2% of use intention), knowledge of HIV status through new test alternatives like self-testing (89% of use intention), and addressing barriers to take the HIV test related to social support and internal aspects related to feeling afraid of the test result and the perception of helplessness for having a positive result.

Engaging youth in HIV self-care: Results from the launch of an HIVST strategy in Guatemala

Pan American Social Marketing Organization (PASMO Guatemala), Guatemala

Primary Author: Jose Quiñonez

Background: Under USAID's Prevention Services against HIV activity in Central America, the Pan American Social Marketing Organization (PASMO) works to increase HIV testing services (HTS) uptake and linkage among high-risk individuals (HRI), especially key populations (KPs): men who have sex with men (MSM) and transgender women. In Guatemala, where the access of KP to regular HIV diagnostic tests remains a challenge, PASMO introduced HIV self-tests (HIVST) in 2021 to help close gaps in diagnosis and promote KP self-care strategies.

Methods: PASMO launched an HIVST strategy under a semi-assisted model where cyber-educators (online outreach workers) provide a referral coupon to KPs to receive a free HIVST kit including the self-test, condoms, water-based lubricant, and educational print materials. Kits are available for pick-up at PASMO or other NGO offices, or users can cover a small fee for delivery services. Users who require support and follow-up have ongoing access to cyber-educators for assistance, especially for reactive test results that require confirmatory testing and linkage to care and treatment support. PASMO generates demand for HIVST kits among KPs mainly through social media communications and campaigns.

Results: During 10 months of the HIVST strategy implementation, PASMO delivered 1,126 kits with significant reach among MSM youth (31% of users were ages 15 to 24). Social media channels and apps were the main source of requests (33% of requests were received via the Grindr dating app), and most absorbed at-home delivery costs (56% of kits used delivery services).

Conclusion: Preliminary data may indicate that the HIVST strategy contributes to reducing diagnosis barriers and gaps among young MSM in Central America and possibly among other difficult access populations that may otherwise not get tested for HIV. The strategy also promotes self-care, and PASMO should work to expand it at a more national level.

Impact of PrEP Champions on uptake of PrEP among MSM and TGs; the case of CEDEP Drop in Centers

Centre for the Development of People (CEDEP), Malawi

Primary Author: Patrick Mbulaje

Background: Pre-exposure prophylaxis (PrEP) is a promising part of HIV prevention, yet social disparities in PrEP uptake persist. Evidence indicates that men who have sex with men (MSM) and Transgender (TG) people face numerous social and structural barriers to PrEP, including stigma, medical mistrust, and exclusion from the healthcare system. However, there is little research documentation on how social networks can influence PrEP use and overcome these identified barriers.

In July, 2021, Centre for the Development of People (CEDEP) trained 40 PrEP champions to assist in PrEP demand creation and also to act as role models as they are already enrolled in PrEP. This paper seeks to demonstrate the impact of PrEP champions in the CEDEP districts.

Methods: We reviewed data on PrEP uptake for each district. The review focused on the PrEP data from March to June, 2021 (the period without PrEP champions) and we also reviewed data from July to September, 2021 (the period with PrEP champions). During the review, we only focused on those clients who are newly initiated on PrEP only.

Results: The overall performance of the project shows that for the period March to June, 41 clients were initiated on PrEP, this was the time the PrEP initiation was done without PrEP champions while July to September, the period PrEP champions were

introduced, the project managed to initiate 223 clients on PrEP. This represents a 69% increase in PrEP initiation.

Conclusion: The findings show that the PrEP champions have a positive impact among their peers on PrEP uptake. The results reveal the role social networks and peer groups can play in increasing PrEP use among key populations. Additionally, social network interventions may help overcome the stigma and mistrust that are contributing to PrEP disparities.

Access to Justice Programming (A2J): an essential component to reaching Key Affected Persons with HIV Testing Services (HTS) in Northern Nigeria

SOCIETY FOR FAMILY HEALTH, NIGERIA

Primary Author: Nwofor Chidubem

Background: Nigeria is one of the many African countries with unfavorable and restrictive legislations against Key Affected Persons (KAPs). According to Beyrer C. Pushback, (May 2014), “these laws not only limit the rights of KAPs but also encourages stigma and discrimination which are major barriers to accessing health care services”.

Methods: Society for Family Health is implementing a five-year USAID-funded HIV treatment and prevention project for KAPs (men who have sex with men, sex workers, people in congregate settings, and people who inject drugs) in Adamawa, Bauchi, Kebbi, Sokoto and Zamfara States. The project implements an access to justice (A2J) strategy which creates an enabling environment for KAPs. The A2J Strategy focuses on providing a sound legal education/sensitization, care for survivors of violence and legal services for KPs who are abused or violated.

Results: In 34 months, KP-CARE 2 has provided care and support for 63 KAPs who were sexually assaulted and 528 KAPs who suffered from physical and emotional violence, while 692 received free legal services. All 692 were offered free HTS with 130 being positive. They have been enrolled into care; 88 of them were FSW's, 32 of them were MSM's and 10 PWID. While 90 of them identified as females and 40 identified as male.

Conclusion: The A2J Strategy is an emerging pathway for reaching KAPs with HTS; projects need to ensure an appropriate mix of A2J into KAP comprehensive services to ensure a safer environment for KAPs.

Feasibility and acceptability of integrating COVID-19 vaccination services at Drop-in-Centers for Female sex workers in Malawi

Pakachere IHDC, Malawi

Primary Author: Stanley Kalyati

Background: Pakachere Institute for Health and Development Communication (Pakachere), a Malawian organization implementing HIV services among sex workers with support from USAID planned to integrate COVID-19 vaccine services through its service delivery modalities of Drop-in-Centres and Outreach Clinics that target sex workers. Concerns on potential negative impact on HIV services due to client shunning away from COVID-19 vaccine led to the implementation of an acceptability and feasibility study among FSWs and health care workers (HCWs) that aimed to inform decision to integrate COVID-19 Vaccine as part of service package for FSWs in Drop-in-Centres (DICs). We share findings, lessons and recommendations of the survey.

Methods: In December 2021, we conducted an acceptability and feasibility survey among 80 HCWs and 366 FSWs across 12 DICs that offer services to FSWs in four implementation districts of Mangochi, Lilongwe, Blantyre and Mzimba. Two questionnaires were designed, one for HCW supporting DIC services and another for FSWs that access services in DICs. Data was collected and entered using Kobo tool-box. Microsoft Excel was used to analyze the data.

Results: Overall, 75% of HCWs agreed that COVID-19 Vaccination service should be added to the package of services offered at the DIC. HCWs willingness to deliver COVID-19 Vaccine was dependent on three factors; being trained to deliver the vaccine, consistent availability of PPE and availability of information tool kits to support their work. For the 25% of the HCWs who were hesitant to integrate COVID-19 Vaccination services in DICs cited increase in workload, lack of capacity to deliver the service and concerns that sex workers will be uncomfortable to come to the site. Findings among FSWs revealed high acceptance of COVID-19 Vaccine services in DICs (75%).

Conclusion: Integrating COVID-19 vaccination services in HIV delivery platforms for FSWs was highly acceptable among both HCWs and FSWs.

Integrating COVID-19 Vaccination in Routine Key Population Services; Pakachere IHDC Experience among Female Sex Workers in Malawi

Pakachere IHDC, Malawi

Primary Author: Cosmas Kamba

Background: World Health Organization (WHO) recommends that people at highest risk of COVID-19 get vaccinated. Sex Workers (SW) are likely to be exposed to COVID-19 due to the social interactive nature of their work. Vaccine hesitancy has affected uptake of COVID-19 Vaccine among vulnerable populations including SWs. This abstract describes efforts implemented by USAID-funded Pakachere IHDC activity in Malawi to integrate COVID-19 Vaccination in routine HIV services at Drop-in-Centres (DICs) and Outreach Clinics in Malawi. Strategies, achievements and lessons from service integration are presented.

Methods: A feasibility and acceptability survey was conducted among 366 FSWs and 80 HCWs in December 2021. Seventy-five (75%) percent of respondents responded favorably to service integration. 98 Peer Educators and 49 Peer Navigators were trained to integrate COVID-19 prevention messages and COVID vaccine demand creation in routine sessions at hotspot level. A factsheet was developed to support communication on COVID-19. Trained HCWs provided COVID-19 Vaccination through DICs and Outreach.

Results: From January to June 2022, 4,161 clients were vaccinated against COVID 19. 2,660 (64%) were reached through mobile outreach clinics in hotspots while 1,501 (36%) were reached at DICs. From the total vaccinated, 2680 (64%) were females and 1481 (36%) were males. About 1550 clients (34%) heard about COVID-19 Vaccine from peer educators, 1664 (40%) from HCWs at DIC or Outreach, 792 (19%) through radio and TV and 242 (6%) through social media. DIC visits for HIV services were maintained at over 9000 individual visits per quarter.

Conclusion: There is an opportunity to expand vaccination coverage among KP such as FSWs, MSM and TGs while leveraging existing infrastructure. Peer cadres have proved to be effective in mobilizing peers and creating demand for uptake of services.

How to find hard-to-reach clients/patients: A special event for men who have sex with men (MSM) at Empower West activities

ASAPSU-Empower West Activities, Côte d'Ivoire

Primary Author: Haudy Stanislas Arsène Kouassi

Background: ASAPSU, a local organization, has received direct funding from USAID since 2019 to implement a 5-year HIV prevention program targeting key populations.

In 2021, studies showed that men who have sex with men (MSM) and their sexual partners are most affected by the HIV epidemic and account for 70% of new HIV infections in Côte d'Ivoire. Testing was identified as the main entry point to receive HIV care and services in Côte d'Ivoire, and the subgroup of MSM requires a specific approach to testing to achieve the greatest impact.

Methods: Terms of reference (ToR) were developed; the local MSM network was used to share information and establish contact with MSM in the area; and a secure site for the activity was identified. MSM peer educators led awareness/sensitizing sessions on the combined prevention sheet (HIV/AIDS, correct use of condoms, benefits of testing). The sessions were followed by questions and answers and testing services for the MSM present, with a community meal sharing offered at the end.

Results: From March to June 2022, of the 241 MSM invited to the special sessions, 200 participated (83%). Testing service was offered to all participants, and 130 MSMs accepted (65%). Twenty-three MSMs (18%) tested positive and were enrolled in care and treatment.

Conclusion: Tracking and testing the hard-to-reach MSM population proved an effective way to reduce new infections among this key population, as ASAPSU's Empower West project demonstrated by organizing these special activities targeting MSM.

***Improving viral load monitoring coverage using CQI approach in 10 priority geographical areas of Namibia

IntraHealth, Namibia

Primary Author: Abbas Zezai

Background: Implementing the KP-STAR project began simultaneously with rising COVID-19 cases in Namibia. Despite this, the project started on a high note; initiated KP clients and kept them on ART through a team of dedicated peer educators, case managers and online platforms. With time the project began to record VLS of above 95% on HIV treatment cascade for viral load coverage (VLC) was consistently low. Initially, the laboratory was blamed as they prioritized COVID-19 testing but this explanation became redundant following the lifting of restrictions, yet VLC remained low. A lasting solution was required.

Methods: A continuous quality improvement initiative (CQI) was conducted in 10 implementing sites to interrogate and fix issues related to low VLC. This included:

- Meetings with facility staff and KP-STAR field teams
- Reviewing and updating case management files, patient care booklets, and lab results files
- Coordinating facility staff and case managers to follow up and file lab results in PCBs
- Collaboration with facility staff to update the PCBs
- Updating the electronic patient management system (EPMS)
- Updating the project ART/PrEP lists
- Community-based tracers updated lists of clients for follow up
- Updating clients in QuickRes

Results: Between January and March 2022, the project reported VLC of 65% based on a numerator of 1369 clients with recorded viral load results and a denominator of 2107 clients currently on treatment and met the criteria for viral load monitoring. Following the CQI, the VLC for the period April to June 2022 rose to 90%, (1909/2118).

Conclusion: CQI effectively addressed suboptimal documentation and indirectly addressed the low VLC. KP-STAR staff keeps supporting improved documentation at the facility level as we journey towards achieving true 95-95-95 targets.

Increasing health care access for transgender women in South Africa: Lessons learnt from four health districts

Wits Reproductive Health and HIV Institute, South Africa

Primary Author: Rutendo Bothma

Background: Intersectional stigma and discrimination increase transgender women's vulnerability to HIV and contribute to poor health outcomes in South Africa. Integrating gender-affirming hormone therapy (GAHT) with HIV prevention, care and treatment services can improve HIV service uptake and health outcomes.

Methods: In 2019, Wits RHI established transgender-dedicated health centres in four health districts (Buffalo City, Cape Town, Johannesburg, Nelson Mandela Bay). We provide differentiated GAHT and HIV services at a primary health care level. The service model is multi-disciplinary, which is primarily community based.

Results: GAHT is the most sought-after intervention by transgender people accessing our clinics. The program has negotiated hormone supply with the respective health districts. Between February – June 2022, we initiated 529 transgender people on hormone therapy. By the end of June 2022, we had reached over 12,000 transgender individuals through door-to-door outreach, enhanced peer outreach approach, social media, and risk network recruitment strategies. We provided HIV tests to 7943 individuals, of whom 14% (1112/7943) tested positive. Almost all (95%) HIV positive clients accepted ART on the same day. Currently 705 transgender women receive ART and 89% of those eligible for viral load testing recorded a suppressed viral load. Multi-month dispensing is offered to eligible ART clients, primarily via decentralized drug distribution. Community and venue-based collection of VL specimens increases viral load coverage. Peer educators and community health workers encourage treatment continuity through positive messaging and U=U campaigns. We created transgender-specific, PrEP demand creation materials, and transgender PrEP users champion targeted PrEP messaging. Acceptability of PrEP has increased 2-fold since

programme inception.

Conclusion: Differentiated HIV service delivery for transgender communities is critical to increase health access and improve health outcomes. Lessons learnt from our program could be adapted to expand transgender healthcare in the African region.

Tackling Tuberculosis among People Who Inject Drugs (PWID) -Experience from JUZA Plastic Recycling Company from October 2021 to June 2022 in Ilala: Dar es Salaam, Tanzania

Amref Health Africa, Tanzania

Primary Author: Esther Mukasa

Background: According to the 2020 WHO TB Global Report, Tanzania misses 48,2099 (36%) TB cases annually from the WHO estimated 133,000 cases with treatment coverage standing at 64%. Globally, People Who Inject drugs (PWIDs) are among the most risk populations for TB, with TB infection prevalence ranging from 10% to as high as 67%, Tanzania is not spared.

Methods: Through USAID funded project Amref Health Africa in Tanzania, is implementing Community Based TB screening in collaboration with the National Tuberculosis Program (NTLP), aiming at increasing TB case detection targeting high risk communities e.g. PWIDs using 158 Community Health Workers (CHWs). CHWs deployment to reach and Screen for TB the PWIDs who collects and sells plastic bottles at JUZA Company in Ilala. The implementation of the differentiated TB care approach TB case notification among PWIDs was done from October 2021 to March 2022. prior was zero by September 2021. Twice a week, TB screening was conducted by CHWs using a standardized TB screening questionnaire to PWIDs. Presumptive TB individuals' sputum specimen were collected on the spot and transported for investigation. Those who were not able to produce sputum were referred for further investigation at Mnazi Mmoja Hospital. Those diagnosed with TB were initiated on TB treatment and linked with JUZA company supervisor for follow up on adherence to medication.

Results: During the implementation a total of 517 PWIDs were screened for TB and 52% were presumptive TB cases. Among presumptive cases, 9% were diagnosed to have TB and all were men. This shows high burden of TB in PWID. All TB cases were initiated treatment.

Conclusion: Tailored ACF among TB key population like PWID is of paramount importance in finding missing people with TB in the community.

COMMUNITY-BASED DELIVERY: AN APPROACH THAT WORKS

ONG BLETY, Côte d'Ivoire

Primary Author: Josiane Tety

Background: In Côte d'Ivoire, 44% of men who have sex with men (MSM) and 62% of sex workers (SW) living with HIV are on ART (2019). However, HIV programs that target key populations (KPs)—especially the one implemented by BLETY within the PEPFAR framework—face the problem of retaining patients in care. These rates stand at 40.89% among MSM and 58.98% among SWs (COP 20). Community-based delivery (CBD) could be a solution to the challenge of retaining these HIV patients in care.

Methods: A framework of collaboration between healthcare centers and community-based organizations allows the Peer Navigator (PN), during therapeutic follow-up, to access the ART supply for HIV-positive patients and make it available to them during care groups and visits in patients' homes. Previously, the capacity of PNs is strengthened to sensitize patients to the importance of continuously taking ART to suppress viral load.

Results: An improvement in retention in HIV care was observed. During COP 21, the retention rate among MSM went from 40.89% to 59%; among SWs, it increased from 58.98% to 76.35%.

Conclusion: CBD of ART within KPs to reduce the rate of lost-to-follow-up seems to yield encouraging results. It should be extended to a bigger group of SWs and MSM to estimate the potential for its impact on a larger scale.

***EVALUATION OF HEARTLAND ALLIANCE LTD/GTE MODEL OF KEY POPULATIONS INTERVENTIONS USING THE KP ASSESSMENT TOOL

Heartland Alliance LTD/GTE, Nigeria

Primary Author: Bartholomew Ochonye

Background: PEPFAR guidance on HIV key population (KP) programming is implemented by "KP competent organizations,". The objective of the assessment was to evaluate the level of Key Populations competency of PEPFAR implementing partners and areas of improvement. Heartland Alliance LTD/GTE is a Local Organization that is currently Implementing the PEPFAR-funded Key Populations Community HIV Services Actions and Response (KPCARE 1) project in 6 states in Nigeria.

Methods: The PEPFAR Key Population Competence Assessment tool has six sections that evaluated inclusiveness at the organization, privacy and security, Capacity to meet the health needs of Key populations, Commitment to human rights and dignity of Key populations and Commitment to community empowerment. A total of 16 questions with a total score of 78 points.

Results: Heartland Alliance scored 100% in the assessment across all six sections. Human rights and inclusion of key populations(15 points); Confidentiality of documentations and risks mitigation (2 points); Commitments to promotion of non-judgmental and non-stigmatizing and clients human rights education, formal systems to respond to issues of discrimination and violence, (26 points), Provision of minimum package of evidenced-based services that meets the needs of key populations, strong financial management and grant management capacity, fair remuneration and peer progression and professional development (25 Points) Key Populations community empowerment through direct community financing for Key Populations groups (10 Points).

Conclusion: Heartland Alliance as an implementer of Key populations programs in Nigeria has over time continuously improved on being a Key Populations competent organization through capacity building of Key Populations organizations (KP CBOs) using the "Green housing" mentorship model which has midwifed 32 KP Community Based Organization of which some are currently implementing multiple programs with multiple donors.

Implementation of multi-month dispensing among key populations living with HIV in Drop-in Centers: The case of CEDEP PROTECT project in Malawi

CEDEP, Malawi

Primary Author: Patrick Mbulaje

Background: Malawi adopted a number of strategies including Multi-Months Dispensing (MMD) allowing stable clients to attend the clinic twice or three times a year. Patient interruption of ART is one of the factors that restricts the progress towards epidemic control among key populations in Malawi. MMD that lasts about three months and more have shown better retention on ART across the world. We examined the implementation of MMD in DICs supported by Centre for the Development of People (CEDEP) in Malawi.

Methods: Data for the year 2021/2022 up to Quarter 3 (April to June) was analysed from the 4 DICs that that the PROTECT project is supporting. These facilities serve about sixty percent (57%) of all KPLHIV in the project. All client files in the HIV Care and Treatment were reviewed on MMD eligibility and were categorized into <3 months, 3-5 months, and 6 months dispersion. Data was collected on facility-level factors that influenced implementation of MMD.

Results: It was discovered that all 602 clients receiving treatment at the 4 DICs were put on MMD. The overall compliance to MMD policy was found to be 100% and was unevenly distributed across DICs. This was contributed by different factors including the availability of ART drugs, geographical location and availability of quality services. Across the DICs, 241 (40%) of clients were on <3 months, 172 (29%) of clients on 3-5 months, while 189 (31%) were on 6 months MMD.

Conclusion: MMD has proved to be an important strategy for delivering HIV services among the key populations, if well executed it will facilitate improvement of the health outcome of HIV clients. Implementation of MMD is influenced by several factors such as type of facility, geographical location of DICs, availability of enough stock of commodities, and quality of service and distance to health facility.

Partnering with Ministry of Health to Expand ART services for key populations through Drop-in-Centres: Experiences from Malawi

Pakachere IHDC, Malawi

Primary Author: Grace Kumwenda

Background: PEPFAR through USAID is supporting delivery of HIV services among Key Populations (KPs) in Malawi through Drop-in Centers (DICs) as one of the differentiated service delivery (DSD) models. Significant progress has been made in the KP program through DIC service modality. In 2021, the Ministry of Health (MoH) certified DICs as independent ART sites thereby expanding services for KPs. This abstract describes the processes of setting up ART DSD models for FSWs through DICs.

Methodology: In 2016, Pakachere in partnership with FHI 360 conducted consultation with government, KPs, and civil society organizations (CSOs) to design service delivery models for FSWs. From 2015-2016, ART services among FSWs were offered through referrals after community testing. From 2017 - 2020, DICs delivered weekly ART services through "mother facilities". Health care workers (HCW) from "mother facilities" were trained on KP stigma free services. They then visited DICs once a week to conduct ART clinics. In 2021, the MoH facilitated the process of assessing DICs for ART service delivery. By December 2021, DICs were independent ART sites.

Results: By June 2022, Pakachere was supporting 3,475 PLHIV with ART services across 12 DICs in Mangochi, Lilongwe, Blantyre and Mzimba. Of the clients on ART, 782 clients (23%) were on less than 3 months ART supply; 1,599 (46%) clients were on 3-5 months MMD while 1,094 (31%) were on 6 MMD. There has been an improvement in MMD following the DIC ART certification with 77% on >three MMD at Q3FY22 as compared to 69% at Q4FY21. At Q3FY22, six out of the 12 sites had been awarded certificates of excellence in delivering ART services among KPs by MoH.

Conclusion: Expanding ART services through community delivery models brings gains in supporting KPs. MoH leadership in KP programs is a critical enabler in expanding ART DSD models.

Operational success amidst the global COVID-19 pandemic and continuous conflict in Ethiopia

ISHDO, Ethiopia

Primary Author: Aklilu Nega

Background: ISHDO has been implementing the Family focused HIV prevention Care and treatment program in Oromia Regional State, Ethiopia since 2021 for two years. The Program has achieved all its planned activities with standard quality of service delivery to the target beneficiaries while the county is in the midst of continued conflict including in the project intervention areas and COVID-19 pandemic.

Methods: ISHDO from the outset has implemented four strategic approaches namely creating friendly working environments, capacity building, networking and efficient communication and stakeholders' engagement for the operational success. In this regard, it has made organisational wide transformation through building efficient processes, continuous need-based capacity building activity for its staff, improving/establishing the necessary institutional policy frameworks and other changes to adapt the changes in the project implementation areas with agility.

Results: Empowering the Local Implementing Partners (LIPs) in a way that they can be fully engaged in the operation and produce the necessary deliverables to the expected standard is also one of the most important strategies employed. As a result, all the 6 LIPs have been engaged into operation in 41 districts and report their performance on a daily basis to the head office via an online reporting system.

Conclusion: ISHDO has created a vibrant working relationship with all relevant government counterparts through engaging them from project inception to continuing program review activities which is instrumental for the achievement. Believing the fact that organisation's Boards play vital role in making the organisation strong and consistent on its operation, ISHDO's Board members have been very much instrumental for its success through giving directions, solving challenges beyond the management capacities, continues follow-up of program implementation through reports and project site field visits, meeting with the various stakeholders of the organisation, etc.

Roles of Smart Peers Towards Penetrating Female Sex Workers Cohorts to Include their Children into HIV Prevention & Treatment Program: Case of Kasensero Health Centre III, Kyotera District.

TPO-Uganda, Uganda

Primary Author: Abalo Opoka

Background: Female Sex Workers (FSWs) face significant risk to HIV due to nature of their work. Available data shows estimated 26.1% of FSWs in the Kasensero Fishing Community-Kyotera District had HIV compared to men at 19.5%. Despite unique risks faced by children of FSWs, UNAIDS acknowledges there is limited intervention and research. USAID's Keeping Children Healthy and Safe (KCHS) is 5-year PEPFAR project in 17 districts of SW Uganda managed by TPO-Uganda aimed at preventing new HIV infections among 64,910 beneficiaries and promoting lifelong ART for vulnerable groups children of FSWs inclusive.

Methods: KCHS Activity in Kyotera District is represented by Regional Psycho social Support Initiative (REPSSI). REPSSI signed a Memorandum of Understanding with Alliance for Women Advocating for Change (AWAC) an FSW Network Organization. At Kasensero Health Centre III, 3 "SMART Peers" were trained to conduct home visits, support home-based HIV testing, mobilization of FSW children for HTS, conduct Intensive Adherence Counseling for Children and Adolescents Living with HIV (CALHIV), provide treatment literacy, tracking clinical appointments, referrals for treating opportunistic infections, support disclosure of parents' HIV status to children, HIV prevention education, and parenting sessions to keep fragile FSWs families together.

Results: Out of 334 clients on ART 90 (27%) are FSWs and 45 (13.5% are CLHIVs and of these 12 (26,7%) are children of FSWs. As KCHS Activity contribution to 95-95-95 cascade, all the 12 Children (100%) have suppressed the virus. Additionally, all 90 FSWs (100%) have HIV suppressed and keep their treatment appointments without fail due to constant reminders by SMART Peers.

Conclusion: The success of KCHS Activity was dependent on Closely working with the Clinical Partner Rakai Health Sciences Program, Health Facility staff and AWAC a safe -space FSWs Network Organization through their confidant SMART Peers.

HIV Pre-exposure Prophylaxis Uptake and Continuation Among Key Populations in Cameroon: Lessons Learned From the CHAMP Program

CARE AND HEALTH PROGRAM, Cameroon

Primary Author: Kelly Leocadine Lepawa Djeudji

Background: Pre-exposure prophylaxis (PrEP) is proven to be a highly effective HIV prevention method for key populations. However, its scale-up in resource-limited settings remains suboptimal. This paper seeks to describe PrEP initiation and continuation among key populations in Cameroon.

Methods: From June 2019 through October 2020, we collected routine program data on PrEP uptake and continuation among female sex workers (FSWs) and men who have sex with men (MSM) in the Continuum of prevention, care and treatment of HIV/AIDS with Most-at-risk Populations (CHAMP) program in Cameroon. PrEP was offered to clients who tested negative for HIV and were assessed to potentially benefit from PrEP. Using survival analysis, we identified factors associated with PrEP discontinuation over time with significance set at 5%.

Results: Overall, 27,750 clients were sensitized for PrEP of whom 3,138 persons were eligible to start PrEP and 1,409 (45%; FSW: 691 and MSM: 718) initiated PrEP. The PrEP continuation rate was 37% at 3 months, 28% at 6 months and 19% at 12 months. PrEP discontinuation was significantly higher among FSW than MSM [adjusted hazard ratio (aHR) 1.5 (95% CI: 1.2 to 1.9)] in Yaounde [aHR 1.5 (95% CI: 1.2 to 1.9)] and Bafoussam/Bertoua [aHR 3.1 (2.2-4.5)] relative to Douala. Discontinuation was lower among those with moderate [aHR 0.3 (0.3-0.4)] or good adherence [aHR 0.4 (0.3-0.6)] compared with poor adherence (all P < 0.001).

Conclusion: Differentiated approaches to deliver PrEP, create demand, and provide more intensive support for adherence and continuation may support scale-up of PrEP in Cameroon for equitable and prolonged impact on HIV prevention.

Retention of Key Population living with HIV on Treatment in the CHAMP Project from January to December 2021

Care and Health Program (CHP), Cameroon

Primary Author: Ewang Ahone Brenda Agnes

Background: Clinical data show that promptly placing HIV-positive key populations especially Female Sex Workers (FSW) and Men who have Sex with Men (MSM) on Anti-Retroviral Treatment (ART) is associated with positive health outcomes. Early association of HIV-diagnosed clients with ART is critically important, as delays are associated with a higher likelihood of progression to AIDS. Moreover, HIV-infected individuals who are not placed on treatment have an increased risk of HIV transmission at the community level. CHAMP project's goal is to ensure that at least 95% of KP are started on treatment.

Methods: This entailed describing and comparing the viral load cascade among MSM and FSW. It consisted of: ART initiation, follow-up through ART drug refill visits (call/message reminders, home visits prior to their rendezvous dates), first viral load sample collection and analysis. Beneficiaries were systematically eligible for Viral Load (VL) sample collection after six months on ART. VL samples were collected by the partner Community-Based Organization's (CBO) case managers and laboratory technicians at the Drop In Center (DIC) and community level. Samples were sent to reference labs for analysis and results were returned to the health facilities who communicated the results to beneficiaries during monthly drug refills. VL results were shared with the CBO case managers by the beneficiary or the health facility focal point to continue the follow-up and document in client's file.

Results: Overall VL suppression rate was 95.5%. For FSW, out of 5550 samples collected, 4529 were documented and 4349 results were suppressed, suppression rate of 96%. For MSM, out of 2958 samples collected, 2029 were documented and 1933 were suppressed, suppression rate of 95%.

Conclusion: Based on this VL suppression rate in the CHAMP project, the project team is working with the National AIDS Control Committee to share this experience within other priority populations.

Health worker optimization, protection, management and performance, HIV Research, Key Populations

Vicente Sotto Memorial Medical Hospital, Philippines

Primary Author: Maeben Xyza Marie Ho

Background: The COVID19 pandemic has caused global stagnation. All individuals, more so for people living with chronic health conditions such as HIV/AIDS are at high risk of contracting or developing problems as a result. Health-related quality of life (HRQoL) is becoming an important outcome measure among PLHIVs. We assessed the health related quality of life, antiretroviral adherence and its association with the sociodemographic and clinical characteristics among people living with HIV/AIDS currently enrolled at a tertiary hospital in the Philippines during the COVID19 Pandemic.

Methods: Descriptive cross-sectional study design was conducted from May to June of 2022. Simple random sampling was done to derive the sample population. Respondents were asked to answer a structured questionnaire. Health-related quality of life was assessed using WHOQOL-BREF and medication adherence using SMAQ.

Results: A total of 385 respondents were included in this study. Majority were 18-35 years old (66.5%), male (74.5%), single (78.9%), college graduate (70%), employed (64.4%), were living with their family (69.6%), at immunologic stage 1 (48.1%) and are clinically at stage 1 (57.4%) of the disease. Overall HRQoL amongst respondents was 61.65 19.39. Furthermore, highest and lowest mean scores were related to environmental domain () and social domain (), respectively. 69.35% of the respondents were adherent to ART.

Conclusion: The study showed that PLHIVs during the COVID19 Pandemic had low social health related quality of life, in relation to the other domains. Female, single, patients who were living with their family, and are at stage 2 of clinical staging have better compliance to antiretroviral medication is directly correlated to better health-related quality of life.

Gender, gender-based violence (GBV) prevention, GBV response, gender equity violence against children

***Expanding Community Access to Post-Violence Care

NACOSA, South Africa

Primary Author: Cezanne Hoffmann

Background: Women and girls are disproportionately affected by gender-based violence (GBV), with an estimated 1 in 3 experiencing violence by an intimate partner in their lifetime. At the same time, women tend to have higher health-seeking behaviour as they are most likely to attend primary healthcare (PHC) facilities regularly to access sexual and reproductive health services. This presents an opportunity to expand access to post-violence care services (PVCS) in hard-to-reach and under-served communities.

Methods: NACOSA's GBV programme worked to integrate PVCS into primary and community healthcare facilities in 5 provinces in South Africa. This was done by: 1) Training healthcare providers to render the minimum package of clinical PVCS; 2) Placing social workers and linkage officers at PHC facilities to provide psycho-social support and linkage to care to support improved health outcomes; 3) GBV Ambassadors were deployed to provide awareness and support pathways into PVCS; 4) Community demand creation and mobilization campaign using a localized approach in community media; 5) Training community stakeholders and healthcare providers in receiving and responding to disclosures of GBV, using the World Health Organisation's LIVES model.

Results: The programme noticed around a 25% increase in uptake of PVCS among AGYW. At the start of the initiative, around 2% of reported GBV cases came from PHCs, growing to 15% over the period of a year. Capacity support for PVCS facilities was expanded from 11 facilities to 113, using this integrated approach.

Conclusions: These findings support the continued need for the integration of PVCS at PHC facilities to improve case identification, strengthen accessibility to basic PVCS and strengthen referrals for more specialized comprehensive services, particularly for hard-to-reach vulnerable AGYW, who may not otherwise have consistent access to stand-alone PVCS.

REACHING THE UNREACHED; PHYSICAL & EMOTIONAL GBV CASES IDENTIFICATION IN BUSIA COUNTY, KENYA; REACHING THE UNREACHED; PHYSICAL & EMOTIONAL GBV CASES IDENTIFICATION IN BUSIA COUNTY, KENYA;

Moi Teaching and Referral Hospital, Kenya

Primary Author: Hussein Mulebo

Background: In the fight against gender-based violence (GBV), more emphasis has been placed on identifying sexual cases, with less emphasis on physical and emotional cases. HIV/AIDS remains a stigmatized condition in which communities feel discriminated against in their families and, in many cases, face silent GBV violence from their families and spouses as a result of their condition. If this is not addressed, the global targets of 95-95-95 may not be met. Efforts must be directed toward strengthening family units to prevent violence and provide a first-line response (LIVES).

Methods: The county engaged the stakeholders on improvement in the identification of GBV cases. A decision was made to improvise a special tool (register) to be stationed in all clinical rooms and HTS screening points mainly to capture the physical and emotional GBV cases. The NASCOP MOH 365 remained the master facility register. OJT and mentorship on the use of the register were done as well as team sensitized on GBV first line response and prevention. A screening tool was developed with 5 questions

to help in screening clients. Data collection, reporting, and reviews were done on a weekly basis as data informs on improvement.

Results: As of quarter 1 FY 22 (Oct-Dec 21) the county had 1,109 GBV cases identified with 890 physical/emotional cases. There has been an improvement in the performance in quarter 2 (Jan-Feb 22) with total GBV cases of 2,586, where physical/emotional cases of 2,299, and quarter 3 (March-June 22) achievement of total GBV cases of 2,892 with 2,596 Physical and emotional GBV cases identified.

Conclusion: GBV is still stigmatized in our communities and clients will not open up until they are screened intentionally by the health care providers. Physical and emotional are the majority and yet underdiagnosed among the clients.

Gender and Social Inclusion in Three Northern Nigerian States – A Qualitative Study

Georgetown Global Health Nigeria, Nigeria

Primary Author: Ochanya Ogbeh

Background: The Accelerating Control of the HIV Epidemic in Nigeria – Cluster 2 (ACE 2) project aims at providing comprehensive HIV care and treatment services in Bauchi, Jigawa, and Kano states. Gender plays an intricate role in the continuum of HIV prevention, care, and treatment. In Nigeria, young women are disproportionately vulnerable to infection. The risk factors that drive the epidemic in these relatively low HIV prevalence states are hinged on socio-cultural practices including gender norms. The main aim of this study is to explore the underlying impact of gender dynamics on patient care outcomes.

Methods: Qualitative data collection methods were used for this study. Focus group discussions took place among project beneficiaries (PLHIVs) and service providers across all implementation states. Key informant interviews were conducted with community/religious leaders and staff from the State Ministry of Women Affairs and the State Agency for the Control of AIDS. A total of 272 participants – 117 men and 155 women, were interviewed using the convenience sampling method.

Results: The study showed the existence of significant gender gaps and inequalities that can potentially limit the impact of patient care outcomes if not adequately addressed. Findings revealed that due to socio-cultural norms and practices, men may not seek health services due to fear of being perceived as weak and stigmatized. Conversely, women are likely to face barriers in accessing healthcare services due to their limited decision-making power. Majority (70%) of respondents stated that the final decision for seeking healthcare services was dependent on the male heads of the household.

Conclusion: Females are disproportionately disadvantaged in accessing healthcare and social services. Stakeholder collaboration across multiple sectors is critical in attaining gender equality and inclusion and improving gender integration in HIV programming.

***LEVERAGING TECHNOLOGY TO TRACK GBV PERFORMANCE IN COASTAL REGION, KENYA

USAID Stawisha pwani, Kenya

Primary Author: Michael Gaitho

Background: HIV programs are required to track and report post-GBV care from service delivery points (SDPs). Gaps exist in real-time innovative mechanisms for monitoring daily performance against targets. The project adopted utility of innovative Kobo platform to track and accelerate reporting of post-GBV services.

Methods: 460 Health Care Workers (HCWs) were trained to identify GBV using the adapted WHO curriculum. Clients disclosing GBV were offered first-line support using LIVES approach. We designed a digital data collection form in Kobo toolbox to record patient-level data including GBV type, LIVES service, and SDPs. Trained HCWs entered data daily in Kobo collated from GBV registers in at least 200 sites (October 2021 to June 2022). We de-identified data to protect client's confidentiality and downloaded real-time data in excel format for processing. Bi-weekly virtual meetings with the facility teams were held to discuss performance. 8016 entries from Kobo were mined after cleaning duplicates.

Results: Out of the 6891(M:1296, F: 5587) survivors who reported GBV, 3517(51%) reported emotional violence, 1636 (24%) sexual violence (SV),1546 (22%) physical/emotional, and 192 (3%) intimate partner violence. Mombasa county reported 2992 survivors,

Kwale, Kilifi, and Taita Taveta reported 2050, 1429, and 420 respectively. We realized an upward trajectory in GBV achievement in successive months; Q1-491, Q2-2319, and Q3-3276. 5587 (81%) women reported high incidents compared to 1296 (19%) males. 45% of the SV cases were reported by adolescents. HTS SDPs reported 2379 (35%), OPD 2037 (30%), CCC 292 (19%), ANC/FP 638 (9.3%).

Conclusion: Achievement of targets was attributed to the quadripartite approach: GBV identification; Service provision; Documentation; and consistency in updating the Kobo tool. Investment in real-time innovative mechanisms to track program performance can motivate HCWs and facilitate timely achievement of targets.

The Community-Led Interventions for a Society Free of Gender-Based Violence (GBV): A USAID GIMBUKA Case Study.

Caritas Rwanda, Rwanda

Primary Author: Christine Kayitesi

Background: This case study concerns Rutsiro, one of the five Rwandan districts covered by Gimbuka (be self-resilient), a USAID funded OVC program since 2020. Cases of GBV survivors were happening in the community and survivors could not access post violence services including treatment and justice.

Methods: To ensure the program contribution to the HIV/GBV prevention and response to the served adolescents and young children, Gimbuka implemented a solution of joining efforts, bringing all actors together from the bottom up. The outreach to the community leveraged the evidence-based curricula: Coaching Boys into Men (CBIM), Sexual Reproductive Health and Right (SRHR) messaging, the Families Matters! Program (FMP) as well as the home visits.

Gimbuka trained 2,844 Inshuti Z’Umuryango (IZU) or Friends of Families’ members of the coverage area covering the rule of law in terms of GBV identification and referral for post violence care and treatment etc. Gimbuca leveraged Rwanda Investigation Bureau (RIB) professionals’, Legal Aid and ARV services providers’ expertise to successfully conduct this training. Along with IZU, 119 Community Clinical Linkage Facilitators (CCLF), 632 teacher mentors and 1,110 Case Management Volunteers (CMVs) attended the training.

Results: Since this partnership started in May 2021, Gimbuca noticed the community ownership of GBV prevention and referrals. The GBV cases disclosure and reporting to whom it may concern improved. From zero GBV cases reported prior to Gimbuca implementation, from June to August 2021, 8 cases and April to June 2022, 13 cases were reported and handled appropriately. All stakeholders collaborate are happy of the services.

Conclusion: The program is ready to scale the approach to the whole covered area to significantly break the silence vis-à-vis the GBV handling.

“Coaching Boys into Men”: HIV and Sexual Violence Prevention Intervention.

ISHDO, Ethiopia

Primary Author: Admas Terefe

Background: Physical, sexual, and psychological aggression/violence in adolescents is prevalent that exposes them to HIV infection and trauma. Despite broad calls for primary prevention, few programs with demonstrated effectiveness exist. We examined the impacts of the Coaching Boys into Men (CBIM) prevention program targeting 9-14 years old adolescent boys in the Oromia region of Ethiopia who received services from a USAID Family-Focused HIV Prevention Care and Treatment Activity.

Methods: CBIM has been implemented in Oromia, Ethiopia since July 2021 in 16 towns where the USAID FFHPCT OVC activity is being implemented. It is a six-week sports-based curriculum cascaded by trained school physical education instructors (Coaches) after school hours. Out of 27 schools implementing CBIM, 11 primary schools (clusters) were randomly selected using a lottery method for the selection of 9-14 years old adolescent boys, who were the unit of analysis (N = 220 adolescents). Primary outcomes were intentions to intervene, recognition of abusive behaviors, and bystander behaviors. A paired-sample t-test using SPSS was used to compare pre and post-tests result for mean score differences for the listed measures.

Results: Mean score intentions to intervene increased from 2.2(44%) to 3.4 (68%) and it was statistically significant (p-value

<0.001). Adolescents who completed the curriculum demonstrated improvements in recognition of abusive behaviors from a pre-intervention mean score of 2.3(46%) to 3.3 (66%) after intervention (p-value <0.001), and while for positive bystander intervention mean score increased from 2.1(42%) to 4.1 (82%) (P- Value<0.001).

Conclusion: CBIM prevention program was effective in changing the knowledge and attitude of adolescent boys towards preventing HIV and sexual violence against girls through intervening, and becoming bystanders in Oromia Ethiopia.

***The use of Treatment Advocates and Empowerment Groups as “Game Changers” in GBV case identification and linkage to achieve 95-95-95 targets

NACOPHA, Tanzania

Primary Author: Jovin Riziki

Background: NACOPHA recognizes that GBV directly and indirectly increases the chances of HIV infection. Sexual violence is the most direct link between GBV and HIV. The aggressor uses physical violence, verbal threats, or coercive tactics to pressure the victim into submission. The victim, unable to negotiate safer sex, is at risk for HIV infection. However, the magnitude of the problem was not known. Integrating GBV in HIV programming through Treatment Advocates (TA) and Empowerment Groups (EG) is critical in contributing to increased GBV case identification, resolution, and linkage.

Methods: NACOPHA integrated GBV component in the TAs Training Manual and in the EG educational sessions for PLHIV. TAs are oriented on different forms of GBV and their effects on the individual victim, community, and for epidemic control. Additionally, TAs are taken through GBV referral pathways, GBV screening and on reporting tools. TAs sensitize community and other PLHIV platforms through EG on GBV reporting.

TA listens, provides information, seeks informed consent, provides timely referral and follow-up. List of GBV support services is provided to facilitate linkage while ensuring close working relationship with social welfare officers, police gender desk, paralegals and others who handle GBV issues.

Results: In the year two until quarter 3 of year 3 of HEBU TUYAJENGE project, a total of 3,158 (M:869, F:2289) GBV cases were reported. Among the reported cases; sexual violence 631 (M:127, F:504), physical violence 1,172 (M:315, F:857), emotional violence 677 (M:186, F:491), economic violence 520 (M:197, F:323) and spiritual related violence 158 (M:44, F:114). All cases were referred to relevant support services.

Conclusion: With empowered community champions, GBV supportive systems and more informed and supportive communities it is then that we can contribute to the 95-95-95 targets.

Local capacity building for improved gender based violence case reporting among key and priority populations during post- conflict period: A case in conflict affected Amhara Region, in Ethiopia

Beza Posterity Development Organization, Ethiopia

Primary Author: Israel Hailu

Background: The Amhara region in Ethiopia is among the major three regions affected by the conflict in northern part of Ethiopia since November 2020. The conflict expanded well into the region since June 2021 which has caused a considerable number of casualties, Gender Based violence's (GBV), displacements, looting and damage of medical utilities and supplies. The USAID Amhara Key Populations Activity through the support of USAID supplemental funding for conflict recovery facilitated intensified GBV reporting, screening and management during the post conflict period.

Methods: The Activity integrated GBV prevention, screening and management in to the minimum service package for key populations since the inception. Cognizant of the impact of the conflict, the Activity revitalized GBV demand creation, screening and management effort through capacity building of health care providers in screening and case management skills; mapping of services delivery points including one-stop centers for effective referral, and orientation of community peer educators on GBV prevention and mitigation among key populations which enhanced case reporting in post-conflict period.

Results: In FY22 Q1-Q3 period, the Activity supported GBV screening for 11,379 women, among these, 295 female sex workers and Adolescent girls and young women reported being sexually assaulted. In addition, 1,687 clients reported experiencing physical and emotional violence. Only 25 sexual assaults and 1358 physical and emotional violence's were reported during same period prior to the conflict (FY21 Q1-Q3). Of the sexual assaulted 145 (49 %) were age 15- 24, 138 (46.8 %) were age 25-39. All 295 sexually assaulted survivors were tested for HIV (248 of them were HIV negatives, 31 new HIV positives and 16 known HIV positives).

Conclusion: Intensified demand creation and building capacity of the peer groups as well as health care providers enhance GBV case reporting and timely management in similar contexts.

INSIGHTS ON GENDER-BASED VIOLENCE (GBV) IDENTIFICATION JOURNEY IN KILIFI COUNTY, KENYA

LVCTHealth, Kenya

Primary Author: Linda Mbeyu

Background: Gender-Based Violence (GBV) and HIV are interrelated affecting HIV outcomes. There has been a challenge in demonstrating magnitude of GBV experiences among clients in HIV settings, beyond sexual violence. There are Ministry of Health (MoH) client registers for recording data on sexual violence. Documentation gaps exist for physical and emotional violence in MoH registers.

Methods: USAID Stawisha Pwani project developed an internal reporting register and shared it with the county leadership for buy-in. Project trained seventy-eight service providers on a WHO approved model- Listen Inquire Validate Enhance Safety and Support (LIVES) provided GBV screening job aids. Facility and individual level targets were allocated. Thirty-nine facilities were provided with county-approved violence reporting registers disaggregated by type of violence, age, sex, services offered and referrals made. The project identified and trained thirty facility champions who were responsible for the collation of GBV data service. The champions are coordinated on WhatsApp where periodic updates and sharing of experiences for support are discussed. GBV performance was tracked through an innovative tool known as Kobo in which service providers update identified clients.

Results: At 88% of time, Kilifi achieved 107%, surpassing its target (4644) from thirty-one facilities that report data. In July, ten facilities surpassed their targets with the highest facility reporting 194%. Sexual violence was 83% and 115% physical and emotional violence. Girls, 15-19 years lead in sexual violence while men and women 20-39 years lead in physical and emotional violence.

Conclusion: Strengthening reporting and coordination structures through capacity building and tools provision enhance identification and reporting. However, with increased reporting, there is a need to strengthen the quality of SGBV data in Kilifi County through mentorship and training of service providers.

USING THE LIVES APPROACH TO IMPROVE IDENTIFICATION, FIRST-LINE SUPPORT AND REPORTING IN MOMBASA, KENYA.

LVCT Health, Kenya

Primary Author: Stephen Wagude

Background: Growing evidence indicates that gender-based violence (GBV) is a barrier to the achievement of the UNAIDS 95-95-95 cascade. Proper identification of GBV cases will ensure that service providers improve efforts in Prevention, testing, treatment, and suppression at HIV service delivery points. The USAID Stawisha Pwani began 5-year project supporting quality services in Coastal counties in 2021. This paper focuses on the importance of WHO Listen, Inquire, Validate, enhance safety and support (LIVES) training in Improving GBV performance in Mombasa

Methods: As of the Financial year ending in 2019-2020, GBV achievement was 1070 (13%) of the DATIM target. Due to the huge Gap identified in providers trained in LIVES, Stawisha Pwani laid up strategies to train First line responders in LIVES. We sampled 30 providers from 25 facilities across Mombasa County a Physical three days physical training. The training involved role plays in GBV identification and provision of LIVES. We also conducted a 3-day Virtual LIVES training targeting 162 providers across the county. In addition, the Stawisha Pwani Developed and disseminated tools that are able to capture services given including LIVES

which had been missing in the facilities

Results: GBV Reporting at 83% of the time increased to 5392 (57%) compared to the overall performance of 1070 (10%) achievement in the preceding year. The number of facilities reporting GBV improved to 29 as compared to 14 the previous year. Each of the USP-supported sites now has a GBV focal person.

Conclusions: GBV performance in Mombasa has significantly improved in Mombasa during this Financial year owing to the WHO LIVES training offered to frontline responders. Scale up within all facilities and integration at different service delivery points will ensure that we sustain the gains made in service delivery for survivors.

Integrated IPV Risk Assessment, an effective strategy for GBV case identification-The Case of a community Health project in Botswana

Botswana Christian AIDS Intervention Programme (BOCAIP), Botswana

Primary Author: Nankie Ramabu

Background: The World Health Organization recognises gender-based violence (GBV) including intimate partner violence (IPV) as a persisting human rights and public health problem. IPV is proven to raise women's chances of HIV infection. In the past two years, Botswana experienced a rise in reported cases of GBV during the COVID-19 movement restrictions. Botswana Christian Health & AIDS Intervention Programme (BOCHAIP) sought to determine if IPV screening integrated into HIV testing can contribute to identification of GBV cases through its USAID funded project.

Methods: BOCHAIP integrated IPV screening within its HIV testing, community HIV and TB care interventions. Community Health Workers (CHWs) were trained on how to provide First line support to clients and screened clients providing other services for risk of IPV and referred those reporting risk of IPV to post GBV care. The retrospective data on the intervention for October 2021 to June 2022 were subjected to analysis to determine the entry points of clients screened for IPV, referred, and received post GBV care services.

Results: A total of 3142 (1437 community HIV care clients, 1710 HIV testing clients) were screened for IPV risk. Out of the clients screened, 4% (135/3142) had high risk of IPV and were all referred for post GBV case services. Of the 135 clients referred for post GBV care services, 84% (113/135) received support. Out of the 113 clients who received post GBV services, 83 (73%) were females and 30 (27%) were males. The most common type of GBV experienced by survivors was physical and emotional abuse 108 (96%) [67F; 31M], and least sexual abuse 15 (4%) [14F; 1M]. Almost all the clients were survivors 100 (88%) [87F: 13M], whereas few were perpetrators 13 (12%) [7F: 6M].

Conclusions: The findings of the study show that integration of IPV screening within community-based HIV prevention and care programmes contributes to case identification and mitigation.

Stakeholder perspectives on conditions for implementing successful parenting interventions in Botswana: What works?

Stepping Stones International, Botswana

Primary Author: Lisa Jamu

Background: Violence against children remains a global problem with serious life-threatening consequences. Child maltreatment occurs in familiar settings, including homes, schools, and communities. In Botswana, a national population-based survey of more than 8,000 adolescents found that 28.4% of females and 43.0% of males were victims of repeated physical violence. Parenting support has a long history and a rigorous evidence base demonstrating lifelong impacts on children's wellbeing and development. Despite compelling evidence from recent national surveys and randomized trials in several low- and middle-income countries on the impact of parent support programmes, there is limited evidence on the conditions necessary for the successful implementation of effective, sustainable, and scalable parent support interventions.

Methods: We conducted interviews with stakeholders and programme implementers from 13 organizations. Purpose and

snowball sampling were used to recruit key informants from governmental and non-governmental institutions between September 2021 to January 2022. The Exploration, Preparation, Implementation, Sustainment (EPIS) framework informed the development of study research questions and tools.

Results: The results indicate that no single programme or strategy is enough to foster sustainable positive parenting support, but rather a collective and collaborative multifaceted approach including (1) external factors (enabling environment, harmonization of donor-programme priorities and stakeholder engagement), (2) innovative factors (programme adaptation, local empowerment and the use of mixed approaches), (3) bridging factors (collaboration) and (4) intra-organisational factors (staff support, evidence-informed interventions and organizational funding) to find lasting and scalable solutions.

Conclusion: Our findings support the integration of parenting support programmes into government and public health initiatives to prevent violence against children and promote child well being.

Viral Load Suppression

The Contribution of Community-Based Parasocial Workers Towards Improving Treatment Outcomes for Children and Adolescents Living with HIV: Lessons from TASO Rukungiri Clinic

TPO-Uganda

Primary Author: Denis Nuwagaba

Background: Despite progress Uganda has made towards HIV treatment, retention in care and Viral Load Suppression (VLS) for children and adolescents living with HIV (CALHIV) remains a challenge. MOH data indicates CALHIV experience higher attrition and treatment default rates compared to adults. USAID's Keeping Children Healthy and Safe Activity (KCHS) is a 5-year PEPFAR funded project managed by TPO-Uganda in 17 districts of South Western Uganda aimed at preventing new HIV infections and promoting lifelong antiretroviral treatment (ART).

Methods: At TASO-Rukungiri Clinic 31 KCHS supported Parasocial Workers (PSWs) jointly work with clinical staff to improve treatment outcomes of 411 CALHIV. Across 95-95-95 cascade PSWs conduct home visits, support index testing, referral of HEIs for PCR test and working with clinical staff to conduct home-based HIV testing, provision of disclosure support to CALHIV, referral for ART initiation, provision of HIV prevention messages, monitoring viral load, tracking ART adherence, provision of HIV treatment literacy, tracking appointment dates and making reminders, referral for clinical management of opportunistic infections additionally, Super PSWs conduct Intensive Adherence Counselling.

Results: The PSWs engagement has yielded results for the period 2020/2022 as follows; Index testing of 592 siblings for CALHIV, Retention in care has improved from 80% to 99%, appointment keeping is currently at 95% due continued reminder by PSWs, VLS has improved from 75% to 96%, child optimization has also improved from 70 to 85%.

Conclusion: Effective clinical-community collaboration imbedded in mutually beneficial relationships between health facility staff and social service workforce who appreciate one another's role in improving HIV treatment outcomes is a game-changer to realize 95-95-95 HIV treatment goals for special interest groups like children and adolescents who face peculiar treatment continuity barriers.

Engagement of Community Health Workers and Modified Client-Led ART Delivery improves Viral Suppression among Children and Adolescents in Northern Uganda

The AIDS Support Organisation (TASO) - USAID Local Partner Health Services Ankole and Acholi Activity, Uganda

Primary Author: Anna Lawino

Background: Viral suppression (VS) is a critical marker of HIV treatment success. However, VS among children and adolescents (0-19 years) living with HIV (CALHIV) remains suboptimal at 73% compared to adults at 93% in the Acholi sub-region, Northern Uganda due to the unique challenges CALHIV face of dependency on caregivers and over-representation. This was a community intervention of attaching community health workers (CHWs) to CALHIV and a Modified Community Client-Led Antiretroviral therapy Delivery (MCCLAD).

Methods: This initiative was in 70 health facilities in the Acholi sub-region, Northern, between February and July 2022. It involved implementing MCCLAD and the attachment of CHWs to CALHIV under 20 years and stratification of the CALHIV in cell groups of 5-10 for each CHW, based on the geographical location and proximity. 318 CHWs were attached to 3,475 CALHIV with the CHW-to-client attachment ratio of 1:11. Virally suppressed children and their caregivers were contacted monthly. In contrast, the non-suppressed were contacted weekly through telephone or physical meetings at community safe spaces to provide services. Using the client audit tool color-coded dashboards and service gap identifier tools, CHWs, weekly identified and planned for the CALHIV to be contacted and services provided.

Results: The attachment of CHWs to CALHIV was 90%. The proportion of CALHIV who received over three months of multi-month ART prescriptions improved from 66% in December 2021 to 74% in August 2022, interruption in treatment reduced from 7.6% to 3.4%, and VS among CALHIV improved from 73% to 79%.

Conclusion: Attachment of CHWs to CALHIV and MCCLAD significantly improved VS among the CALHIV. Highlighting the critical role CHWs and MCCLAD play in improving VS in CALHIV. Similar targeted community interventions for CALHIV receiving ART are needed in similar settings.

Using Yellow Sticker clinical prompts to improve decanting and quality of antiretroviral Care and Treatment services

MatCH Institute NPC, South Africa, Durban

Primary Author: Candice Green

Background: Clinical decision-making during client visits for antiretroviral care and treatment services are not delivered reliably. Clinicians offering client-focused services could benefit if prompted by a visual aide to provide appropriate ART-visit specific interventions such as identifying eligible clients for decanting based on viral load suppression results. MatCH introduced a checklist (Yellow sticker) in 44 facilities to improve recording and serve as clinical prompts to guide clinicians to respond to patient care and treatment needs.

Methods: We followed a 3-step approach viz.: (1) Engagement with DOH and development of the checklist using the standard treatment guidelines for ART services. The yellow sticker was placed inside the client's file for the clinician to action. MatCH trained frontline clinicians on the use of the prompts on the yellow sticker. If the client was eligible for decanting based on virological and clinical criteria, these clients were appropriately tagged and decanted to CCMDD. (2) Implemented the yellow sticker intervention from October 21 to December 2021 at 44 MatCH supported facilities in BCM, AN and HG. (3) We compared the decanting rates in 44 initial intervention facilities before and after the introduction of sticker and compared this against the performance in non-intervention facilities.

Results: The number of clients decanted after the yellow sticker was introduced was 101,698, an increase 4.5% of the baseline 97,253 in 3 months. There were noticeable differences between the 44 intervention facilities compared to non-intervention facilities. We observed an improvement in the number of patients decanted after the yellow sticker was introduced when compared to baseline.

Conclusion: The use of sticker improved the timeous identification of clients eligible for decanting. It has the potential to improve quality of case management and ultimately improving patient clinical outcomes.

Optimizing Viral Load coverage and suppression for populations accessing HIV treatment services at Gaborone Tebelopele Wellness Clinic

Tebelopele Wellness Clinic, Botswana

Primary Author: Nametso Mathiba

Background: Botswana has surpassed the UNAIDS "95-95-95" targets of having at least 95% of people living with HIV knowing their status, 95% enrolled on antiretroviral therapy (ART) and 95% virally suppressed. Although the country has reached the UNAIDS 2025 goals, Tebelopele wellness clinic facilities (TWC) are still challenged with achieving optimal viral load coverage due to the challenges facing populations served including non-citizens, adolescent girls, and young women (AGYW) and men over 25 years.

Methods: TWC conducted a root cause analysis of low viral load (VL) coverage using fishbone diagram and Plan-Do-Study-Act cycle. Two methods were implemented 1) re-organization of client flow through appointment calendars to harmonize blood draws and clinical review appointments and 2) TWC extended hours service provision. Patients challenged with accessing TWC during normal working hours were reached via telephone calls to request blood draws at selected locations. To obtain an optimum yield of HIV VL results, all specimens collected were separated within 6 hours post collection and stored at -25°C until transportation to the national health lab.

Results: As of 30th September 2021, 431 participants were on ART and 80% were eligible for VL testing. 305 blood-draws for VL testing were collected and 304 VL results were documented. 99% of participants were virologically suppressed and VL coverage was 88%. By 31st July 2022, a total of 1192 clients were on antiretroviral therapy (ART) and 1109 of these individuals were eligible for VL testing. 1094 blood specimens were collected and a total of 150 clients had blood-draws for VL testing after extended hours and 1074 had documented VL results. 99% of participants were virologically suppressed and VL coverage was 97%.

Conclusion: Scale up VL sample collection during extended hours to increase accessibility for the marginalized populations is a viable option.

Retention of Key Population living with HIV on Treatment in the CHAMP Project from January to December 2021

Care and Health Program (CHP), Cameroon

Primary Author: Ewang Ahone Brenda Agnes

Background: Clinical data show that promptly placing HIV-positive key populations especially Female Sex Workers (FSW) and Men who have Sex with Men (MSM) on Anti-Retroviral Treatment (ART) is associated with positive health outcomes. Early association of HIV-diagnosed clients with ART is critically important, as delays are associated with a higher likelihood of progression to AIDS. Moreover, HIV-infected individuals who are not placed on treatment have an increased risk of HIV transmission at the community level. CHAMP project's goal is to ensure that at least 95% of KP are started on treatment.

Methods: This entailed describing and comparing the viral load cascade among MSM and FSW. It consisted of: ART initiation, follow-up through ART drug refill visits (call/message reminders, home visits prior to their rendezvous dates), first viral load sample collection and analysis. Beneficiaries were systematically eligible for Viral Load (VL) sample collection after six months on ART. VL samples were collected by the partner Community-Based Organization's (CBO) case managers and laboratory technicians at the Drop In Center (DIC) and community level. Samples were sent to reference labs for analysis and results were returned to the health facilities who communicated the results to beneficiaries during monthly drug refills. VL results were shared with the CBO case managers by the beneficiary or the health facility focal point to continue the follow-up and document in client's file.

Results: Overall VL suppression rate was 95.5%. For FSW, out of 5550 samples collected, 4529 were documented and 4349 results were suppressed, suppression rate of 96%. For MSM, out of 2958 samples collected, 2029 were documented and 1933 were suppressed, suppression rate of 95%.

Conclusion: Based on this VL suppression rate in the CHAMP project, the project team is working with the National AIDS Control Committee to share this experience within other priority populations..

Challenges of treatment adherence and viral load suppression

COMUSANAS, Mozambique

Primary Author: Catarina Mabuie

Background: According to the report of OVC carried out by ComuSanas, the case management faced challenges in the Viral Load report as it did not reach the target of 95% of assets on ART in the analyzed periods, demonstrating in Q4 FY21 (68% VL reported with 55% VL suppression), Q1FY22 (80% VLR with 53% VLS) and Q2FY22 (90% VLR with 61% VLS). Several causes mentioned by CCW, among the most common are the restrictions of Covid-19, poor adherence to ART due to social or clinical factors. There is no tool for documentation, membership reporting and VL. For the above reasons, the team proposed a case study to categorize the challenges and follow them through an action plan to improve the challenges of treatment adherence and VLS.

Methods: Descriptive analytical study based in key informant interviews. Development parameters that aim to Categorize type of adherence and possible factors linked to non-viral suppression and Plan Specific Intervention for each causal category. From total of 6,003 HIV+ OVC (84% of TX_Curr) in Q2FY22, a sample based on detectable VL (762 OVC corresponding to 13%) was selected; 2 districts with the highest volume of ART (20 HF of which 13 urbans with 544 OVC and 7 HF Rural with 218 OVC).

Results: Overall, poor adherence to ART was noted in 91% (693), however, failure to suppress the virus was linked to Simply forgetting 34% (259), Lack of food 29% (221), lack of family support 19% (145), unwilling to taking your medications 11% (84), and suspected treatment failure 53 (7%).

Conclusion: The challenges of adherence and viral load suppression, is largely related to poor treatment adherence, on the other hand, the factors of poor adherence they are more of community origin rather than clinical and are identifiable from a community form of assess adherence and viral suppression.

Engagement of Community Health Workers and Modified Client-Led ART Delivery improves Viral Suppression among Children and Adolescents in Northern Uganda

The AIDS Support Organisation (TASO) - USAID Local Partner Health Services Ankole and Acholi Activity, Uganda

Primary Author: Anna Lawino

Background: Viral suppression (VS) is a critical marker of HIV treatment success. However, VS among children and adolescents (0-19 years) living with HIV (CALHIV) remains suboptimal at 73% compared to adults at 93% in the Acholi sub-region, Northern Uganda due to the unique challenges CALHIV face of dependency on caregivers and over-representation. This was a community intervention of attaching community health workers (CHWs) to CALHIV and a Modified Community Client-Led Antiretroviral therapy Delivery (MCCLAD).

Methods: This initiative was in 70 health facilities in the Acholi sub-region, Northern, between February and July 2022. It involved implementing MCCLAD and the attachment of CHWs to CALHIV under 20 years and stratification of the CALHIV in cell groups of 5-10 for each CHW, based on the geographical location and proximity. 318 CHWs were attached to 3,475 CALHIV with the CHW-to-client attachment ratio of 1:11. Virally suppressed children and their caregivers were contacted monthly. In contrast, the non-suppressed were contacted weekly through telephone or physical meetings at community safe spaces to provide services. Using the client audit tool color-coded dashboards and service gap identifier tools, CHWs, weekly identified and planned for the CALHIV to be contacted and services provided.

Results: The attachment of CHWs to CALHIV was 90%. The proportion of CALHIV who received over three months of multi-month ART prescriptions improved from 66% in December 2021 to 74% in August 2022, interruption in treatment reduced from 7.6% to 3.4%, and VS among CALHIV improved from 73% to 79%.

Conclusion: Attachment of CHWs to CALHIV and MCCLAD significantly improved VS among the CALHIV. Highlighting the critical role CHWs and MCCLAD play in improving VS in CALHIV. Similar targeted community interventions for CALHIV receiving ART are needed in similar settings.

Optimization of Health Workforce for Improved HIV Viral load Testing in Mtwara and Lindi Regions, Tanzania

Benjamin Mkapa Foundation, Tanzania

Primary Author: Mussa Ndile

Background: Improved HIV Viral Load (HVL) testing capacity and timely availability of results is critical for clinical monitoring and decision making for clients on Antiretroviral Therapy (ART). Ligula Regional Referral Hospital located in Mtwara Region has HVL testing laboratory serving about 209 ART clinics within Mtwara and neighboring Lindi region. The laboratory receives about 300 HVL samples daily from ART clinics above and unable to test, document and dispatch results of all samples received on daily basis due to staff shortage. The existing laboratory technical personnel were overwhelmed with workload as they lacked data management staff for documentation and reporting. They had to perform all the HVL testing cascade above which reduced laboratory testing capacity to around 210 samples per day compared to its daily capacity of testing 315 samples. This prolonged turnaround time of HVL results to ART clinics of up to 90 days.

Methods: In November 2020, USAID Afya Endelevu Activity in collaboration with Ligula hospital management and USAID-HIV service delivery partner, conducted joint review of workload, staffing, work process and productivity. This informed relocation of one data management staff from HIV clinic at the hospital to support sample receiving, documentation and dispatching test results to respective health facilities. The staff conducted monthly laboratory data analysis and reporting which enabled the laboratory technical staff to concentrate on HVL testing.

Results: By June 2022, the laboratory recorded an average of 315 viral load tests per day and 6,000 samples per month for the two regions. Turn-around time of HVL sample results improved to an average of 20 days from the earlier 90 days.

Conclusion: Optimization of health workforce Ligula hospital, without adding staff improved program outputs. The review of work process prior to allocation of additional staff in addressing service performance gaps in resource limited settings is a key step.

Improving And Sustaining Viral Load Suppression Among People Living With HIV In Cross River State, Nigeria

Excellence Community Education Welfare Scheme (ECEWS), Nigeria

Primary Author: Peter Agada

Background: The PEPFAR-funded HIV/AIDS treatment program in Cross River State (CRS) developed a “hand-holding” intervention to sustain viral load (VL) suppression among PLHIV’s identified unsuppressed as at January 2021. “Hand-holding”, is an individualized-intervention to address patient-specific barriers to improved treatment outcomes. It involves at least 3months enhanced adherence counseling (EAC) sessions, regular phone calls, home visits for direct observation of treatment, nutritional and other support. This is followed by intensive monitoring for up to 12months post-EAC to ensure sustained adherence on treatment. We aim to determine VL uptake and re-suppression rate post “handholding” intervention.

Methods: In February 2022, we reviewed VL indicators reported in the electronic medical records for PLHIV provided 12-months of handholding intervention across 53 ART treatment facilities with 26,259 PLHIV on treatment. We determine VL uptake (proportion of unsuppressed PLHIV with documented VL result after an initial post-EAC VL), and re-suppression rate (proportion of unsuppressed PLHIV with repeat VL <1000copies/ml, after a post-EAC VL). Frequencies were used to summarize indices using SPSS ver.25.

Results: A total of 1,550 unsuppressed PLHIV were provided “hand-holding” services. Median age was 36years, 68% (n=1,054) were females, and 92% (n=1,429) adults. Of this, 95% (n=1,472; females=95%; males=95%; adults=96%; children=91%) completed at least 3-EAC sessions and were suppressed post-EAC, while 85 interrupted treatment. In February 2022, 88% had repeat VL result (n=1,295/1,472; 89% of females, 87% males; adults=90%; children=85%), and VL re-suppression after an initial post-EAC VL was 93% (n=1,210/1,295; males=92%; females=94%; adult=92%; children=91%).

Conclusion: Continuing intensive monitoring beyond post-EAC VL suppression can result in the sustainment of viral suppression of PLHIV who are unsuppressed.

Improving Patient Viral Load Suppression through Community Non-Conditional Cash Transfers (CT) in Akwa Ibom (AI) and Cross River (CR) States

Center for Clinical Care and Clinical Research, Nigeria

Primary Author: Felix Ikyereve

Background: A pre-cash transfer assessment conducted on project beneficiaries revealed that averagely 31.3% of Children Living with HIV (CLHIV) households lacked access to regular food and 16% were unable to pay medical bills or transport household members to health facilities in AI and CR States. Economic vulnerabilities account for major hindrances to improved health outcomes in these households.

Methods: The Centre for Clinical Care and Clinical Research implementing USAID-funded Integrated Child Health and Social Services Award (ICHSSA) initiated a CT scheme for her most vulnerable households. The household assessment of 6,496 identified 1,800 vulnerable CLHIV households out of which 1,306 (72.5%) were prioritized for CT using semi-structured interview to determine households' eligibility. Beneficiaries were sensitized on CT modalities including processes, conditions, and benefits. Two tranches of N20,000 (\$48.2) was disbursed to each beneficiary through bank transfer and MTN Momo Agent. A post-CT disbursement monitoring (PDM) survey was conducted six months after the last tranche payment to determine impact of the intervention.

Results: The PDM survey revealed that 98.7% of the respondents confirmed receipt of the money, 97.9% confirmed the cash assistance has met their needs situation citing transportation to health facilities, reduced missed appointments, improved access to food as well as business start-up/expansion, investment in farming and debt repayment. Also, evaluation of beneficiaries' viral load before and after the cash transfer reduced from a mean of 11781 copies (median- 200, and standard deviation of 58828.06) to mean copies of 745 (median- 40, and standard deviation of 7132.36).

Conclusion: Cash transfer interventions has improved HIV services uptake and reduce viral load among CLHIV in AI and CR states and has been proven to be strategic in addressing economic barriers to HIV treatment and care and thus need to be scaled up.

OPTIMIZING HIV VIRAL LOAD MANAGEMENT IN LOW RESOURCE SETTING IN KWARA STATE, NIGERIA USING THE REMOTE SAMPLE LOGGING TECHNIQUE: ACE-4 EXPERIENCE

CCCRN, Nigeria

Primary Author: Gabriel Chima

Background: The USAID ACE-4 Project which is implemented by CCCRN as prime and three other consortium (ARFH, Jhpiego and SCIDaR) supports 20 ART health facilities in Kwara state with total treatment current of 11,080.00 towards achieving epidemic control. Achieving the desired Viral suppression was challenged by the inability of facilities in rural and hard to reach areas to access the National Laboratory Information Management System, also known as Remote sample Logging (RSL) due to poor infrastructure and electricity supply. Out of the 20 health facilities, only 5 facilities act as Hubs to provide indirect access to 15 Spoke facilities in a Hub and Spoke model. This model limits the 15 spoke facilities direct access to remote sample registration (Lab Order) and result retrieval from the electronic RSL platform with resultant prolonged TAT amongst other drawbacks.

Methods: The innovative RSL technique utilizes the internet enhanced smart phone technology to log in to Hub facility RSL page with ID/Password to register viral load samples with the unique number on the same day of sample collection, retrieve results from the RSL to upload to the Electronic Medical Record(EMR) and use for clinical decision making.

Results: 209 lost results were found by various facilities using their smart phones to search missing results, no sample rejection at PCR Lab due to non-inclusion of manifest. The 5 Hub facilities recorded reduced work load on sample registration and result generation for spoke facilities with resultant improvement of 0-3days TAT. The number of facilities that have direct access to remote sample logging increased from 25% to 100%.

Conclusion: The optimization of viral load sample management and result retrieval with improve TAT for clinical decision making by clinical team.

Improving the health outcomes for paediatric and adolescent health in HIV care and treatment using the know your child model

Youth Alive, Uganda

Primary Author: James Byarugaba

Background: Despite the improved access to antiretroviral therapy and viral load testing globally and in Uganda, viral load suppression among adolescents (87%) is still low compared to adults (95%) (Uganda Viral Load CPHL dashboard, 2022). This is attributed to complex set of clinical and socioeconomic challenges like poor treatment literacy, stigma, poverty, and absence of caregiver and social supports. YAU , under the Integrated Child and Youth Development Activity project funded by USAID implemented across 10 districts in Northern Uganda adopted the Know your child model for Non-Suppressing Children within the project cohort in April 2021 aimed at improving health outcomes for paediatrics & adolescents in HIV Care and treatment through increasing access to Viral load uptake, ensuring that all Non-suppressing children are attending Intense Adherence Sessions & addressing the actual root causes of non-suppression among children.

Methods: All non-suppressing children were assigned to project staff for close monitoring and follow-up with an intention of staff getting driven to develop passion and commitment towards these children as they would have done to their own children or siblings. Staff made personal initiatives by knowing the non-suppressing children and their caregivers by making targeted case management visits to their households and addressed all the emerging root causes of non-suppression with the most polled reason being poor nutrition. The other initiative was piloting the first ever staff case conference to brainstorm on the critical cases of children handled at district level as well as collaborations with the Clinical Partners, health facilities, and child protection actors.

Results: The implementation of the know your child model has increased the VL uptake among children from less than 50% in April 2021 to now 84%, 82% access of results and VL suppression of 87%; since staff are held more accountable by ensuring that all clinical and socio-economic challenges are addressed.

Child, Adolescent and Family Care Days provide a mix of interventions that support retention and virological suppression in children living with HIV

Anova Health Institute, South Africa

Primary Author: Jackie Dunlop

Background: Virological suppression is more difficult to achieve in children on antiretroviral therapy (ART) compared with adults. The South African National Department of Health Matrix of Interventions recommends Child, Adolescent and Family Care Days (Care Days) to promote paediatric retention and ART adherence. Care Days consist of clinical consultation, disclosure and adherence counselling, and referral to community-based organisations. Since 2015, Care Days have been implemented at selected facilities in Johannesburg and Mopani districts, where Anova is the USAID District Support Partner.

Methods: An analysis of aggregated routine programmatic data was conducted. By June 2022, Care Days were taking place at 55 facilities in Johannesburg (of 125 facilities) and 26 in Mopani (of 137). We measured retention, viral load (VL) testing, and virological suppression (<1000 c/ml), at facilities with Care Days compared to facilities without from April to June 2022. We used chi-squared tests to examine differences between proportions. Retention was measured using TX_ML indicator- children who left care in the quarter, because they transferred out, disengaged or died, and the rate was calculated as a proportion of TX_CURR.

Results: In Johannesburg, 80% (4,651/5,831) of children under 15 years old on ART attended facilities with Care Days and in Mopani, 40% (1,233/3,111) of children in care attended facilities with Care Days. Overall, the rate of children lost to care was lower in Care Day facilities compared with those without (5.1% vs 6.1%, $p=0.066$). VL testing (73.5% vs 70.4%, $p=0.002$) and virological suppression (82.7% vs 71.8%, $p<0001$) in both districts were higher in facilities with Care Days than those without.

Conclusion: Paediatric HIV treatment outcomes related to VL testing and viral suppression were significantly better in facilities with Care Days compared to those without. Care Days are a key intervention improving adherence and quality of care for children.

Linkage Facilitators' contribution is vital in engaging and retaining CALHIV: Ubaka Ejo Activity's Experience

AFRICAN EVANGELISTIC ENTERPRISE, Rwanda

Primary Author: Charlotte Usanase

Background: AEE Rwanda is the local implementing partner for USAID Ubaka Ejo ("Build the Future"), a 10-year

USAID/PEPFAR-funded project that connects children and adolescents living with HIV (CALHIV) and their caregivers with age-appropriate HIV services. While the project has been successful in enrolling OVC into services, Lost to Follow Up (LTFU) reduced the project's impact.

Methods: Ubaka Ejo partners with 37 health facilities across Kigali's three districts. Unfriendly health facility settings can be intimidating places for CALHIV – irregular follow up with this patient group leads to poor adherence and interruption to treatment. To mitigate this, in October 2021 AEE Rwanda introduced eighteen Linkage Facilitators (LFs) based at the health centres. The LFs act as a permanent link between the health centers, case management volunteers, the orphans and vulnerable children, and their families. Through their direct relationships with the OVC and their families, LFs improve tracking and follow up for missed appointments, viral load tests and records, and facilitate quick bi-directional referrals.

Results:

- LFs, by engaging them with CALHIV at a community rather than clinical level, improve uptake of services and compliance with treatment.
- Enrolling Young People Living with HIV (YPLHIV) as LFs results in stronger and more trusting relationships with CALHIV, as the LF has shared the lived experience of the CALHIV.
- Deceased VLS from 266 in Quarter one to zero in quarter four. Returned 61 LTFU into care and treatment

Conclusion: The introduction of Linkage Facilitators who are YPLHIV has increased the rates of CALHIV with suppressed viral load and reduced defaulting and LTFU. Effective health facility buy-in and support are critical to the successful initiative of introducing LFs.

Modifying Community Drug Distribution Points to Improve Viral Load Testing Coverage and Enhance Access to HIV Services in the Hard-to-Reach Areas of Mayuge District in East Central Uganda

USAID Local Partner Health Services in East Central Uganda (LPHS-EC) ,MJAP

Primary Author: Joel Kasakaire

Background: In line with UNAIDS global 95-95-95 targets to achieve HIV/AIDS epidemic control by the year 2030. Mayuge HCIV, Mayuge district in East Central Uganda aims to achieve 95% Viral suppression for all persons living with HIV (PLHIV) who access care at the facility. This requires scaling up viral load testing for all eligible persons in care. By January 2022, Mayuge HC IV was struggling with sub-optimal viral load testing coverage at 78% . The key challenge limiting optimal viral load coverage of 95% was missed clinic appointments by PLHIVs due for viral load testing. This was attributed to high transport costs especially for clients living on the hard-to-reach Islands of Lake Victoria, whose nearest health facility is Mayuge HCIV located on the mainland.

Methods: Mayuge HCIV, ART clinic team with support from USAID Local Partner Health Services in East Central Uganda (LPHS-EC) implemented by Makerere University Joint AIDS Program implemented the following interventions: For easier follow up, the facility team profiled and mapped clients who had missed their clinic appointment and due for viral load.

Established a quality improvement project to improve viral load testing and proper record keeping.

Orientated and mentored multidisciplinary ART clinic teams to deliver differentiated HIV treatment services to clients in the selected hard to reach areas.

Established modified Community Drug Distribution Points (CDDPs) in localities of clients who were profiled and mapped to ease access to services.

Results: There was steady improvement in HIV viral load testing coverage at Mayuge HCIV from 78% (1053/1355) January 2022 to 95% (1302/1370) June 2022 following implementation of the interventions.

Conclusion: Identifying challenges affecting PLHIV's access to care and adapting health services to address the challenges can significantly improve uptake of services & retention of clients in care in hard-to-reach areas.

*****Improving HIV viral Load suppression among Children and adolescents (0-19 years): Evidence of improving clinic processes as a quality improvement approach. A case of Oyam District- Uganda.**
USAID's Local Partner Health Services-LANGO Project/Joint Clinical Research Centre (JCRC), Uganda

Primary Author: Nanteza Alice

Background: Ministry of Health (MOH) Uganda has a goal of achieving viral load suppression of 95% by 2030. However, achieving viral load suppression among children and adolescents living with HIV (CALHIV) aged 0 -19 years continues to hold back attainment of this goal compared to the adults. Oyam district had viral load suppression of 74% among CALHIV by the end of Jan-March 2022 quarter. The barriers were poor clinic processes including poorly planned CALHIV clinics leading to missed opportunities for viral load monitoring, intensified adherence counseling, missed health education sessions on adherence to ART, poor tracking of missed appointments, low use of data for informed decisions and community health workers (CHW) manning the clinics.

Methods: Use of quality improvement approaches to improve clinic processes including; clinic preparation a day before to include; pre-clinic file retrieval using appointment register, service gap identification tags of masking tape on the retrieved files using the service layering package on display, pre-filing of viral load forms, assigned clear roles to all the clinic staff using a duty roster, health workers and counselors started to attend to clients instead of CHW. Meaningful attachment of clients to CHW for weekly contact and immediate follow up of CALHIV who missed their appointments. Weekly meetings to review performance.

Results: The viral load suppression improved from 74.5% in March 2022 to 87.3% in May 2022 and 93.3% in July 2022.

Conclusion: Improving clinic processes as a quality improvement approach can lead to improved patient health outcomes.

OPTIMIZING HIV VIRAL LOAD MANAGEMENT IN LOW RESOURCE SETTING IN KWARA STATE, NIGERIA USING THE REMOTE SAMPLE LOGGING TECHNIQUE: ACE-4 EXPERIENCE

Centre for Clinical and clinical research CCCRN, Nigeria

Primary Author: Andrew Etsetowaghan

Background: The USAID funded CCCRN led ACE-4 Project currently supports 20 ART health facilities in Kwara state with total treatment current of 11,080. One major challenge identified with reaching the 3rd 95 has been the inability of facilities in rural and hard to reach areas to access the National Laboratory Information Management System. This has led to the introduction of Remote sample Logging (RSL) technique support sites with poor infrastructure and electricity supply. This abstract reviews the impact of RSL in service delivery in supported sites.

Methods: The innovative RSL technique utilizes the internet enhanced smart phone technology to log in to Hub facility RSL page with ID/Password to register viral load samples with the unique number on the same day of sample collection, retrieve results from the RSL to upload to the Electronic Medical Record(EMR) and use for clinical decision making. The project provided hands on training for staff in 15 health facilities between April – June 2022, in addition to 5 sites with RSL previously.

Results: The 5 Hub facilities recorded reduced work load on sample registration and result generation for spoke facilities with resultant improvement of 0-3days TAT of result generation against previous > 15days delay or no results. The 15 Spoke facilities gained capacity to navigate through the process of sample registration and VL Load Result management for HIV Clients to ensure prompt clinical decision by the ART Physician. The number of facilities that have direct access to remote sample logging increased from 25% to 100% .

Conclusion: The RSL innovation is a simple and cost-effective way of addressing the challenge of sample logging and result management for efficient service delivery in a low resource setting.

Tracking viral suppression rates through changes in an Integrated Service Delivery Model in Lesotho

mothers2mothers/RISEII, Lesotho

Primary Author: Mojalefa Mosoeu

Background: In an effort to support national HIV programs aiming for undetectable viral load (VL) equals to un-transmittable (U=U), viral suppression has been identified as a key prevention strategy in viral uptake and suppression rates. Mothers2mothers/RISEII added to its existing Mentor Mother model, a clinical component to provide direct HIV prevention, care

and treatment services in the facilities and targeted communities. Among the priorities of the model, was the need for improved access to viral load testing services to women and children which directly contributes to the improvement of uptake of services and continuity of treatment.

Methods: Quarterly data for clients was extracted from Data for Accountability Transparency and Impact (DATIM) data sources from quarter 1 2018 to quarter 3 2021. A trend analysis of data extends 2019 during services through the mentor mother model only to 2021 with services through both the mentor mother model and the clinical model.

Results: Viral suppression is measured as less than 50 copies of HIV per ml. Out of 634 clients who had at least one viral load test in Q1 of 2018, the suppression rate of 88% was recorded. There has been a steady increase as the implementation of clinical models progresses. In Q1 2021, the beginning of clinical model, 1592 clients who had at least one viral load test recorded suppression rate of 95%. By Q3 2021, 1961 clients with at least one viral load test recorded a suppression rate of 98%, which is an improvement of 3% which has been constant at 98% up to Q3 2021.

Conclusion: The revised integrated service delivery model to include a clinical component supported an excellent suppression rate of 98%, an improvement of 3% from the previous model and recommendable to be replicated in other regions for better VL suppression outcomes.

***ADDRESSING PROLONGED HIV VIRAL LOAD TURN AROUND TIME THROUGH PARTICIPATORY STAKEHOLDERS' ENGAGEMENT; A CASE STUDY OF ACE 6 PROJECT INTERVENTION AT NIMR MEGA PCR LABORATORY LAGOS STATE NIGERIA

Heartland Alliance LTD/GTE, Nigeria

Primary Author: Blessing Airiagbonbu

Background: Nigeria has an estimated 1.9 million people living with HIV (PLHIV), 1.7million of which are on ART. Viral Load (VL) is the gold standard for monitoring PLHIVs on treatment. In Nigeria, optimal Sample-Result Turn-around Time (TAT) is defined as 10 days or less. The Nigerian Institute for Medical Research (NIMR) Lab located in Lagos, Nigeria, functioned at a fraction of installed capacity due to several factors with resultant long TAT. The PEPFAR/USAID-funded Accelerating Epidemic Control of HIV/AIDS cluster 6 (ACE 6) which is implemented by Heartland Alliance LTD/GTE commenced support for the facility in January 2022. This study aims to demonstrate program experience in addressing issues at NIMR and improving TAT through periodic review of progress.

Methods: Between January and April 2022, 5 stakeholder engagement meetings were held involving the laboratory and administrative staff of NIMR, including the Director General's Office. During these meetings, discussions focused on unveiling the challenges that hindered full capacity optimization of the lab. Interventions included improved communication among lab personnel and between the equipment and commodity suppliers. Key performance indicators were jointly developed and tracked daily by both management of HALG and NIMR. Human Resource for Health was improved through retraining and performance tracking.

Results: In the four months (October 2021 to January 2022) pre-intervention, 45,946 samples were analyzed with an average turnaround time of 21 days. Between February and July 2022 (6 months' time), 119,631 samples were analyzed with an average TAT that dropped from 12 days and steadied at 7 days for the last three-month post intervention. The national TAT standard was achieved and surpassed despite the increased number of samples.

Conclusion: Participatory engagement with stakeholders at PCR labs and performance tracking provides a sustainable means of improving lab functionality and reducing TAT.

AGYW, DREAMS, Youth Engagement, youth treatment, youth organizations

Community based optimization of HIV Pre-exposure Prophylaxis Uptake among Adolescent Girls and Young Women in Botswana

Humana People to People, Botswana

Primary Author: Chibatamoto

Background: Although Botswana has made progress in reducing HIV new infections, Adolescent girls and young women (AGYW) constitute a high-risk group that has not shown remarkable reduction compared to others. Therefore, targeted preventive interventions such as pre-exposure prophylaxis (PrEP) need optimization for improved reach and uptake. This study aimed to evaluate the effectiveness of community-based interventions, including mobilizations and linkages, towards improving uptake of PrEP among AGYW.

Methods: This descriptive cross-sectional study reviewed all programmatic data on uptake of PrEP among AGYW (15-24 years) for the period October 2021-June 2022. AGYW are mobilized and screened for PrEP eligibility in Gaborone, Kweneng East, Tutume, Greater Francistown, and North East districts by Community Health Workers (CHWs) through household visits and outreach/school campaigns. The CHWs offer comprehensive packages that include HTS and referral of eligible AGYW for PrEP enrolment with linkage support to health facilities.

Results: Mobilized AGYW for the study period totaled 317 in all five districts. The majority were eligible for PrEP (n=191, 60%) with subsequent 100% referral rate for initiation, and completion rate of 95% (n=182). Among those initiated on PrEP, almost 70% were young women (20-24 years). Most of the initiated AGYW were first time users with only one second time user. The highest mobilized AGYW were from Greater Francistown whereas Gaborone had 100% referral rate of all its eligible AGYW. The lowest mobilized AGYW were reported in North East (n=22, 0.07%). The overall completion rate was 96.2%.

Conclusion: Community-based interventions remain an effective way to promote access to PrEP by scaling-up to reach AGYW. Strategic efforts are needed to strengthen coverage in Botswana to reach all eligible AGYW.

Role of Public-private partnerships in accelerating young women's employment and Improved treatment outcomes

World Vision, Kenya/Nairobi

Primary Author: Catherine Kimemia

Background:

HIV /AIDS remains a burden to Kenya in relation to achieving its Vision 2030. An estimated 1,495,259 people are living with HIV, of whom 850,000 are HIV/AIDS-related orphans and vulnerable children (OVC) under 17 years; 184,178 are young people (15-24), 105,200 are adolescents aged 10-19 years. Harnessing stakeholder engagement and contribution remain fundamental for success of OVC project implementation. It informs sustainability strategy, creates transparency, improves targeting, increases efficiency, political viability and accountability.

Methods: USAID Tumikia Mtoto project conducted stakeholder mapping, analysis and updated stakeholder directory. Project supported local implementing partners to develop stakeholder engagement plan. The project further developed MOU with eight clinical partners, seven private sectors. The MOU guided the roles, communication, and monitoring of partnerships.

Results: 42 stakeholders were mapped and characterized on level of interest and influence. CPIMS and DREAMS data show increase in Children and Adolescents Living with HIV enrolled from 4207 to 6248 after MoU formalization within six months. Estimated 1866 Adolescent Girls Young Women (AGYW) linked to vocational training, apprenticeship, business development and internships. Through family bank partnership, 198 AGYW were trained on construction skills plumbing, electricals, painting. As result 16 AGYW are gainfully employed while 45 are on internship. Through Boda Boda Association of Kenya (BAK) 146 AGYW are

enrolled for motorbike riding training after which BAK will link them to mobile App delivery service. Through government Ajira Digital 1522 AGYW were trained on Digital Marketing and e-commerce.

Conclusion: Multi-sectoral and multi-stakeholder engagement is essential for long-term success of any project. For effective stakeholder management, project will continue to invest time and resources to achieve this objective while ensuring stakeholder satisfaction.

Sexual Reproductive Education For Adolescents Living with HIV

Stepping Stones International, Botswana

Primary Author: Beauty Mogasha

Background: Adolescents living with HIV face an array of problems excavated by being born with HIV. They have specific needs with respect to their well-being, including issues related to their social integration, education and sexuality. Being diagnosed at a young age, one may have been going to a doctor or clinic and sometimes not being aware of why he/she is taking medication every day. Some adolescents living with HIV worry that they can never have a relationship or have sex or that they will never be loved because they have HIV. Being an adolescent living with HIV doubles one's challenges more than other age mate who are not living with HIV.

Methods: The research sought to assess the adolescent sexual and reproductive strategy by conducting a qualitative and quantitative analysis of the effectiveness of the adolescent's sexual and reproductive strategy, accessing its implementation and relevance to adolescents living with HIV. The results of the study indicate that the strategy is not known nor utilized by the service providers across different sectors who are supposed to be supporting the adolescents in their sexual and reproductive health. Adolescents feel the messages and interventions are not relevant to their needs. We concluded that young people living with HIV need comprehensive care, taking into consideration the needs of adolescents regardless of their HIV status.

Results: The results from the study provide some useful guidance to Non-Governmental Organisations (NGOs) that are responsible for the empowerment of the youth. We cannot achieve zero AIDS related death and zero new infections if there is a lack of focus on addressing the unique treatment and social needs of adolescents.

Conclusion: The findings can be used to guide the development of a comprehensive sexuality education that is specifically catered to the unique needs of adolescents living with HIV.

Becoming Responsible Young Mothers

Stepping Stones International, Botswana

Primary Author: Beauty Mogasha

Background: Teenage mothers are less likely to complete school, more likely to live in poverty and have children who frequently experience health and developmental problems. Teenage pregnancy does not only change the physical being of the young mother but it also changes the her life's course. In a short time the adolescent girl or young women becomes responsible not only for herself, but also for another human being, resulting in stresses that can increase risk of mental disorders, insecurities and rejection. The young mothers, at a young age are faced with heading households, negligent parents, subjected to gender-based violence, unemployment, diseases including HIV and AIDS, cancer and drug and alcohol abuse.

Methods: Stepping Stones International is implementing a young mothers programme comprising of mental and physical health and economic, social and legal aspects of life. The young mothers participate in sessions over a period of six months and learn about sexual reproductive health, decision making, parenting, and how to care for yourself and bond with your baby through a program called SensoBaby. SensoBaby is designed around the concepts of infant mental health and developmental play. This equip families with the knowledge and support they need to help their children thrive. In addition, entrepreneurial, financial skills and ICT skills are provided to the young mothers to economically empower them and mentor them to be economically sustainable.

Results: The intervention has resulted in young mothers finding employment, starting businesses and returning to school. In addition, results include increased positive parenting and bonding between mother and child. The young mothers have a 30%

improvement in their self-perception and 78% improvement in parenting skills. 90% of the young mothers improve ability to access health and legal services to ensure that they get support from the fathers of the children. The intervention is comprehensive, person centered and easily replicable.

DEMONSTRATING EFFECTIVENESS OF THE DREAMS APPROACH AMONGST ADOLESCENT GIRLS AND YOUNG WOMEN AGED 10-29 YEARS: TOWARDS AN HIV FREE GENERATION

World Vision, Eswatini

Primary Author: Humble Nxumalo

Background: World Vision is implementing USAID funded HIV prevention project, targeting adolescent girls and young women 10-29 years in Eswatini. Project's goal is reduction of HIV infections and vulnerabilities. The project enrolled 8642 beneficiaries and 3404(39%) completed service delivery package and therefore the project endeavored to evaluate the effectiveness of its interventions towards creating an HIV free generation.

Method: A pre-test - post-test design assessment; data collection utilized mixed method approach through structured questionnaire. Purposive sampling utilized to select beneficiaries >15 years; completing intervention package and completing pre-intervention assessment yielding 506 sample, 456(90%) consented post assessment. Testing statistical significance employed Wilcoxon signed-rank and Kruskal-Wallis test.

Results: illustrated improved knowledge of where and how one can access HIV preventive commodities: 34%-84%. Attitude (level of comfort) towards accessing HIV services increased from 38% - 60%. HIV testing services uptake increased: 40%-83%, ART uptake for HIV-positive increased: 80%-96%. Health services uptake for STI-related conditions predisposing to HIV increased: 42%-73%. Partner disclosure of HIV status by beneficiaries to partners increased: 16%- 56%. Condom-use increased: 11%- 53% and transactional sexual habits reduced: 37%- 60%. One (1%) HIV seroconversion case reported amongst beneficiaries (n=166) documented to have had a negative result pre-assessment.

Conclusion: The results illustrate effectiveness of project intervention package in combating risky behaviors predisposing one to HIV infections. Evidence of impact is further illustrated by the incidence of HIV cases amongst enrolled beneficiaries at 1% which is less than the national average of 1.70% recorded on Swaziland HIV Incidence Measurement Survey 2016-17.

Social and Behavior Change

***Engaging youth in HIV self-care: Results from the launch of an HIVST strategy in Guatemala

Pan American Social Marketing Organization (PASMO Guatemala), Guatemala

Primary Author: Jose Quiñonez

Background: Under USAID's Prevention Services against HIV activity in Central America, the Pan American Social Marketing Organization (PASMO) works to increase HIV testing services (HTS) uptake and linkage among high-risk individuals (HRI), especially key populations (KPs): men who have sex with men (MSM) and transgender women. In Guatemala, where the access of KP to regular HIV diagnostic tests remains a challenge, PASMO introduced HIV self-tests (HIVST) in 2021 to help close gaps in diagnosis and promote KP self-care strategies.

Methods: PASMO launched an HIVST strategy under a semi-assisted model where cyber-educators (online outreach workers) provide a referral coupon to KPs to receive a free HIVST kit including the self-test, condoms, water-based lubricant, and educational print materials. Kits are available for pick-up at PASMO or other NGO offices, or users can cover a small fee for delivery services. Users who require support and follow-up have ongoing access to cyber-educators for assistance, especially for reactive test results that require confirmatory testing and linkage to care and treatment support. PASMO generates demand for HIVST kits among KPs mainly through social media communications and campaigns.

Results: During 10 months of the HIVST strategy implementation, PASMO delivered 1,126 kits with significant reach among MSM youth (31% of users were ages 15 to 24). Social media channels and apps were the main source of requests (33% of requests were

received via the Grindr dating app), and most absorbed at-home delivery costs (56% of kits used delivery services).

Conclusion: Preliminary data may indicate that the HIVST strategy contributes to reducing diagnosis barriers and gaps among young MSM in Central America and possibly among other difficult access populations that may otherwise not get tested for HIV. The strategy also promotes self-care, and PASMO should work to expand it at a more national level.

*****Keeping at-risk AGYW healthy - Peer PrEP Champions Expanding PrEP for Greater HIV Prevention**

AFRICAN EVANGELISTIC ENTERPRISE, Rwanda

Primary Author: Charlotte Usanase

Background

The Rwanda National HIV guidelines have highlighted pre-exposure prophylaxis (PrEP) as an HIV intervention since 2020. In October 2021 the Ubaka Ejo activity began offering referrals for PrEP to adolescent girls and young women (AGYW) aged 18 to 24 who are at substantial risk of HIV infection.

The project noted resistance to PrEP from at-risk AGYW, for reasons including self-stigmatization, fear of negative community reactions, fear of health center staff judgment on their lifestyles, and also a misconception that young people don't use PrEP.

Methods

Ubake Ejo introduced peer PrEP champions. As young women already on PrEP, PrEP Champions became a bridge between clients and health services, able to dispel misconceptions about PrEP and help health service providers understand the concerns of their clients. PrEP Champions mobilize AGYW for screening HIV positive AGYW with multiple sexual partners, in transactional sex and promote adherence to referrals and follow-up.

In FY2022, Ubaka Ejo activity enrolled 35 peer PrEP Champions and revised MOUs with health centers that, among other concerns, formalized their working relationship with PrEP Champions.

Results

Engaging AGYW initiated on PrEP who are willing to be PrEP champions at all stages is highly effective in increasing access and adherence to PrEP.

MOUs with health facilities empowered peer PrEP Champions to work effectively.

These measures contributed to increasing AGYW accessing PrEP services from 147 in Q1 to 619 in Q3 (FY2022), an increase that brings Ubaka Ejo to 85% of the target for AGYW in PrEP, with three months still to run.

Conclusion

Working with AGYW already on PrEP as PrEP champions has proved to be a model that works to encourage high risk AGYW at substantial risk of HIV Prevention to take up PrEP.

Developing and measuring DREAMS Social Asset Building Clubs tracking system: Lessons from Insiza district

Zimbabwe Health Interventions

Primary Author: Nelson Mahulo

Background

Social asset building clubs (SABC) are safe spaces which provide social safety nets through health education, mentoring and peer learning. SABC is a vehicle for implementation of combination socio-economic empowerment interventions by the DREAMS program to vulnerable adolescent girls and young women (AGYW). During FY22 quarter 1 and quarter 2, Insiza district SABCs were characterized by AGYW dropouts with average attendance of 53%. We developed SABC tracking system, offered mentorship and documented performance of SABC.

Methods

An SABC tracking tool was developed to facilitate follow-up and support for AGYW. A total of 38 clubs were tracked from 1 May to 31 July 2022 focusing on AGYW attendance, retention, service uptake, and SABC functionality. Each club was visited and mentored once in quarter 3 of FY 22. Quantitative data were analyzed using Microsoft Excel.

Results

During the period under review, there was improved documentation and record keeping of the SABC. Number of functional SABC increased from 28% before tracking system to 97% (37/38) in quarter 3 of FY22. About 78% (30/38) of SABC recorded attendance rate of over 76% compared to 53% before the tracking initiative. About 86.8% (33/38) of the groups were meeting monthly, 10.5% were meeting fortnightly and one group was not meeting due to relocation of club members, compared to 28% of groups that were meeting before the tracking initiative. A total of 91 internal savings and lending scheme (ISALS) groups were formed under the 38 SABC, and 86% (78/91) were saving - an increase from 55% prior the tracking system. Of the 410 AGYW in the SABC, 92.4% (379/410) accessed both social and clinical services.

Conclusion:

SABC tracking initiative improved functionality of SABC and service uptake by AGYW. We recommend scaling up the initiative to all DREAMS districts to improve functionality and sustenance of SABC.

***The Cookie Jar: Utilization of social media platforms to mobilize adolescent girls and young women for HIV prevention services

Tebelopele, Botswana

Primary Author: Tshepiso Molete

Background

Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) is an initiative that is designed with the goal to reduce new HIV infections among AGYW 15–24 years of age. Tebelopele, as a DREAMS clinical partner, provides HIV prevention clinical packages at its facilities and through community outreach. Social media platforms offer opportunities for safe spaces to access relevant and convenient information to reach AGYWs. The Cookie Jar Facebook Group connects young women using an empathetic approach.

Methods

The Cookie jar is a social media mobilization strategy for AGYW, aged 15-24 years, led by facility based AGYWs Health Care Educators (HCE) who curate content within the group. The Cookie Jar is a safe, non-judgmental space where AGYWs can discuss topics that impact their health and well-being. AGYWs are mobilized within Tebelopele facilities, tertiary schools and community during clinical outreaches. The content creators share information about DREAMS services, clinical services offered by Tebelopele and lead discussions on sexual health.

Results

The Cookie jar has enrolled 1,457 AGYWs on the group. During the period October 2021 to June 2022, 157 AGYW were referred for DREAMS screening, 256 for HIV testing services, 92 for contraceptive mix, 207 for PrEP and 27 were referred for IPV services. All the referrals came from the online platform and were referred to Tebelopele. The HCE received the AGYWs at the Clinic and educated the young women about DREAMS services, before arranging a warm handover process of the AGYW to the relevant services and ensuring that there was complete layering of services, including primary services. All the referrals initiated were completed.

Conclusion

The community contact that social media presents can be harnessed to offer double benefits for AGYWs.

Sexual Reproductive Education For Adolescents Living with HIV

Stepping Stones International, Botswana

Primary Author: Beauty Mogasha

Background

Adolescents living with HIV face an array of problems excavated by being born with HIV. They have specific needs with respect to their well-being, including issues related to their social integration, education and sexuality. Being diagnosed at a young age, one may have been going to a doctor or clinic and sometimes not being aware of why he/she is taking medication every day. Some adolescents living with HIV worry that they can never have a relationship or have sex or that they will never be loved because they have HIV. Being an adolescent living with HIV doubles one's challenges more than other age mate who are not

living with HIV.

Methods

The research sought to assess the adolescent sexual and reproductive strategy by conducting a qualitative and quantitative analysis of the effectiveness of the adolescent's sexual and reproductive strategy, assessing its implementation and relevance to adolescents living with HIV.

Results

The results of the study indicate that the strategy is not known nor utilized by the service providers across different sectors who are supposed to be supporting the adolescents in their sexual and reproductive health. Adolescents feel the messages and interventions are not relevant to their needs. We concluded that young people living with HIV need comprehensive care, taking into consideration the needs of adolescents regardless of their HIV status.

Conclusion

The results from the study provide some useful guidance to Non-Governmental Organisations (NGOs) that are responsible for the empowerment of the youth. We cannot achieve zero AIDS related death and zero new infections if there is a lack of focus on addressing the unique treatment and social needs of adolescents. The findings can be used to guide the development of a comprehensive sexuality education that is specifically catered to the unique needs of adolescents living with HIV.

PLHIV Perception & Behavior towards COVID-19

Jaringan Indonesia Positif, Indonesia

Primary Author: Meirinda Sebayang

Background

Indonesia has become one of the countries with the highest COVID-19 caseloads worldwide. People living with HIV (PLHIV) are susceptible to COVID-19 due to their immunosuppressed condition and vulnerability to unmet needs, which affect their perception and behavior towards COVID-19. Through community rapid assessment (CRA) and mitigation of COVID-19 impact on PLHIV (UNAIDS), this study aimed to identify PLHIV perception and behavior towards COVID-19.

Methods

This research, which used a cross-sectional & phenomenology design, began with data collection (February-March 2022) followed by triangulation. The target areas were DKI Jakarta, Jawa Barat, and Banten with 1026 respondents involved in the quantitative method, 85 in the FGD, and 20 in the in-depth interviews.

Results

In terms of its risk, 49.3% and 36.15% of the respondents perceived COVID-19 as dangerous and less dangerous, respectively. Additionally, 38.2% believe that they are highly vulnerable to being infected. While respondents lacked knowledge on its modes of transmission, they understood COVID-19 symptoms and prevention. To prevent transmission, respondents implemented social distancing (47%) and regular handwashing (48%). As proven by their positive attitude towards COVID-19 survivors, inclination to access health services (66%), and vaccine willingness (92%), respondents had low stigma towards COVID-19. However, due to their HIV status, 23% still faced stress/anxiety of contracting COVID-19.

Conclusion

PLHIV perception and behavior towards COVID-19 is good, but their knowledge of COVID-19 still needs to be improved. Psychosocial support is also needed for PLHIV in terms of COVID-19 mitigation.

Index Testing Services in Northern, Muchinga and Luapula Provinces of Zambia

USAID Action HIV to Epidemic Control (Action HIV)

Primary Author: Mulundu Mumbalana

Background

USAID Action HIV to Epidemic Control (Action HIV) is a USAID funded program whose project goal is to reduce HIV mortality, morbidity, and transmission by achieving the UNAIDS and PEPFAR goal of 95/95/95 HIV treatment coverage and providing comprehensive HIV prevention, care, and treatment maintenance services in Luapula, Muchinga and Northern provinces. The

thrust of the project is directed at reaching epidemic control during the first year of implementation and maintaining the quality of treatment and prevention services throughout the subsequent four years. This is in a setting of low case finding in all population types often erratic supplies of testing commodities exacerbated by Covid 19 restrictions.

Methods

A CQI strategy that included the generation of lists of index clients, assessment of testing volumes, the process of elicitation, the elicitation ratio and performance achievement of each counsellor was implemented at Kasama General hospital as proof of concept and then rolled out to 275 facilities in three provinces in November 2021. The implementation plan was supported by innovative audiovisual materials and ongoing mentorship of the 12 counsellors and 5 nurses. The emphasis being the manner of elicitation and the avoidance of coercion.

Results

The elicitation ratio improved from 1:1 to 1:3 with yields of 5% in children and 46% in sexual contacts. The advantages of meticulous contact elicitation are best demonstrated at Makola village where 24 contacts were elicited from one positive breast-feeding mother resulting in 3/4 positive children and 20/20 positive adults. By Q3 FY22 testing targets, HIV positive clients identified and contribution to total positives was 443%, 230% and 64% respectively.

Conclusion

We recommend the effective application of the principles of counselling, disclosure counselling and the five approaches of index partner follow-up We have embarked on sharing our innovation with other Implementing Partners.

Community Learning Hubs (CLH): Local Solutions to Sustaining Vulnerable Children Education and Learning in COVID-19 Situation

Aids Care Managers, Nigeria

Primary Author: Gladys Eni

Background

The COVID-19 pandemic robbed children in vulnerable households of four months of schooling, compared to few weeks for their peers in rich homes. This affected children education enrolment, performance and progression. Whilst rich homes adopted online learning to bridge the gap for their children; poor homes on the other hand were shut out. To address unmet educational needs of 210 vulnerable children in Ibesikpo Asutan (122) and Nsit Ibom (88), Aids Care Managers (ACM) adopted a local initiative to sustain learning in the midst of the lockdown.

Methods

During COVID lockdown, ACM adopted a Community Learning Hub (CLH) approach where children were organized in learning groups of 5 persons to leverage from the state-funded daily radio learning program aired for different grades. During the program, Community Case Workers (CCW) were supported to mobilize children, provide learning aids and work with trained teachers to respond to questions during sessions. A learning session last for 60 minutes (40- listening to school-on-radio and 20 for reviewing and clarifying notes). Also, CCW sent learning points to caregivers via SMS reinforced support during weekly home visits.

Results

Five CLHs were formed in 2 districts that reached 210 children in 4 months. The returned-to-school performance after lockdown of children with same vulnerability improved from 54% to 100% compared to 33% to 70% for non-targeted children. Also, children who returned to school after lockdown maintained at 100% compared to only 8% of non-targeted children who did not return. End-of-term assessments showed that 100% of the children scored above 55% compared to 42% non-targeted.

Conclusion

The COVID-19 lockdown stirred up novel ideas to solving emerging challenges differently. The CLH approach if harness effectively can have potential to address children with unmet needs in education in low resource communities.

Integrated Approaches to Improve Community TB Case Notification – Experience from Pwani region

Amref, Tanzania

Primary Author: Georgiah Kasori

Background

Contact Tracing in TB is a key strategy. Tanzania has CI guideline since 2016 but CI is not often conducted properly due to geographical coverage thus combination of strategies is used toward reaching our Targets. Based on WHO recommendation Amref Tanzania through USAID funding bridges the gap by engaging CHWs for TB Contact investigation among close contact of index patients from communities with the aim of reaching 30% as community contribution as per National Guidelines

Methods

Mapping was done to identify key community actors. These included 115 CHWs, including X- TB patients, 30 Accredited Drug Dispensing Outlets (ADDO), 18 Traditional Healers, Bodaboda riders and Community Leaders who were capacitated through trainings, . Multiple strategies including mobile van were deployed to improve TB screening at community which attracted key and vulnerable groups. All presumptive cases VIA x-ray were repeated by Gene Expert for confirmation. List of positive cases were distributed to CHWs for contact investigation.

Results

Between September 2021 and June 2022 TB notification of all forms is 4784 while community contribution is 1162 (24%). Q1 2021 all forms 740 community 37(5%), Q2 679 Community 118(17%) Q3 was 633 community 178(28%), Q4 was 716 community 220(31%), Q1FY2 was 642community contribution 201(31%), Q2 was 686 community (204(30%) and Q3 of 2022 is 688 community 204(30%).

Conclusion

More innovation is needed to obtain index patients. Collect complete and accurate patient contact and improve linkage between community and health care services. Involvement of community , capacity building of village chairpersons to implement and support community TB activities will help ensure inclusion of all TB patients during contact investigation.

Stakeholder perspectives on conditions for implementing successful parenting interventions in Botswana: What works?

Stepping Stones International, Botswana

Primary Author: Lisa Jamu

Background

Violence against children remains a global problem with serious life-threatening consequences. Child maltreatment occurs in familiar settings, including homes, schools, and communities. In Botswana, a national population-based survey of more than 8,000 adolescents found that 28.4% of females and 43.0% of males were victims of repeated physical violence. Parenting support has a long history and a rigorous evidence base demonstrating lifelong impacts on children's wellbeing and development

Methods

Despite compelling evidence from recent national surveys and randomised trials in several low- and middle-income countries on the impact of parent support programmes, there is limited evidence on the conditions necessary for the successful implementation of effective, sustainable, and scalable parent support interventions.

We conducted interviews with stakeholders and programme implementers from 13 organisations. Purposive and snowball sampling were used to recruit key informants from governmental and non-governmental institutions between September 2021 to January 2022. The Exploration, Preparation, Implementation, Sustainment (EPIS) framework informed the development of study research questions and tools.

Results

The results indicate that no single programme or strategy is enough to foster sustainable positive parenting support, but rather a collective and collaborative multifaceted approach including (1) external factors (enabling environment, harmonisation of donor-programme priorities and stakeholder engagement), (2) innovative factors (programme adaptation, local empowerment and the use of mixed approaches), (3) bridging factors (collaboration) and (4) intra-organisational factors (staff support, evidence-informed interventions and organisational funding) to find lasting and scalable solutions.

Conclusion

Our findings support the integration of parenting support programmes into government and public health initiatives to prevent violence against children and promote child wellbeing.

U=U IN HAITI: ACHIEVING VIRAL LOAD SUPPRESSION THROUGH COMMUNICATION TOOLS

Panos Institute, Haiti

Primary Author: Joseph Celicourt

Background

In 2020, official statistics showed an estimated 160,000 PLHIV in Haiti, of which 86% were enrolled onto antiretroviral therapy. However, the very high number of interruptions in treatment (30,000) was a major obstacle standing in the way to achieving the 2nd and 3rd pillar 95% goal of the HIV epidemic control.

Further researches by Panos Institute revealed some of the root causes of It and non-adherence in ART:

- HIV-related stigma and discrimination
- Internal migration
- Political turmoil
- Lack of knowledge about the benefit of ART
- Lack of trust on health workers/providers

Methods

Panos Institute launched the PEPFAR/USAID-funded U=U media campaign in April 2020 with the aim of increasing the awareness on ART and addressing the root causes that prevent PLHIV from achieving viral load suppression. In this regard, Panos is using:

- § traditional media to reach out to its segmented audience.
- § social media through top influencers and musicians
- § is collaborating with faith-based leaders across the targeted departments and PLHIV organizations during the message designing and implementing process to better achieve the message-audience fit

Results

- § 6,745 people fully aware of U=U
- § 18 PLHIV-led and KP-led associations involved and strengthened.
- § Over 1,000,000 views on social media
- § Return to care for least 80% of all clients in IT

Conclusion

- § Working directly with PLHIV by putting forward their own voices brings credibility to the messages and demystify the fear of HIV/AIDS
- § The SBC materials makes everyday health partners tasks easier in ensuring the continuity of treatment

Next Steps

- § Getting more actors from PLHIV associations involved in the materials designing, production and implementing process
- § Putting more emphasis on non-media activities to reach out to more people with non or limited access to mass media and social media
- § Increasing collaboration with faith-based organizations

HIV/Testing

Leveraging Faith Community Initiatives (FCI) to optimize HIV services in Uganda. The experience of Uganda Protestant Medical Bureau.

Uganda Protestant Medical Bureau, Uganda

Primary Author: Nelson Mahulo

BACKGROUND

Uganda has made significant progress towards reaching the UNAIDS goal of ensuring that 95% of the 1.3 million people living with HIV know their status by 2030. Findings from the Uganda Population HIV Impact Assessment (UPHIA, 2020) indicate that only 80.9% of people living with HIV aged 15 years and above know their status. Low uptake of HIV testing among men, children and adolescents contributes to the case finding gap. Uganda's population comprises 82% Christians and 14% Muslims (Population Census, 2014), so robust faith structures can be effective venues for reaching many people. Uganda Protestant Medical Bureau (UPMB), a not-for-profit faith-based Organization is leveraging faith structures to optimize HIV services.

METHOD

Between October 2021 to June 2022, UPMB/USAID Local Service Delivery for HIV/AIDS Activity trained 951 faith leaders to reach communities with HIV Messages of Hope through 45 health Windows (community health posts set up at places of worship) established in 24 districts across six regions of Uganda. In addition, Faith leaders provided basic HIV/AIDS education, mobilization, distributed HIV self-test (HIVST) kits and linked individuals to health facilities.

RESULTS

A total of 4,741 individuals received HIV Messages of Hope. 6,282 HIVST kits were distributed, 150 clients with reactive self-tests were identified and reported to health facilities for confirmatory testing, 117 were confirmed HIV positive, 101 (86%) were linked to health facilities and initiated on antiretroviral therapy (ART). FCI Contributed 117/266 (44%) of all new HIV positive individuals identified through HIVST and 6,282/27,174 (23%) of total HIV self-test kits distributed.

CONCLUSION

Church-led interventions can aid in reaching individuals who rarely interact with the healthcare system. Health Windows can serve as advocacy and support platforms for HIV services. Targeted distribution of HIVST kits by faith leaders is effective and should be scaled up.

Contribution of index testing to the achievement of HIV testing objectives: Experience of the Kolda health district

Région Médicale de Kolda, Senegal

Primary Author: SY Thierno Cherif

Background: Index testing is a voluntary process in which health workers ask HIV-positive clients to list all of their sexual or drug injecting partners in the past year as well as their children. This strategy conducted at the Kolda site (southern Senegal) yielded results worth sharing.

Methodology

- Training of site providers on the strategy by Epic/FHI 360/PEPFAR
- Systematically offered to all newly tested HIV-positive individuals and those with an unsuppressed viral load
- Assessment of sexual partner violence
- Identification of sexual contacts and biological children with client consent
- Testing of contacts who came to the site after counseling
- Weekly follow-up of contacts with reminder calls
- Offer emergency assistance for prevention of intimate partner violence
- Start ARV treatment immediately after HIV serology confirmation

Results

- From October 2021 to July 2022, Out of a proposal of 194/223 PLWH, we have a progressive acceptance of 127 clients or 65.5%

with 334 contacts elicited of which 54% are women. Acceptance was improved by training providers in motivational interviewing

- 95 clients were tested with a high seropositivity rate of 43% (41/95), 54 negative cases
- 100% of clients were put on ARV treatment the same day they were tested
- 86% (18/21) of eligible clients had suppressed their viral load by the sixth month
- Difficulties were also noted among 181 clients who were unable to travel due to lack of financial means and 53 contacts promised to come but did not do so
- Also a lack of logistics prevented the target from being reached at the community level

Conclusion: The index testing strategy allows good targeting of screening and facilitates the achievement of objectives. It requires training of the actors, a strong community commitment and the implementation of an adapted logistic system for its success.

***COMMUNITY CASE FINDING THE PATHWAY TO ACHIEVING UNAIDS 1ST 95; A CASE STUDY OF ACE 6 PROJECT IMPLEMENTATION IN EDO STATE NIGERIA

Heartland Alliance LTD/GTE, Nigeria

Primary Author: Blessing Airiagbonbu

Background: Edo state in southern Nigeria has an estimated 42,071 persons living with HIV according to the 2018 Nigeria AIDS Indicator and Impact Survey (NAIIS) with a prevalence of 1.8%. An estimated 28,000 PLHIVs access treatment within the state which gives an unmet need of about 14,071. Achieving epidemic control within the state requires a scale-up of HIV Testing Services (HTS). The Accelerating Epidemic Control of HIV/AIDS cluster 6 which is implemented in the state by Heartland Alliance LTD/GTE via USAID support from the USG PEPFAR implemented community HIV testing services. This study aims to show the effect of community HIV testing services on HIV case identification.

Method: Between February 2022 and July 2022, 54 testers were deployed across 18 LGAs within Edo state. In addition, HTS continued to be offered across health facilities. To ensure efficiency in testing, community teams deployed risk screening tools, index testing approaches, and hotspot mapping.

Result: 86,803 individuals accessed HTS with 2109 newly identified as HIV positive (2.4% yield). 31047 people were tested in the facilities with 800 people newly identified as HIV Positive (2.6%), while in the community 55,756 accessed HTS, and 1331 new positives identified (2.4%). Community testing contributed 64% of testing and 63% of positives while facility testing contributed 36% and 37% respectively. All identified positives across both the facilities and communities were linked to ART services (100% linkage).

Conclusion: HIV testing services remain the key entry point into HIV programs and complementing facility HTS services with community HTS services can improve both the volume of testing without compromising the yield as demonstrated by the ACE 6 program.

Addressing community-facility partnership to improve index testing in Oromia, Ethiopia

ISHDO, Ethiopia

Primary Author: Kesetebirhan Delele

Background: The community-based HIV care and support activity is a means to bridge gaps in facility level index testing (ICT) by conducting community-based testing using line-lists from health facility. However, it is not well utilized due to poor collaboration between facility and community stakeholders. We describe how this gap was addressed in a USAID Family Focused HIV Prevention and Care activity in Asela Town, Ethiopia.

Methods: A site visit was organized to Asela town on July 20, 2022 for onsite support. Line-lists of index cases or their contacts was not being given to community partners for tracing/testing. A consultative meeting was organized between health office, health facilities, case managers, and community partner to identify the root-cause. From health facility side, fear of breaking confidentiality of clients was identified as reason for not giving line-list to community partners while from community partner side, there was little interest to do case finding from facility line-lists since most were for clients residing outside the town and budget was not allocated for outreach. After the meeting, it was decided to conduct outreach testing within a radius of 30 km

from the town. A vehicle was assigned for the testing and local transportation cost for those conducting tracing was covered. To maintain confidentiality, health care workers from health facilities were assigned to communicate indexes or their contacts.

Results: From January July 19, 2022, only 22/1,002 of testing cases came from facility line-lists. Starting July 20, 2022 outreach testing lasted for two weeks: 88 clients were identified for community tracing of which 72 got tested and 11 HIV+ identified. There were 6 refusals, and 5 were already tested. Yield increased from pre-intervention of 4.4% (44/1002) to 15.3% (11/72) post-intervention.

Conclusions: Improved communication and better collaboration among community and facility partners have significant role in case finding.

***Where is "Overtesting" happening: A quality control exercise to identify reasons for accessing HIV Testing Services at five high-volume health facilities in Malawi

Baylor Malawi, Malawi

Primary Author: Katherine Simon

Background: HIV testing services (HTS) are critical for people to access HIV prevention or care. Concerns about “overtesting” have resulted in pressure to reduce HIV testing volumes but characterizing what testing can be cut has been difficult. As an HTS implementer in Malawi, we conducted a quality control exercise to assess reasons clients seek HIV testing and to identify if any inappropriate HIV testing was taking place.

Methods: We asked 710 HTS clients in five districts their reasons for HIV testing. Proportion of unnecessary testing was determined using an algorithm based on HTS eligibility guidelines. Mean/standard deviations describe distribution of continuous variables while frequencies/proportions were used for categorical variables. All tests were two-sided and performed in Stata 15.

Results: Clients seeking HTS were majority (63%) female, with males significantly older (32 ± 10 males vs. 29 ± 13 females) ($p=0.003$). Most (66%) came on their own for HTS, with 33% referred by a healthcare worker. Most (89%) had previously tested for HIV; males were significantly more likely to be tested for the first time (16% vs 8%) ($p= 0.001$). The leading reasons for seeking HTS was “I just want to know my HIV status” (330/710 or 47%) or being sick too much (151/710 or 21%). Females were significantly more likely to access testing because their partner’s HIV status is unknown (2.7 vs 5.8%) or want to know their status (41 vs 50%). Males were significantly more likely to access HTS because they are sick too much (23 vs 20%), have an STI (10 vs 5%), or had unprotected sex (7 vs. 2%). In total, only 10 clients (1.4%), presented with unnecessary reasons for testing, all of whom previously tested HIV+.

Conclusions: Over 98% presenting for HTS had an appropriate reason for testing under current guidelines. If reduction in HIV testing volumes is desired, changes to HIV testing eligibility guidelines would be needed which may result in reduced access to HIV services for people at-risk.

Using quality improvement model to accelerate HIV case detection among HIV index case contact at community level towards the 95:95:95 HIV global target in Addis Ababa

Mekdim Ethiopia National Association (MENA), Ethiopia

Primary Author: Abubeker Haji

Background: Innovative HIV case detection method in a community setting is critical to speed up the national epidemic control. In Ethiopia, HIV testing for index case testing at both health facilities and community settings. However, low case identification and low positivity yield were observed.

Mekdim Ethiopia National Association (MENA) provides technical support to local implementing partner (LIPs) that received funding from the USAID to conduct index case contact testing at community level.

The aim of this quality improvement project was to develop improve HIV case identification in a community setting to contribute to national epidemic control

Methods: A Quality Improvement (QI) team oversee the performance and conducted the root cause analysis using fishbone and process mapping. the QI team generate change idea as strategy like on-spot elicitation, prioritizing the newly identified clients

and clients with high viral load, and focused mentorship on yield maximization. Data were collected weekly base plotted it on a run chart to observed improvements.

Results: From given target of 80%, the rate of new case identification increased from 11% to 88% and the positivity rate also increased from 6% to 11% in seven months (January 2022 to July 2022). When we compared with this result with baseline, we have achieved 77% increment at the end of the project period.

Conclusion: The change ideas implemented by the multidisciplinary team brought an improvement in process and outcome measures which improved the case identification. Community HIV project implementer organizations can also further investigate and optimize QI as tools in their settings. Thus, implementing continuous quality improvement initiative for improve case detection and yield maximization is visible in community setting at all level

Comparative analysis of Index Client Testing (ICT) and related services in St. Francis and State Specialist (SSH) Hospitals in Adamawa State.

American University of Nigeria, Nigeria

Primary Author: Jennifer Tyndall

Background: The scale up of HIV related services has been AHNI's primary focus through the ACEBAY project since its implementation in March 2022. This baseline survey at two selected health facilities in Adamawa aims at analyzing ICT to shed some light on improvements that can be made in order to achieve AHNI's goals in reaching the UNAID's 95-95-95 target by 2030.

Methods: A Registry-based Cross-Sectional study using the RADET (Retention and Audit Determination Tool) database conducted between March to June 2022. The demographic groups for both facilities included HIV positive males and females between the ages of 21 and 72; with 56 females and 37 males (total 93) at St. Francis and 172 females and 84 males (total 256) at St Specialist Hospital (SSH).

Results: At St. Francis and SSH 79.57% and 85.94% partners were elicited from HIV clients respectively. The next stage of the analysis showed that 19.74% of the elicited partners were tested and counselled at St. Francis and almost three times as many at SSH which computed to 58.18%. Conversely, only 16.41% of partners tested positive at SSH as compared to St. Francis at 46.67%. All elicited partners who tested positive for HIV from both the respective hospitals were linked to ART care. With respect to pediatrics, over four times more children were enumerated at St. Francis as compared to SSH which computed to 23.66% and 5.08% respectively. Only 8.6% of children were tested at the latter facility as compared to 92.31% at the former facility. Approximately 12% of children tested positive at St Francis but none at SSH. All the seropositive children at St Francis were linked to ART care.

Conclusion: Overall, this study highlights the need to upscale training and resources for ICT to reduce the spread of HIV across the Bay State region and the country in its entirety.

Adapting Social Networking Strategy at Health Facilities to Increase HIV case Finding; 'Experiences from Afya Kamilifu Project.

Amref Health Africa, Tanzania

Primary Author: Joseph Kundy

Background: The Social Network Strategy for HIV Testing Recruitment (SNS) is an evidence-based approach to recruiting persons at high risk for HIV infection. The approach begins with identifying clients or peers to list their networks for HIV testing. Despite of this, the approached was not implemented in Afya Kamilifu supported health facilities until when the projected decided to adapt the strategy to increase HIV case findings.

Methods: To facilitate smooth adaptation, the project engaged into review of tools, standards and National HTS guidelines to better understand what is needed. Following review, SNS documentation tools were aligned with HIV self-testing to reduce workload at the facility level. Also SNS orientation was developed to orient providers on facility approaches for social networking testing's services. SNS summary tool was developed to collect data and share progress through what's up group on weekly and

monthly basis.

Results: Since March 22 to June 22 at 36 health facilities, 72 health care providers were oriented on SNS with following results;

- 660 primary clients identified, 99 % offered SNS,
- 1118 social networks elicited, 86 % tested, 78 identified POS with a Yield of 7%,
- 61 being known POS and 76 newly diagnosed POS linked with ART services (97%)

Conclusion: Social networking testing is effective HIV case finding when effectively designed and implemented can be used to maximize case finding in low resource setting as most countries are approaching epidemic control. The initiative has been scaled to additional 45 project sites to continue generating evidence for further scale up.

Multiple partner notification methods enhance index testing outcomes of a community project in Botswana

Botswana Christian Health & AIDS Intervention Program, Botswana

Primary Author: Boitumelo Malebogo Morapedi

Background: Botswana has achieved the UNAIDS fast track targets, 95.1% of people living with HIV know their status, 98% of those are on ART and 97.9% of those on ART are virally suppressed. Index testing remains an effective strategy to find HIV positive individuals who are not aware of their HIV status. Botswana has approved index testing including passive and active notification methods of notifying contacts about the need for HIV testing. Evidence on the contribution of different notification methods to index testing outcomes are not well documented. We describe the impact of implementing different notification methods on index testing outcomes.

Methods: In January 2021, HIV Testing Services (HTS) Providers from three districts of Gaborone, Kgatleng and South-East that support communities served by 23 health facilities were trained on how to provide partner notification including how to implement different notification methods for better elicitation and index case identification. A standard index testing script was developed to guide HTS providers to elicit index clients for contacts. Data on key indicators was captured in DHIS in real time by HTS providers, downloaded into CSVs and analyzed using Excel.

Results: There were 1339 index clients. Out of those 1635 eligible index contacts were identified and provided index testing. Majority of those 52% (828/1635) were contacted through dual referral, 100% were tested, 10% tested HIV positive and 95% were linked to treatment. Provider referral contributed 46% (750/1635) of index contacts tested, 13% tested HIV positive and 90% were linked to treatment. The contract and client referral were the least preferred notification methods by index clients.

Conclusion: The dual and provider referral contributes to more index contacts tested and are preferred by index clients and contributed positively to index testing outcomes. They should be scaled up for closing the gaps in HIV testing.

***Engaging youth in HIV self-care: Results from the launch of an HIVST strategy in Guatemala

Pan American Social Marketing Organization (PASMO Guatemala), Guatemala

Primary Author: Jose Quiñonez

Background: Under USAID's Prevention Services against HIV activity in Central America, the Pan American Social Marketing Organization (PASMO) works to increase HIV testing services (HTS) uptake and linkage among high-risk individuals (HRI), especially key populations (KPs): men who have sex with men (MSM) and transgender women. In Guatemala, where the access of KP to regular HIV diagnostic tests remains a challenge, PASMO introduced HIV self-tests (HIVST) in 2021 to help close gaps in diagnosis and promote KP self-care strategies.

Methods: PASMO launched an HIVST strategy under a semi-assisted model where cyber-educators (online outreach workers) provide a referral coupon to KPs to receive a free HIVST kit including the self-test, condoms, water-based lubricant, and educational print materials. Kits are available for pick-up at PASMO or other NGO offices, or users can cover a small fee for delivery services. Users who require support and follow-up have ongoing access to cyber-educators for assistance, especially for reactive test results that require confirmatory testing and linkage to care and treatment support. PASMO generates demand for

HIVST kits among KPs mainly through social media communications and campaigns.

Results: During 10 months of the HIVST strategy implementation, PASMO delivered 1,126 kits with significant reach among MSM youth (31% of users were ages 15 to 24). Social media channels and apps were the main source of requests (33% of requests were received via the Grindr dating app), and most absorbed at-home delivery costs (56% of kits used delivery services).

Conclusion: Preliminary data may indicate that the HIVST strategy contributes to reducing diagnosis barriers and gaps among young MSM in Central America and possibly among other difficult access populations that may otherwise not get tested for HIV. The strategy also promotes self-care, and PASMO should work to expand it at a more national level.

Using Index Case Tracing and Testing as a strategy to improve paediatric case finding in Angola

mothers2mothers, South Africa

Primary Author: Sbonelo Zondi

Background: According to UNAIDS, Angola has an estimated 14 million children under 15 with an HIV prevalence of 1% in addition to one of the highest mother-to-child transmission rates at 15%. Implementing effective and efficient case-finding strategies is crucial to improving HIV testing and identification. mother2mothers (m2m) through a peer-based approach uses the community tracing and testing approach to reach biological children of HIV-positive pregnant and breastfeeding women (PBFW) under the age of 15 years. Women testing positive at health facilities are identified as index clients and once consent is given to trained and accredited Mentor Mothers, tracing and testing their biological children under the age of 15 years is conducted in the community.

Methods: A descriptive analysis of program data collected from 15 sites and communities of Benguela, Cunene, Huambo and Lunda Sul in Angola from January 2020-June 2022. The data was collected by Mentor Mothers using a mobile health application. The sample, consisted of biological children <15 years of index cases registered at health facility level.

Results: Through Index Case Tracing and Testing (ICTT) increased the identification of untested paediatric cases in the community with 5,945 children between 1-14 years tested in the last 2 years; 247(4%) of those testing HIV positive. This result stresses the importance of community testing in identifying children that could have been missed by the Prevention of Mother to Child Transmission (PMTCT) program and other factors.

Conclusion: A peer led ICTT approach as part of facility and community HIV Testing Service (HTS) offering is a key element to identify children who are yet to be tested with a 4% positivity rate compared to the 1% national prevalence rate. It is crucial to ensure children identified in the community and tested are linked to treatment, a crucial element given 15% mother-to-child transmission rates.

***Effectiveness of ‘Red-carpet services’ in increasing facility-based uptake of HIV testing services and case identification among men in Kangemi, Nairobi, Kenya

USAID Fahari ya Jamii, Kenya

Primary Author: Duece Malava

Background: The ‘Fahari ya Jamii’ project provides Nairobi County support for increased use of quality county-led health and social services, including HIV testing services. Retrospective program data from October 2021 to December 2021 demonstrated that the uptake of facility-based HIV testing for males was low at 31% compared to females at 69%. Obstacles cited by men included busy schedules. We tested a targeted intervention to address barriers to HIV testing uptake among men.

Methods: We implemented the ‘Red-carpet services’ approach at Kangemi health center in Nairobi County from February to May 2022. This entailed fast-tracking (no queueing) of services for men at all service delivery points (SDPs) [eligibility screening desk, outpatient department (OPD), antenatal clinic (ANC)], by healthcare workers. Screeners actively approached men at the different SDPs and offered testing services. Willing persons were then led to designated counseling and testing rooms. We also scheduled convenient testing appointments for those unavailable to test during regular working hours. We also conducted daily regular health talks at all SDPs to sensitize patients on the benefits of male testing and participation in family health matters. Finally we

allocated male peer educators for provision of psychosocial support to newly identified male patients.

Results: Out of the 209 men we screened, 191 met eligibility and were fast-tracked for testing services. Ten (5%) were identified as people living with HIV (PLHIV) and linked to treatment within the facility. We observed that facility-based HIV testing for men increased from 31% to 36% before and after the intervention, respectively. Male case identification improved from 3.7% to 5.2%. Scheduled testing appointments for males increased from 2 to 20.

Conclusion: Application of 'Red-carpet services' provided an avenue to reach men with HIV testing services and increase case identification

Treatment, Viral load, MMD, DDD, DSD Mental Health, Primary Care

***Using the «Early Refill Strategy» to improve treatment continuity among key populations, Haiti, July 1, 2020 to July 31, 2022

Fondation SEROvie, Haiti

Primary Author: Alain Terard

Background: Continuity in treatment is crucial in providing comprehensive HIV care and treatment services. National HIV/AIDS program in Haiti is struggling to retain clients in care. National ART treatment continuity is 79.92% and 80.66% for Epidemic Control among Priority Population (ECP2) project according to health monitoring systems (MESI). During the past two years, sociopolitical unrest and COVID-19 pandemic affected negatively the HIV/AIDS program performance including treatment continuity among key and priority populations. Early refill strategy was used to address these concerns.

Methods: The implementation of this strategy required the availability of adequate tools to monitor expected visits and rigorous management of ART stocks to avoid stock outs. In addition, implementation teams made on time preventive calls and ensure a well-functioning of the community drug distribution system. We used data previously collected (MESI) from all ECP2 sites over the period from July 2020 to July 2022 and use lessons learned in order to prevent treatment interruptions.

Results: From July 2020 to July 2022, ECP2 network expected to supply 8,895 clients in ARTs. Providers used early refill strategy to supply 40% of them before their appointment date. Only 17% returned for refill their treatment on their appointment date, while 43% missed their appointment. We learned that the early refill strategy contribute to prevent treatment interruption and ensure treatment continuity. The more clients receive a six-month supply (MMD-6), one month before their appointment date, more we will retain them in care.

Conclusion: The EARLY REFILL strategy proves to be essential to improve client's continuity in care. Clients are more predisposed to be supplied, and consequently, retained in care. More evaluation will be done to extend it at ECP2 network level.

Community medication refill program- A rural model for antiretroviral therapy access for "unstable" HIV patients in Kajiado County, Kenya

University of Nairobi, Kenya

Primary Author: Alain Terard

Background: The evidence base for less-intensive differentiated service delivery (DSD) models for "stable clients" on antiretroviral therapy (ART) based on the World Health Organization (WHO) or national programmatic definitions, has recently grown. Few differentiated models target "unstable clients" including those with advanced HIV disease (AHD) and those at high risk of disease progression due to unsuppressed viral load, adherence challenges and/or co-morbidities. We tested a DSD model for patients classified as "unstable".

Methods: We implemented our program within the setting of six health facilities in Kajiado County. Patients with viral loads >1000 copies/ml, WHO stage 3 or 4, opportunistic infections, frequent missed appointments, age <5 years or ≥55 years, orphans and vulnerable children were eligible. Selection was done by facility multidisciplinary teams and follow up by case managers. Patients chose their preferred drug distribution model during routine clinic visits. Community ART groups obtained drug refills from the facilities and distributed these at non-ART dispensaries and community “manyattas” under the supervision of healthcare workers (HCWs) and lay workers. Community health volunteer (CHV) riders delivered ART at home for immobilized patients, those citing transport challenges, orphans and vulnerable children.

Results : Of 52 enrolled patients, 28(53.8%) were female, 22 (42.3%) were children (0-14years), 11 (21.1%) were 15-24 years, and 19(36.5%) were ≥25 years. AHD was present in nine patients (18%). Bisil health center (n=12), the facility with the greatest improvement, demonstrated a 35% increase in overall appointment keeping within six months. The Mann-Kendall test for small samples was conducted for monotonic increase and showed tau = 0.335, 2-sided p-value = 0.001127.

Conclusion: Community medication refill programs can potentially improve appointment keeping in “unstable” patients in low resource settings.

***Engaging and keeping men in HIV care: Tracing outcomes and characteristics of men lost-to-follow-up at 20 health facilities in Malawi

Partners in Hope, Malawi

Primary Author: Kathryn Dovel

Background: Men living with HIV must be engaged and retained in HIV care. To understand disengagement from HIV care, we analyzed outcomes and characteristics of men documented as disengaged using recruitment data for two randomized trials.

Methods: We conducted medical chart reviews at 20-PIH supported health facilities between August 2020-November 2021 to identify disengaged men, defined as never initiated ART, recently initiated but missed first appointment by ≥7-days or defaulted (missed appointment by ≥28-days). Men identified as disengaged were traced (up to 3-phone or in-person attempts) and disengagement ascertained using personal medical records and self-reports. Those confirmed as disengaged completed a survey to understand men's socio-demographics and barriers to care.

Results: We identified 1,303 men who were disengaged from care and successfully traced 682/1,303 (52%). Common reasons for failed tracing were inaccurate residential details, moved outside facility catchment area, and temporary travelled. Of those successfully traced, 219/682 (32%) were alive on ART- misclassified as disengaged or silent transfer. 416/682 (61%) were confirmed as disengaged, and 89% (365/416) had defaulted from ART care. Median age of men confirmed as disengaged was 39 (IQR 35-46) years, median duration on ART 2.5 (IQR 2.1- 3.0) years and missed the last appointment by a median of 40 (IQR 25-52) days. 32% (133/416) had spent ≥14days away from home in ≤12-months, 73% (304/416) anticipated stigma/discrimination from status disclosure and 41% (171/416) had not disclosed their HIV status to anyone except their spouse.

Conclusion: Nearly a third of men successfully traced were actively in HIV care. Men who were confirmed as disengaged had high levels of mobility, fear of stigma and limited social support for HIV care. These findings highlight the need for improved documentation to optimize tracing efforts and to develop interventions to improve treatment continuity among men.

***ART treatment optimization using pDTG in CLHIV: Transition of eligible pediatrics clients to pDTG in Muchinga, Luapula and Northern provinces of Zambia.

Right To Care- USAID Action HIV Zambia

Primary Author: Ivin Chibanda

Background: In February 2022, the Ministry of Health issued a memorandum to adopt pDTG as the first line of antiretroviral treatment for children living with HIV. ART treatment optimization of children with abacavir/lamivudine with pDTG which is easy to administer, strawberry flavored, reduced side effects, improved adherence, leading quick viral suppression in CLHIV. In Luapula, Muchinga and Northern Provinces, the USAID Action HIV program transitioned clients within the weight band 3-20kg onto the pDTG regimen in a total of 256 health facilities.

Methods: Capacity building of health facility staff was conducted across 256 health facilities which included the following activities: stock distribution to the 256 facilities; orientation on children living with HIV (CLHIV) ART optimization using pDTG; technical support for the identification of eligible children on the Tx_Curr for tracking the eligible clients for transitioning and Health education was provided to caregivers. All sites were provided with Job Aids, dosing charts, wheels and weighing scales to ensure optimization of all eligible pediatrics.

Results: 1784 Pediatric clients in 256 facilities in Muchinga, Northern and Luapula provinces were identified as eligible for transitioning to pDTG, results showed a quick transitioning pace of 1696 (96%) clients were transitioned in four months from April 2022 to July 2022.

Conclusion: The achievement of 96% transition of the eligible clients will result in improved treatment adherence and viral suppression in CLHIV Tracking for the pending pediatrics to be initiated on pDTG all eligible pediatrics and new of treatment. Clinical reviews, monitoring Viral Load suppression of pediatrics on pDTG and ensuring stock availability in all facilities to avoid interruptions in treatment will be key activities going forward.

Same-day ART and Same-day TPT Initiation: A Quality Improvement Approach to improve TB Prophylaxis among people living with HIV in Nairobi, Kenya

University of Nairobi, Kenya

Primary Author: Grace Kwamboka

Background: Tuberculosis (TB) is the leading cause of death in persons living with HIV (PLHIV). Although TB preventive treatment (TPT) lowers the risk of developing active TB, its uptake among PLHIV on antiretroviral therapy (ART) in Kenya remains suboptimal. From October 2021 to the end of March 2022, the 'Fahari ya Jamii' project achieved a TPT uptake of 28.5% (1,045) short of the expected 50% (1,833) of the annual target (3,666).

Methodology: We applied the plan-do-study-act (PDSA) model of continuous quality improvement (CQI) to identify gaps and respond to them. We implemented targeted interventions at 50 high volume facilities. These included the allocation of facility TPT uptake targets, appointment of facility TPT champions, and ensuring a consistent supply of TPT commodities and reporting tools. We also rolled out 'same day ART initiation +same Day TPT Initiation' for all newly enrolled eligible clients, joint supportive supervision and mentorship by county TB and HIV/AIDS coordinators, and weekly facility data-sharing and progress review meetings.

Results: Our root cause analysis highlighted challenges around ownership, commodities, missed opportunities for TPT initiation, supervision and performance status feedback. Overall, TPT uptake improved from 28.5% (1045) to 70% (2565) of the annual target within three months. The number of 'same day newly initiated on ART' patients who also received 'same day TPT initiation' increased from zero to 298 over the same duration.

Conclusion: CQI is a viable strategy for improving TPT uptake in PLHIV. 'Same day ART initiation' presents a good opportunity for improving TB/HIV service integration and TPT uptake. Our findings have informed the scale-up of this intervention to 90 additional facilities and we are tracking the progress weekly and monthly.

Reasons for interruption in treatment among clients re-engaged in HIV care in Northwest Ethiopia: retrospective descriptive study.

Amhara Development Association, Ethiopia

Primary Author: Anteneh Wohabie Tsega

Background: Continuity of treatment among people on ART is essential for optimal treatment outcome and epidemic control. Identify reasons for interruption in treatment (IIT) and design mitigation strategies ensures continuity of treatment and better health outcomes among clients on treatment.

Methods: The USAID family focused HIV prevention care and treatment services in Amhara region collaborates with health facilities in identifying, tracing and reengaging of clients who experienced IIT. HIV services linkage coordinators receive the line list of IIT clients from the health facilities and transfer the list to volunteers for phone call or home to home tracing. Tracing

outcomes and reasons of IIT among re-engaged clients collected and entered in to the CommCare application platform which is accessible only for key program staffs with permission to use. We explored factors associated with treatment interruption of clients returned to care by analyzing de-identified data of 1220 clients.

Results: Of 2,484 IIT clients line list received from HFs during January 2021 to July 2022, 2,155(87%) were traced and final tracing outcomes of 1,928 (77.6%) clients known. Of the 1,928 clients whose final tracing outcome was known, 1,220 clients were re-engaged to care. Of 1,220 clients re-engaged to care, 865 (71%) mentioned client related reasons for IIT (27% forgetfulness,16% travel away & 39% had multiple reasons). Thirty-four percent or 417 clients mentioned socioeconomic reasons for IIT (30% lack of food, 16% inconvenient appointment date, 13% patient belief). Moreover, 245 (20%) clients interrupted treatment due to medication related reasons (76% drug side effect). About 223 clients interrupted their treatment due to health system related reasons (58.7% long waiting time &18% unable to attend other than appointment date).

Conclusion: The program shall consider interventions that target factors influencing IIT to improve treatment continuity and health outcome.

***An assessment of burnout and depression among health care workers providing HIV care during the COVID-19 epidemic in Malawi

Partners in Hope, Malawi

Primary Author: John Songo

Background: Burnout and depression levels among health care workers (HCWs) may have risen during the COVID-19 pandemic due to anxiety and increased work pressure. We assessed the prevalence of burnout, depression, and associated factors among Malawian HCWs providing HIV care.

Methods: In April-May 2021, between the second and third COVID-19 waves, we randomly selected up to 14 HCWs at 30 PEPFAR/USAID-supported health facilities for an anonymous survey. We screened respondents for depression, using the WHO Self Report Questionnaire for depression screening (score ≥ 8 indicating positive screen) and burnout using the Maslach Burnout Inventory tool (positive screen defined as moderate or high burnout on Emotional Exhaustion and/or Depersonalization and/or low-moderate Personal Accomplishment). Logistic regression models were used to evaluate factors associated with depression and burnout.

Results: We surveyed 435 HCWs, median age 32 years (IQR 28-38), 54% female, 34% clinical cadres and 66% lay cadres. 28% HCWs screened positive for depression, 29% for burnout, and 13% for both. Being a clinician (vs. lay cadre) was associated with positive burnout screen (aOR 2.0 95%CI:1.1-3.5). Screening positive for burnout was associated with positive depression screen (aOR 3.2, 95%CI:1.9-5.4). Controlling for age, sex, marital status and years of work, positive depression screen was associated with working in the southern region (aOR 2.3, 95%CI:1.4-3.6), previous COVID-19 infection (aOR:2.2, 95%CI: 1.2-4.2) and expecting to probably or definitely get COVID-19 in the next year (aOR 2.8, 95%CI:1.3-5.9).

Conclusion: HCWs commonly screened positive for burnout or depression, but prevalence was not higher than reported before the COVID-19 pandemic. Regular screening for both conditions should be encouraged given consequences of these conditions for mental health and work performance and availability of feasible interventions to support HCWs.

***Phone-based psychosocial counseling (P-PSC) for people living with HIV: Feasibility, Acceptability, and Impact on uptake of psychosocial counseling services in Malawi

Baylor Malawi

Primary Author: Carrie Cox

Background: PLHIV commonly have psychosocial needs but these needs are often not addressed. New models are needed. We designed an innovative low-resource model to address this gap with phone-based psychosocial counselors (P-PSC). We describe cohort characteristics, acceptability and feasibility of P-PSC, and evaluate impact on expanding access and utilization of P-PSC among PLHIV at Baylor-Malawi supported health facilities (HF).

Methods: A retrospective evaluation, using interrupted times series, examined routinely collected P-PSC program data. Staff

were oriented via messaging and virtual supervision to implement P-PSC at 120 sites concurrently. People with new HIV diagnosis, high viral load, interruption in treatment (IIT) or mental health concern were referred to P-PSC by staff via WhatsApp group (WA) with de-identified personal info. 13 PSC monitored WA and counseled via facility-based phones. Data were analyzed with univariate approaches and regressions.

Results: Clients utilizing P-PSC were 63% female, 25% youth (10-24y), and 9% children (<10y). Referrals were for new HIV diagnosis (32%); ART adherence (32%), and IIT (21%). Most P-PSC sessions were <30 minutes (46% <15min; 46% 16-30min; 8% 31+min). Acceptability was high with 99.4% of referrals counseled. Lay health care workers (91%), clinical staff (5%), and clients (3%) referred to P-PSC from all HF. Feasibility was seen with 216 counseling sessions/month/PSC starting in P-PSC month one versus 77 the month before P-PSC started (95% CI: 82, 350, p-value=0.003). Utilization of PSCs improved significantly with 10,504 counseling encounters over 21 months before P-PSC to 31,642 during P-PSC's initial 12 months.

Conclusion: P-PSC was acceptable and feasible to implement to scale with an immediate increase in P-PSC utilization delivered by a limited number of PSC. To our knowledge, this is one of the first published works on implementation of virtual counseling to scale in SSA where expanding coverage is critical.

Contribution of index testing to the achievement of HIV testing objectives: Experience of the Kolda health district

Région Médicale de Kolda, Sénégal

Primary Author: SY Thierno Cherif

Background: Index testing is a voluntary process in which health workers ask HIV-positive clients to list all of their sexual or drug injecting partners in the past year as well as their children. This strategy conducted at the Kolda site (southern Senegal) yielded results worth sharing.

Methodology

- Training of site providers on the strategy by Epic/FHI 360/PEPFAR
- Systematically offered to all newly tested HIV-positive individuals and those with an unsuppressed viral load
- Assessment of sexual partner violence
- Identification of sexual contacts and biological children with client consent
- Testing of contacts who came to the site after counseling
- Weekly follow-up of contacts with reminder calls
- Offer emergency assistance for prevention of intimate partner violence
- Start ARV treatment immediately after HIV serology confirmation

Results

- From October 2021 to July 2022, Out of a proposal of 194/223 PLWH, we have a progressive acceptance of 127 clients or 65.5% with 334 contacts elicited of which 54% are women. Acceptance was improved by training providers in motivational interviewing
- 95 clients were tested with a high seropositivity rate of 43% (41/95), 54 negative cases
- 100% of clients were put on ARV treatment the same day they were tested
- 86% (18/21) of eligible clients had suppressed their viral load by the sixth month
- Difficulties were also noted among 181 clients who were unable to travel due to lack of financial means and 53 contacts promised to come but did not do so
- Also a lack of logistics prevented the target from being reached at the community level

Conclusion: The index testing strategy allows good targeting of screening and facilitates the achievement of objectives. It requires training of the actors, a strong community commitment and the implementation of an adapted logistic system for its success.

***Accelerating Community Differentiated Service Delivery Models (DSDM) improves continuity of Treatment among Persons Living with HIV (PLHIV) in post-war ravaged Acholi sub-region, Uganda
The AIDS Support Organisation (TASO) - USAID Local Partner Health Services Ankole and Acholi Activity,

Uganda

Primary Author: Anna Lawino

Background: Continuity of treatment for PLHIV remains a challenge in Uganda despite several approaches used to aid retention. The Acholi region had 2,422 clients with interruptions in treatment (IIT) in December 2021 that triggered the USAID Local Partner Health Services Ankole and Acholi Activity (LPHS) to conduct a root cause analysis (RCA) in February 2022 revealing challenges of transport to health facilities, long distances, and busy schedules among PLHIV as barriers to retention. Additionally, (42,646) 90.2% of the stable PLHIV received ART services at the 70 supported health facilities and 9.8% PLHIVs received ART services in the community. IIT can lead to viral load rebound, immune decompensation and clinical progression of HIV. We implemented a community DSDM approach to improve continuity in treatment among PLHIV in the region.

Methods: The USAID LPHS Ankole & Acholi activity employed the DSDM as a strategy for providing client-centered care to address PLHIV needs and preferences, improving clinical outcomes and clinic efficiency using community and facility-based models. The project supported the scale-up of community-based DSDM models; discussed RCA findings with district stakeholders, developed options feasible for clients; mapped out 80% of the facilities that contributed to the highest IIT; supported evaluation of clients using the DSDM client preference tool; conducted targeted mentorship on client stratification; and identified appropriate spaces for community service provision.

Results: After four months of implementation, enrollment of PLHIV in community-based models improved from 9.8% (March 2022) to 19% (June 2022), retention from 68% to 74% (12 months retention), IIT decreased from (2,422 to 1,546) and suppression from 91% to 93%.

Conclusion: Community DSDM approaches are essential to addressing barriers to retention in care and holistically integrating patient-centered care among PLHIV.

Using Yellow Sticker clinical prompts to improve decanting and quality of antiretroviral Care and Treatment services

MatCH Institute NPC, South Africa - Durban

Primary Author: Candice Green

Background: Clinical decision-making during client visits for antiretroviral care and treatment services are not delivered reliably. Clinicians offering client-focused services could benefit if prompted by a visual aide to provide appropriate ART-visit specific interventions such as identifying eligible clients for decanting based on viral load suppression results.

Methods: MatCH introduced a checklist (Yellow sticker) in 44 facilities to improve recording and serve as clinical prompts to guide clinicians to respond to patient care and treatment needs. We followed a 3-step approach viz.: (1) Engagement with DOH and development of the checklist using the standard treatment guidelines for ART services. The yellow sticker was placed inside the client's file for the clinician to action. MatCH trained frontline clinicians on the use of the prompts on the yellow sticker. If the client was eligible for decanting based on virological and clinical criteria, these clients were appropriately tagged and decanted to CCMDD. (2) Implemented the yellow sticker intervention from October 21 to December 2021 at 44 MatCH supported facilities in BCM, AN and HG. (3) We compared the decanting rates in 44 initial intervention facilities before and after the introduction of sticker and compared this against the performance in non-intervention facilities.

Results: The number of clients decanted after the yellow sticker was introduced was 101,698, an increase 4.5% of the baseline 97,253 in 3 months. There were noticeable differences between the 44 intervention facilities compared to non-intervention facilities. We observed an improvement in the number of patients decanted after the yellow sticker was introduced when compared to baseline.

Conclusion: The use of sticker improved the timeous identification of clients eligible for decanting. It has the potential to improve quality of case management and ultimately improving patient clinical outcomes.

USAID Facilitates 'Elimination of User Fees' and Health Insurance for Households of Children Living with HIV in Lagos State, Nigeria. Experience of ARFH on ICHSSA 2 Project.

Association for Reproductive and Family Health (ARFH), Nigeria

Primary Author: Dr. Felix Iwuala

Background: Some HIV affected households face economic challenges and decreased access to health services, due to increasing costs of 'user fees' payable at health facilities. The USAID funded Integrated Child Health and Social Services Award, Region 2 (ICHSSA-2), being implemented by the Association for Reproductive and Family Health (ARFH), facilitated a partnership agreement with the Lagos State Health Management Agency (LASHMA), to eliminate user fees, for households with Children living with HIV (CLHIV).

Methods: The Project seeks to mitigate impact of HIV/AIDS on Orphans and vulnerable Children (OVC:0-<18years) and their Households in Lagos State. To ensure access to comprehensive health services, CLHIV households were enrolled on the Lagos State Government Health Insurance Scheme ('ILERA-EKO'), being implemented by LASHMA. A major provision of the Scheme is to grant waivers to eligible vulnerable individuals, to benefit from free health services under the Social Equity Fund, in Public and selected private health facilities. The ICHSSA 2 Project, through sustained advocacy visits, secured mutual endorsement of Partnership Agreement with LASHMA.

Results: A total of 3,348 beneficiaries (Caregivers -1,038 [M- 157; F-881] and Children – 2,310 [M- 1,172; F-1,138]) have been granted waiver on 'User Fees'. Enrolled beneficiaries will continue to access free comprehensive health services even beyond the project tenure, at the expense of Lagos State Government.

Conclusion: The elimination of 'user fees' has been achieved for vulnerable CLHIV households for the treatment of ailments, including surgeries and deliveries in Health Facilities. This successful Lagos model, will be replicated across USAID Project States, in addition to the provision of Household Economic Strengthening interventions, to promote adherence to ART, Retention in HIV care and Viral Load Suppression.

Optimizing Viral Load coverage and suppression for populations accessing HIV treatment services at Gaborone Tebelopele Wellness Clinic.

Tebelopele Wellness Clinic, Botswana

Primary Author: Nametso Mathiba

Background: Botswana has surpassed the UNAIDS ""95-95-95"" targets of having at least 95% of people living with HIV knowing their status, 95% enrolled on antiretroviral therapy (ART) and 95% virally suppressed. Although the country has reached the UNAIDS 2025 goals, Tebelopele wellness clinic facilities (TWC) are still challenged with achieving optimal viral load coverage due to the challenges facing populations served including non-citizens, adolescent girls, and young women (AGYW) and men over 25 years.

Methods: TWC conducted a root cause analysis of low viral load (VL) coverage using fishbone diagram and Plan-Do-Study-Act cycle. Two methods were implemented 1) re-organization of client flow through appointment calendars to harmonize blood draws and clinical review appointments and 2) TWC extended hours service provision. Patients challenged with accessing TWC during normal working hours were reached via telephone calls to request blood draws at selected locations. To obtain an optimum yield of HIV VL results, all specimens collected were separated within 6 hours post collection and stored at -25°C until transportation to the national health lab.

Results: As of 30th September 2021, 431 participants were on ART and 80% were eligible for VL testing. 305 blood-draws for VL testing were collected and 304 VL results were documented. 99% of participants were virologically suppressed and VL coverage was 88%. By 31st July 2022, a total of 1192 clients were on antiretroviral therapy (ART) and 1109 of these individuals were eligible for VL testing. 1094 blood specimens were collected and a total of 150 clients had blood-draws for VL testing after extended hours and 1074 had documented VL results. 99% of participants were virologically suppressed and VL coverage was 97%.

Conclusion: Scale up VL sample collection during extended hours to increase accessibility for the marginalized populations is a viable option.

Case Management Volunteers (CMVs) and Site Navigators' collaboration to optimize beneficiaries'

identification, enrolment, access to HIV Testing, care, treatment and other clinical services

Young Women's Christian Association of Rwanda

Primary Author: Jean Pierre Sibomana

Background: ACHIEVE Rwanda aims to reduce vulnerability and HIV incidence among OVC and AGYW. In partnership with Pact, YWCA implements the OVC program in Kayonza District.

Methods: YWCA's OVC package targeted boys and girls 0-17 years with known risk factors for HIV, as well as HIV exposed infants. These beneficiaries received a comprehensive package of age-appropriate need-based services, provided through case Management by community-based Case Management Volunteers (CMVs). CMVs support 5 to 10 households and collaborate with site navigators based at the health facility to ensure that beneficiaries are easily linked to clinical services including HIV testing, care and treatment, viral load suppression, and family planning. Over the course of the project YWCA identified and trained 476 CMVs and supported 17 site navigators. 9,277 benefited from OVC comprehensive case management services provided by 476 CMVs who conducted the HIV Risk Assessment to 6,283 children.

Results: 4,767 OVC received the HIV testing services, 2,539 received HIV Care and Treatment and 1,597 adhered to ART treatment including HIV Viral Load suppression which represents 100% of all eligible beneficiaries. The approach presents a positive shift in VL Suppression prevalence compared to 76.0% country VL prevalence as per the Rwanda Population-Based HIV Impact Assessment (RPHIA).

Conclusion: The lesson learned from the collaboration between CMVs and site navigators in improving beneficiary identification, HIV testing, care and treatment which improved access to clinical services including VL suppression whose adherence is 100% compared to 76.0% as per the RPHIA, will be leveraged in the upcoming PEPFAR Projects.

Index Testing Services in Northern, Muchinga and Luapula Provinces of Zambia

USAID Action HIV to Epidemic Control (Action HIV), Zambia

Primary Author: Mulundu Mumbalanga

Background: USAID Action HIV to Epidemic Control (Action HIV) is a USAID funded program whose project goal is to reduce HIV mortality, morbidity, and transmission by achieving the UNAIDS and PEPFAR goal of 95/95/95 HIV treatment coverage and providing comprehensive HIV prevention, care, and treatment maintenance services in Luapula, Muchinga and Northern provinces. The thrust of the project is directed at reaching epidemic control during the first year of implementation and maintaining the quality of treatment and prevention services throughout the subsequent four years. This is in a setting of low case finding in all population types often erratic supplies of testing commodities exacerbated by Covid 19 restrictions.

Methods: A CQI strategy that included the generation of lists of index clients, assessment of testing volumes, the process of elicitation, the elicitation ratio and performance achievement of each counsellor was implemented at Kasama General hospital as proof of concept and then rolled out to 275 facilities in three provinces in November 2021. The implementation plan was supported by innovative audiovisual materials and ongoing mentorship of the 12 counsellors and 5 nurses. The emphasis being the manner of elicitation and the avoidance of coercion.

Results: The elicitation ratio improved from 1:1 to 1:3 with yields of 5% in children and 46% in sexual contacts. The advantages of meticulous contact elicitation are best demonstrated at Makola village where 24 contacts were elicited from one positive breast-feeding mother resulting in 3/4 positive children and 20/20 positive adults. By Q3 FY22 testing targets, HIV positive clients identified and contribution to total positives was 443%, 230% and 64% respectively.

Conclusion: We recommend the effective application of the principles of counselling, disclosure counselling and the five approaches of index partner follow-up We have embarked on sharing our innovation with other Implementing Partners.

COMMUNITY-BASED DELIVERY: AN APPROACH THAT WORKS

ONG BLETY, Côte d'Ivoire

Primary Author: Josiane Tety; Assi Rodrigue Ebechou

Background: In Côte d'Ivoire, 44% of men who have sex with men (MSM) and 62% of sex workers (SW) living with HIV are on ART (2019). However, HIV programs that target key populations (KPs)—especially the one implemented by BLETY within the PEPFAR framework—face the problem of retaining patients in care. These rates stand at 40.89% among MSM and 58.98% among SWs (COP 20). Community-based delivery (CBD) could be a solution to the challenge of retaining these HIV patients in care.

Methods: A framework of collaboration between healthcare centers and community-based organizations allows the Peer Navigator (PN), during therapeutic follow-up, to access the ART supply for HIV-positive patients and make it available to them during care groups and visits in patients' homes. Previously, the capacity of PNs is strengthened to sensitize patients to the importance of continuously taking ART to suppress viral load.

Results: An improvement in retention in HIV care was observed. During COP 21, the retention rate among MSM went from 40.89% to 59%; among SWs, it increased from 58.98% to 76.35%.

Conclusion: CBD of ART within KPs to reduce the rate of lost-to-follow-up seems to yield encouraging results. It should be extended to a bigger group of FSWs and MSM to estimate the potential for its impact on a larger scale.

Retention of Key Population living with HIV on Treatment in the CHAMP Project from January to December 2021

Care and Health Program (CHP), Cameroon

Primary Author: Ewang Ahone, Brenda Agnes

Background: Clinical data show that promptly placing HIV-positive key populations especially Female Sex Workers (FSW) and Men who have Sex with Men (MSM) on Anti-Retroviral Treatment (ART) is associated with positive health outcomes. Early association of HIV-diagnosed clients with ART is critically important, as delays are associated with a higher likelihood of progression to AIDS. Moreover, HIV-infected individuals who are not placed on treatment have an increased risk of HIV transmission at the community level. CHAMP project's goal is to ensure that at least 95% of KP are started on treatment.

Methods: This entailed describing and comparing the viral load cascade among MSM and FSW. It consisted of: ART initiation, follow-up through ART drug refill visits (call/message reminders, home visits prior to their rendezvous dates), first viral load sample collection and analysis. Beneficiaries were systematically eligible for Viral Load (VL) sample collection after six months on ART. VL samples were collected by the partner Community-Based Organization's (CBO) case managers and laboratory technicians at the Drop In Center (DIC) and community level. Samples were sent to reference labs for analysis and results were returned to the health facilities who communicated the results to beneficiaries during monthly drug refills. VL results were shared with the CBO case managers by the beneficiary or the health facility focal point to continue the follow-up and document in client's file.

Results: Overall VL suppression rate was 95.5%. For FSW, out of 5550 samples collected, 4529 were documented and 4349 results were suppressed, suppression rate of 96%. For MSM, out of 2958 samples collected, 2029 were documented and 1933 were suppressed, suppression rate of 95%.

Conclusion: Based on this VL suppression rate in the CHAMP project, the project team is working with the National AIDS Control Committee to share this experience within other priority populations.

Implementation of multi-month dispensing among key populations living with HIV in Drop-in Centers: The case of CEDEP PROTECT project in Malawi

CEDEP, Malawi

Primary Author: Patrick Mbulaje

Background: Malawi adopted a number of strategies including Multi-Months Dispensing (MMD) allowing stable clients to attend the clinic twice or three times a year. Patient interruption of ART is one of the factors that restricts the progress towards epidemic control among key populations in Malawi. MMD that lasts about three months and more have shown better retention on ART across the world. We examined the implementation of MMD in DICs supported by Centre for the Development of People (CEDEP) in Malawi.

Methods: Data for the year 2021/2022 up to Quarter 3 (April to June) was analysed from the 4 DICs that the PROTECT project is supporting. These facilities serve about sixty percent (57%) of all KPLHIV in the project. All client files in the HIV Care and Treatment were reviewed on MMD eligibility and were categorized into <3 months, 3-5 months, and 6 months dispersion. Data was collected on facility-level factors that influenced implementation of MMD.

Results: It was discovered that all 602 clients receiving treatment at the 4 DICs were put on MMD. The overall compliance to MMD policy was found to be 100% and was unevenly distributed across DICs. This was contributed by different factors including the availability of ART drugs, geographical location and availability of quality services. Across the DICs, 241 (40%) of clients were on <3 months, 172 (29%) of clients on 3-5 months, while 189 (31%) were on 6 months MMD.

Conclusion: MMD has proved to be an important strategy for delivering HIV services among the key populations, if well executed it will facilitate improvement of the health outcome of HIV clients. Implementation of MMD is influenced by several factors such as type of facility, geographical location of DICs, availability of enough stock of commodities, and quality of service and distance to health facility."

Partnering with Ministry of Health to Expand ART services for key populations through Drop-in-Centres: Experiences from Malawi

Pakachere IHDC, Malawi

Primary Author: Grace Kumwenda

Background: PEPFAR through USAID is supporting delivery of HIV services among Key Populations (KPs) in Malawi through Drop-in Centers (DICs) as one of the differentiated service delivery (DSD) models. Significant progress has been made in the KP program through DIC service modality. In 2021, Ministry of Health (MoH) certified DICs as independent ART sites thereby expanding services for KPs. This abstract describes the processes of setting up ART DSD models for FSWs through DICs.

Methods: In 2016, Pakachere in partnership with FHI 360 conducted consultation with government, KPs, and civil society organizations (CSOs) to design service delivery models for FSWs. From 2015-2016, ART services among FSWs were offered through referrals after community testing. From 2017 - 2020, DICs delivered weekly ART services through "mother facilities". Health care workers (HCW) from "mother facilities" were trained on KP stigma free services. They then visited DICs once a week to conduct ART clinics. In 2021, the MoH facilitated the process of assessing DICs for ART service delivery. By December 2021, DICs were independent ART sites.

Results: By June 2022, Pakachere was supporting 3,475 PLHIV with ART services across 12 DICs in Mangochi, Lilongwe, Blantyre and Mzimba. Of the clients on ART, 782 clients (23%) were on less than 3 months ART supply; 1,599 (46%) clients were on 3-5 months MMD while 1,094 (31%) were on 6MMD. There has been an improvement in MMD following the DIC ART certification with 77% on >three MMD at Q3FY22 as compared to 69% at Q4FY21. At Q3FY22, six out of the 12 sites had been awarded certificate of excellence in delivering of ART services among KPs by MoH.

Conclusion: Expanding ART services through community delivery models brings gains in supporting KPs. MoH leadership in KP programs is a critical enabler in expanding ART DSD models.

Using RADET Calculator to Improve Data Quality and Concurrence Between Electronic Medical Record and District Health Information System

Health Systems Consult Limited (HSCL), Nigeria

Primary Author: Oyindamola Alimi

Background: As countries approach epidemic control, program monitoring approach will shift to focus on case surveillance and examining viral load suppression gaps to improve programmatic implementation for specific populations not yet at UNAIDS 95-95-95 goals. Since the inception of the United State Agency for International Development (USAID) Accelerating Control of the HIV Epidemic (ACE) project in Kebbi, Sokoto and Zamfara states, it has been difficult to triangulate and reconcile both patient level data using Lafiya Management Information System (LAMIS) as electronic medical record (EMR) and aggregate level data on District Health Information System (DHIS).

Methods: HSCL conducted a desk review of the LAMIS and DHIS instances to map the reportable indicators and ensure data

concurrency between LAMIS and DHIS. This led to the development of an excel-based tool named ‘Retention and Audit Determination (RADET) Calculator’. This tool uses the RADET files from LAMIS and flags key data quality dimensions as it relates to data availability, completeness, and validity in LAMIS. It also generates aggregate data from LAMIS.

Results: The RADET Calculator has increased the quality of data reporting and consistency with DHIS from 70% to 95% within the span of a month. The RADET Calculator was able to extract and disaggregate cumulative indicators in a finer age band for the following PEPFAR indicators: TX_New, TLD_New, TX_Curr, TLD_Curr, Biometrics_New, Biometrics_Curr, TX_Curr MMD<3, TX_Curr MMD 3-5, TX_Curr MMD 6+, TX_PVLS_D and TX_PVLS_N).

Conclusion: The RADET calculator is a user-friendly and flexible tool that is used to improve the quality of data on the EMR as well as strengthen data concurrency between the EMR and the DHIS. We hope to explore more around the use of this tool and see how to migrate the excel based tool to a web version with time.

People at the centre of data: lessons learned from the implementation of AnovaHub.

Anova Health Institute, South Africa

Primary Author: Kate Rees

Background: Anova is the implementing partner in 5 South African districts supporting over 950,000 people on ART. Data-driven decision making is a key principle underlying Anova’s APACE programme. Anova implemented an online reporting platform, AnovaHub, to provide real time programme insights. AnovaHub enables transparency & action across the Data Life Cycle (generation, collection, processing, storage, management, analysis, visualisation, interpretation), quality reporting & data visualisation for programme management at all levels.

Methods: AnovaHub rolled out in 2021, integrating various source systems (e.g. DHIS, Prehmis, TIER.Net) using REDCap (collection & processing), SQL Server (processing, storage, management) & PowerBI (visualisation). These tools are relatively accessible & the system is replicable. Multiple stakeholders engage with AnovaHub across the Data Life Cycle making implementation complex. These include counsellors, clinicians, data capturers, central data & strategic information teams & programme managers. We conducted a voluntary user survey to inform implementation.

Results: Accessible tools can be used to create a reporting platform to support complex health programmes. Essential ingredients include technical & “soft” skills, relationship management & strong leadership of the implementation process. Structured cross-team meetings fostered relationships & enabled quick bidirectional feedback & responsiveness. Of 67 survey respondents, 75% used AnovaHub at least weekly, 84% trusted the information, & 91% were responsible for taking action based on the data.

Conclusion: A responsive, integrated reporting platform was successfully implemented. Skills building, relationships & leadership were more important than choice of tools. Investments in the links & relationships (health systems “software”) between people at each step in the Data Life Cycle can improve data use by better meeting user needs.

The Fahari ya Jamii SURGE 2.0: Pivoting to accelerate HIV prevention and treatment program performance in Nairobi and Kajiado Counties, Kenya

USAID Fahari ya Jamii, Kenya

Primary Author: Dr. Susan Arodi

Background: Fahari ya Jamii utilizes a data driven and evidence informed approach to provide county support. The program designed tailored, prioritized data driven interventions and review dubbed “Surge 2.0” to address gaps and pivot the program towards results.

Methods: From January to March 2022, we implemented a six-week intervention within 50 high volume facilities (29 in Nairobi and 21 in Kajiado) that contribute to 87% of program performance. We prioritized nine HIV prevention and treatment indicators. Twenty-five mentors were each allocated two facilities for daily follow-up. Schedules for mentors and program leads aligned to priorities were introduced and monitored. Targeted interventions for identified gaps were defined. An integrated checklist was developed for on-site mentorship and technical support. Data collection tools including Kenya electronic medical record (EMR)

and a District Health Information Software (DHIS) instance were created for precision programming. Weekly monitoring sessions and fortnightly deep dive reviews for each work stream were done and county teams held weekly “Surge 2.0” monitoring sessions.

Results: Case identification improved from 20% to 70% (Nairobi 70%; Kajiado 71%). Linkage to treatment improved from 87% to 93%. A reduction in overall patient loss from 2.9% to 1.3% was realized. Six months plus multi-month dispensing (MMD) uptake improved from 6% to 16%. Improved final outcomes (FO) amongst HIV exposed infants (HEI) were reported, with transfer-outs reducing from 16% to 11%. Pre-exposure prophylaxis (PrEP) uptake improved from 23% to 73%, while VMMC uptake improved from 12% to 151%. Cervical cancer screening uptake improved from 15% to 72%. GBV case identification and management improved from 6% to 49%.

Conclusion: Program pivoting with targeted interventions, ensuring available data for decision making and close monitoring is an effective means of accelerating and achieving program results.

The Contribution of Community-Based Parasocial Workers Towards Improving Treatment Outcomes for Children and Adolescents Living with HIV: Lessons from TASO Rukungiri Clinic

TPO-Uganda

Primary Author: Denis Nuwagaba

Background: Despite progress Uganda has made towards HIV treatment, retention in care and Viral Load Suppression (VLS) for children and adolescents living with HIV (CALHIV) remains a challenge. MOH data indicates CALHIV experience higher attrition and treatment default rates compared to adults. USAID’s Keeping Children Healthy and Safe Activity (KCHS) is a 5-year PEPFAR funded project managed by TPO-Uganda in 17 districts of South Western Uganda aimed at preventing new HIV infections and promoting lifelong antiretroviral treatment (ART).

Methods: At TASO-Rukungiri Clinic 31 KCHS supported Parasocial Workers (PSWs) jointly work with clinical staff to improve treatment outcomes of 411 CALHIV. Across 95-95-95 cascade PSWs conduct home visits, support index testing, referral of HEIs for PCR test and working with clinical staff to conduct home-based HIV testing, provision of disclosure support to CALHIV, referral for ART initiation, provision of HIV prevention messages, monitoring viral load, tracking ART adherence, provision of HIV treatment literacy, tracking appointment dates and making reminders, referral for clinical management of opportunistic infections additionally, Super PSWs conduct Intensive Adherence Counselling.

Results: The PSWs engagement has yielded results for the period 2020/2022 as follows; Index testing of 592 siblings for CALHIV, Retention in care has improved from 80% to 99%, appointment keeping is currently at 95% due continued reminder by PSWs, VLS has improved from 75% to 96%, child optimization has also improved from 70 to 85%.

Conclusion: Effective clinical-community collaboration imbedded in mutually beneficial relationships between health facility staff and social service workforce who appreciate one another’s role in improving HIV treatment outcomes is a game-changer to realize 95-95-95 HIV treatment goals for special interest groups like children and adolescents who face peculiar treatment continuity barriers.

Challenges of treatment adherence and viral load suppression

COMUSANAS, Mozambique

Primary Author: Catarina Mabuie

Background: According to the report of OVC carried out by ComuSanas, the case management faced challenges in the Viral Load report as it did not reach the target of 95% of assets on ART in the analyzed periods, demonstrating in Q4 FY21 (68% VL reported with 55%VL suppression), Q1FY22 (80% VLR with 53%VLS) and Q2FY22 (90% VLR with 61%VLS). Several causes mentioned by CCW, among the most common are the restrictions of Covid-19, poor adherence to ART due to social or clinical factors. There is no tool for documentation, membership reporting and VL. For the above reasons, the team proposed a case study to categorize the challenges and follow them through an action plan to improve the challenges of treatment adherence and VLS.

Methods: Descriptive analytical study based in key informant interviews. Development parameters that aim to Categorize type of

adherence and possible factors linked to non-viral suppression and Plan Specific Intervention for each causal category. From total of 6,003 HIV+ OVC (84% of TX_Curr) in Q2FY22, a sample based on detectable VL (762 OVC corresponding to 13%) was selected; 2 districts with the highest volume of ART (20 HF of which 13 urbans with 544 OVC and 7 HF Rural with 218 OVC).

Results: Overall, poor adherence to ART was noted in 91% (693), however, failure to suppress the virus was linked to Simply forgetting 34% (259), Lack of food 29% (221), lack of family support 19% (145), unwilling to taking your medications 11% (84), and suspected treatment failure 53 (7%).

Conclusion: The challenges of adherence and viral load suppression, is largely related to poor treatment adherence, on the other hand, the factors of poor adherence they are more of community origin rather than clinical and are identifiable from a community form of assess adherence and viral suppression.

Optimizing HIV Treatment Outcomes for Children Living With HIV in East Central Uganda through the Scale-up of Antiretroviral Dolutegravir

MJAP/USAID LPHS-EC, Uganda

Primary Author: Lwevola Paul

Background: The World Health Organization recommends Dolutegravir (DTG) based antiretroviral therapy (ART) for first-line HIV treatment due to high efficacy, fewer side effects and high genetic barrier. Child recipients of care weighing below 20kgs, with suppressed viral loads on Lopinavir-Ritonavir (LPV/r) suffer the pill burden, multiple doses per day and the sour taste. These barriers impede adherence to ART in children justifying the need for DTG based ART. By October 2021, Busia HCIV in Busia district, East Central Uganda had none of the child recipients of care optimized to pediatric dolutegravir (pDTG). This was attributed to low stock of pDTG based ART in the district/region, knowledge gaps among HCWs and caregivers on pDTG and poor tracking of optimization progress.

Methods: With support from USAID Local Partner Health Services in East Central Uganda (LPHS-EC) implemented by MJAP, health workers at Busia HCIV implemented the following interventions:

1. Quantification and ordering of adequate stocks of pDTG to support optimization
2. Line-listing of all children weighing <20kg eligible for pDTG, rescheduling their appointments and recalling them to facility
3. Daily updating of pDTG optimization tracker and children's audit tool, to track optimization progress.
4. Weekly facility level data review meetings.
5. Quarterly, children centred, care givers' meetings held at facility and homes to enable caregivers appreciate the relevance of optimization.

Results: There was steady improvement in pDTG optimization from 0% in October 2021 to 34/34 (100%) (July 2022) following implementation of the interventions. The same interventions were scaled to the 12 districts of the EC region with 940/1175 (80%) children optimized.

Conclusion: Pediatric DTG has been highly acceptable in Uganda's East Central Region. The facilitators for scale-up are adequate pDTG commodities, skilled health workers, motivated caregivers, tracking progress using QI tools like audit tools.

Engagement of Community Health Workers and Modified Client-Led ART Delivery improves Viral Suppression among Children and Adolescents in Northern Uganda.

The AIDS Support Organisation (TASO) - USAID Local Partner Health Services Ankole and Acholi Activity, Uganda

Primary Author: Anna Lawino

Background: Viral suppression (VS) is a critical marker of HIV treatment success. However, VS among children and adolescents (0-19 years) living with HIV (CALHIV) remains suboptimal at 73% compared to adults at 93% in the Acholi sub-region, Northern Uganda due to the unique challenges CALHIV face of dependency on caregivers and over-representation. This was a community intervention of attaching community health workers (CHWs) to CALHIV and a Modified Community Client-Led Antiretroviral therapy Delivery (MCCLAD).

Methods: This initiative was in 70 health facilities in the Acholi sub-region, Northern, between February and July 2022. It involved implementing MCCLAD and the attachment of CHWs to CALHIV under 20 years and stratification of the CALHIV in cell groups of 5-10 for each CHW, based on the geographical location and proximity. 318 CHWs were attached to 3,475 CALHIV with the CHW-to-client attachment ratio of 1:11. Virally suppressed children and their caregivers were contacted monthly. In contrast, the non-suppressed were contacted weekly through telephone or physical meetings at community safe spaces to provide services. Using the client audit tool color-coded dashboards and service gap identifier tools, CHWs, weekly identified and planned for the CALHIV to be contacted and services provided.

Results: The attachment of CHWs to CALHIV was 90%. The proportion of CALHIV who received over three months of multi-month ART prescriptions improved from 66% in December 2021 to 74% in August 2022, interruption in treatment reduced from 7.6% to 3.4%, and VS among CALHIV improved from 73% to 79%.

Conclusion: Attachment of CHWs to CALHIV and MCCLAD significantly improved VS among the CALHIV. Highlighting the critical role CHWs and MCCLAD play in improving VS in CALHIV. Similar targeted community interventions for CALHIV receiving ART are needed in similar settings.

Contributing to the PEPFAR Global Strategy to eliminate Cervical Cancer through Screening & preventive treatment, An experience of the East Central, Uganda.

MJAP/USAID LPHS EC, Uganda

Primary Author: Peter Niwagaba

Background: Globally, cervical cancer is the fourth most common cancer while it is the leading cancer cause of death in sub-Saharan Africa with over 110,000 cases reported in 2020. It is noted that women living with HIV (WLHIV) are more susceptible to Human Papillomavirus (HPV) related cervical disease in addition to diagnostic and treatment services for cervical cancer being limited. Thanks to the support by the President's Emergency Plan for AIDS Relief (PEPFAR), Cervical Cancer screening program was introduced in Uganda however, by FY21Q4, the East Central region had screened only 29% (3,136/10,723) females 25-49 years (2021 PEPFAR Summit). This was attributed to knowledge gaps among health care workers and women eligible for cervical cancer screening, and shortage of reporting tools and cervical cancer screening commodities.

Methods: To improve the performance, USAID's Local Partner Health Services in East Central Uganda (USAID LPHS-EC) working with the district and facility teams implemented the following strategies:

1. Conducted training and post training mentorships of health workers at 56 facilities with static cervical cancer screening targets.
2. Conducted cervical cancer screening outreaches at 50 additional ART sites with outreach targets
3. Line listed eligible clients across all the 107 ART sites
4. Quantified commodity needs; supported redistribution of supplies including from other program areas i.e., Voluntary Medical Male Circumcision (VMMC);
5. Continuous onsite mentorships, monitoring and evaluation.

Results: By FY22Q3, 104% (15,485/14,927) eligible WLHIV were screened of whom 5% (700) were positive and 93% (648) treatment for cervical cancer.

Conclusion: Collaboration, continuous skills enhancement, and establishment of outreach sites are key for the implementation of a successful cervical cancer screening and management program.

Improving cervical cancer screening amongst women living with HIV aged 25-49 years through mentorship of health workers, accurate data capture and reporting at Mayuge HC IV of Mayuge district in East Central Uganda

USAID Local Partner Health Services in East Central Uganda (LPHS-EC), Makerere University Joint AIDS Program (MJAP), Uganda

Primary Author: Joel Kasakaire

Background: Uganda subscribes to the goal of reducing cervical cancer in women living with HIV(WLHIV). Mayuge HCIV, Mayuge district in East Central Uganda aims to continue screening WLHIV, (25-49 years) who access the facility and treat those who turn positive on screening. This required scaling up cervical cancer screening for all eligible WLHIV (25-49 years) in HIV care. By October 2021, Mayuge HC IV in Mayuge had sub-optimal cervical cancer screening at 0% out of the 321 annual target of Financial Year (FY)2022. The major barriers were knowledge gap of health workers on cervical cancer screening, poor data documentation, collection and reporting in the respective data tools, lack of commodities for cervical cancer screening and treatment such as acetic acid, distilled water, speculums and thermocoagulators.

Methods: Mayuge HCIV, ART clinic team with support from USAID Local Partner Health Services in East Central Uganda (LPHS-EC) implemented the following interventions:

- After a file audit, line lists of eligible females in HIV care were generated for easy follow up.
- Established a quality improvement project to improve cervical cancer screening and record keeping.
- On site orientation and mentorship of multidisciplinary ART clinic teams on cervical cancer screening, testing and treatment to all eligible WLHIV. Proper quantification and ordering of commodities used in cervical cancer screening and treatment.
- Intensifying cervical cancer screening and treatment through health education during the ART and EMTCT clinics.

Results: Following implementation of the interventions, the cumulative number and proportion of eligible WLHIV screened for cervical cancer improved from 0% (22nd October) to 144% (355/312), (29th May 2022)

Conclusion: Identifying barriers to cervical cancer screening, profiling eligible WLHIV and adapting health services to address the barriers significantly improve cervical cancer screening to eligible WLHIV in care.

Integrated Community Outreaches with the Islands

USAID Dumisha Afya, Kenya

Primary Author: Florence Tebegalika

Background: Busia County is one of the Counties in the western province of Kenya bordering different Counties within the Country and Uganda in the west. The County currently has an HIV prevalence of 6.7 higher than the national relevance at 4.7%. Busia County has both dry and wetlands with a total of 12 islands and 25 beaches. The HIV program was adversely affected especially for clients staying on Islands and the wet borders but seeking HIV care and treatment on the dry lands within the County during the COVID 19 pandemic. Restriction of movement and high transport costs during the COVID-19 period became a barrier for clients in the islands denying them easy access to ART services.

Methods: Due to increasing interruptions in treatment (2% to 12% of the Tx current/118), planned quarterly integrated ART outreaches have since been conducted. The outbreaks began in May 2020 and are still ongoing. Currently, a total of 247 clients are being served within the islands including islands shared by both Kenya and Uganda. Summary of output indicators before and after the initiation of integrated community outreaches.

Conclusion: Integrated Community ART outreach is an effective approach to reaching PLHIV, especially in hard-to-reach areas. Community ART groups especially the peer-led model and multi- month dispensing encouraged continuity.

Scale up of Cervical Cancer Screening and Treatment among Women living with HIV: Experiences from 4 counties in Kenya

Goldstar Kenya

Primary Author: Sarah Mutimba

Background: Cervical cancer is the leading cause of cancer morbidity and mortality among women in Kenya, especially among HIV positive women. Fortunately, Cervical cancer is preventable and treatable through primary, secondary, and tertiary interventions. Although countries are working to address cancer of the cervix, a lot remains to be done.

Methods: USAID Tujenge Jamii (UTJ) is a local partner led project supporting HIV services, including Cervical Cancer screening in 4 counties in Kenya. The cervical cancer screening program entails awareness creation, Training, Mentorship, facility, and community-based screen and treat approach for eligible women. Screening is done through visual inspection with acetic acid (VIA), with subsequent treatment of precancerous lesions.

Results: Between October 2019 and September 2020, screening was available in 15 health facilities with a total of 2,851 eligible women accessing screening. Between October 2020 and September 2021, services availability was scaled up 10-fold to 161 sites, with 500% increase in women screened, from 2851 to 19,010, with VIA positivity rate of 1.9% (361). Of the 361 women screening positive in the primary sites, 165 (46%) were re-evaluated by a reproductive health specialist and found to have other non-cervical cancer related infections which were treated. Of the remaining 196 clients, 155 (79%) were treated immediately; 83% by cryotherapy, 18% thermal ablation and 9 % though LEEP. 5 (3%) clients were diagnosed with larger lesions and referred for specialist management. 4 clients were transferred out while 2 died (COVID-19 and severe anemia respectively). 30 clients have disengaged from care and on follow up.

Conclusion: Scale up of Cervical Cancer Screening among WLHIV is feasible and leads to improved case identification and early treatment of suspected lesions. Scale up in county facilities is feasible but a lot needs to be done to access treatment equipment to facilitate same day screen and treat.

Re-engagement of Lost to Follow-up Clients to HIV Care and Treatment through Community-based Approach in South Ethiopia, Oct 2020, to July 2022

Mary Joy Ethiopia

Primary Author: Tsion Tebeje

Background: Poor retention in HIV care results in a high viral load challenging the success of treatment in low-resource settings. Mary Joy Ethiopia has been providing technical support to local implementing partners (LIPs) through USAID-funded Family-Focused HIV prevention, care, and treatment (FFHPCT) activities to re-engage lost follow-up clients (LTFU). This abstract therefore aims to describe the tracing outcomes of LTFU.

Methodology: Community engagement facilitators received lost clients' line lists from health facilities, and then the clients were traced and re-engaged to the facility by community resource persons (CRPs). The CommCare application was used to capture data and track clients' outcomes. SPSS version 26 was used to analyze the data.

Results: From October 1, 2020, to July 31, 2022, a total of 2134 LTFU clients' line lists (1316 Females) were received and traced by CRPs and of which 1947 (91%) were above 18 years. The outcome of the tracing indicated that 1810 (84.8%, 95% CI = 0.832-0.863) of those LTFU were returned to the facility, 8 (0.4%) were active on treatment, 13 (0.6%) were confirmed dead, 1 (.1%) were hospitalized, 91 (4.3%) were refused to return, 24 (1.1%) were self-transferred out, 181 (8.5%) were no information found and 6 (0.3%) were other reason.

Conclusion: The result of this project indicated that LTFU among patients starting ART in South Ethiopia is relatively high and the community-based re-engagement services improved ART care & treatment. Therefore, the community re-engagement service should be enhanced to re-engage all lost clients in South Ethiopia.

Improving TB Prevention Therapy completion rate for People Living with HIV at Phahameng Clinic in Lejweleputswa District, Free State

Wits RHI APACE, South Africa

Primary Author: Portia Khuvutlu

Background: The TB/HIV co-infection rate in Lejweleputswa district is 56%. The district is implementing TB Preventive Therapy (TPT) for People Living with HIV (PLHIV) to reduce their risk of developing TB. The district started implementing 12months TPT in 2019 in accordance with revised national guidelines. District performance on TPT initiation rate is 74% (TPT_NEW/TX_NEW) with a TPT Completion rate of 58%. For the cohort of October 2020 – March 2021, the district TPT completion rate was generally low at 58%. Phahameng clinic had low TPT outcomes ranging between 55%-60% even though their initiation rate was 96%. Challenges identified were inconsistent recording and data capturing. Interventions implemented were aimed at tracking patients started on TPT for the duration of treatment course.

Methods: Between October 2021 and March 2022, Data Capturer generated TPT report on Tier.Net for cohort of October 2020 to March 2021 (n=263). A team of clinicians (Professional nurses from DOH and DSP) reviewed the 263 files. Interventions included:

1) Recording the number of doses on the prescription sheet at the start on TPT and follow up; 2) Integrating TPT with CCMDD, adding TPT on the scripts of CCMDD patients with no TPT start dates; 3) TPT Re-initiation, and 4) Same day capturing of TPT outcomes.

Results: From October 2020 to March 2021, 263 patients started TPT. File audits revealed that of the 263 patients, 209 (79%) completed TPT, 41 (16%) interrupted TPT, 9 (3%) transferred out, 1 developed TB; 6 (1%) confirmed as Lost to Follow Up, 2 (1%) Unconfirmed Loss to follow up and 4- (2%) Died.

Conclusion: The use of TIER.Net reports improved early identification of patients with missed doses of TPT and management of interruptions. Good clinical record keeping improved TPT continuity and improve treatment outcomes. The completion rate for Phahameng improved from 60% to 79%.

Utilizing CBOs to provide services through a Community One-Stop Shop Model – how lay providers can support clients in navigating and accessing integrated care

Centre for Promotion of Quality of Life (LIFE Centre), Vietnam

Primary Author: Ruben Frescas Jr

Background: In Vietnam, high adherence to ART has allowed more people to live longer lives with control of HIV, however this has also increased the importance of addressing various other health needs that can both jeopardize adherence and expose them to risk of additional morbidity.

Methods: A standardized, general approach was applied to HIV case finding in order to improve quality control of the general service delivery approach. Six key steps were identified: (1) outreach (includes demand generation activities), (2) counseling (further information to clients), (3) screening (risk stratifying clients), (4) testing (providing community rapid screening test and post-test counseling), (5) referral (to appropriate services at health facilities), and (6) support (particularly for newly diagnosed clients to address barriers and enhance likelihood of linkage to care and adherence to treatment). These steps are applicable beyond HIV case finding and can support clients who may benefit from other health services like sexually transmitted infection, tuberculosis, hepatitis, mental health, etc.

Results: To date, there are 6 KP-led CBOs with recognized legal status in Vietnam that will be providing these services through a community-public partnership (C2P). Baseline assessment shows that all these organizations provide the core HIV services in the community, however they desire to expand to additional services to benefit their clients.

Conclusion: This model is currently being implemented, yet the enthusiasm and commitment of the CBOs, as well as their involvement in informing the model, will assure that services are applicable and responsive to their clients. Given their established relationship through C2P with health facilities, the ability to link and support those clients identified in the community to seek additional necessary health services will help increase access and utilization so people can live healthy quality lives with HIV controlled and other health problems addressed.

Changing the narrative of cervical cancer screening uptake among women receiving care and treatment services between the ages of 25-49 years in Bungoma and Busia Counties – Kenya

USAID Dumisha Afya, Kenya

Primary Author: Esther Mala

Background: Cervical cancer screening uptake among women receiving care and treatment services between the ages 25-49 years have been dismal in Busia and Bungoma counties. This made the USAID Dumisha Afya program that supports care and treatment services in these two counties in collaboration with the Ministry Of Health to put up better strategies that led to improved uptake of the service at the care and treatment service delivery departments within the two Counties where the program operates.

Methods: Mentorship conducted by the sub county Reproductive health focal persons through the support of the USAID Dumisha Afya, targeting the staffs offering services at the care and treatment service delivery departments. A line list of the target age group of women was then generated from all the care and treatment facilities. A single day approach method was then

applied by booking the women eligible for cervical cancer screening to come for their care and treatment services on specific days of the week in the same day. This booking was done after client education and preparation on cervical cancer by the Health care worker to avoid cases of clients opting out. Data collection, reporting and reviews were done on a weekly basis to track the progress on uptake.

Results: In quarter2 FY22 (January-March 22) 3,579 (28%) women seeking care and treatment were screened for cervical cancer. There has been an improvement in the performance in quarter3 (April-June 22) to 4,429 (35%) being screened for cervical cancer out of 12,776 women to be reached and screened.

Conclusion: Improved uptake of cervical cancer screening was achieved through integration of cervical cancer screening services at the care and treatment departments, capacity building of the Health care workers offering services in the care and treatment departments coupled with client preparation, advocacy and negotiated date of appointment.

Effectiveness of “Kimormor” Concept on Maternal and Child Health Outcomes Among Pastoral Communities in Kibish Sub-County, Turkana County.

USAID Imarisha Jamii, Kenya

Primary Author: Robert Rapando

Background: Turkana county, is one of the leading counties in maternal mortality rates in Kenya (1,594 deaths/100,000 live-births), which is three times the national average. This poses devastating effects on families and communities. In addition, the vastness and nomadic nature of communities hinders access to health services.

To reverse this trend, USAID Imarisha Jamii in Kenya implemented the Kimormor One Health Approach. This co-created model encompasses a multisectoral approaches on maternal and child health (MNCH) outcomes where both human and animal health is delivered to pastoral communities through structured integrated community outreaches.

Methods: We used Interrupted Time Series Design with no Comparison Group (ITS-CG) with eleven (11) points of observation before and after the intervention. Repeated measurement points were equally spaced one month apart. Target groups were pregnant women with children aged 12-23 months. The Auto-Regressive Integrated Moving Average (ARIMA) modeling statistical method was used for analysis.

Results: From September-2017 to August-2018, new Ante Natal Care (ANC) visits increased from 1,313 to 2,489 accounting 90% increase. Those who completed recommended 4 Ante-Natal Care (ANC) visits improved from 274 to 627 accounting 129% increase. Skilled birth attendance rose from 395 to 648 representing 64% improvement. Fully Immunized Children moved from 487 to 857 representing an increase of 76%. Most residents also reported better animal health (though this was not tracked) translating to better economic fortunes for the people.

Conclusion: Implementation of Kimormor approach contributed to an improvement in uptake of MNCH services in pastoral communities. However, the shrinking fiscal space and ongoing drought calls for enhanced support to sustain the gains.

Improving Health Extension Professional-managed Community ART Refill Performance in Ethiopia, an implementing local partner experience

Mary Joy Ethiopia

Primary Author: Biniam Teshome

Background: Differentiated service delivery (DSD) is a flexible, client-centered strategy that streamlines and adapts HIV care across the cascade. DSD is crucial to sustaining the progress made in HIV care as countries approach and achieve the 95-95-95 goals. Since the end of 2016, Ethiopia has implemented several DSD models. From those, we have two community-based ART refill methods, peer Lead Community ART Distribution (PCAD) and Health extension professional managed (HEP-CAG). Mary Joy Ethiopia (MJE) is one of the prime partners implementing the USAID Family Focused HIV Prevention Care and Treatment Services in 3 regions of Ethiopia. One of the areas we focus on is community DSDM, and the activity we poorly performed in the first quarter is HEP-CAG formation, which was only 4 groups.

Methods: MJE assessed the root cause in HEP-CAG formation using a standard questionnaire and the following approaches for

improvement:

- Strengthen facility community collaboration through consultative meeting with local government stakeholders.
- With the help of Regional Health Bureaus, we incorporated HEP-CAG as part of the Family Health Team (FHT). An FHT has urban health extensions that deliver home-to-home services in the community. Integrating ART refill with FHT, clients will easily access their ART in a convenient place, by a health provider they know and trust.

- Refresher training for health extension workers
- Experience sharing among facilities

The data quality was followed using Commcare application.

Result: By employing the above strategies in the third quarter, we established 36 new HEP-CAG groups as of August 21, 2022, compared to our combined performance in quarters one and two, which was only 11 new groups.

Conclusion: The importance of client-centered care for achieving the three 95 goals and assurance of the continuum of care is crucial. Using existing health structures to introduce DSDs will increase success and acceptance by the target population.

VIRAL SUPPRESSION AND RETENTION IN CARE OF CLIENTS ON MULTI-MONTH DISPENSING ATTENDING AT MWANZA COE

Baylor College of Medicines Children's Foundation, Tanzania

Primary Author: Barnabas Kisunte

Background: Multi-month dispensing (MMD) of Antiretroviral (ARV) strategy reduces monthly medication refill visits to either three- or six-months intervals depending on eligibility criteria. It minimizes barriers for patient and health-system levels, simultaneously improving continuity of care. This study aims to assess viral suppression and retention for children and adolescents living with HIV registered on 3MMD between August 2018 and June 2021.

Methods: Review of clinical charts of children and adolescents aged 5-19 years old registered on 3MMD was conducted between August 2018 and June 2021. Viral load (VL) results before 3MMD strategy and current VL within 12 months were recorded. Data on type of caregiver, ARV regimen, home address, age, continuity in care and reasons for dropping out of 3MMD were recorded.

Results: Out of 210 clients on 3MMD, 116 (55.2 %) were females and 181 (86.2%) aged 10-19 years old. 198 (94%), were on Dolutegravir-based while 12 (6%) on Protease Inhibitors. More than half, 129 (61%) of clients are cared by mothers, 12 (6%) fathers, and 69 (33%) by relatives. Almost half of clients, 103 (49%), live within 10 kilometers (km) from COE; 89 (42%) within 11-30km, 12(6%) within 31-100km and only 6 (3%) more than 100km. On commencing 3MMD, 207 (99%) clients had VL below 50 copies/mL and 3 (1%) had 55 copies/ml. Majority of clients 197 (94%) maintained VL below 50 copies/mL on follow up VL test and remained on 3MMD. while 13 (6%) client had VL above 50 copies/mL and exited 3MMD, among them, 9 (69%) are cared for by mothers and 11 (85%) lived near COE.

Conclusion: Majority of clients on 3MMD were able to maintain viral suppression and retained in care despite minimal follow-up and living far away; further studies with larger cohort will give better description of pediatrics' MMD and inform stakeholders on this strategy.

Enhancing ART uptake and Retention in Treatment and Care for Pregnant and Breastfeeding women on ART through Multi-Month Dispensing (MMD)

mothers2mothers, Lesotho

Primary Author: Sehloho Ntlhane

Background: mothers2mothers/RISEII supports the achievement of 95-95-95 UNAIDS targets and work towards ending the epidemic by 2030 through USAID funding. Lesotho currently has 70% of women living with HIV receiving antiretroviral therapy (ART) against a national target of 90%. Several interventions within care and treatment have been executed for uptake, retention purposes and addressing inequalities among people living with HIV (PLHIV) including integrating 3-6 months Multi Month Dispensing (MMD) that motivates PMTCT clients for retention in ART/TB Preventive Therapy/Pre- Exposure Prophylaxis.

Methods: A retrospective cohort analysis was conducted among a sample of 6971 pregnant women and new mothers who

enrolled in the m2m programme, using ART cards and register between October 2021 and June 2022 at the time of HIV diagnosis in the ANC or post-partum clinics and followed those eligible to received MMD according to Lesotho ART guidelines. We evaluated the impact of MMD as a service differentiated delivery model used for PMTCT clients to improve retention on ART.

Results: Among pregnant and breastfeeding clients on ART, m2m reached an average 94% MMD coverage. Mothers2mothers/RISEII Lesotho has maximized the MMD Differentiated Service Delivery (DSD) model approach and surpassed the coverage target of 90% by achieving 95% in Mafeteng district and 90% in Mophale's Hoek. This contributed positively towards 99% adherence rate and 97% viral suppression rate.

Conclusion: MMD has shown to enhance treatment continuity, good adherence, and viral suppression in both districts through promoting a client-centered care for stable and eligible clients on ART/PrEP/TPT and is a vital retention strategy as strides are made towards epidemic control.

Impact of differentiated service delivery models on Continuity of treatment among People living with HIV in Meru, Embu, Nyandarua, and Tharaka Nithi Counties in Kenya

CHAK, Kenya

Primary Author: Julius Ooko Obiero

Background: Despite the scale-up and decentralisation of free antiretroviral treatment, people living with HIV encounter socio-economic barriers to treatment owing to indirect health care costs such as bus fare and foregone income/wages on clinic days. On the other hand, health systems get overstretched by the growing number of patients. In this paper, we assessed the clinical and health system benefits of implementing differentiated models of HIV care in rural health facilities in upper eastern counties in Kenya.

Method: This was a prospective cohort from 143 health facilities in Embu, Meru, Nyandarua, and Tharaka Nithi Counties in Kenya. We trained health care workers on differentiated service delivery models and conducted facility readiness assessment, categorized patients on antiretroviral treatment as either stable or unstable, and enrolled them in an opt-in opt-out approach, to either facility-based fast-tracking, community ART distribution or standard care. Patients were followed them for 12 months.

Results: A total of 15,572 patients were enrolled DSD models while 16,058 were on standard care. Majority opted for fast-track model (13,516; 87%). 1,310 (8%) chose facility treatment groups, 581 (4%) community peer-led groups and 165 (1%) community healthcare worker-led groups. Drugs pick-up for those on the differentiated models exceeded 95% compared to 84% among those on standard care. Viral suppression in the differentiated cohort were significantly higher compared to standard care; adults (99% vs 95%; $P<0.005$), children <15 years (92% vs 86%; $P<0.001$) and 15-24 years (91% vs 87%, $P<0.001$).

Conclusion: Differentiated Service Delivery models improve clinical outcomes and promote continuation of treatment. The models have potential to reduce health systems strains and promote focused care to those in greatest need – most at risk.

USE OF QUALITY IMPROVEMENT METHODOLOGY TO IMPROVE ON DIFFERENTIATED SERVICE DELIVERY THROUGH DECENTRALIZED DRUG DISTRIBUTION; DUMISHA AFYA PROJECT

USAID Dumisha Afya, Kenya

Primary Author: Hussein Mulebo

Background: The USAID Dumisha project is located in Western Kenya and supports two counties with a PLHIV population of 59,162. Treatment disruptions due to missed follow-ups, defaulters, mortalities, and silent transfers were linked to stigma and long distances to facilities, which resulted in clients traveling long distances to seek services far away from their homes, causing clients to miss clinic appointments.

Methods: A Pareto analysis of the 80/20 rule was used to identify 34 facilities for the project. Virtual meetings were used to sensitize the staff on how decentralized drug distribution points work in order to improve service quality. Stable clients were enrolled. The goal was to reduce the number of clients who have yet to enroll in DSD and to target the clients who are on the fast to decongest the facilities. Tools for data collection were created.

Results: This project began in December 2021 with 119 clients enrolled in DDD, then grew to 524 in January 2022, 683 in February, 1060 in March, 1173 in April, 1226 in May, and 1333 by the end of June 2022. Home delivery is one method being used, in which drugs are delivered to clients' homes, and community chemists near the client's location can pick up their clients at their convenience. Achievements, about 22 clients with various disabilities can receive treatment through home delivery. About 5 clients receive drugs from a chemist across Uganda with no transportation cost. DDD points outside the county, in Kakamega and Transzoia, lowering the cost of clients' travel to the clinic. Access to drugs at no or low cost, reducing their vulnerability to default.

Conclusion: Decentralized care reduces client burdens and improves clinic appointments, lowering the rate of treatment interruption and thus improving and sustaining the quality of care.

Inception of the Community Retail Pharmacy Drug Distribution Points, a Decentralized Drug Model; An experience of Iganga Hospital in East Central, Uganda

MJAP/USAID LPHS EC, Uganda

Primary Author: Peter Niwagaba

Background: Community Retail Pharmacy Drug Distribution Points (CRPDDP) was adopted by the Uganda Ministry of Health (MoH) to decentralize, diversify and extend drug pickup areas for People Living with HIV (PLHIV), and decongest HIV clinics. CRPDDP aims to improve access and availability of ARVs at convenience to Recipients of Care (RoCs) to ensure adherence to treatment and continuity in care. Iganga Hospital was identified as a pilot health facility to implement the CRPDDP model. However, by October 2021, only 4 RoCs had been enrolled on CRPDDP. This was attributed to fear among the RoCs to enrol onto the new model, delayed set up of the online ART access system and knowledge gaps among HCWs.

Methods: With support from the USAID Local Partner Health Services in East Central (LPHS-EC), Iganga hospital increased the number of RoCs enrolled into CRPDDP through the following strategies:

- Onsite reorientation of staff at Iganga Hospital, Modern Fellowship and Vanessa community pharmacies on the CRPDDP model, ART access-Uganda EMR integration and a manual paper-based approach for data management.
- Development and inclusion of CRPDDP talking points in routine health education talks.
- Peer led sensitization of RoCs about the CRPDDP model by fellow clients enrolled and successfully served at the community pharmacies.
- Obtaining and displaying CRPDDP IEC materials from the African Resource Centre in the HIV clinic.
- ART Counsellor identified as the focal person to provide clarification, continuous onsite mentorships, progress monitoring and evaluation for CRPDDP.

Results: By July 2022, 179 RoCs were successfully enrolled on CRPDDP, of whom 54 were males, and all 179(100%) have been retained in care.

Conclusion: Intensified sensitization of RoCs on CRPDDP using a peer led approach, continuous capacity enhancement of HCWs, and appointment of a focal person to mentor and monitor progress contributes to a successful implementation of the CRPDDP model.

Decentralized Drug Delivery for Recipients of Care NOT Established in Care: the Marigat Sub-County Hospital Experience, Baringo County, Kenya

GoldStar Kenya

Primary Author: Wilson Opudo

Background: People living with HIV in remote communities routinely face access barriers to ART services. This leads to interruption in treatment (IIT), viral load rebound and even mortality. Marigat Hospital is a mid-level health facility in a semi-arid setting serving communities with unique access barriers: Distance, insecurity, and flooding around Baringo lake basin. Some of the clients had IIT and were unable to keep their treatment appointments, thus they were not established on ART and did not meet the criteria for Decentralized Drug Delivery.

Methods: USAID Tujenge Jamii developed a tailor-made ART DDD model, with task shifting of some tasks to lay health workers. Clients repeatedly IIT were educated on community ART distribution and invited to join this model of service delivery.¹⁰ CAD

points were mapped and established, with the majority around the lake basin area. The hospital established a schedule for conducting outreach services to the CAD points, integrated TB screening and viral load.

Results: There was a 4.2% growth of TX_CURR from 749 in October 2021 to 780 in June 2022. Of the 780 clients, 72% (562) were established on treatment and enrolled on less intense model of care at the facility level. 18% (140/780) were enrolled in the CAD points. Of these, 3% were children aged 0-9 years, 8% adolescents aged 10-19 years while 89% were above 20 years. Viral load uptake was 88% (123/140) (despite commodity stock outs). Overall VL suppression 91% (112/123) among those enrolled into CAD points in this DDD model. Age specific VL suppression was at 100% for 0-9 years, 85% for 10-19 years and 91% for adults older than 20years.

Conclusion: Decentralization drug delivery through community ART distribution points is feasible in a resource constrained setting to meet the unique needs of clients faced with access barriers. Clients not established on ART would greatly benefit from this DSD model of care.

DECENTRALISED DRUG DISTRIBUTION FOR PEOPLE LIVING WITH IN WESTERN KENYA- The experience of USAID Dumisha Afya

USAID Dumisha Afya, Kenya

Primary Author: Edith Ogalo

Background: Decentralized Drug Distribution (DDD) aims to improve patient centered care for HIV clients while reducing the HIV burden to health systems. DDD aims to take drug delivery to more acceptable and accessible pick-up points for stable clients thus reducing interruption to treatment. As at Dec 2021, USAID Dumisha Afya program had 34854 clients who were eligible for DSD. Upon country adoption of DDD in Kenya in December 2021, USAID Dumisha Afya through QI activities quickly scaled up this model of care.

Methods: The program sensitized health care workers and in collaboration with the county Ministry of Health mapped out private chemists and identified and engaged those that qualified to be DDD points. Those that qualified were legally registered and the proprietors gave verbal consent for engagement and were accepted by the clients. The DDD point persons (majority being pharmaceutical technologists) were sensitized on HIV care with a focus on ART, adherence counselling, privacy and confidentiality, and documentation and reporting requirements. The DDD points were linked to the nearest health facilities for drug refills and reporting on a monthly basis. In addition, the program sensitized patients for buy in. Clinicians described the model, reason for eligibility, the intervals of drug pick up, when to come back to the facility and nearest DDP point followed by verbal consenting for enrolment. Consenting clients were dispensed 3 months of drugs and told to have their next refill at their DDD point of choice.

Results: Between Dec 21 and July 22, we engaged 150 DDD points and enrolled 1351 clients. As at July 2022, none of the clients had discontinued DDD. Major achievements included easing ART access to clients with disabilities (22) and clients from a neighboring country.

Conclusion: DDD for HIV care is feasible in our region.

***Managing a Seamless Transition from International to Local USAID Implementing Partners. The Experience of Uganda Protestant Medical Bureau.

Uganda Protestant Medical Bureau

Primary Author: Sarah Akatukunda

Background: Since 2018, USAID has deliberately increased funding to local partners through direct prime awards to achieve country ownership and long-term sustainability of HIV responses.

In August 2020, Uganda Protestant Medical Bureau (UPMB), a private not-for-profit faith-based organization signed a five-year Cooperative Agreement with USAID to implement the Local Services Delivery for HIV and AIDS Activity (LSDA). This required a seamless transition of 161 Health Facilities providing HIV/TB services from the five USAID Regional Health Integration to Enhance Services (RHITES) mechanisms in 57 districts across five regions to UPMB.

Methods: UPMB worked closely with: USAID/Uganda Mission team to provide overall Technical Assistance to the transition,

RHITES mechanisms and health facilities ownership structures for critical information to aid facility entry, Ministry of health and host local governments for policy guidance, supervision, training and logistical support. Decisions were decentralized to health facilities with guidance from LSDA. Letters of Authorization were issued to 34 facilities following compliance assessments, start-up orientation and contract signing. Mid and low volume facilities were directly supported to implement activities. Internal systems were strengthened through adoption of a new accounting package and update of policies, manuals and tools. UPMB recruited staff with high experience in USAID funded projects and established three regional offices to coordinate the activity.

Results: Transitioned 123, 256 (27% of USAID active clients on ART) at 161 health facilities into the LSDA activity between August and October 2020. Awarded 34 sub-grants and directly supported 127 health facilities. 72% (33/46) of the indicators met 80% of their annual targets.

Conclusion: Standard Operating Procedures for transition, meaningful collaboration and capacity building for local partners in managing US government funds is vital for a smooth transition.

Use of Expert Clients to Provide HIV Intervention in High Security Locations – Using Zamfara as a Case Study

Health Systems Consult Limited (HSCL), Nigeria

Primary Author: Kenneth Alau

Background: Zamfara is a state in Northwest Nigeria with an estimated population of 4.5 million. The HIV Prevalence of the state from the 2018 National AIDS Indicator Survey was 0.4% (0.1-0.7%). Farming is the major occupation of the indigenes. There are deposits of gold in the state which has fueled the insecurity in the state thereby making HIV intervention a hilarious task.

Methods: Two models were deployed, the Expert Client Model and the Case Managers model (CMM). The program engaged Community Case Managers (CM) to provide HIV Testing Services in the community, track defaulters, provide gender-based violence (GBV) services and viral load services. The 'Expert Clients model (ECM)' is similar to the CMM but uses indigene in the high-risk community to penetrate the banditry community which ordinarily the CMM cannot.

Results: Between April-Jun22, 245 clients tested HIV-positive (100%-linkage-rate), 68 clients were initiated on PrEP and GBVs. This implies an average bi-weekly achievement of 17 positives HIV cases, 11 GBV clients and 11 clients on PrEP. The achievements recorded from the ECM within 2 weeks includes 17 HIV-positive clients, 6 GBVs and 64 clients on PrEP. The ratio of the CMM to the ECM is approximately 1:1 for HIV case finding and GBV while the CMM to the ECM is 1:6 for PrEP uptake. The human resource distribution between the CMM to the ECM is 1:10. Implying that, despite the low HR (10%) for ECM relative to CMM (90%), the corresponding results is same.

Conclusion: The use of expert client model to reach out to more people in high-risk location shows better result with less human resources relative to the community model. The project will continue to explore in this model to harvest better insight on how the expert client penetrate through the bandits and provide HIV intervention.

A COMMUNITY HEALTH INITIATIVE: THE KURNA COMMUNITY MODEL A USAID-FUNDED ICHSSA-3 PROJECT INITIATIVE IN KANO STATE NIGERIA

Society for Family Health, Nigeria

Primary Author: Caleb Odonye Eselema

Background: Kurna community, in Fagge LGA, Kano-State had one health-facility (HF), SHEIKH MUSA-KALLAH PRIMARY HEALTHCARE centre which was losing patronage of residents especially pregnant women attending Antenatal care and delivery as result of inaccessibility to labour-room. This was due to the height of the HF entrance which had no steps for easy access especially for women. This had been a challenge for the HF attendees especially pregnant women and children since the establishment of the HF 15 years ago. Something had to be done to ensure the health-needs of the community is met

Methods: The Community Child Protection Committee (CCPC) which ensures no violence against children (VAC) happen and Community Quality Improvement Team (CQIT) in Kurna, both a brain-child of ICHSSA-3, a USAID-funded project mobilized resources and community members to address the HF accessibility problem so that vulnerable children/caregivers, their families

and pregnant women can receive qualitative care which aligns with result 1 of the USAID-OVC project-Households have increased access to basic services and care for OVCs.

Results: The CCPC&CQIT mobilized #238,000.00 worth of cements, blocks and cash from individuals/philanthropist to procure medical equipment, benches and to construct stairs into the health facility and labour-room. Ten benches(seats), two stethoscopes and a used metal drum to serve as incinerator for refuse disposable thereby enabling cleaner environment for patients and healthcare workers were equally purchased. This gesture has reduced burden of access for pregnant women and all patients accessing the health facility and increased patients' attendance at the health facility by 15% and buoyed health facility staff.

Conclusion: This demonstrated the role of CCPC&CQIT and more community partnership and ownership of problems portends greater benefits for community. The community thanked USAID for the ICHSSA-3 project through CCPC & CQIT which had been beneficial.

Integrated Approaches to Improve Community TB Case Notification – Experience from Pwani region Amref, Tanzania

Primary Author: Georgia Kasori

Background: Contact Tracing in TB is a key strategy. Tanzania has CI guideline since 2016 but CI is not often conducted properly due to geographical coverage thus combination of strategies is used toward reaching our Targets. Based on WHO recommendation Amref Tanzania through USAID funding bridges the gap by engaging CHWs for TB Contact investigation among close contact of index patients from communities with the aim of reaching 30% as community contribution as per National Guidelines.

Methods: Mapping was done to identify key community actors. These included 115 CHWs, including X- TB patients, 30 Accredited Drug Dispensing Outlets (ADDO), 18 Traditional Healers, Bodaboda riders and Community Leaders who were capacitated through trainings, . Multiple strategies including mobile van were deployed to improve TB screening at community which attracted key and vulnerable groups. All presumptive cases VIA x-ray were repeated by Gene Expert for confirmation. List of positive cases were distributed to CHWs for contact investigation.

Results: Between September 2021 and June 2022 TB notification of all forms is 4784 while community contribution is 1162 (24%). Q1 2021 all forms 740 community 37(5%), Q2 679 Community 118(17%) Q3 was 633 community 178(28%), Q4 was 716 community 220(31%), Q1FY2 was 642community contribution 201(31%), Q2 was 686 community (204(30%) and Q3 of 2022 is 688 community 204(30%).

Conclusion: More innovation is needed to obtain index patients. Collect complete and accurate patient contact and improve linkage between community and health care services. Involvement of community , capacity building of village chairpersons to implement and support community TB activities will help ensure inclusion of all TB patients during contact investigation.

ONVD-Fact – A tool to improve ARV quantification in Cote d'Ivoire

Nouvelle PSP

Primary Author: Audrey Hamon

Background: NOUVELLE PSP CI is the national logistics platform for procurement, storage and distribution of health products in Côte d'Ivoire.

The current procurement system for essential drugs in Cote d'Ivoire is based on the analysis of cohort data (AF) to quantify ARV products. The accuracy of the quantification is linked to the quality of those data. Data is collected from two (02) different sources: eLMIS (an electronic management system) and DHIS2 (Health District Health SI) which results in 70% discrepancies in the reporting from the health centers. Further, data verification and validation at the site level is a challenge. The tool developed by NPSP is an answer to overcome the challenges.

Methods: In 2021, NPSP conducted supervisions missions to identify problems with the AF data. From October 2021 to June 2022, The DIIS (Direction de l'Informatique et de l' Information Sanitaire) and local technical partners put in a place a technical working group to test and validate the tool. It was then implemented at site level with training and coaching.

Results: After six (06) months:

- 100% of the sites (2,485 HIV sites) use tool to verify and validate their data
- Data concordance between DHIS2 and eLMIS increased from 26% to 92%.

Conclusion: The ONVD-Fact tool is a success as it is currently being used as a pivot for the quantification of ARV products. Its routine use helped improve the reliability of cohort data (FA) and the capacity of NPSP to make accurate estimations of ARV drug supply needs and ensure their availability at the site level. The Ministry of Health plan to integrate this tool into existing national dashboards and in the decision-making process.

HIV and psychological issues among Transgender people in Haiti, 2021

Fondation SEROvie, Haiti

Primary Author: Vinson Bradley Noel

Background: Transgender people are people whose gender identity differs from their assigned sex at birth. In Haiti, perceptions of transgender people have evolved over time, but are still marked by magic-religious conceptions. This study aims to understand the general situation of the Trans population as Key Population in Haiti with a focus on psychosocial aspect and stigmatization.

Methods: During September 2021, two researchers from ECP2/Fondation SEROvie conducted semi-structured qualitative interviews with ten Trans including six members of LBGT CBO. We use NVivo11 to conduct data thematic analysis.

Results: The gender identity of Trans often has an impact on their mental health as well as in their social interaction. Thus, in relation to their representation in the Haitian collective imagination, they are prey to violence, discrimination and stigmatization, exclusion, rejection, and the risk of HIV infection. These situations cause cases of isolation, low self-esteem and depression. Gender dysphoria is present in several Trans. Data show an imbalance between body and mind, being a man in a woman's body and vice versa. There is also a certain reluctance and doubt about transition, particularly in relation to the availability of psychosocial support during the transitional process in Haiti. Because of their gender identity, transgender people faced acts of aggression, discrimination and stigmatization, which have multiple repercussions on their mental health. As a result, they face psychosocial risks in accessing HIV-related care. There are many cases of depression, suicidal ideation with attempts to act out, resentment, mood disorders and self-aggression.

Conclusion : Despite Trans people facing difficulties in Haiti, psychosocial support is the main important need for them especially in the perspective of transition. In addition, psychological support will remain the most important aspect to health services in transition context and HIV care and treatment.

Private Sector Engagement, Supply Chain, warehousing, distribution, procurement, commodities, MIS, eLMIS, transportation

Improved availability of essential medicines through collaboration with local private pharmaceutical wholesalers

Rwanda Medical Supply Ltd., Rwanda

Primary Author: Harerimana Pie

Background: Rwanda Medical Supply Limited (RMS Ltd) is a parastatal company established to spearhead best practices in the health supply chain in Rwanda. Since its inception in 2020, RMS improved the availability of health commodities through procurement and inventory management practices. In 2021, RMS defined the strategy to achieve last-mile product availability in the country at 95% through efficiency in procurement and in-country distribution of medicines and related commodities. Upon

its institutionalization, the availability of essential medicines was approximated at 42% and RMS was supposed to ensure continuous procurement and distribution of 540 items defined by the country as the list of products of priority. To drive the change, RMS has strategically foreseen to invest in strengthening collaboration with local private partners to promote third-party outsourced procurement.

Methods: RMS, through the facilitation of the Ministry of Health, has established Memoranda of understanding (MOU) with two local private wholesalers for the coverage of 40% (20% for each partner) of the total needs of essential medicines. While RMS retained the scope of 60% of total country needs and the overall monitoring, the outsourced partners largely contributed toward the achievement of the RMS strategy through direct procurement and delivery to the RMS warehouses countrywide. At the time of the start of the MoU in February 2021, the availability of essential medicines was estimated at 65%.

Results: Within eighteen months, the availability of products had improved by 25% (from 65% to 90%). It is worth noting that the partnership with local stakeholders quickly impacted the availability of products and this is the success story marked by RMS in the year 2022.

Supply Chain planning during COVID-19, to ensure availability of priority medicines for both in-hospital and out-of-hospital patients

Africa Resource Centre, South Africa

Primary Author: Rajeev Batohi

Background: COVID-19 dramatically increased the demand of selected drugs required for its treatment. The Affordable Medicines Directorate (AMD) of the National Department of Health (NDoH) had to quickly respond to ensure supply of these drugs for the forecasted patients. AMD reached out to its support partners to assist.

Methods: Africa Resource Centre (ARC) developed an Excel-based supply planning model to determine the supply status of the selected drugs. A key input was the demand plan, updated weekly by the Global Health Supply Chain Technical Assistance team. Other inputs were suppliers' production and delivery pipelines, and stock at the various points of the health supply chain.

The model had a three-month and six-month horizon. It flagged where potential supply shortages existed either currently, or one of the horizons. This list was known as the gap list. ARC's role in the weekly AMD routine was to update the supply model and steer a discussion on corrective actions for gap list, which the wider team then executed on.

The gap list triggered discussions with AMD's contracted suppliers, which expanded to alternative suppliers where necessary. Where additional supply could not be secured, the next step was to consider alternative medicines. Calculations were done to determine what portion of a shortfall could be addressed with the known supply of alternatives, with both demand and supply plans updated accordingly.

Results: From June 2020 to September 2020, the number of gap list items dropped by 80%. No serious shortage of priority COVID-19 medicines was reported. As treatment regimens evolved, demand for certain medicines dropped and potential surpluses were flagged.

This supply planning approach was expanded to all medicines. The model and process handed over to AMD in April 2021 for their continued use. A modified version of the model is still being currently used by AMD.

Role of Private Sector in Complementing OVC Service Delivery: USAID/ICARE Experience

Multi Community Based Development Initiative. Implementing USAID/Improving Care and Resilience for Children and Youth (ICARE) Activity in East Central Uganda.

Primary Author: Stella Akiding

Background: Private sector is a key player to sustaining economic growth however, its philanthropic contribution has not been fully optimized to uplift livelihoods of indigent persons. Unstable economic situation with ascent of COVID-19 overwhelmed

logistics for health. Other predicaments like youth unemployment to the tune of 85% in Busoga region, 40% cases of adolescent marriages 40% have constrained disease prevention and treatment outcomes. MUCOBADI needed to coalesce with private sector entities to address the critical gaps.

Methods: In 2021, MUCOBADI engaged Centenary Bank, a financial service partner to provide economic growth opportunities to its 5,169 beneficiaries, uplift business knowledge but equally extend avenues for corporate social responsibility. MUCOBADI entered into memorandum of understanding to extend financial services targeting 195 already established and mature groups.

Results: Centenary bank conducted community financial service awareness reaching 92% (180) saving groups; provided bank linkage services and digital banking products to secure financial portfolio of Uganda shillings 402 million; distinguished health value has accrued from these efforts leading to 26% reduction in interruption in treatment among 3,336 C/ALHIV and; towards COVID-19 prevention, the Bank provided 20,000 personal protective equipment (assorted masks, face shields and sanitizers) and conducted integrated health promotion education with clinical partners collaborating with MUCOBADI which benefited 4,700 beneficiaries; 871 caregivers of C/ALHIV got opportunity to access banking services, 67 caregivers are currently utilizing digital banking platforms for their businesses, 73 caregivers have accessed personal development loans, two associations received group loans and, discussions are underway to link 564 adolescents to scholarships.

Conclusion: High inequality is detrimental and hampers investment in health, human capital and undermines the quality of life.

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Nouvelle PSP, Côte D’ivoire

Primary Author: Audrey Hamon

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Electronic Medical Record Empowers Excellence in Patient Care

The Luke Commission, Eswantini

Primary Author: Echo VanderWal

Background: With over 200,000 patient visits annually, The Luke Commission requires a robust, patient-centered, mobile-first electronic medical record (EMR) that can be used in both hospital and field settings. Commercially available solutions are not easily adaptable to address local challenges in patient identification, contextual health needs, bandwidth availability, and supply chain shrinkage.

Methods: Since 2015, TLC has evolved a database built for eye patients into a comprehensive health and logistics ecosystem digitally transforming all patient health records. To ensure positive patient identification, the system integrated facial recognition and two-factor SMS authentication to the patient's phone number. Built on a low-code framework, the system coordinates all elements of inpatient and outpatient care, automates quality assurance checks, empowers real-time capacity building, and supports the inclusion of photos in low-bandwidth settings.

Results: Beginning with a low-code solution empowered TLC engineers to quickly adapt the EMR to changing conditions, including the addition of a COVID-19 module written in part in TLC's COVID ward. While initially the system included fingerprints for identification, facial recognition was found to be faster, cheaper, and more reliable. Over time, the growth of the EMR motivated a move from a low-code solution to an enterprise-level platform.

Conclusions: A comprehensive EMR empowers and engages health care workers to provide high-quality care. Beginning with a low-code approach and then scaling up to enterprise level allowed for rapid integration of HCW input. Integrating this system into a comprehensive suite of digital solutions, including business operations, has provided real-time data, including supply chain information, that allows for programmatic adjustments to prioritize the best possible care for patients.

Using RADET Calculator to Improve Data Quality and Concurrence Between Electronic Medical Record and District Health Information System

Health Systems Consult Limited (HSCL), Nigeria

Primary Author: Oyindamola Alimi

Background: As countries approach epidemic control, program monitoring approach will shift to focus on case surveillance and examining viral load suppression gaps to improve programmatic implementation for specific populations not yet at UNAIDS 95-95-95 goals. Since the inception of the United State Agency for International Development (USAID) Accelerating Control of the HIV Epidemic (ACE) project in Kebbi, Sokoto and Zamfara states, it has been difficult to triangulate and reconcile both patient level data using Lafiya Management Information System (LAMIS) as electronic medical record (EMR) and aggregate level data on District Health Information System (DHIS).

Methods: HSCL conducted a desk review of the LAMIS and DHIS instances to map the reportable indicators and ensure data concurrence between LAMIS and DHIS. This led to the development of an excel-based tool named 'Retention and Audit Determination (RADET) Calculator'. This tool uses the RADET files from LAMIS and flags key data quality dimensions as it relates to data availability, completeness, and validity in LAMIS. It also generates aggregate data from LAMIS.

Results: The RADET Calculator has increased the quality of data reporting and consistency with DHIS from 70% to 95% within the span of a month. The RADET Calculator was able to extract and disaggregate cumulative indicators in a finer age band for the following PEPFAR indicators: TX_New, TLD_New, TX_Curr, TLD_Curr, Biometrics_New, Biometrics_Curr, TX_Curr MMD<3, TX_Curr MMD 3-5, TX_Curr MMD 6+, TX_PVLS_D and TX_PVLS_N).

Conclusion: The RADET calculator is a user-friendly and flexible tool that is used to improve the quality of data on the EMR as well as strengthen data concurrence between the EMR and the DHIS. We hope to explore more around the use of this tool and see how to migrate the excel based tool to a web version with time.

People at the centre of data: lessons learned from the implementation of AnovaHub.

Anova Health Institute, South Africa

Primary Author: Kate Rees

Background

Anova is the implementing partner in 5 South African districts supporting over 950,000 people on ART. Data-driven decision making is a key principle underlying Anova's APACE programme. Anova implemented an online reporting platform, AnovaHub, to provide real time programme insights. AnovaHub enables transparency & action across the Data Life Cycle (generation, collection, processing, storage, management, analysis, visualization, interpretation), quality reporting & data visualization for

programme management at all levels.

Methods

AnovaHub rolled out in 2021, integrating various source systems (e.g. DHIS, Prehmis, TIER.Net) using REDCap (collection & processing), SQL Server (processing, storage, management) & PowerBI (visualization). These tools are relatively accessible & the system is replicable. Multiple stakeholders engage with AnovaHub across the Data Life Cycle making implementation complex. These include counselors, clinicians, data capturers, central data & strategic information teams & programme managers. We conducted a voluntary user survey to inform implementation.

Results

Accessible tools can be used to create a reporting platform to support complex health programmes. Essential ingredients include technical & “soft” skills, relationship management & strong leadership of the implementation process. Structured cross-team meetings fostered relationships & enabled quick bidirectional feedback & responsiveness. Of 67 survey respondents, 75% used AnovaHub at least weekly, 84% trusted the information, & 91% were responsible for taking action based on the data.

Conclusion

A responsive, integrated reporting platform was successfully implemented. Skills building, relationships & leadership were more important than choice of tools. Investments in the links & relationships (health systems “software”) between people at each step in the Data Life Cycle can improve data use by better meeting user needs.

Pediatrics, PMTCT/EID

Improving the health outcomes for pediatric and adolescent health in HIV care and treatment using the know your child model

Youth Alive Uganda

Primary Author: James Byarugaba

Background

Despite the improved access to antiretroviral therapy and viral load testing globally and in Uganda, viral load suppression among adolescents (87%) is still low compared to adults (95%) (Uganda Viral Load CPHL dashboard, 2022). This is attributed to complex set of clinical and socioeconomic challenges like poor treatment literacy, stigma, poverty, and absence of caregiver and social supports. YAU, under the Integrated Child and Youth Development Activity project funded by USAID implemented across 10 districts in Northern Uganda adopted the Know your child model for Non-Suppressing Children within the project cohort in April 2021 aimed at improving health outcomes for paediatrics & adolescents in HIV Care and treatment through increasing access to Viral load uptake, ensuring that all Non-suppressing children are attending Intense Adherence Sessions & addressing the actual root causes of non-suppression among children.

Methods

All non-suppressing children were assigned to project staff for close monitoring and follow-up with an intention of staff getting driven to develop passion and commitment towards these children as they would have done to their own children or siblings. Staff made personal initiatives by knowing the non-suppressing children and their caregivers by making targeted case management visits to their households and addressed all the emerging root causes of non-suppression with the most polled reason being poor nutrition. The other initiative was piloting the first ever staff case conference to brainstorm on the critical cases of children handled at district level as well as collaborations with the Clinical Partners, health facilities, and child protection actors.

Results

The implementation of the know your child model has increased the VL uptake among children from less than 50% in April 2021

to now 84%, 82% access of results and VL suppression of 87%; since staff are held more accountable by ensuring that all clinical and socio-economic challenges are addressed.

Index Testing Services in Northern, Muchinga and Luapula Provinces of Zambia

USAID Action HIV to Epidemic Control (Action HIV)

Primary Author: Mulundu Mumbalanga

Background

USAID Action HIV to Epidemic Control (Action HIV) is a USAID funded program whose project goal is to reduce HIV mortality, morbidity, and transmission by achieving the UNAIDS and PEPFAR goal of 95/95/95 HIV treatment coverage and providing comprehensive HIV prevention, care, and treatment maintenance services in Luapula, Muchinga and Northern provinces. The thrust of the project is directed at reaching epidemic control during the first year of implementation and maintaining the quality of treatment and prevention services throughout the subsequent four years. This is in a setting of low case finding in all population types often erratic supplies of testing commodities exacerbated by Covid 19 restrictions.

Methods

A CQI strategy that included the generation of lists of index clients, assessment of testing volumes, the process of elicitation, the elicitation ratio and performance achievement of each counsellor was implemented at Kasama General hospital as proof of concept and then rolled out to 275 facilities in three provinces in November 2021. The implementation plan was supported by innovative audiovisual materials and ongoing mentorship of the 12 counsellors and 5 nurses. The emphasis being the manner of elicitation and the avoidance of coercion.

Results

The elicitation ratio improved from 1:1 to 1:3 with yields of 5% in children and 46% in sexual contacts. The advantages of meticulous contact elicitation are best demonstrated at Makola village where 24 contacts were elicited from one positive breast-feeding mother resulting in 3/4 positive children and 20/20 positive adults. By Q3 FY22 testing targets, HIV positive clients identified and contribution to total positives was 443%, 230% and 64% respectively.

Conclusion

We recommend the effective application of the principles of counselling, disclosure counselling and the five approaches of index partner follow-up. We have embarked on sharing our innovation with other Implementing Partners.

Child, Adolescent and Family Care Days provide a mix of interventions that support retention and virological suppression in children living with HIV

Anova Health Institute, South Africa

Primary Author: Jackie Dunlop

Background: Virological suppression is more difficult to achieve in children on antiretroviral therapy (ART) compared with adults. The South African National Department of Health Matrix of Interventions recommends Child, Adolescent and Family Care Days (Care Days) to promote paediatric retention and ART adherence. Care Days consist of clinical consultation, disclosure and adherence counselling, and referral to community-based organisations. Since 2015, Care Days have been implemented at selected facilities in Johannesburg and Mopani districts, where Anova is the USAID District Support Partner.

Methods: An analysis of aggregated routine programmatic data was conducted. By June 2022, Care Days were taking place at 55 facilities in Johannesburg (of 125 facilities) and 26 in Mopani (of 137). We measured retention, viral load (VL) testing, and virological suppression (<1000 c/ml), at facilities with Care Days compared to facilities without from April to June 2022. We used chi-squared tests to examine differences between proportions. Retention was measured using TX_ML indicator- children who left care in the quarter, because they transferred out, disengaged or died, and the rate was calculated as a proportion of TX_CURR.

Results: In Johannesburg, 80% (4,651/5,831) of children under 15 years old on ART attended facilities with Care Days and in Mopani, 40% (1,233/3,111) of children in care attended facilities with Care Days. Overall, the rate of children lost to care was lower in Care Day facilities compared with those without (5.1% vs 6.1%, p=0.066). VL testing (73.5% vs 70.4%, p=0.002) and virological suppression (82.7% vs 71.8%, p<0001) in both districts were higher in facilities with Care Days than those without.

Conclusion: Paediatric HIV treatment outcomes related to VL testing and viral suppression were significantly better in facilities with Care Days compared to those without. Care Days are a key intervention improving adherence and quality of care for children.

EXPANDING THE SCOPE OF LOWER-LEVEL FAITH-BASED HEALTH FACILITIES TO IMPROVE PEDIATRIC CASE FINDING AND REACH THE UNREACHED FOR COMPREHENSIVE HIV/AIDS SERVICES

Christian Social Services Commission, Tanzania

Primary Author: Godfried Kway

Background: Early infant diagnosis uptake is low in Tanzania and the pediatric antiretroviral therapy (ART) coverage of 66% in 2019 lags behind the national target of achieving 90% coverage by 2022. This is partly attributed to limited access to quality HIV services in hard-to-reach areas.

Njombe Town council has a total of 72 Health Facilities (HFs) and by December 2021, only 39 HFs were providing comprehensive HIV/AIDS services making a coverage of only 54%. Clients had to travel long distances to get HIV treatment leading to poor linkage and retention to care.

Methods: The Christian Social Services Commission is implementing The 'Pamoja Tuwekeze Afya' Activity, a USAID-funded project, which aims at improving pediatric case finding by leveraging the network of Faith-Based HFs in rural and hard-to-reach areas and their surrounding faith communities.

By December 2021; 5 Faith-based Dispensaries in Njombe that were initially not providing comprehensive HIV services due to inadequate capacity were accredited to provide comprehensive HIV services. The activity supported the training of Health care workers on Basic ART and PMTCT and Quality Improvement. In January 2022 the facilities started providing the services.

Results: A total of 113 HIV clients from distant facilities transferred into the 5 HFs; Lugenge dispensary led with 87 transfer-in between January – March 2022. 95% of the transfer-in clients would travel more than 20KM for services spending an average of \$ 12 per visit, which was difficult to afford leading to interrupted treatment. Overall TX_CUR grew from 347 in December 2021 to 703 in June 2022 (TX-CUR (<15YRS) grew from 3 to 18 in the same).

Conclusion: PATA supports FBO HFs to generate additional revenue through innovative financing such as establishing a Health investment fund in order to sustain the FBO health facilities which are serving about 40.3% of the rural population in Tanzania.

***Outcomes of children living with HIV transitioned to Dolutegravir based antiretroviral therapy regimen in Midlands and Manicaland Provinces of Zimbabwe, 2022

Zimbabwe Health Interventions

Primary Author: Munyaradzi Dhodho

Background: Dolutegravir (DTG) is an anti-retroviral medicine proven to significantly reduce viral load (VL) among people living with HIV (PLHIV). Zimbabwe is using the child-friendly dispersible pediatric DTG (pDTG) 10mg tablet in addition to the 50mg tablet. ZHI is supporting roll out and transition to DTG based regimens in children using a phased approach starting with tertiary level facilities and scale up to lower-level facilities started in March 2022. We assessed DTG transition progress and outcomes of pediatric clients before and after DTG transition.

Methods: We conducted an analytic cross-sectional study focusing on client outcomes before and after DTG transition across 34 purposively selected high-volume sites. The primary outcome was viral load suppression. All children on ART in these facilities were included. Client folders were reviewed, and secondary data were abstracted and captured into a Kobo electronic data collection tool. Data were analyzed using Stata 15.

Results: A total of 1,003 children were included in the study and median age was 11 years (IQR 7-13) and of these 811 (81%) were on a non-DTG based regimen when they started ART. Out of these 811, 72.3% were switched to a DTG based regimen. Data to measure the effect of DTG transition was available for 276 children who had VL before and after transitioning. A total of 220 (80%) had a suppressed VL before transition and 264 (96%) had a suppressed VL after transitioning. Children who remained on a non-DTG containing regimen were 8 times more likely to have unsuppressed VL compared to those who switched to DTG (RR

7.86, 95% CI 2.4-25.2).

Conclusion: A significant proportion of children transitioned to a DTG containing regimen and had better VL suppression compared to those on a non-DTG regimen. We recommend programs to develop guidance to expedite transition of children to DTG-based regimens.

Treatment outcome among children admitted at Bugando Medical Centre, Mwanza.

Baylor Tanzania College of Medicine Children's Foundation, Tanzania

Primary Author: Richard George

Background: Treatment outcomes among children with HIV, TB, and malnutrition admitted at Bugando Medical Center (BMC) has not been studied. This study is set out to assess the duration of admission and treatment outcomes at BMC for children referred from Mwanza Centre Of Excellence (COE).

Methods: This was a retrospective study review of clients admitted at BMC from April, 2017 to January, 2020. Data on the date of admission/discharge, reason for admission, outcome at the discharge and chart status to date.

Results: A total of 176 admission charts were reviewed, 121/176 (67%) were under 5 years old; among these, 67/121 (55%) were female. 16yrs and above had the least number of admissions.

It shows that most of clients had severe form of malnutrition (SAM) 85/176(47%). Some of patients had SAM alone but others had complicated with tuberculosis 65/176(37%), Meningitis and Bacterial pneumonia 5/85(6%). Male clients were the most frequent admissions than female. On average, depending on severity of the admission condition, duration of hospital stay per admission was 30 days. Of the admitted clients, 93/176 (53%) are still active in care, 6/176 (3%) were lost to follow-up, 21/176 (12%) were transferred out, and 35/176 (20%) died, among these 19/35(54%) were males and aged less than 5yrs. Finally, 21/176 (12%) were exposed infants whose HIV status was confirmed negative and have had their charts closed.

Conclusion: In this review, severe malnutrition was the main reason for admission among clients referred from peripheral facilities to our COE. The majority of the referrals were complicated with Meningitis, Pneumonia, or Tuberculosis; therefore, these clients often succumb within a week of admission. However, further studies with a larger sample size will be necessary to describe the factors associated with treatment outcomes among these children and ultimately reduce morbidity and mortality for children living with HIV.

Optimizing HIV Treatment Outcomes for Children Living With HIV in East Central Uganda through the Scale-up of Antiretroviral Dolutegravir

MJAP/USAID LPHS-EC, Uganda

Primary Author: Lwevola Paul

Background: The World Health Organization recommends Dolutegravir (DTG) based antiretroviral therapy (ART) for first-line HIV treatment due to high efficacy, fewer side effects and high genetic barrier. Child recipients of care weighing below 20kgs, with suppressed viral loads on Lopinavir-Ritonavir (LPV/r) suffer the pill burden, multiple doses per day and the sour taste. These barriers impede adherence to ART in children justifying the need for DTG based ART. By October 2021, Busia HCIV in Busia district, East Central Uganda had none of the child recipients of care optimized to pediatric dolutegravir (pDTG). This was attributed to low stock of pDTG based ART in the district/region, knowledge gaps among HCWs and caregivers on pDTG and poor tracking of optimization progress.

Methods: With support from USAID Local Partner Health Services in East Central Uganda (LPHS-EC) implemented by MJAP, health workers at Busia HCIV implemented the following interventions:

1. Quantification and ordering of adequate stocks of pDTG to support optimization
2. Line-listing of all children weighing <20kg eligible for pDTG, rescheduling their appointments and recalling them to facility
3. Daily updating of pDTG optimization tracker and children's audit tool, to track optimization progress.
4. Weekly facility level data review meetings.
5. Quarterly, children centred, care givers' meetings held at facility and homes to enable caregivers appreciate the

relevance of optimization.

Results: There was steady improvement in pDTG optimization from 0% in October 2021 to 34/34 (100%) (July 2022) following implementation of the interventions. The same interventions were scaled to the 12 districts of the EC region with 940/1175 (80%) children optimized.

Conclusion: Pediatric DTG has been highly acceptable in Uganda's East Central Region. The facilitators for scale-up are adequate pDTG commodities, skilled health workers, motivated caregivers, tracking progress using QI tools like audit tools.

***ART treatment optimization using pDTG in CLHIV: Transition of eligible pediatrics clients to pDTG in Muchinga, Luapula and Northern provinces of Zambia.

Right To Care- USAID Action HIV, Zambia

Primary Author: Ivin Chibanda

Background: In February 2022, the Ministry of Health issued a memorandum to adopt pDTG as the first line of antiretroviral treatment for children living with HIV. ART treatment optimization of children with abacavir/lamivudine with pDTG which is easy to administer, strawberry flavored, reduced side effects, improved adherence, leading quick viral suppression in CLHIV. In Luapula, Muchinga and Northern Provinces, the USAID Action HIV program transitioned clients within the weight band 3-20kg onto the pDTG regimen in a total of 256 health facilities.

Methods: Capacity building of health facility staff was conducted across 256 health facilities which included the following activities: stock distribution to the 256 facilities; orientation on children living with HIV (CLHIV) ART optimization using pDTG; technical support for the identification of eligible children on the Tx_Curr for tracking the eligible clients for transitioning and Health education was provided to caregivers. All sites were provided with Job Aids, dosing charts, wheels and weighing scales to ensure optimization of all eligible pediatrics.

Results: 1784 Pediatric clients in 256 facilities in Muchinga, Northern and Luapula provinces were identified as eligible for transitioning to pDTG, results showed a quick transitioning pace of 1696 (96%) clients were transitioned in four months from April 2022 to July 2022.

Conclusion: The achievement of 96% transition of the eligible clients will result in improved treatment adherence and viral suppression in CLHIV Tracking for the pending pediatrics to be initiated on pDTG all eligible pediatrics and new of treatment. Clinical reviews, monitoring Viral Load suppression of pediatrics on pDTG and ensuring stock availability in all facilities to avoid interruptions in treatment will be key activities going forward.

Engagement of Community Health Workers and Modified Client-Led ART Delivery improves Viral Suppression among Children and Adolescents in Northern Uganda.

The AIDS Support Organisation (TASO) - USAID Local Partner Health Services Ankole and Acholi Activity, Uganda

Primary Author: Anna Lawino

Background: Viral suppression (VS) is a critical marker of HIV treatment success. However, VS among children and adolescents (0-19 years) living with HIV (CALHIV) remains suboptimal at 73% compared to adults at 93% in the Acholi sub-region, Northern Uganda due to the unique challenges CALHIV face of dependency on caregivers and over-representation. This was a community intervention of attaching community health workers (CHWs) to CALHIV and a Modified Community Client-Led Antiretroviral therapy Delivery (MCCLAD).

Methods: This initiative was in 70 health facilities in the Acholi sub-region, Northern, between February and July 2022. It involved implementing MCCLAD and the attachment of CHWs to CALHIV under 20 years and stratification of the CALHIV in cell groups of 5-10 for each CHW, based on the geographical location and proximity. 318 CHWs were attached to 3,475 CALHIV with the CHW-to-client attachment ratio of 1:11. Virally suppressed children and their caregivers were contacted monthly. In contrast, the non-suppressed were contacted weekly through telephone or physical meetings at community safe spaces to provide services. Using the client audit tool color-coded dashboards and service gap identifier tools, CHWs, weekly identified and planned for the

CALHIV to be contacted and services provided.

Results: The attachment of CHWs to CALHIV was 90%. The proportion of CALHIV who received over three months of multi-month ART prescriptions improved from 66% in December 2021 to 74% in August 2022, interruption in treatment reduced from 7.6% to 3.4%, and VS among CALHIV improved from 73% to 79%.

Conclusion: Attachment of CHWs to CALHIV and MCCLAD significantly improved VS among the CALHIV. Highlighting the critical role CHWs and MCCLAD play in improving VS in CALHIV. Similar targeted community interventions for CALHIV receiving ART are needed in similar settings.

Using Index Case Tracing and Testing as a strategy to improve paediatric case finding in Angola *mothers2mothers, South Africa*

Primary Author: Sbonelo Zondi

Background: According to UNAIDS, Angola has an estimated 14 million children under 15 with an HIV prevalence of 1% in addition to one of the highest mother-to-child transmission rates at 15%. Implementing effective and efficient case-finding strategies is crucial to improving HIV testing and identification. mother2mothers (m2m) through a peer-based approach uses the community tracing and testing approach to reach biological children of HIV-positive pregnant and breastfeeding women (PBFW) under the age of 15 years. Women testing positive at health facilities are identified as index clients and once consent is given to trained and accredited Mentor Mothers, tracing and testing their biological children under the age of 15 years is conducted in the community.

Methods: A descriptive analysis of program data collected from 15 sites and communities of Benguela, Cunene, Huambo and Lunda Sul in Angola from January 2020-June 2022. The data was collected by Mentor Mothers using a mobile health application. The sample, consisted of biological children <15 years of index cases registered at health facility level.

Results: Through Index Case Tracing and Testing (ICTT) increased the identification of untested paediatric cases in the community with 5,945 children between 1-14 years tested in the last 2 years; 247(4%) of those testing HIV positive. This result stresses the importance of community testing in identifying children that could have been missed by the Prevention of Mother to Child Transmission (PMTCT) program and other factors.

Conclusion: A peer led ICTT approach as part of facility and community HIV Testing Service (HTS) offering is a key element to identify children who are yet to be tested with a 4% positivity rate compared to the 1% national prevalence rate. It is crucial to ensure children identified in the community and tested are linked to treatment, a crucial element given 15% mother-to-child transmission rates.

The influence of Traditional leaders in PMTCT – (in Chief Mpepo’s Chiefdom in Kanchibiya District, Muchinga Province in Zambia.

Right to Care, Zambia

Primary Author: Thikazi Jere

Background: While there has been a notable reduction in HIV prevalence and incidence from 60, 000 in 2010 to 51, 000 in 2019, The rates of infection in children through Mother to Child transmission (PMTCT) remains a public health concern in Zambia. The implementation of PMTCT programs has led to the reduction of transmission of HIV from mother to child during pregnancy, delivery, and breastfeeding. However, gaps still exist especially in rural areas where women face distance and geographic barriers to access health services including antenatal care (ANC). Engagement with influential individuals such as traditional leaders has been shown to influence health seeking behaviors among rural communities, resulting in improved access to care and health outcomes as demonstrated at Mpepo Health Centre in the Chiefdom of Chief Mpepo in Kanchibiya District of Muchinga Province where the USAID Action HIV program is being implemented.

Methods: Through collaboration with Chief Mpepo of Kanchibiya District, the USAID Action HIV program implemented community sensitization activities aimed at educating members of the rural communities on the importance of attendance of accessing health facility services including ANC for maternal and child health including HIV prevention and care services. In

addition to health education, Chief Mpepo encouraged all pregnant women to attend ANC.

Results: Prior to the pronouncement only 7 & 4 women tested positive and enrolled in ART, in 2017 and 2018 respectively. After the chief's pronouncement, the number of women attending ANC increased by 71%, and positive tests rose to 51 in 2020 and 47 in 2021. No positive infant has been identified in the last 3 years.

Conclusion: We recommend expansion of the initiative to other Chiefdoms and the other two Provinces. We further recommend male involvement in ANC to facilitate access to care and reduction in Gender Based Violence.

***Improving EID Uptake at 6 weeks and Preventing New infections among HEI at Final Outcome through Effective Mother-Baby Pair Tracking: Experience from the USAID Funded ARFH-ICHSSA 2 Project in Lagos State

Association for Reproductive & Family Health (ARFH) , Nigeria

Primary Author: Jimin Sontyo

Background: Nigeria continues to experience challenges with PMTCT and tracking of HIV Exposed Infants, due to increased cycles of interruptions and return to ART. The USAID funded Integrated Child Health and Social Services Award, (ICHSSA-2), implemented by Association for Reproductive and Family Health (ARFH) and Partners, adopted an effective tracking model, using 'mentor mothers', to increase uptake of EID at 6weeks and prevent new MTCT of HIV after the receipt of EID results.

Methods: To prevent missed opportunities and ensure mother-baby pairs are tracked until final outcomes, ICHSSA 2 adopted a two-prong approach of tracking mother-baby pairs through mentor mothers. Using a tracking register, case managers and mentor mothers on the project track the infants until results are received and expected outcomes are achieved. The mentor mothers track the mother-baby pairs to ensure the uptake of EID at 6 weeks and to ensure that they receive a rapid test at 18months. Quarterly review meetings were held for learning and sharing of best practices.

Results: 949 HEI and their mothers were tracked following enrolment into the OVC program. Out of the 949(477M, 472 F) being tracked, a total of 765 (378M, 387F) HEI were due for EID at 6weeks, out of which a total of 762 (376M, 386F (99.6%) were supported to uptake EID. 754 (371M, 383F) had a negative EID result while 8(5M, 3F) were found to be positive. Of the 119 (53M, 66F) who had rapid tests done at final outcome, 111 HIV negative and 8(3M, 5F) HIV positive. Hence positivity yield at 6 weeks was found to be 1% while positive yield after 6 weeks at outcome was 0%.

Conclusion: Effective tracking of mother baby pairs in a community-based approach could improve the uptake of EID at 6 weeks (99.6%). This approach has the potential to prevent vertical transmission from mother to child at the 6weeks timeline based on ongoing support through regular home visits and provision of care and support services for the mother-baby pair.

The Contribution of Community-Based Parasocial Workers Towards Improving Treatment Outcomes for Children and Adolescents Living with HIV: Lessons from TASO Rukungiri Clinic

TPO, Uganda

Primary Author: Denis Nuwagaba

Background: Despite progress Uganda has made towards HIV treatment, retention in care and Viral Load Suppression (VLS) for children and adolescents living with HIV (CALHIV) remains a challenge. MOH data indicates CALHIV experience higher attrition and treatment default rates compared to adults. USAID's Keeping Children Healthy and Safe Activity (KCHS) is a 5-year PEPFAR funded project managed by TPO-Uganda in 17 districts of South Western Uganda aimed at preventing new HIV infections and promoting lifelong antiretroviral treatment (ART).

Methods: At TASO-Rukungiri Clinic 31 KCHS supported Parasocial Workers (PSWs) jointly work with clinical staff to improve treatment outcomes of 411 CALHIV. Across 95-95-95 cascade PSWs conduct home visits, support index testing, referral of HEIs for PCR test and working with clinical staff to conduct home-based HIV testing, provision of disclosure support to CALHIV, referral for ART initiation, provision of HIV prevention messages, monitoring viral load, tracking ART adherence, provision of HIV treatment literacy, tracking appointment dates and making reminders, referral for clinical management of opportunistic infections

additionally, Super PSWs conduct Intensive Adherence Counselling.

Results: The PSWs engagement has yielded results for the period 2020/2022 as follows; Index testing of 592 siblings for CALHIV, Retention in care has improved from 80% to 99%, appointment keeping is currently at 95% due continued reminder by PSWs, VLS has improved from 75% to 96%, child optimization has also improved from 70 to 85%.

Conclusion: Effective clinical-community collaboration imbedded in mutually beneficial relationships between health facility staff and social service workforce who appreciate one another's role in improving HIV treatment outcomes is a game-changer to realize 95-95-95 HIV treatment goals for special interest groups like children and adolescents who face peculiar treatment continuity barriers.

Case Management Volunteers (CMVs) and Site Navigators' collaboration to optimize beneficiaries' identification, enrolment, access to HIV Testing, care, treatment and other clinical services

Young Women's Christian Association of Rwanda

Primary Author: Jean Pierre Sibomana

Background: ACHIEVE Rwanda aims to reduce vulnerability and HIV incidence among OVC and AGYW. In partnership with Pact, YWCA implements the OVC program in Kayonza District.

Methods: YWCA's OVC package targeted boys and girls 0-17 years with known risk factors for HIV, as well as HIV exposed infants. These beneficiaries received a comprehensive package of age-appropriate need-based services, provided through case Management by community-based Case Management Volunteers (CMVs). CMVs support 5 to 10 households and collaborate with site navigators based at the health facility to ensure that beneficiaries are easily linked to clinical services including HIV testing, care and treatment, viral load suppression, and family planning. Over the course of the project YWCA identified and trained 476 CMVs and supported 17 site navigators. 9,277 benefited from OVC comprehensive case management services provided by 476 CMVs who conducted the HIV Risk Assessment to 6,283 children.

Results: 4,767 OVC received the HIV testing services, 2,539 received HIV Care and Treatment and 1,597 adhered to ART treatment including HIV Viral Load suppression which represents 100% of all eligible beneficiaries. The approach presents a positive shift in VL Suppression prevalence compared to 76.0% country VL prevalence as per the Rwanda Population-Based HIV Impact Assessment (RPHIA).

Conclusion: The lesson learned from the collaboration between CMVs and site navigators in improving beneficiary identification, HIV testing, care and treatment which improved access to clinical services including VL suppression whose adherence is 100% compared to 76.0% as per the RPHIA, will be leveraged in the upcoming PEPFAR Projects.

Challenges of treatment adherence and viral load suppression

COMUSANAS, Mozambique

Primary Author: Catarina Mabuie

Background: According to the report of OVC carried out by ComuSanas, the case management faced challenges in the Viral Load report as it did not reach the target of 95% of assets on ART in the analyzed periods, demonstrating in Q4 FY21 (68% VL reported with 55%VL suppression), Q1FY22 (80% VLR with 53%VLS) and Q2FY22 (90% VLR with 61%VLS). Several causes mentioned by CCW, among the most common are the restrictions of Covid-19, poor adherence to ART due to social or clinical factors. There is no tool for documentation, membership reporting and VL. For the above reasons, the team proposed a case study to categorize the challenges and follow them through an action plan to improve the challenges of treatment adherence and VLS.

Methods: Descriptive analytical study based on key informant interviews. Development parameters that aim to Categorize type of adherence and possible factors linked to non-viral suppression and Plan Specific Intervention for each causal category. From total of 6,003 HIV+ OVC (84% of TX_Curr) in Q2FY22, a sample based on detectable VL (762 OVC corresponding to 13%) was selected; 2 districts with the highest volume of ART (20 HF of which 13 urbans with 544 OVC and 7 HF Rural with 218 OVC).

Results: Overall, poor adherence to ART was noted in 91% (693), however, failure to suppress the virus was linked to Simply

forgetting 34% (259), Lack of food 29% (221), lack of family support 19% (145), unwilling to taking your medications 11% (84), and suspected treatment failure 53 (7%).

Conclusion: The challenges of adherence and viral load suppression, is largely related to poor treatment adherence, on the other hand, the factors of poor adherence they are more of community origin rather than clinical and are identifiable from a community form of assess adherence and viral suppression.

TPT uptake and Predictors of completion among children, Adolescent and young person in Northern Nigeria: ACE3 Experience

Health Systems Consult Limited (HSCL), Nigeria

Primary Author: Chukwuneku Opiti

Background: Nigeria ranks first in Africa and sixth among 30 countries with an estimate of 452,000 new cases, 34,000 HIV/TB co-infected, and HIV/TB mortality of 28000 in the recent data. Standard TB preventative therapy (TPT) has been well documented to reduce TB morbidity and mortality. However, there is dearth of data on the uptake and completion of IPT uptake and completion in children, adolescents and young persons living with HIV compared to adults.

Methods: Health Systems Consult Limited (HSCL) is an implementing partner under the USAID Accelerating Control of the HIV Epidemic in Nigeria (ACE) Cluster 3 working in Kebbi, Sokoto and Zamfara states. HSCL conducted a retrospective review of medical records of All CAYLHIV (less than 24 years) who screened negative for TB and who were initiated on IPT between October-2021 to July-2022 in 27 supported facilities. Data such as patient demographics, TPT start and completion dates from the facility electronic medical record LAMIS database were used to conduct the analysis with significance at <0.05.

Results: A total of 3487 CAYPLHIV sampled (982/ <14 years & 2306 15-24years), 3163 (90%) were eligible for TPT services, of which 88.0% were screened for TB at least once. Among those eligible for preventative therapy, all were initiated therapy (857/less than 14 years and 1647/15-24years). Among this pool, 71% (2231/3163) of completed TPT (68%/<14years vs 71%/15-24years). Virological suppression and older age group were found to be significantly associated with TPT completion among this population.

Conclusion: Despite the good initiation rate, the completion for CAYPLHIV is suboptimal at 71% particularly, for less than 14 years. The three states are peculiar with security challenges which could have contributed to the gaps identified, however, addressing other controllable factors like age-focused and enhanced patient management will be critical in scaling up TPT among this sub-population.

PrEP, VMMC, Condoms, Prevention integration, Prevention DSD, DDD

***D.Health: A responsive community application bringing services and empowering clients to manage and navigate their care

Centre for Promotion of Quality of Life (LIFE Centre), Ho Chi Minh City, Vietnam

Primary Author: Nhung Truong

Background: Vietnam utilizes many applications in both everyday life as well as during the COVID restrictions. D.Health, originally designed to be an application to bring information to users, particularly KP, is at a point of growth to align with the community one-stop shop model, allowing users to do more, conveniently and confidentially.

Methods: LIFE Centre worked with CBOs to co-develop the application. Its use boosts health literacy, empower users with basic information, and provides the specific organizations and facilities that deliver those services. Version 2.0, brings the “one-stop shop” experience online to allow clients a tailored, convenient, and facilitated approach to accessing both HIV-related services

and additional services that respond to the needs of KP. This “online one-stop shop” model brings a virtual experience option to support the six step community one-stop shop model. The system allows clients to explore promotional materials, select or screen for certain services, provide information regarding that particular service, ability to order or schedule community testing, and guide clients through the referral process and additional support to help them complete each respective service. Information is secured and only shared with an established outreach worker linked to the client.

Results: The D.Health 2.0 upgrade is focused on modules for the 8 HIV-related services (i.e., HIV testing, PrEP, PEP, ART, ART adherence, PNS, IPV, safe behaviors), as well as sexual and reproductive health. Additional modules will be added, including STI, hepatitis, TB, mental health, etc. This initial upgrade is expected for October 2022.

Conclusion: This milestone will bring clients the information and support they need to know the services available, and to help navigate and access those services. Engaging end-users early makes it responsive to the respective needs of the community and brings transparency and control to clients - supporting clients at their pace, anytime and from anywhere.

***Community-Public Partnerships (C2P) help effectively and efficiently utilize contributions of the community to address public health needs, like COVID, in addition to HIV

Centre for Promotion of Quality of Life (LIFE Centre); USAID Vietnam

Primary Author: Hau Nguyen

Background: In Vietnam, the burden of HIV continues to affect key populations and community-based organizations have been a strategic partner in helping to reach this vulnerable population. However, effectively and efficiently utilizing this work requires additional support and commitment.

Methods: LIFE Centre has been working with CBOs to build relationships with them, based in Ho Chi Minh City, and also establishing formal relationships between those CBOs and the health facilities (C2P) for which they refer clients. This required inclusion of the provincial CDC/DoH to support these relationships, MoUs to establish expectations, and active/ongoing meetings to share issues, feedback and new information/approaches to optimize client outreach, care and support in their management and adherence to ART, and prevention like PrEP. Through active support, the provincial CDC/DoH was also able to advocate to get travel authorization and early vaccination for CBO staff to provide support during the lockdown period.

Results: The outcome of districts in HCMC with the C2P model showed more clients being found and linked to ART by CBO versus districts without the model (over 2x as much). CBOs under this model also were able to support COVID needs among KP who were unable to travel due to lockdown restrictions to maintain their ART as well as receiving other basic needs to overcome the lockdown with sufficient support. Delivering ART and PrEP to 4,269 clients in Dong Nai and HCMC, as well as food aid to roughly 2,000 people and supporting living expensed for 3,234 people from April to September 2021.

Conclusion: The C2P model allowed facilities to work directly with known and trusted CBOs to help facilitate client support to care and is adaptable to respond to other needs for prompt response and continued care of other health emergencies, such as COVID, and currently also being utilized to help prepare communications for potential monkeypox exposure given global trends.

***Increasing Oral Pre-exposure Prophylaxis Initiations among Adolescent Girls and Young Women from South Africa through Co-planning and Co-location Activities with DREAMS Community Partners

BroadReach Health Development, South Africa

Primary Author: Ivana Beesham

Background: Adolescent girls and young women (AGYW) in South Africa (SA) are at significant risk of HIV acquisition. BroadReach Health Development, in partnership with the SA Department of Health, began providing oral PrEP to AGYW from October 2019, as part of the DREAMS initiative, however, initiations were sub-optimal partly due to challenges in getting AGYW to attend health facilities for PrEP initiation.

Methods: We implemented a strategy in late 2021 that involved co-planning and co-locating with DREAMS community partner

organizations in KwaZulu-Natal (uGu and King Cetshwayo districts) and Mpumalanga (Nkangala and Gert Sibande districts), to increase PrEP initiations among AGYW. Joint planning meetings were held to arrange community events, where AGYW are provided with DREAMS interventions. BroadReach Health Development arranged for professional nurses and lay counselors to be co-located at these events to provide health education and services to AGYW including 1) HIV counseling and testing; 2) same-day PrEP initiation; 3) linkage to HIV care for those with reactive HIV tests; 4) contraception and condom provision; 5) gender-based violence screening, and 6) linkage to facilities for more comprehensive health services.

Results: PrEP initiations from co-planned and co-located activities, as a proportion of total PrEP initiations, increased substantially in 2022 from Quarter (Q) 1 through Q3 in all 4 districts, when PrEP was offered on-site at co-located events. In King Cetshwayo, it increased from 4.4% to 13.1% to 22.1%, in uGu from 7.1% to 14.8% to 24.4%, in Gert Sibande from 7.8% to 5.1% to 9.3% and in Nkangala, from 0% to 10.0% to 18.3%.

Conclusions: Co-planning and co-locating with DREAMS community partner organizations was successful in increasing PrEP initiations among AGYW and may be utilized as a strategy to increase PrEP awareness and uptake among this group. Additional co-location activities are planned for Q4.

***Keeping at-risk AGYW healthy - Peer PrEP Champions Expanding PrEP for Greater HIV Prevention

AFRICAN EVANGELISTIC ENTERPRISE, Rwanda

Primary Author: Charlotte Usanase

Background: The Rwanda National HIV guidelines have highlighted pre-exposure prophylaxis (PrEP) as an HIV intervention since 2020. In October 2021 the Ubaka Ejo activity began offering referrals for PrEP to adolescent girls and young women (AGYW) aged 18 to 24 who are at substantial risk of HIV infection.

The project noted resistance to PrEP from at-risk AGYW, for reasons including self-stigmatization, fear of negative community reactions, fear of health center staff judgment on their lifestyles, and also a misconception that young people don't use PrEP.

Methods: Ubake Ejo introduced peer PrEP champions. As young women already on PrEP, PrEP Champions became a bridge between clients and health services, able to dispel misconceptions about PrEP and help health service providers understand the concerns of their clients. PrEP Champions mobilize AGYW for screening HIV positive AGYW with multiple sexual partners, in transactional sex and promote adherence to referrals and follow-up.

In FY2022, Ubaka Ejo activity enrolled 35 peer PrEP Champions and revised MOUs with health centers that, among other concerns, formalized their working relationship with PrEP Champions.

Results: Engaging AGYW initiated on PrEP who are willing to be PrEP champions at all stages is highly effective in increasing access and adherence to PrEP.

MOUs with health facilities empowered peer PrEP Champions to work effectively.

These measures contributed to increasing AGYW accessing PrEP services from 147 in Q1 to 619 in Q3 (FY2022), an increase that brings Ubaka Ejo to 85% of the target for AGYW in PrEP, with three months still to run.

Conclusion: Working with AGYW already on PrEP as PrEP champions has proved to be a model that works to encourage high risk AGYW at substantial risk of HIV Prevention to take up PrEP

Optimizing workflows by integrating HIV prevention, SRH and Adolescent and Youth Friendly Services to improve PrEP uptake in rural district of Eastern Cape, South Africa

MatCH Institute NPC, South Africa

Primary Author: Hloniphile Khalala

The Ideal Clinic Model requires facilities to optimize and integrate services among populations that have overlapping healthcare needs. Eleven percent of Maluti CHC's daily headcount comprises the 15-24 year age group that are in need of an integrated youth friendly HIV prevention and sexual reproductive health (SRHR) services. As part of the efforts to improve PrEP uptake in Maluti CHC, MatCH undertook a rapid quality improvement (QI) assessment of the work and client flows in Q1 of COP2. MatCH

supported DOH staff to complete a systematic root-cause analysis using fishbone technique and process flow mapping. The QI team led by the facility's Operational Manager (DOH staff) identified solutions and options on how to optimize the patient workflow to target the youth accessing the clinic by integrating SRHR with PrEP initiation. The team agreed on how clinical and lay counsellors could work together in all the ideal clinic streams to co-design a system that would increase the PrEP uptake. Nurses were trained on the PrEP clinical protocols and a new workflow system was tested and adopted. The number of AGYW clients initiated on PrEP increased: Q1 (20), Q2 (137), Q3 (399) and Q4 Preliminary (110). The process of integrating HIV prevention, SRHR service and AYFS by creating an enabling environment for service delivery helped the youth to access services easily. Role clarification and assignment of daily duties and targets helped staff work together to support the most at risk including the youth to be initiated on PrEP. With application of quality improvement methods, Maluti CHC has been able to transform its daily patient flows and target youth to access HIV prevention in the form of PrEP initiation and still get their SRHR needs met. This approach will be standardized and scaled up across all other high-volume clinics in the Eastern Cape.

Use of Expert Clients to Provide HIV Intervention in High Security Locations – Using Zamfara as a Case Study

Health Systems Consult Limited (HSCL), Nigeria

Primary Author: Kenneth Alau

Background: Zamfara is a state in Northwest Nigeria with an estimated population of 4.5 million. The HIV Prevalence of the state from the 2018 National AIDS Indicator Survey was 0.4% (0.1-0.7%). Farming is the major occupation of the indigenes. There are deposits of gold in the state which has fueled the insecurity in the state thereby making HIV intervention a hilarious task.

Methods: Two models were deployed, the Expert Client Model and the Case Managers model (CMM). The program engaged Community Case Managers (CM) to provide HIV Testing Services in the community, track defaulters, provide gender-based violence (GBV) services and viral load services. The 'Expert Clients model (ECM)' is similar to the CMM but uses indigene in the high-risk community to penetrate the banditry community which ordinarily the CMM cannot.

Results: Between April-Jun22, 245 clients tested HIV-positive (100%-linkage-rate), 68 clients were initiated on PrEP and GBVs. This implies an average bi-weekly achievement of 17 positive HIV cases, 11 GBV clients and 11 clients on PrEP. The achievements recorded from the ECM within 2 weeks includes 17 HIV-positive clients, 6 GBVs and 64 clients on PrEP. The ratio of the CMM to the ECM is approximately 1:1 for HIV case finding and GBV while the CMM to the ECM is 1:6 for PrEP uptake. The human resource distribution between the CMM to the ECM is 1:10. Implying that, despite the low HR (10%) for ECM relative to CMM (90%), the corresponding results are the same.

Conclusion: The use of expert client models to reach out to more people in high-risk locations shows better results with less human resources relative to the community model. The project will continue to explore this model to harvest better insight on how the expert client penetrates through the bandits and provides HIV intervention.

HIV Pre-exposure Prophylaxis Uptake and Continuation Among Key Populations in Cameroon: Lessons Learned From the CHAMP Program

CARE AND HEALTH PROGRAM, Cameroon

Primary Author: Kelly Leocadine

Background: Pre-exposure prophylaxis (PrEP) is proven to be a highly effective HIV prevention method for key populations. However, its scale-up in resource-limited settings remains suboptimal. This paper seeks to describe PrEP initiation and continuation among key populations in Cameroon.

Methods: From June 2019 through October 2020, we collected routine program data on PrEP uptake and continuation among female sex workers (FSWs) and men who have sex with men (MSM) in the Continuum of prevention, care and treatment of HIV/AIDS with Most-at-risk Populations (CHAMP) program in Cameroon. PrEP was offered to clients who tested negative for HIV and were assessed to potentially benefit from PrEP. Using survival analysis, we identified factors associated with PrEP discontinuation over time with significance set at 5%.

Results: Overall, 27,750 clients were sensitized for PrEP of whom 3,138 persons were eligible to start PrEP and 1,409 (45%; FSW: 691 and MSM: 718) initiated PrEP. The PrEP continuation rate was 37% at 3 months, 28% at 6 months and 19% at 12 months. PrEP discontinuation was significantly higher among FSW than MSM [adjusted hazard ratio (aHR) 1.5 (95% CI: 1.2 to 1.9)] in Yaounde [aHR 1.5 (95% CI: 1.2 to 1.9)] and Bafoussam/Bertoua [aHR 3.1 (2.2-4.5)] relative to Douala. Discontinuation was lower among those with moderate [aHR 0.3 (0.3-0.4)] or good adherence [aHR 0.4 (0.3-0.6)] compared with poor adherence (all $P < 0.001$).

Conclusion: Differentiated approaches to deliver PrEP, create demand, and provide more intensive support for adherence and continuation may support scale-up of PrEP in Cameroon for equitable and prolonged impact on HIV prevention.

Scaling Up Pre-Exposure Prophylaxis (PrEP) Services for Pastoral Communities of Turkana through the Continuous Quality-Improvement (CQI) Hybrid Model

USAID Imarisha Jamii, Kenya

Primary Author: Mark Mwanja

Background: Pre-Exposure Prophylaxis (PrEP) remains an integral global HIV prevention practice. Despite much literature on importance of PrEP for HIV prevention, scanty literature exists on PrEP implementation models for pastoralist communities. This document highlights USAID Imarisha Jamii's PrEP service delivery model, which employs a mix of facility and community initiatives to scale up prep services from 32% to 50% of the annual targets within a period of 9 months.

Methods: QITs and WITs in Health Facilities were reactivated and mentored on decentralization of PrEP Services. This was customized to the pastoral communities of Turkana

Project situational (pareto) analysis was done where we identified 5 health facilities contributing to 80% of PrEP Data

QITs and WITs functionality was enhanced in prioritized facilities to develop and implement counter-measures against identified root causes including streamlining client flow pathways for PrEP.

Root cause Analysis of sub-optimal PrEP Uptake was done using the fish-bone diagram

Figure 1: Root-Cause Analysis for Low PrEP Uptake

Results: 1. QI-Hybrid Model to Scale Up PrEP was developed since single intervention strategies were sub-optimal.

2. PrEP Uptake Improved from 32% (921) of annual target in January 2022 to 50% (1426) of annual target (2852) in August 2022

Conclusion: Improving uptake of PrEP services for pastoral communities requires mixed methods including addressing the complexities, barriers to uptake and a therapeutic alliance between clients and health workers to enhance initiation and adherence to PrEP. It is therefore recommended that programs adapt models that focus on the need for a culturally and ethically sensitive strategy for PrEP scale up.

Implementation of Oral PrEP in three North-Western Conservative states in Nigeria: Challenges and Opportunities

Health Systems Consult Limited (HSCL) and Project Hope, Nigeria

Primary Author: Tosin Oyetunji

Background: Oral Pre-Exposure Prophylaxis (PrEP) has been found to be highly effective and pivotal to achieving epidemic control. USAID supported Health Systems Consult Limited (HSCL) under the Accelerating the Control of Epidemic Cluster 3 (ACE 3) project to provide comprehensive HIV interventions in Kebbi, Sokoto, and Zamfara States even though these states have conservative cultural norms, and moral sensitivity that might influence the adoption of PrEP.

Methodology: This study assessed PrEP service delivery data on the ACE 3 project. Data was abstracted from for the period of March to July 2022 across 27 LGAs in the three states. Health care workers were trained to screen for PrEP eligibility for negative using a structured checklist. Data was analyzed to identify the implementation gaps among the sub-population receiving the services.

Result: A total 134,895 individuals tested HIV-negative between March-July 2022. Among this population, only 1% (1,683) agreed to be offered PrEP, out of which 75% (1,267) accepted PrEP. The rate of refusal was higher among male (83%) compared to females (17%). Among those that accepted, 78% (990/1,267) were clinically qualified and were all initiated on PrEP. Of the total number-initiated PrEP, 39% (391) were HIV-negative partners of a positive index client, 9% (87) were adolescent girl young women (AGYW) and 52% (512) general population individuals at substantial risk.

Conclusion: The achievements recorded were majorly due to the community drive which the project needed to sustain. However, the reason for the PrEP includes stigma associated with the use of PrEP, side effects of PrEP as reported by users, high attrition among trained service providers and the frequency in swallowing the tablet. To increase PrEP uptake, there is need for male centric differentiated service delivery, continuous engagement and advocacy to community and religious leaders and to print IEC materials in their local language.

Leveraging on “satisfied PrEP users” to improve Pre-Exposure Prophylaxis (PrEP) uptake in Kigezi sub-region, Uganda

JCRC, Uganda

Primary Author: Anthony Twiine

Background: The Ministry of Health (MOH) recommends the use of Pre-Exposure Prophylaxis as part of the HIV combination prevention approaches. Nationally, PrEP uptake for eligible clients stands at 60% with only 20% who start PrEP continuing on PrEP. In Kigezi Sub-region, the uptake of PrEP was 78% by end of FY21. A root cause analysis conducted in Kigezi revealed fear of side effects and low HIV risk perception as the major reasons for declining PrEP.

Methods: To address identified barriers to the PrEP uptake, satisfied users were identified as a key resource to improve PrEP uptake. At 179 mapped key population hotspots, at least 1-2 satisfied users were identified and oriented on basic facts of PrEP. These conducted individual and controlled group PrEP dialogues at hotspots. Feedback from the dialogues informed PrEP screening and prescription for eligible clients.

Results: By end of June 2022, PrEP uptake among the eligible clients had improved from 78% to 98%. The key lessons learnt were; individualized dialogues were more effective than controlled groups in creating acceptance for PrEP among eligible clients.

Conclusion: The use of satisfied PrEP users for client PrEP literacy improves PrEP uptake among eligible clients. Using interpersonal communication approaches enhances client uptake of health services.

Strategies to Improve HIV PrEP Uptake and Continuation in Lesotho

Baylor College of Medicine Children's Foundation Lesotho, Lesotho

Primary Author: Limpho Seeiso

Background: Preventing new infections is critical to controlling the HIV pandemic. Pre-Exposure Prophylaxis (PrEP) is recommended for HIV-negative individuals at risk of acquiring HIV. ETHICS project faced a challenge in PrEP uptake at supported health facilities. By March 2021, only 27% of the annual target for enrolments was achieved; prompting a quality improvement project between April and September 2021 to improve PrEP uptake and continuation.

Methods: Using a fishbone analysis, root causes for the low uptake included insufficient sensitization, poor client flow processes, staffing shortages, inadequate training, mentorship and support, negative healthcare worker attitude, inadequate guidance on PrEP among pregnant and breastfeeding women (PBFW) and frequent commodities stockouts. Using the Plan-Do-Study-Act cycle, interventions were initiated to address these causes.

A prioritization matrix classified interventions into; Immediate to address insufficient PrEP sensitization and poor client flow processes, improve screening, increase testing among high-risk clients and offer PrEP to all eligible clients. Intermediate to address staffing and supply chain challenges. Long term to address the policy environment.

Demand creation and increased screening contributed to initial improvement. Training, mentorship, and monitoring enabled continued improvement. Weekly meetings with key stakeholders were held to coordinate the QI activities and keep the team focused.

Results: New initiations increased quarterly, with annual performance against target at September 2021 at 85%, representing a three-fold increase compared to the baseline. The number of those continuing PrEP improved from 953 in December 2020 to 1,707 in September 2021. Next Steps Institutionalizing the changes; supporting dissemination and implementation of revised PrEP guidelines; and targeted demand creation among PBFW, adolescents, young people and men are important to sustain the gains seen.

Enhanced client management experience to improve 6th month retention on PrEP at a men's clinic in Port-au-Prince, Haiti

Institut pour la Santé, la Population et le Développement, Haiti

Primary Author: Maureen Léonard Galbaud

Background: Pre-exposure prophylaxis (PrEP) is highly effective in preventing HIV acquisition among high risk individuals. In 2019, PrEP was introduced as the national HIV prevention package. As of fiscal year 2022 (FY22), PrEP is available nationwide and the program is on track to reach its enrollment target. However, less than 57% of PrEP clients returned for refill after the first 3 months during FY22.

Methods: In March of 2020, through USAID funding, ISPD implemented a men's clinic with a comprehensive package of HIV prevention, care and treatment services. Through a peer-based community and site level sensitization strategy focused on PrEP champions, this men's clinic is now ranked fifth in terms of PrEP enrollment nationwide. However, similar to the national program, retention of PrEP clients remained suboptimal. Based on a review of factors affecting client retention on PrEP in the literature and to increase the number of clients achieving 6-month retention, the following steps were taken, at the beginning of FY22:

- An appointed case management
- Reporting tool to closely monitor return visits
- Regular contact for appointment reminders and adherence counseling
- Re-engagement after missed appointments

Results: A total of 351 clients were enrolled on PrEP in FY21: 314 males (89%), 37 females (11%); 73% were key populations (256/351). For October 2021-January 2022, 173 clients were enrolled : 150 males (87%), 23 females (13%) 81% were key populations (140/173). While the 6-month retention on PrEP was 25% during FY21, the cohort of PrEP clients enrolled in October 2021-January 2022 has a 6-month retention rate of 63%. For both periods, 6-month retention was higher among FSW (33% and 70% respectively). PrEP enrollment also increased.

Conclusion: The 6th month retention analysis period will be extended. We will scale up this communication strategy and enhance client management throughout our network to boost retention on PrEP for high-risk populations.

Using the Enhanced Peer Outreach Approach as a key strategy to increase the number of new PrEP enrollees among key populations, Haiti, January to June 2022

Fondation SEROvie, Haiti

Primary Author: Dunel Rachid Dorsainvil

Background: Enhanced Peer Outreach Approach (EPOA) is a strategy that complements peer outreach activities by engaging previously unidentified key populations (KP) members for HIV prevention and testing. Pre-Exposure Prophylaxis (PrEP) is a prevention method applicable to all HIV-negative individuals at high risk of contracting HIV. ECP2 decided to use EPOA as an effective strategy allowing sites to increase their number of PrEP enrollees. The purpose of this study is to determine how effective EPOA is in facilitating increased numbers of new PrEP users.

Methods: We designed the study as a retrospective comparative using previously collected data from ECP2 sites. We selected sites according to these criteria:

1. Site has not conducted an EPOA campaign between October and December 2021
2. Site has conducted two EPOA campaigns between January - June 2022

Three sites met those criteria: H. Bastien, CPFO, and JC Menard Clinics. Data come from the EPOA database shared with sites and

the Monitoring Evaluation and Surveillance Interface (MESI) Haiti's data collection platform.

Results: 2,683 KPs were tested HIV negative for October–December 2021; 5,877 for January-June 2022. EPOA contribution was 206 for testing and 72 for PrEP.

Between January and June 2022, 35% of HIV negative people tested through EPOA modality were enrolled in PrEP compared to only 11% over the period from October to December 2021 and 20% over the period January to June 2022 overall. During this period, each of the above-mentioned sites conducted two EPOA campaigns. EPOA activity was a targeted testing strategy more likely to lead to new PrEP enrollees.

Conclusion: The results suggest that the EPOA campaign plays a critical role in finding people with high-risk HIV behaviors for testing. Thus, HIV-negative individuals from the EPOA activity showed significantly more interest in adopting PrEP as an HIV prevention method.

Key words: Key populations, PrEP, Prevention, Targeted testing, EPOA.

Community-Led Monitoring (CLM)

Improving outcomes through CLM in USAID Tujitegemee Project Kenya

AMURT, Kenya

Primary Author: Paul Odongo

Background

Community-led monitoring (CLM) is a technique implemented that gathers quantitative and qualitative data about HIV services. The focus is on getting input from project beneficiary, in a routine and systematic manner that will translate into action and change. USAID Tujitegemee OVC and DREAMS is a five-year project funded by USAID Kenya and East Africa to implement Orphans and Vulnerable Children (OVC) and Determined, Resilient, Empowered, AIDS-free, Mentored, Safe (DREAMS) activities in Mombasa County and OVC activities in Kilifi County.

Objective: To identify the degree of AGYW satisfaction with the service provision, involvement of the AGYW, and identify areas of improvement.

Methods

- Form: interview;
- Questionnaire (Questions in the open and closed form);
- Sampling (in proportion to Age Cohort);
- Collection of primary data via online-platform kobo collect.

Results

The beneficiary satisfaction survey was carried out in March 2022 among the AGYW (169) who are active and had been layered Majority (49% extremely satisfied, 49% extremely satisfied) of the AGYW were happy with level of engagement in service provision, 2% were not happy In accessing biomedical services at health facilities, 53% indicated they are confident to access, 36% are fairly confident while 11% indicated they are not confident mainly due to culture, stigma and service provider attitude.

Conclusion

The main outcome of the survey was acquisition of the project experience of such survey conduction and development of specific recommendations for future operations.

Recommendation for improving implementation

1. Inviting role models AGYW or Women to provide motivational talks in safe spaces
2. Improving Education support through referral and linkages
3. Engage with health facilities to enhance AGYW friendly environment to improve access to bio-medical services.

***Engaged and heard! How Community score cards are transforming service delivery in Lilongwe, Malawi

MANASO, Malawi

Primary Author: Victoria Munthali

Background

Malawi attained epidemic control in 2020. However, recent findings record 1/3 of new HIV infections among the youths and rising defaulter rates. This is attributed to a failure to access available health care services and limitations to meaningfully participate in decision making regarding desired services. Communities do not fully comprehend their responsibilities in health services planning and implementation processes, thus fail to maximise available tools and platforms.

Methods

MANASO designed the Pamodzi project in Lilongwe (LL), Blantyre, Zomba and Mulanje Districts to establish platforms where adolescent girls & young women (AGYW) and adolescent boys & young men (ABYM) are empowered to participate in health service delivery decision making and monitoring. Pamodzi instituted Community Score Cards (CSC) as a channel for systematic monitoring of service delivery to strengthen mutual accountability from both the health system and community actors. Through the CSC, players analyze quality of service delivery and utilization and unanimously identify solutions for improvement. CSC committees representing all interest groups are established to follow up on prioritized solutions in accordance with set timelines.

Results

Service providers and users collaborated to identify and resolve stumbling blocks to service uptake, e.g.,

- Improved “health care worker attitudes” across the 10 CSC’s held in LL, from a score of 4/10 to 6/10.
- Successfully lobbied for staff house construction at Chadza health centre in LL, improving the “health worker availability” score for the facility from 2/10 to 6/10.
- Improved inconsistencies on “community condom distribution points”, from an average of score of 4/10 to 9/10.

Conclusion

With the right platforms and skills, AGYW/ABYM can participate in making decisions regarding their health needs. Intentional inclusion of the youth in service planning and implementation is paramount for desired changes.

***Community-led monitoring in Kyrgyzstan

Public Foundation "AFEW" (former "AIDS Foundation East-West in the Kyrgyz Republic)

Primary Author: Dina Masalimova

Background

In October 2021 Kyrgyzstan became the first country in Central Asia to launch the Community-Led Monitoring Programme (CLM) to conduct systematic monitoring in service delivery sites that receive PEPFAR investments and establish community-driven rapid feedback loops to improve health service delivery and outcomes. The CLM team consists of experts representing three KP communities - PLHIV, PWID and LGBTQ.

Methods

The Program is led by community experts at all stages: they designed the CLM tool, collect data, provide analysis, liaise with monitored organizations to communicate findings and provide further follow-up.

Our unique approach is peer qualitative data collection directly from beneficiaries with a focus on availability, accessibility and quality of services, beneficiary satisfaction and gender issues. Other monitoring programs in Kyrgyzstan are based on documentation check-up and management interviews.

Results

Our team has visited 4 community sites and medical facilities (reaching appr. 100 respondents). In general, the level of beneficiary satisfaction with the PEPFAR-funded services is high, key services are provided in accordance with the national standards. The major areas of concern include:

- Low PreP awareness a both staff and beneficiaries, legal barriers to PreP access;
- Low index testing coverage (30%), cases of unethical testing practices;

- Lack of social support and rights defending services to resolve complex problems of KPs;
- Gender issues: women are dependent on men who make decisions on their access to PreP, ART, and broader health issues;
- Migration: access to PreP, ART and other services for external migrants.

Conclusion

CLM findings bring an important community and beneficiaries' perspective to the implementing partners at both - site and national levels - which can and should be used to fine-tune existing HIV programming in order to improve health outcomes.

*****Meaningful engagement of PLHIV for improving quality of HIV services through community-led monitoring in Tanzania, A case of 38 District Councils**

NACOPHA, Tanzania

Primary Author: Matthew Kowongo

Background

This paper seeks to present the leadership role played by PLHIV in improving quality of HIV service through active monitoring of such services. It is expected that, CLM will strengthen accountability and provide evidence needed to support NACOPHA's advocacy agenda.

Methods

CLM implementation covered 38 councils involving qualitative and quantitative methods. 3,699 respondents were purposively selected and consented for interviews. The main selection criteria were people in ART who access HIV services within selected councils. A total of 380 PLHIV were trained on data collection questionnaires. Action plans were jointly developed in all 38 councils to address gaps.

Results

There are useful findings reflecting implementation of standards of HIV care. However, there are various challenges related to meeting those standards. For example, 7% respondents reported to have missed CTC appointments due to COVID-19. Data collected reflect variations in stigma 8% (July 2020), 6% (September 2021 and 8% in June 2022. 8% said there are no PMTCT services in their facilities thus requiring referrals. 49% of respondents said to have travelled between 2.5 to 10 Km in seeking HTS services. 84% said they wait less than an hour, 12% said to spend up to 2 hours waiting for HTS results. 69% were happy with confidentiality issues. 20% acknowledged delay in ART enrolment and 46% received their viral load results after one month.

Conclusion

CLM implementation helped the project, service users and government actors to be informed with evidence-based information to address barriers related to service uptake at facility and community levels in 38 councils. It helped to identify both policy and implementation gaps and proposes measures to address the challenges.

Setting Up HIV Community-Led Monitoring (CLM) Advocacy Strategy in Myanmar's Political Regression

PYI GYI KHIN (PGK), Myanmar (Burma)

Primary Author: Thant Lwin Htoo

Background

PYI GYI KHIN (PGK) has been preparing the implementation of CLM in Myanmar with coordination of HIV local key population networks since 2020. On February 1, 2021, Myanmar's military regime overthrew democratically elected government and many systems including health system has been collapsing and link with community system becomes severed.

Methods

Since preparation stage, PGK is closely coordinating and consulting with Community Network Consortium for HIV (CNC), a body which leaders from HIV communities are representing and is a main actor for CLM implementation in Myanmar. The initial advocacy strategy was setup to follow experience of other countries which aims CLM to be a priority of national AIDS policy agenda. After consulting with community and other stakeholders, PGK redesigned CLM's advocacy strategy to postpone policy

advocacy with authorities at all levels until the situation allows to do so. However, the advocacy with service providers, fund management agencies and other stakeholders will be implemented at all levels.

Results and Conclusion

This strategy ensures the sense of security and have more confidence among CNC and community members and coordination and planning meetings also provide better coordination from service providers. Even though country level policy is not tackled in current period, it creates opportunities to build capacity of community members in CLM implementation by reducing burden of engagement with authorities. It becomes the most feasible strategy that benefits for both HIV community and partners in the current context of Myanmar. Recognizing that CLM will only be most effective with policy supports, current CLM's implementation aims to collect and deliver community's voices to development partners to understand the needs of HIV sector in Myanmar. There may be a long way ahead, however, by learning and sharing from each other, HIV CLM is gradually progressing despite political regression of Myanmar and hope to perform its purpose in the future.

Finding Missing people with TB at Local Brew Pubs: Experience from Amref USAID Afya Shirikishi Project from May 2021 to March 2022 - Mwanza region, Tanzania.

Amref health Africa, Tanzania

Primary Author: Edward Chilolo

Background

Amref in Tanzania, through USAID Afya Shirikishi project in Mwanza region in collaboration with Ministry of Health through National Tuberculosis and Leprosy Program (NTLP) and Regional/Council Health Management Team is implementing community based TB services aiming at finding missing people with TB among vulnerable and underserved risk population with focus to individuals accessing services at local brew pubs. According to WHO TB Global Report (2020), Tanzania misses 48,2099 (36%) TB cases annually from the WHO estimated 133,000 cases with treatment coverage standing at 64%. TB screening activity at local brew pubs was done to find missing people with TB among individuals attending there. Little has been done in finding missing TB cases in this population group.

Methods

Mwanza is among the region with a large number of local brew pubs in Tanzania which is not well documented. From May 2021-March 2022 Mwanza region TB team conducted purposely TB screening in 74 Local brew pubs through ward/village executive officers. The project engaged 44 community health workers to provide community TB health education and screening at local brew pubs in four districts. Presumptive TB individuals were identified, sputum specimen collected on the spot and transported for laboratory TB investigation. Those with symptoms but unable to produce sputum were given referral to the nearby diagnostic facility for TB investigation

Results

The project implementation from May 2021 to March 2022 shows a total of 1930 clients were reached and 85% (1650) were screened for TB. Among them 25% (406) were TB presumed, 11% 41(F3:M38) were found with active TB were initiated TB treatment. This shows there is a good number of TB cases among local brew alcoholic.

Conclusion

In order to address the gap in finding missing TB cases at community level, all vulnerable groups should be reached with TB services. NTLP should consider to include local brew pubs as one of the TB hotspots.

Orphans and Vulnerable Children (OVC), OVC Case management, Case Managers

Improving Patient Viral Load Suppression through Community Non-Conditional Cash Transfers (CT)

in Akwa Ibom (AI) and Cross River (CR) States

Center for Clinical Care and Clinical Research, Nigeria

Primary Author: Felix Ikyereve

Background

A pre-cash transfer assessment conducted on project beneficiaries revealed that averagely 31.3% of Children Living with HIV (CLHIV) households lacked access to regular food and 16% were unable to pay medical bills or transport household members to health facilities in AI and CR States. Economic vulnerabilities account for major hindrances to improved health outcomes in these households.

Methods

The Centre for Clinical Care and Clinical Research implementing USAID-funded Integrated Child Health and Social Services Award (ICHSSA) initiated a CT scheme for her most vulnerable households. The household assessment of 6,496 identified 1,800 vulnerable CLHIV households out of which 1,306 (72.5%) were prioritized for CT using semi-structured interview to determine households' eligibility. Beneficiaries were sensitized on CT modalities including processes, conditions, and benefits. Two tranches of N20,000 (\$48.2) was disbursed to each beneficiary through bank transfer and MTN Momo Agent. A post-CT disbursement monitoring (PDM) survey was conducted six months after the last tranche payment to determine impact of the intervention.

Results

The PDM survey revealed that 98.7% of the respondents confirmed receipt of the money, 97.9% confirmed the cash assistance has met their needs situation citing transportation to health facilities, reduced missed appointments, improved access to food as well as business start-up/expansion, investment in farming and debt repayment. Also, evaluation of beneficiaries' viral load before and after the cash transfer reduced from a mean of 11781 copies (median- 200, and standard deviation of 58828.06) to mean copies of 745 (median- 40, and standard deviation of 7132.36).

Conclusion

Cash transfer interventions has improved HIV services uptake and reduce viral load among CLHIV in AI and CR states and has been proven to be strategic in addressing economic barriers to HIV treatment and care and thus need to be scaled up.

Reaching CALHIV living far away from health facilities where OVC comprehensive program operates- an experience from Amhara Development Association (ADA), Ethiopia

Amhara Development Association (ADA), Ethiopia

Primary Author: Anteneh Wohabie Tsega

Background

CALHIV are the priority sub population groups for OVC comprehensive services. CALHIV living far away from health facilities where the program operates do not have access to OVC comprehensive services. Designing enrollment and service provision strategies is legitimate.

Methods

The USAID family focused HIV prevention care and treatment services implementing partner, ADA, collaborates with ART providing health facilities for the implementation of OVC comprehensive services. HIV service linkage coordinators (HSLCs) support and provide orientation to case managers and ART providers about priority sub population, enrollment criteria, beneficiaries selection, and type of available services. HSLCs participate in facility level coordination platform such as multi-disciplinary, performance monitoring and quality improvement team meetings, and review CALHIV enrollment and service provision performance. The Activity collaborates with PLHIV associations in providing information and enroll CALHIV living far away from health facilities where OVC program operates and provides different OVC packages of services either virtual or in person.

Results

In FY22, the Activity implemented OVC comprehensive program at 25 SNU's where there are 4,708 under 20 year on ART and

enrolled 4,607 CALHIV to the program which accounts 53.7% (4,607/8,570) of regional CALHIV. Of the 4,708 CALHIV, 912 are living far away from health facilities where the program operates. All 912 CALHIV offered and 847 (93%) accepted and enrolled to the program. Of the 847 CALHIV enrolled, 842 were eligible for VL testing and 755 (90%) tested with 95% suppression rate. Besides, the program enrolled 179 CALHIV living far away from health facilities to the community OTZ initiative for mental health and psychosocial services.

Conclusion

Enrolling CALHIV living far away from health facilities and providing key OVC comprehensive services is feasible through community- health facility collaboration.

Promising OVC comprehensive interventions to increase case finding, retention to care, and viral suppression for Children and Adolescents Living with HIV in Zambia

Catholic Medical Mission Board, Zambia

Primary Author: Rabson Kanyinji

Background

According to WHO and UNAIDS, globally, adolescents (10-19 years) account for about 5% of all PLHIV, 11% of new HIV infections, and 5% of all AIDS-related deaths. In 2020, about 940,000 adolescents, or 54% of adolescents living with HIV globally, received ART. To reach the 95-95-95 targets by 2025, there is an urgent need to ramp up treatment efforts among this population. In response to this challenge, the USAID/Zambia funded Empowered Children and Adolescent Program I (ECAP I) is implementing a family based OVC comprehensive program targeting priority sub-populations including C/ALHIV to improve case finding and treatment outcomes. The interventions is implemented in six high HIV burden districts in the Copperbelt and North-western provinces of Zambia.

Methods

The project uses the OVC comprehensive case management approach involving trained case workers in family based comprehensive case management from 64 targeted health facilities across the six districts to implement case finding, retention to care, and viral suppression of C/ALHIV.

Results

The OVC case management approach has led to intensified case finding through supporting the MoH's know your child's HIV status for the hard-to-find C/ALHIV, with documented improved VL coverage for C/ALHIV on ART by 17.8% from about 70.0% in FY21Q4 to 87.8% in FY22Q3 and improved VL suppression from an average of 88.0% in FY21Q4 to 93.0% in FY22Q3. Through this approach, it has been learnt that: (i) integration of OVC comprehensive support with HIV treatment and care activities improves retention in care; (ii) joint management of cases for C/ALHIV through case conferencing enhance retention to care and viral suppression; and (iii) formation of Adolescents Support Groups for C/ALHIV on ART improves adherence and retention to treatment.

Conclusion

Leveraging OVC and clinical partners implementation approaches can improve case finding, retention to care and viral suppression for C/ALHIV.

Challenges of treatment adherence and viral load suppression

COMUSANAS, Mozambique

Primary Author: Catarina Mabuie

BACKGROUND

According to the report of OVC carried out by ComuSanas, the case management faced challenges in the Viral Load report as it did not reach the target of 95% of assets on ART in the analyzed periods, demonstrating in Q4 FY21 (68% VL reported with 55%VL suppression), Q1FY22 (80% VLR with 53%VLS) and Q2FY22 (90% VLR with 61%VLS). Several causes mentioned by CCW, among the most common are the restrictions of Covid-19, poor adherence to ART due to social or clinical factors. There is no tool for documentation, membership reporting and VL. For the above reasons, the team proposed a case study to categorize the challenges and follow them through an action plan to improve the challenges of treatment adherence and VLS.

METHODS

Descriptive analytical study based in key informant interviews. Development parameters that aim to Categorize type of adherence and possible factors linked to non-viral suppression and Plan Specific Intervention for each causal category. From total of 6,003 HIV+ OVC (84% of TX_Curr) in Q2FY22, a sample based on detectable VL (762 OVC corresponding to 13%) was selected; 2 districts with the highest volume of ART (20 HF of which 13 urbans with 544 OVC and 7 HF Rural with 218 OVC).

RESULTS

Overall, poor adherence to ART was noted in 91% (693), however, failure to suppress the virus was linked to Simply forgetting 34% (259), Lack of food 29% (221), lack of family support 19% (145), unwilling to taking your medications 11% (84), and suspected treatment failure 53 (7%).

CONCLUSION

The challenges of adherence and viral load suppression, is largely related to poor treatment adherence, on the other hand, the factors of poor adherence they are more of community origin rather than clinical and are identifiable from a community form of assess adherence and viral suppression.

Factors of age-appropriate services that influence virological suppression in children and adolescents with HIV

ISHDO, Ethiopia

Primary Author: Kesetebirhan Delele

Background

Viral load suppression in children and adolescents with high viral loads receiving ART is influenced by a variety of factors. A few research has revealed services that are favorably influencing re-suppression. We conducted this study as part of the USAID Family-Focused HIV Prevention Care and Treatment OVC activity, which was implemented in 16 towns in Ethiopia's Oromia region. The objective was to identify key case management services that contribute to viral re-suppression in patients with C&ALHIV who are receiving treatment but have a high viral load.

Methods

We followed 180 C&ALHIV who were virally un-suppressed for a minimum of 6 months from October 2020 to August 2022. Case management was done to identify adherence barriers and a care plan was developed to address these barriers. Binary logistic regression was used to determine the magnitude by which health and socio-economic service factors were associated with viral load re-suppression. The outcome variable was viral re-suppression with 12 months of documented initial high viral load. A P-value of less than 0.05 was used to determine the statistical significance.

Results

Viral re-suppression at 12 months was 85.6% (n = 154). Participating in peer support groups (OR = 2.62; p = 0.037), receiving economic strengthening interventions (OR = 1.35; P = 0.050), and being linked to age-appropriate sexual and reproductive health services (OR = 1.51; P = 0.042) were all associated with an increased risk of viral load re-suppression among C&ALHIV.

Conclusion

The findings revealed that case management services provided at a community level can make a difference in achieving viral re-suppression among C&ALHIV with high viral load. Among others, receiving enhanced adherence, participating in peer support groups, linkage to sexual and reproductive health services, and engaging primary caregivers in economic strengthening interventions (e.g., cash transfer, VSLA) were associated with viral load re-suppression.

***Stakeholder perspectives on conditions for implementing successful parenting interventions in Botswana: What works?

Stepping Stones International, Botswana

Primary Author: Lisa Jamu

Background

Violence against children remains a global problem with serious life-threatening consequences. Child maltreatment occurs in familiar settings, including homes, schools, and communities. In Botswana, a national population-based survey of more than 8,000 adolescents found that 28.4% of females and 43.0% of males were victims of repeated physical violence. Parenting support has a long history and a rigorous evidence base demonstrating lifelong impacts on children's wellbeing and development. Despite compelling evidence from recent national surveys and randomized trials in several low- and middle-income countries on the impact of parent support programmes, there is limited evidence on the conditions necessary for the successful implementation of effective, sustainable, and scalable parent support interventions.

Methods

We conducted interviews with stakeholders and programme implementers from 13 organizations. Purpose and snowball sampling were used to recruit key informants from governmental and non-governmental institutions between September 2021 to January 2022. The Exploration, Preparation, Implementation, Sustainment (EPIS) framework informed the development of study research questions and tools.

Results

The results indicate that no single programme or strategy is enough to foster sustainable positive parenting support, but rather a collective and collaborative multifaceted approach including (1) external factors (enabling environment, harmonization of donor-programme priorities and stakeholder engagement), (2) innovative factors (programme adaptation, local empowerment and the use of mixed approaches), (3) bridging factors (collaboration) and (4) intra-organisational factors (staff support, evidence-informed interventions and organizational funding) to find lasting and scalable solutions.

Conclusion

Our findings support the integration of parenting support programmes into government and public health initiatives to prevent violence against children and promote child wellbeing.

HIV Research, HIV vaccines, Microbicides

Community based optimization of HIV Pre-exposure Prophylaxis Uptake among Adolescent Girls and Young Women in Botswana

Humana People to People, Botswana

Primary Author: Chibatamoto

Background

Although Botswana has made progress in reducing HIV new infections, Adolescent girls and young women (AGYW) constitute a high-risk group that has not shown remarkable reduction compared to others. Therefore, targeted preventive interventions such as pre-exposure prophylaxis (PrEP) need optimization for improved reach and uptake. This study aimed to evaluate the effectiveness of community-based interventions, including mobilizations and linkages, towards improving uptake of PrEP among AGYW.

Methods

This descriptive cross-sectional study reviewed all programmatic data on uptake of PrEP among AGYW (15-24 years) for the period October 2021-June 2022. AGYW are mobilized and screened for PrEP eligibility in Gaborone, Kweneng East, Tutume, Greater Francistown, and North East districts by Community Health Workers (CHWs) through household visits and outreach/school campaigns. The CHWs offer comprehensive packages that include HTS and referral of eligible AGYW for PrEP enrolment with linkage support to health facilities.

Results

Mobilized AGYW for the study period totaled 317 in all five districts. The majority were eligible for PrEP (n=191, 60%) with subsequent 100% referral rate for initiation, and completion rate of 95% (n=182). Among those initiated on PrEP, almost 70% were young women (20-24 years). Most of the initiated AGYW were first time users with only one second time user. The highest mobilized AGYW were from Greater Francistown whereas Gaborone had 100% referral rate of all its eligible AGYW. The lowest mobilized AGYW were reported in North East (n=22, 0.07%). The overall completion rate was 96.2%.

Conclusion

Community-based interventions remain an effective way to promote access to PrEP by scaling-up to reach AGYW. Strategic efforts are needed to strengthen coverage in Botswana to reach all eligible AGYW.

Quality of Care & Gender-based Violence/Intimate Partner Violence among PLHIV

Jaringan Indonesia Positif, Indonesia

Primary Author: Meirinda Sebayang

Background

Quality of care (QoC) is defined as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes (WHO).” Measuring QoC for people living with HIV (PLHIV) is vital to monitor the burden of disease, treatment impact, and barriers to healthcare. This study captured QoC in PLHIV from three dimensions, namely counseling & literacy, treatment outcomes, and rights to health, as well as its correlation with gender-based violence (GBV) and intimate partner violence (IPV).

Methods

This study, which used a cross-sectional & phenomenology design, began with data collection (February 2022) through quantitative questionnaire (400 respondents), in-depth interview (19 respondents), and FGD (77 respondents) in DKI Jakarta, West Java, and Banten.

Results

The proportion of HIV-related counseling and literacy in most respondents is good (51%) and most of their treatment outcomes (67%) and rights to care (66%) have been fulfilled. The QoC score across the three dimensions is good (51%) though experience of violence inhibited PLHIV from gaining good QoC. For those who have partners, the probability of getting a good QoC decreased by 40% in those that have experienced violence compared to those that have not.

Conclusion

Though the QoC score across the 3 dimensions is good, policymakers and service providers need to consider GBV/IPV as a major barrier for PLHIV to get good QoC.

Predictive factors of deaths among tuberculosis patients in Western Tanzania

THPS, Tanzania

Primary Author: Otmar Massawa

Background

Tuberculosis (TB) is a curable disease, however reported deaths among TB patients in Western Tanzania are still prevalent.

Methods

Analysis of TB deaths from health information system (DHIS2-ETL) for October 2020 to March 2022 was done using Microsoft Excel. Significance tested using Chi-square to identify determinants of TB deaths. The test was conducted at 0.01 level of significance. The general formula for computing Chi-squares to test for statistical significance was used.

Results

In 18 months, there were reported 261 deaths in the zone. Seventy-four percent (193/261) of TB-related deaths were not HIV-related ($\chi^2=568.38$, $df=3$, $p<0.01$). The majority of deaths were males (66.67% [174]) [$\chi^2=124.0$, $df=3$, $p<0.01$] and fell in the age group of 45 and above years (51.72% [135]) [$\chi^2=627.84$, $df=6$, $p<0.01$]. Ninety percent (235/261) of all deaths occurred within three months of TB treatment. More than half of deceased TB patients diagnosis was made radiologically [56.3% (147/261)]

($\chi^2=263.64$, $df=9$, $p<0.01$). TB/HIV deaths were higher among males (57% [39]) [$\chi^2=15.20$, $df=3$, $p<0.01$] and among 15-44 years (63% [43]). Over half of the TB/HIV deaths occurred between three months of ART ($\chi^2=43.00$, $df=3$, $p<0.01$) with 41% (28/68) dying within one month after ART initiation while 96% (65/68) of the same deaths occurred within three months of TB treatment.

Conclusion

Age, sex, HIV status, diagnostic approach, and duration between TB treatment initiation and death are predictors of TB deaths. Health education programs through various media will reach more aged people and males, especially on early health care seeking behavior. Proper screening of opportunistic infections (OIs) among TB/HIV co-infected patients should be done before ART initiation. This will prevent occurrence of immune reconstitution inflammatory syndrome if OIs are cleared before ART initiation.

Village Savings and Loans Agreement (VSLA): An implication of Household Economic Strengthening (HES) in HIV care and treatment outcomes in Kano, Northwest Nigeria

Society for Family Health, Nigeria

Primary Author: Atiku Mohammed

Background

Economic vulnerability and poverty have the potential to influence healthcare seeking and clinical outcomes for people living or affected by HIV. To mitigate this influence, the USAID funded ICHSSA-3 project implements a Household Economic Strengthening (HES) component seeks to reduce the vulnerability of Children Living with HIV by empowering their caregivers with skills and economic strategies to bolster their sources of food and cash. Although, there are documented studies linking HES activities to HIV prevention and treatment outcomes in Tanzania and Uganda, but there is none in North-West Nigeria. This research showcase HES as strategy that can improve the livelihoods of HIV infected or affected population.

Methods

An aggregate data of beneficiaries of the VSLA activities from the 8 USAID-funded ICHSSA-3 Project implementing Civil Society Organizations across the 44 Local Government Areas of Kano state between April-June 2022 were analyzed using Stata/SE 16. There were 3228 persons in 165 VSLA groups, with 65% being beneficiaries supported by ICHSSA-3. Females made up 95% of beneficiaries. ₦6,067,928 (\$14586.4) was saved and ₦2,831,840NGN (\$6807.3) credit disbursed to members.

Results

The loan utilization revealed that 54%, 19% and 10% was invested in the households small trading, agriculture, and livestock production respectively, Households food supply and education were between 2% and 3% only. There were 240 adolescents amongst the beneficiaries, who saved 446,600NGN (\$1073.6) and disbursed 84,200NGN (\$202.4) as credit.

Conclusion

The VSLAs HES strategy demonstrated potentials to bolster the socio-economic and wellbeing the households, thereby improving the health outcomes of beneficiaries especially CLHIV and their siblings. Also, the volume of savings and loans disbursed shows greater impact for the adolescent members.

Identifying opportunities for HIV prevention in Central America: Online risk behavior Study with MSM

Pan American Social Marketing Organization (PASMO), Central America

Primary Author: Carlos Palma

Background

Under USAID's Prevention Services Against HIV activity, PASMO implements offline and online interventions in Central America to increase the access of key populations (KPs) to HIV testing and linkage services. In 2021, PASMO conducted a quantitative study to identify online risk behaviors, barriers to HIV testing uptake, and to explore knowledge and perceptions about self-testing and pre-exposure prophylaxis (PrEP) services.

Methods

The study used an online recruitment methodology through PASMO's digital channels (fan pages) and a total of 616 men who

have sex with men (MSM) from 5 Central American countries responded the online survey.

Results

The results shown high levels of online risk behaviors. 73% used social networks to meet sexual partners, while 82.5% had penetrative sex in the last three months with people they met online. Only 57% used condoms consistently with these partners. Despite the identified risks, only the half of the participants had taken the HIV test in the past 12 months, and 25% had never been tested for HIV. The study also identified some important barriers to HIV testing, such as the fear about consequences of receiving a positive result (75%), as well as the perception that there is nothing to do about receiving a positive result (55.5%). Half of participants also mentioned that they will not have the support of their family and feel they must hide their sexual behaviors from others to avoid discrimination.

Conclusion

The results shown a persistent need to implement an integrated prevention strategy that addresses the importance of condom use, but also the adoption of other prevention behaviors such as PrEP (79.2% of use intention), knowledge of HIV status through new test alternatives like self-testing (89% of use intention), and addressing barriers to take the HIV test related to social support and internal aspects related to feeling afraid of the test result and the perception of helplessness for having a positive result.

Utilizing Data-Driven Situation Room To Achieve HIV/AIDS Program Quality In Akwa Ibom State, Nigeria.

Achieving Health Nigeria Initiative, Nigeria

Primary Author: Bala Gana

Background

Access to data can pose a barrier to effective public health planning and action. In April 2019, the Nigeria Treatment Surge Plan was launched in Akwa Ibom State with an HIV prevalence of 5.5%, an estimated 178,000 people living with HIV (PLHIV), and unmet need of 140,848. There was the need for a quality and timely data response system, to accelerate the state responses towards achieving HIV epidemic control. This study described the set-up and learnings from utilization of the data situation room for real time decision making.

Methods

The set-up of the data situation room involved advocacy to the state government for the conversion of an already existing data control room which specialized in manual data analysis for real-time data visualization and high-frequency responses. Technological infrastructure - internet connectivity, alternate power supply, digital smart screens, data visualization software, geospatial data tools, desk phones, computers; and personnel - were planned and utilized to promote efficiency. A structured data-driven process involving granular-level analytics, and data performance review was developed.

Results

The situation room platform allowed for transparency and availability of data real time, improved data integrity due to the frequent reviews, efficient data analysis and feedback. In addition, the visibility to flaws in data quality, created an incentive for different departments to work together to correct errors.

Conclusion

A dedicated space to utilize technological infrastructure for data-driven activities can fostered the use of epidemiological data to assist decision making in HIV programs, and can be scaled to other health programs with the aim of achieving an integrated data management system.

Improving And Sustaining Viral Load Suppression Among People Living With HIV In Cross River State, Nigeria.

Excellence Community Education Welfare Scheme (ECEWS), Nigeria

Primary Author: Peter Agada

Background

The PEPFAR-funded HIV/AIDS treatment program in Cross River State (CRS) developed a “hand-holding” intervention to sustain

viral load (VL) suppression among PLHIV's identified unsuppressed as at January 2021. "Hand-holding", is an individualized-interventions to address patient-specific barriers to improved treatment outcomes. It involves at least 3months enhanced adherence counseling (EAC) sessions, regular phone calls, home visits for direct observation of treatment, nutritional and other support. This is followed by intensive monitoring for up to 12months post-EAC to ensure sustained adherence on treatment. We aim to determine VL uptake and re-suppression rate post "handholding" intervention.

Methods

In February 2022, we reviewed VL indicators reported in the electronic medical records for PLHIV provided 12-months of handholding intervention across 53 ART treatment facilities with 26,259 PLHIV on treatment. We determine VL uptake (proportion of unsuppressed PLHIV with documented VL result after an initial post-EAC VL), and re-suppression rate (proportion of unsuppressed PLHIV with repeat VL <1000copies/ml, after a post-EAC VL). Frequencies were used to summarize indices using SPSS ver.25.

Results

A total of 1,550 unsuppressed PLHIV were provided "hand-holding" services. Median age was 36years, 68% (n=1,054) were females, and 92% (n=1,429) adults. Of this, 95% (n=1,472; females=95%; males=95%; adults=96%; children=91%) completed at least 3-EAC sessions and were suppressed post-EAC, while 85 interrupted treatment. In February 2022, 88% had repeat VL result (n=1,295/1,472; 89% of females, 87% males; adults=90%; children=85%), and VL re-suppression after an initial post-EAC VL was 93% (n=1,210/1,295; males=92%; females=94%; adult=92%; children=91%).

Conclusion

Continuing intensive monitoring beyond post-EAC VL suppression can result in the sustainment of viral suppression of PLHIV who are unsuppressed.

USAID Facilitates 'Elimination of User Fees' and Health Insurance for Households of Children Living with HIV in Lagos State, Nigeria. Experience of ARFH on ICHSSA 2 Project.

Association for Reproductive and Family Health (ARFH), Nigeria

Primary Author: Dr. Feliz Iwuala

Background

Some HIV affected households face economic challenges and decreased access to health services, due to increasing costs of 'user fees' payable at health facilities. The USAID funded Integrated Child Health and Social Services Award, Region 2 (ICHSSA-2), being implemented by the Association for Reproductive and Family Health (ARFH), facilitated a partnership agreement with the Lagos State Health Management Agency (LASHMA), to eliminate user fees, for households with Children living with HIV (CLHIV).

Methods

The Project seeks to mitigate impact of HIV/AIDS on Orphans and vulnerable Children (OVC:0-<18years) and their Households in Lagos State. To ensure access to comprehensive health services, CLHIV households were enrolled on the Lagos State Government Health Insurance Scheme ('ILERA-EKO'), being implemented by LASHMA. A major provision of the Scheme is to grant waivers to eligible vulnerable individuals, to benefit from free health services under the Social Equity Fund, in Public and selected private health facilities. The ICHSSA 2 Project, through sustained advocacy visits, secured mutual endorsement of Partnership Agreement with LASHMA.

Results

A total of 3,348 beneficiaries (Caregivers -1,038 [M- 157; F-881] and Children - 2,310 [M- 1,172; F-1,138]) have been granted waiver on 'User Fees'. Enrolled beneficiaries will continue to access free comprehensive health services even beyond the project tenure, at the expense of Lagos State Government.

Conclusion

The elimination of 'user fees' has been achieved for vulnerable CLHIV households for the treatment of ailments, including surgeries and deliveries in Health Facilities. This successful Lagos model, will be replicated across USAID Project States, in addition to the provision of Household Economic Strengthening interventions, to promote adherence to ART, Retention in HIV care and Viral Load Suppression.

Improving Patient Viral Load Suppression through Community Non-Conditional Cash Transfers (CT) in Akwa Ibom (AI) and Cross River (CR) States

Center for Clinical Care and Clinical Research, Nigeria

Primary Author: Felix Ikyereve

Background

A pre-cash transfer assessment conducted on project beneficiaries revealed that averagely 31.3% of Children Living with HIV (CLHIV) households lacked access to regular food and 16% were unable to pay medical bills or transport household members to health facilities in AI and CR States. Economic vulnerabilities account for major hindrances to improved health outcomes in these households.

Methods

The Centre for Clinical Care and Clinical Research implementing USAID-funded Integrated Child Health and Social Services Award (ICHSSA) initiated a CT scheme for her most vulnerable households. The household assessment of 6,496 identified 1,800 vulnerable CLHIV households out of which 1,306 (72.5%) were prioritized for CT using semi-structured interview to determine households' eligibility. Beneficiaries were sensitized on CT modalities including processes, conditions, and benefits. Two tranches of N20,000 (\$48.2) was disbursed to each beneficiary through bank transfer and MTN Momo Agent. A post-CT disbursement monitoring (PDM) survey was conducted six months after the last tranche payment to determine impact of the intervention.

Results

The PDM survey revealed that 98.7% of the respondents confirmed receipt of the money, 97.9% confirmed the cash assistance has met their needs situation citing transportation to health facilities, reduced missed appointments, improved access to food as well as business start-up/expansion, investment in farming and debt repayment. Also, evaluation of beneficiaries' viral load before and after the cash transfer reduced from a mean of 11781 copies (median- 200, and standard deviation of 58828.06) to mean copies of 745 (median- 40, and standard deviation of 7132.36).

Conclusion

Cash transfer interventions have improved HIV services uptake and reduced viral load among CLHIV in AI and CR states and has been proven to be strategic in addressing economic barriers to HIV treatment and care and thus need to be scaled up.

***Engaging and keeping men in HIV care: Tracing outcomes and characteristics of men lost-to-follow-up at 20 health facilities in Malawi

Partners in Hope, Malawi

Primary Author: Kathryn Dovel

Background

Men living with HIV must be engaged and retained in HIV care. To understand disengagement from HIV care, we analyzed outcomes and characteristics of men documented as disengaged using recruitment data for two randomized trials.

Methods

We conducted medical chart reviews at 20-PIH supported health facilities between August 2020-November 2021 to identify disengaged men, defined as never initiated ART, recently initiated but missed first appointment by ≥ 7 -days or defaulted (missed appointment by ≥ 28 -days). Men identified as disengaged were traced (up to 3-phone or in-person attempts) and disengagement ascertained using personal medical records and self-reports. Those confirmed as disengaged completed a survey to understand men's socio-demographics and barriers to care.

Results

We identified 1,303 men who were disengaged from care and successfully traced 682/1,303 (52%). Common reasons for failed tracing were inaccurate residential details, moved outside facility catchment area, and temporary travelled. Of those successfully traced, 219/682 (32%) were alive on ART- misclassified as disengaged or silent transfer. 416/682 (61%) were confirmed as disengaged, and 89% (365/416) had defaulted from ART care. Median age of men confirmed as disengaged was 39 (IQR 35-46) years, median duration on ART 2.5 (IQR 2.1- 3.0) years and missed the last appointment by a median of 40 (IQR 25-52) days. 32% (133/416) had spent ≥ 14 days away from home in ≤ 12 -months, 73% (304/416) anticipated stigma/discrimination from status

disclosure and 41% (171/416) had not disclosed their HIV status to anyone except their spouse.

Conclusion

Nearly a third of men successfully traced were actively in HIV care. Men who were confirmed as disengaged had high levels of mobility, fear of stigma and limited social support for HIV care. These findings highlight the need for improved documentation to optimize tracing efforts and to develop interventions to improve treatment continuity among men.

PLHIV Perception & Behavior towards COVID-19

Jaringan Indonesia Positif, Indonesia

Primary Author: Meirinda Sebayang

Background

Indonesia has become one of the countries with the highest COVID-19 caseloads worldwide. People living with HIV (PLHIV) are susceptible to COVID-19 due to their immunosuppressed condition and vulnerability to unmet needs, which affect their perception and behavior towards COVID-19. Through community rapid assessment (CRA) and mitigation of COVID-19 impact on PLHIV (UNAIDS), this study aimed to identify PLHIV perception and behavior towards COVID-19.

Method

This research, which used a cross-sectional & phenomenology design, began with data collection (February-March 2022) followed by triangulation. The target areas were DKI Jakarta, Jawa Barat, and Banten with 1026 respondents involved in the quantitative method, 85 in the FGD, and 20 in the in-depth interviews.

Results

In terms of its risk, 49.3% and 36.15% of the respondents perceived COVID-19 as dangerous and less dangerous, respectively. Additionally, 38.2% believe that they are highly vulnerable to being infected. While respondents lacked knowledge on its modes of transmission, they understood COVID-19 symptoms and prevention. To prevent transmission, respondents implemented social distancing (47%) and regular handwashing (48%). As proven by their positive attitude towards COVID-19 survivors, inclination to access health services (66%), and vaccine willingness (92%), respondents had low stigma towards COVID-19. However, due to their HIV status, 23% still faced stress/anxiety of contracting COVID-19.

Conclusion

PLHIV perception and behavior towards COVID-19 is good, but their knowledge of COVID-19 still needs to be improved. Psychosocial support is also needed for PLHIV in terms of COVID-19 mitigation.

Optimizing Viral Load coverage and suppression for populations accessing HIV treatment services at Gaborone Tebelopele Wellness Clinic.

Tebelopele Wellness Clinic, Botswana

Primary Author: GAone Makwinja Mmolai

Background

Botswana has surpassed the UNAIDS ""95-95-95"" targets of having at least 95% of people living with HIV knowing their status, 95% enrolled on antiretroviral therapy (ART) and 95% virally suppressed. Although the country has reached the UNAIDS 2025 goals, Tebelopele wellness clinic facilities (TWC) are still challenged with achieving optimal viral load coverage due to the challenges facing populations served including non-citizens, adolescent girls, and young women (AGYW) and men over 25 years.

Methods

TWC conducted a root cause analysis of low viral load (VL) coverage using fishbone diagram and Plan-Do-Study-Act cycle. Two methods were implemented 1) re-organization of client flow through appointment calendars to harmonize blood draws and clinical review appointments and 2) TWC extended hours service provision. Patients challenged with accessing TWC during normal working hours were reached via telephone calls to request blood draws at selected locations. To obtain an optimum yield of HIV VL results, all specimens collected were separated within 6 hours post collection and stored at -25°C until transportation to the national health lab.

Results

As of 30th September 2021, 431 participants were on ART and 80% were eligible for VL testing. 305 blood-draws for VL testing were collected and 304 VL results were documented. 99% of participants were virologically suppressed and VL coverage was 88%. By 31st July 2022, a total of 1192 clients were on antiretroviral therapy (ART) and 1109 of these individuals were eligible for VL testing. 1094 blood specimens were collected and a total of 150 clients had blood-draws for VL testing after extended hours and 1074 had documented VL results. 99% of participants were virologically suppressed and VL coverage was 97%.

Conclusion

Scale up VL sample collection during extended hours to increase accessibility for the marginalized populations is a viable option.

Health related quality of life and antiretroviral adherence among people living with HIV/AIDS currently enrolled at a tertiary hospital in the Philippines during the COVID19 Pandemic

Vicente Sotto Memorial Medical Hospital, Philippines

Primary Author: Maeben Xyza Marie

Background

The COVID19 pandemic has caused global stagnation. All individuals, more so for people living with chronic health conditions such as HIV/AIDS are at high risk of contracting or developing problems as a result. Health-related quality of life (HRQoL) is becoming an important outcome measure among PLHIVs. We assessed the health related quality of life, antiretroviral adherence and its association with the sociodemographic and clinical characteristics among people living with HIV/AIDS currently enrolled at a tertiary hospital in the Philippines during the COVID19 Pandemic.

Methods

Descriptive cross-sectional study design was conducted from May to June of 2022. Simple random sampling was done to derive the sample population. Respondents were asked to answer a structured questionnaire. Health-related quality of life was assessed using WHOQOL-BREF and medication adherence using SMAQ.

Results

A total of 385 respondents were included in this study. Majority were 18-35 years old (66.5%), male (74.5%), single (78.9%), college graduate (70%), employed (64.4%), were living with their family (69.6%), at immunologic stage 1 (48.1%) and are clinically at stage 1 (57.4%) of the disease. Overall HRQoL amongst respondents was 61.65 19.39. Furthermore, highest and lowest mean scores were related to environmental domain () and social domain (), respectively. 69.35% of the respondents were adherent to ART.

Conclusion

The study showed that PLHIVs during the COVID19 Pandemic had low social health related quality of life, in relation to the other domains. Female, single, patients who were living with their family, and are at stage 2 of clinical staging have better compliance to antiretroviral medication is directly correlated to better health-related quality of life.

Operations Research

Finding Missing people with TB at Local Brew Pubs: Experience from Amref USAID Afya Shirikishi Project from May 2021 to March 2022 - Mwanza region, Tanzania

Amref health Africa, Tanzania

Primary Author: Waida Jabiri

Background

Amref in Tanzania, through USAID Afya Shirikishi project in Mwanza region in collaboration with Ministry of Health through National Tuberculosis and Leprosy Program (NLP) and Regional/Council Health Management Team is implementing community based TB services aiming at finding missing people with TB among vulnerable and underserved risk population with focus to individuals accessing services at local brew pubs. According to WHO TB Global Report (2020), Tanzania misses 48,2099 (36%) TB cases annually from the WHO estimated 133,000 cases with treatment coverage standing at 64%. TB screening activity at local brew pubs was done to find missing people with TB among individuals attending there. Little has been done in finding missing TB cases in this population group.

Methodology

Mwanza is among the region with a large number of local brew pubs in Tanzania which is not well documented. From May 2021-March 2022 Mwanza region TB team conducted purposely TB screening in 74 Local brew pubs through ward/village executive officers. The project engaged 44 community health workers to provide community TB health education and screening at local brew pubs in four districts. Presumptive TB individuals were identified, sputum specimen collected on the spot and transported for laboratory TB investigation. Those with symptoms but unable to produce sputum were given referral to the nearby diagnostic facility for TB investigation

Results

The project implementation from May 2021 to March 2022 shows a total of 1930 clients were reached and 85% (1650) were screened for TB. Among them 25% (406) were TB presumed, 11% 41(F3:M38) were found with active TB were initiated TB treatment. This shows there is a good number of TB cases among local brew alcoholic.

Conclusion

In order to address the gap in finding missing TB cases at community level, all vulnerable groups should be reached with TB services. NLP should consider to include local brew pubs as one of the TB hotspots

Utilizing Data-Driven Situation Room To Achieve HIV/AIDS Program Quality In Akwa Ibom State, Nigeria.

Achieving Health Nigeria Initiative, Nigeria

Primary Author: Bala Gana

Background

Access to data can pose a barrier to effective public health planning and action. In April 2019, the Nigeria Treatment Surge Plan was launched in Akwa Ibom State with an HIV prevalence of 5.5%, an estimated 178,000 people living with HIV (PLHIV), and an unmet need of 140,848. There was the need for a quality and timely data response system, to accelerate the state responses towards achieving HIV epidemic control. This study described the set-up and learnings from utilization of the data situation room for real time decision making.

Description

The set-up of the data situation room involved advocacy to the state government for the conversion of an already existing data control room which specialized in manual data analysis for real-time data visualization and high-frequency responses. Technological infrastructure - internet connectivity, alternate power supply, digital smart screens, data visualization software, geospatial data tools, desk phones, computers, and personnel - were planned and utilized to promote efficiency. A structured data-driven process involving granular-level analytics, and data performance review was developed.

Results

The situation room platform allowed for transparency and availability of data real time, improved data integrity due to the frequent reviews, efficient data analysis and feedback. In addition, the visibility of flaws in data quality created an incentive for different departments to work together to correct errors.

Conclusion

A dedicated space to utilize technological infrastructure for data-driven activities can foster the use of epidemiological data to assist decision making in HIV programs, and can be scaled to other health programs with the aim of achieving an integrated data management system.

Key words: HIV epidemic control, Situation Room, Data analytics, High-frequency response

Improving And Sustaining Viral Load Suppression Among People Living With HIV In Cross River State, Nigeria.

Excellence Community Education Welfare Scheme (ECEWS), Nigeria

Primary Author: Peter Agada

Background

The PEPFAR-funded HIV/AIDS treatment program in Cross River State (CRS) developed a “hand-holding” intervention to sustain viral load (VL) suppression among PLHIV identified unsuppressed as at January 2021. “Hand-holding”, is an individualized-intervention to address patient-specific barriers to improved treatment outcomes. It involves at least 3 months enhanced adherence counseling (EAC) sessions, regular phone calls, home visits for direct observation of treatment, nutritional and other support. This is followed by intensive monitoring for up to 12 months post-EAC to ensure sustained adherence to treatment. We aim to determine VL uptake and re-suppression rate post “handholding” intervention.

Methods

In February 2022, we reviewed VL indicators reported in the electronic medical records for PLHIV provided 12-months of handholding intervention across 53 ART treatment facilities with 26,259 PLHIV on treatment. We determine VL uptake (proportion of unsuppressed PLHIV with documented VL result after an initial post-EAC VL), and re-suppression rate (proportion of unsuppressed PLHIV with repeat VL <1000copies/ml, after a post-EAC VL). Frequencies were used to summarize indices using SPSS ver.25.

Results

A total of 1,550 unsuppressed PLHIV were provided “hand-holding” services. Median age was 36years, 68% (n=1,054) were females, and 92% (n=1,429) adults. Of this, 95% (n=1,472; females=95%; males=95%; adults=96%; children=91%) completed at least 3-EAC sessions and were suppressed post-EAC, while 85 interrupted treatment. In February 2022, 88% had repeat VL result (n=1,295/1,472; 89% of females, 87% males; adults=90%; children=85%), and VL re-suppression after an initial post-EAC VL was 93% (n=1,210/1,295; males=92%; females=94%; adult=92%; children=91%).

Conclusion

Continuing intensive monitoring beyond post-EAC VL suppression can result in the sustainment of viral suppression of PLHIV who are unsuppressed.

Keywords: VL suppression, hand-holding, ART

Data Triangulation of OVC program improves data quality and programming in six selected towns of Oromia region, Ethiopia FY22

Integrated Service on Health & Development Organization/ISHDO, Ethiopia

Primary Author: Yohannes Leta

Background

Integrated Service on Health & Development Organization/ISHDO is implementing a community-based USAID funded Family Focused HIV Prevention Care and Treatment Activity since October 2020 and observed a huge variance in the number of Children & Adolescent living with HIV (CALHIV) enrolled by the transitioned OVC program and those on antiretroviral therapy (ART) at health facility level in Sebeta, Woliso, Bishoftu, Modjo, Dukem and Adama towns in June 2022. We set out to conduct data quality assurance to quantify the discrepancy and address enrollment gap into the OVC activity.

Methods

During August 2022, ISHDO with its implementing partners initiated and lead a cross learning process involving desk review, field data validations, triangulations, reconciliation and verification to ascertain accuracy and validity of the records using USAID Unified Data System/UUDS, VLOOKUP, Power Query merging, and index match functions of Excel.

The entire process involved three stages:

- Joint data clean up to address the issue of duplicate entry and under-reporting using line list of CALHIV currently on ART <20 years from health facilities and enrolled OVC found in UUDS;

- Joint Routine Data Quality assessment (RDQA) and feedback to validate data with community level registers of CALHIV and
- Case file audit to confirm proper enrollment.

Results

The data triangulation exercise led to the following: 117 duplicate records were identified & removed, 29 cases were Interrupted in Treatment (IIT) and re-engaged on ART, 291 viral loads were not updated based on the standard & updated currently and 212 CALHIV on ART were not enrolled in the OVC Activity and now enrolled.

Conclusion

Data triangulation by focusing on client level data audit involving health facilities and community partners resulted in identification of critical data quality issues and improving quality of service for CALHIV. This lesson will be scaled-up in all implementing sites.

Using RADET Calculator to Improve Data Quality and Concurrence Between Electronic Medical Record and District Health Information System

Health Systems Consult Limited (HSCL), Nigeria

Primary Author: Oyindamola Alimi

Background

As countries approach epidemic control, the program monitoring approach will shift to focus on case surveillance and examining viral load suppression gaps to improve programmatic implementation for specific populations not yet at UNAIDS 95-95-95 goals. Since the inception of the United State Agency for International Development (USAID) Accelerating Control of the HIV Epidemic (ACE) project in Kebbi, Sokoto and Zamfara states, it has been difficult to triangulate and reconcile both patient level data using Lafiya Management Information System (LAMIS) as electronic medical record (EMR) and aggregate level data on District Health Information System (DHIS).

Methods

HSCL conducted a desk review of the LAMIS and DHIS instances to map the reportable indicators and ensure data concurrence between LAMIS and DHIS. This led to the development of an excel-based tool named 'Retention and Audit Determination (RADET) Calculator'. This tool uses the RADET files from LAMIS and flags key data quality dimensions as it relates to data availability, completeness, and validity in LAMIS. It also generates aggregate data from LAMIS.

Results

The RADET Calculator has increased the quality of data reporting and consistency with DHIS from 70% to 95% within the span of a month. The RADET Calculator was able to extract and disaggregate cumulative indicators in a finer age band for the following PEPFAR indicators: TX_New, TLD_New, TX_Curr, TLD_Curr, Biometrics_New, Biometrics_Curr, TX_Curr MMD<3, TX_Curr MMD 3-5, TX_Curr MMD 6+, TX_PVLS_D and TX_PVLS_N).

Conclusion

The RADET calculator is a user-friendly and flexible tool that is used to improve the quality of data on the EMR as well as strengthen data concurrence between the EMR and the DHIS. We hope to explore more around the use of this tool and see how to migrate the excel based tool to a web version with time.

Scaling Up Pre-Exposure Prophylaxis (PrEP) Services for Pastoral Communities of Turkana through the Continuous Quality-Improvement (CQI) Hybrid Model

USAID Imarisha Jamii, Kenya

Primary Author: Mark Mwanja

Background

Pre-Exposure Prophylaxis (PrEP) remains an integral global HIV prevention practice. Despite much literature on the importance of PrEP for HIV prevention, scanty literature exists on PrEP implementation models for pastoralist communities. This document highlights USAID Imarisha Jamii's PrEP service delivery model, which employs a mix of facility and community initiatives to scale up prep services from 32% to 50% of the annual targets within a period of 9 months.

Methods

QITs and WITs in Health Facilities were reactivated and mentored on decentralization of PrEP Services. This was customized to the pastoral communities of Turkana

Project situational (pareto) analysis was done where we identified 5 health facilities contributing to 80% of PrEP Data

QITs and WITs functionality was enhanced in prioritized facilities to develop and implement counter-measures against identified root causes including streamlining client flow pathways for PrEP.

Root cause Analysis of suboptimal PrEP Uptake was done using the fish-bone diagram

Figure 1: Root-Cause Analysis for Low PrEP Uptake

Results

1. QI-Hybrid Model to Scale Up PrEP was developed since single intervention strategies were sub-optimal.

2. PrEP Uptake Improved from 32% (921) of annual target in January 2022 to 50% (1426) of annual target (2852) in August 2022

Conclusion

Improving uptake of PrEP services for pastoral communities requires mixed methods including addressing the complexities, barriers to uptake and a therapeutic alliance between clients and health workers to enhance initiation and adherence to PrEP. It is therefore recommended that programs adapt models that focus on the need for a culturally and ethically sensitive strategy for PrEP scale up.

Implementation of Oral PrEP in three North-Western Conservative states in Nigeria: Challenges and Opportunities

Health Systems Consult Limited (HSCL) and Project Hope, Nigeria

Primary Author: Tosin Oyetunji

Background

Oral Pre-Exposure Prophylaxis (PrEP) has been found to be highly effective and pivotal to achieving epidemic control. USAID supported Health Systems Consult Limited (HSCL) under the Accelerating the Control of Epidemic Cluster 3 (ACE 3) project to provide comprehensive HIV interventions in Kebbi, Sokoto, and Zamfara States even though these states have conservative cultural norms, and moral sensitivity that might influence the adoption of PrEP.

Methods

This study assessed PrEP service delivery data on the ACE 3 project. Data was abstracted from for the period of March to July 2022 across 27 LGAs in the three states. Health care workers were trained to screen for PrEP eligibility for negative using a structured checklist. Data was analyzed to identify the implementation gaps among the sub-population receiving the services.

Result

A total 134,895 individuals tested HIV-negative between March-July 2022. Among this population, only 1% (1,683) agreed to be offered PrEP, out of which 75% (1,267) accepted PrEP. The rate of refusal was higher among male (83%) compared to females (17%). Among those that accepted, 78% (990/1,267) were clinically qualified and were all initiated on PrEP. Of the total number-initiated PrEP, 39% (391) were HIV-negative partner of a positive index client, 9% (87) were adolescent girl young women (AGYW) and 52% (512) general population individuals at substantial risk.

Conclusion

The achievements recorded was majorly due to the community drive which the project need to sustain. However, the reason for the PrEP includes stigma associated with the use of PrEP, side effects of PrEP as reported by users, high attrition among trained service providers and the frequency in swallowing the tablet. To increase PrEP uptake, there is need for male centric differentiated service delivery, continuous engagement and advocacy to community and religious leaders and to print IEC materials in their local language.

The Fahari ya Jamii SURGE 2.0: Pivoting to accelerate HIV prevention and treatment program performance in Nairobi and Kajiado Counties, Kenya

USAID Fahari ya Jamii, Kenya

Primary Author: Dr. Susan Arodi

Background

Fahari ya Jamii utilizes a data driven and evidence informed approach to provide county support. The program designed tailored, prioritized data driven interventions and review dubbed “Surge 2.0” to address gaps and pivot the program towards results.

Methods

From January to March 2022, we implemented a six-week intervention within 50 high volume facilities (29 in Nairobi and 21 in Kajiado) that contribute to 87% of program performance. We prioritized nine HIV prevention and treatment indicators. Twenty-five mentors were each allocated two facilities for daily follow-up. Schedules for mentors and program leads aligned to priorities were introduced and monitored. Targeted interventions for identified gaps were defined. An integrated checklist was developed for on-site mentorship and technical support. Data collection tools including Kenya electronic medical record (EMR) and a District Health Information Software (DHIS) instance were created for precision programming. Weekly monitoring sessions and fortnightly deep dive reviews for each work stream were done and county teams held weekly “Surge 2.0” monitoring sessions.

Results

Case identification improved from 20% to 70% (Nairobi 70%; Kajiado 71%). Linkage to treatment improved from 87% to 93%. A reduction in overall patient loss from 2.9% to 1.3% was realized. Six months plus multi-month dispensing (MMD) uptake improved from 6% to 16%. Improved final outcomes (FO) amongst HIV exposed infants (HEI) were reported, with transfer-outs reducing from 16% to 11%. Pre-exposure prophylaxis (PrEP) uptake improved from 23% to 73%, while VMMC uptake improved from 12% to 151%. Cervical cancer screening uptake improved from 15% to 72%. GBV case identification and management improved from 6% to 49%.

Conclusions

Program pivoting with targeted interventions, ensuring available data for decision making and close monitoring is an effective means of accelerating and achieving program results.

Stigma and Discrimination

Implementation of Oral PrEP in three North-Western Conservative states in Nigeria: Challenges and Opportunities

Health Systems Consult Limited (HSCL) and Project Hope, Nigeria

Primary Author: Tosin Oyetunji

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Engaging civil society to help address poor quality health services through the mysterious clients' (MC) strategy

Fondation SEROvie, Haiti

Primary Author: Sissi Lamour

Background

Recent health statistics from the Haiti HIV Program indicate that the program is facing major retention challenges. As of September 30, 2021, the program has recorded a loss of more than 10% of patients on ART. Poor quality health services appears to be one of the primary causes of the low retention of patients in care. To respond to these challenges, SEROvie conducted a MC survey to assess the quality of services provided by sites in collaboration with community-based organizations (CBO).

Methods

Three partners CBO propose potential ""MC"" for the exercise based on specific criteria. MC have disguised themselves to play the role of one of the six profiles. We selected a random sample of 31 sites nationwide to conduct surveys. MC realized 80 visits in June 2022 providing the opportunity to make direct observations related the customer services, the behavior of the clinic staff, the quality of counseling and other relevant information. We used SPSS21 to analyze data.

Results

During MC visits, 14% of receptionists quotes the name of the site and identify themselves. While, only 4% wearing a badge with a logo, photo and name. More, 25% of providers do not ask for any socio-demographic information and only 18% of providers thank clients for the interest in visiting the site after. Regarding the counseling, 24% of counseling rooms are not appropriate for an intimate dialogue. Further, 32% forgot to coach clients based on the test result. Regarding the laboratory services, 58% take time to explain the test process.

Conclusion

Results contribute to improve the quality service and providers skills, towards discriminated clients. However, the objectives of this concept were to better understand how make sites more friendly, share observations on the spot and make appropriate corrections in collaboration with CBO and stakeholders.

***Stigma and Discrimination-Free Communities: Work through local NGO subawardees for community mobilization interventions

Pan American Social Marketing Organization (PASMO Panama)

Primary Author: Alejandra Cabrera

Background

Under USAID's Prevention Services against HIV activity in Guatemala, El Salvador, Honduras, Nicaragua, and Panama. PASMO works to increase HIV testing services uptake and linkage among high-risk individuals, especially key populations: men who have sex with men and transgender women. The activity also seeks to address key structural barriers to HIV prevention services among KPs by addressing stigma and discrimination.

Methods

To support enabling community environments for KPs and other HRI that de-stigmatize HTS, PASMO developed Human Rights Strategy My health, my community, my rights, under which various interventions are implemented to reach HRI and other actors

in the socio-ecological model. For the community level, PASMO developed Espacios Libres, where local NGOs receive subawards to organize community mobilization and follow-up activities, including the facilitation of learning sessions on gender, HIV, sexual diversity, and human rights with an average of 30 participants, as well as actions that promote the sustainability of the intervention and long-term change.

Results

Up to June 2022, PASMO was working through 6 local NGO sub awardees in Guatemala, El Salvador, Honduras, and Panama in 10 communities across the region. In Panama, “Espacios Libres” was implemented successfully through one local NGO in the community of La Chorrera with participants including local representatives from the Ministry of Health, Ministry of Education, Ministry of Social Development, Municipality, National Police, and parents of and members of the LGBTIQ+ community, leading to the reactivation of the district’s Human Rights Committee.

Conclusion

PASMO identified multiple local NGOs ideal for the Espacios Libres interventions which did not meet USAID requirements for sub-awards, for which the strengthening of local NGOs and adaptations to the current Subaward Manual will be important, as well as strengthening the sustainability and follow-up elements of the intervention.

Health worker optimization, protection, management and performance

***The impact of Good health facility Leadership on program implementation and better health outcomes. A case of Otwal HC III in Oyam District, Lango Sub-Region, Uganda.

Joint Clinical Research Centre (JCRC), Uganda

Primary Author: Jesca Basiima Nagginda

Background

Good leadership is key strategic investment for health service delivery. However, few people are born leaders while others acquire the leadership skills through trainings and experience. Health workers are sometimes resistant to new programs, they see these programs as, additional work especially if they are not sure of the motivation. At Otwal HC III, there was successful implementation of community QI collaborative that improved outcomes at community, this is because the in charges had friendly control over the staffs which drastically brought everyone on board, role shared and work process followed as guided and number of staffs attending weekly review meetings increased over time.

Methods

At Otwal HC III, implementation of the community QI initiative has been done since November 2021, each Community health worker was given a list of clients, documented in their counter books and accounted for services they are eligible for at the next encounter date, ensured a pre-appointment reminder given to their clients to curb the missed appointment either at facility . 22 cells, and each had a cell leader in charge formed, cells attached to a health worker for supervision. weekly schedules for the community visit were drawn, discussed with the team to guide implementation. Weekly performance review of outcomes per community visit were done and support provided to teams.

Results

Attachment ratio for CALHIV 1: 15, and viral load coverage and suppression improved over Quarters (Q4 2021- Q3 2022) 93, 98, 100, 99 and 90, 94%, 94%, 94% respectively. Retention for the CALHIV at 6 & 12 months also improved from 79%, 80%,100%,89% and 65%, 70%,100%,80% respectively.

Conclusion

Good leadership supports staff to effectively embrace and perform tasks in the new care program. Efforts to recognize good leadership will positively impact on the success of the new programs being implemented at health facilities.

Repurposing Health Workforce Management for Targeted COVID-19 emergency response at

Makunduchi District hospital, in Zanzibar Island.

Benjamin Mkapa Foundation, Tanzania

Primary Author: Mussa Ndile

Background

During the second wave of COVID-19 infection between January to September 2021, health facilities in Zanzibar were overburdened with routine health services and COVID-19 interventions. Makunduchi District Hospital was one of the overburdened facilities aggravated by shortage of healthcare workers (HCWs). With about 34 available HCWs far below the 181 required, the increased daily flow of clients at Outpatient Department (OPD) to around 155 from the earlier 92 clients mismatched with available workforce to battle with increasing needs including response to COVID-19 interventions. OPD Service provision was limited between 8:00am to 3:30pm daily and could not be extended to allow management of inpatient clients.

Methods

Under emergency response to COVID-19 support, USAID Afya Endelevu Activity in collaboration with the Ministry of Health in Zanzibar, prioritized allocation of five HCWs with skill-mix at Makunduchi hospital in October 2021 to address the existing workload. Proper HCWs' task allocation was expanded with additional of individual performance management targets in-line with response to COVID-19 interventions while supporting extended hours at OPD to 9:30pm.

Results

After interventions above, there was reduced patient waiting time at the OPD from an average of 90 to 30 minutes. There was increased and extended availability of service provision at OPD, smooth integration of COVID-19 health education, vaccination, and management with other health services. COVID-19 vaccine uptake was increased to an average of 480 clients per month between November 2021 to June 2022, compared to an average of 69 clients per month between July to September 2021.

Conclusion

COVID-19 affected health system dynamics especially facilities with low staffing level. Repurposing health workforce management is crucial for increasing access of integrated clinical services to clients in need including COVID-19 infection prevention and management to stretched health facilities.

Accelerating Nationwide Capacity Building in Human Resources for Health (HRH) in Zambia to Optimize Supply Chain Management (SCM) in the Digital Age

John Snow Health Zambia Limited

Primary Author: Jeremy Sikazwe

Background

Health supply chains have been transformed by digitization, which has increased efficiency and improved commodity security. The digital supply chain revolution in Zambia has highlighted the significance of giving supply chain managers new roles and competencies to implement, manage, and monitor these digital solutions.

Methods

The USAID eSCMIS Project and prior USAID-funded projects have worked with Zambia's Ministry of Health (MOH) to develop and expand their skills and capabilities to adopt and support the eLMIS to optimize supply chain performance. We used in-service and pre-service training, on-the-job training, virtual training, system job aids, etc. to increase capacity. We also explore the difficulties and potential for further boosting HRH skill development.

Results

Between January 2020 and June 2022, over 4000 MOH personnel got in-service digital training to improve SCM. The training was adapted to each cadre's role and demands (IT (10), Data Entry/Management (53), Pharmacy (244), etc.). Although acquiring results from learning institutions has been difficult, we have included eLMIS training in tertiary biomedical, pharmacy, and nursing school curricula. Due to the above measures, MOH officials deployed to 215 of 673 facilities between January 2020 and June 2022. MOH staff upgraded 1200+ facilities twice during COVID-19. Digitally optimized supply chains have led to 98% reporting rates and commodity redistribution among service delivery points.

Conclusion

Zambia enhances supply chain management through the use of digital technology. HRH's efficiency is increased through digital capabilities. Through data analytics and digital system support and deployment, time saved improves SCM. With the proper training and tools, all levels of healthcare may contribute to SCM.

***An assessment of burnout and depression among health care workers providing HIV care during the COVID-19 epidemic in Malawi.

Partners In Hope, Malawi

Primary Author: John Songo

Background

Burnout and depression levels among health care workers (HCWs) may have risen during the COVID-19 pandemic due to anxiety and increased work pressure. We assessed the prevalence of burnout, depression, and associated factors among Malawian HCWs providing HIV care.

Methods

In April-May 2021, between the second and third COVID-19 waves, we randomly selected up to 14 HCWs at 30 PEPFAR/USAID-supported health facilities for an anonymous survey. We screened respondents for depression, using the WHO Self Report Questionnaire for depression screening (score ≥ 8 indicating positive screen) and burnout using the Maslach Burnout Inventory tool (positive screen defined as moderate or high burnout on Emotional Exhaustion and/or Depersonalization and/or low-moderate Personal Accomplishment). Logistic regression models were used to evaluate factors associated with depression and burnout.

Results

We surveyed 435 HCWs, median age 32 years (IQR 28-38), 54% female, 34% clinical cadres and 66% lay cadres. 28% HCWs screened positive for depression, 29% for burnout, and 13% for both. Being a clinician (vs. lay cadre) was associated with positive burnout screen (aOR 2.0 95%CI:1.1-3.5). Screening positive for burnout was associated with positive depression screen (aOR 3.2, 95%CI:1.9-5.4). Controlling for age, sex, marital status and years of work, positive depression screen was associated with working in the southern region (aOR 2.3, 95%CI:1.4-3.6), previous COVID-19 infection (aOR:2.2, 95%CI: 1.2-4.2) and expecting to probably or definitely get COVID-19 in the next year (aOR 2.8, 95%CI:1.3-5.9).

Conclusion

HCWs commonly screened positive for burnout or depression, but prevalence was not higher than reported before the COVID-19 pandemic. Regular screening for both conditions should be encouraged given consequences of these conditions for mental health and work performance and availability of feasible interventions to support HCWs.

***Creating accountable and sustainable low-cost, high-impact systems of communication and mentorship for providers offering PrEP services in peri-urban clinics in the Eastern Cape, South Africa

MatCH Institute NPC, South Africa (Durban)

Primary Author: Wandisa Rasi

Summary:

Implementing Partners (IP) provide technical assistance to DOH designated facilities to reach their annual performance targets. Not all facilities receive direct service delivery through USAID funding, and yet those facilities that are remote and do not receive frequent weekly visits are expected to perform to achieve their weekly and monthly PrEP initiation targets (PrEP_NEW). In order to optimize the level of technical support to remote facilities that are not receiving direct service delivery, MatCH introduced a weekly WhatsApp group meeting to monitor data reporting, provide support and mentorship to DOH professional nurses, lay counsellors and data capturers to achieve PrEP targets for COP21. MatCH identified 48 facilities and linked them to the WhatsApp group from Q2 of COP21. MatCH initiated once a week conference calls with the professional nurses, DREAMS mobilizers, lay counsellors to discuss challenges, share best practices to equip other colleagues that were not reaching their PrEP targets. In Q1 of COP21, the PrEP_NEW among AGYW was only 90. With ongoing weekly check-ins on WhatsApp video conferencing, the Q2

PrEP_NEW performance increased to 401 and quadrupled in Q3 to 1681. It is currently at 1001(Q4 Preliminary). This performance improvement has already reached 81% of the COP21 annual target. It is possible to provide technical assistance to remote predominantly DOH led peripheral clinics using low-cost, high impact telecommunication platforms like WhatsApp to monitor weekly performance and provide valuable frontline coaching and mentoring support. The system was well received by DOH staff and encouraged lay counsellors and DREAMS mobilizers to interact more closely with the professional nurses issuing PrEP to high-risk clients.

Optimization of Health Workforce for Improved HIV Viral load Testing in Mtwara and Lindi Regions, Tanzania.

Benjamin Mkapa Foundation, Tanzania

Primary Author: Mussa Ndile

Background

Improved HIV Viral Load (HVL) testing capacity and timely availability of results is critical for clinical monitoring and decision making for clients on Antiretroviral Therapy (ART). Ligula Regional Referral Hospital located in Mtwara Region has HVL testing laboratory serving about 209 ART clinics within Mtwara and neighboring Lindi region. The laboratory receives about 300 HVL samples daily from ART clinics above and unable to test, document and dispatch results of all samples received on daily basis due to staff shortage. The existing laboratory technical personnel were overwhelmed with workload as they lacked data management staff for documentation and reporting. They had to perform all the HVL testing cascade above which reduced laboratory testing capacity to around 210 samples per day compared to its daily capacity of testing 315 samples. This prolonged turnaround time of HVL results to ART clinics of up to 90 days.

Methods

In November 2020, USAID Afya Endelevu Activity in collaboration with Ligula hospital management and USAID-HIV service delivery partner, conducted joint review of workload, staffing, work process and productivity. This informed relocation of one data management staff from HIV clinic at the hospital to support sample receiving, documentation and dispatching test results to respective health facilities. The staff conducted monthly laboratory data analysis and reporting which enabled the laboratory technical staff to concentrate on HVL testing.

Results

By June 2022, the laboratory recorded an average of 315 viral load tests per day and 6,000 samples per month for the two regions. Turn-around time of HVL sample results improved to an average of 20 days from the earlier 90 days.

Conclusion

Optimization of health workforce Ligula hospital, without adding staff improved program outputs. The review of work process prior to allocation of additional staff in addressing service performance gaps in resource limited settings is a key step.

Board Governance

System strengthening for KP-led CSOs; a case of KP-STAR consortium partners in Namibia

IntraHealth Namibia, Namibia

Primary Author: Abbas Zezai

Background: IntraHealth Namibia (IHN) conducted pre-award assessments with potential implementing partners prior to engagement. Most implementing partner organizations lacked basic structures and systems and in some cases policies were either outdated, not in existence or inadequate. Governance structures were not properly constituted, and board members were unsure of their functions. Most of the organizations were also not registered with the relevant statutory bodies notably Namibia

Revenue Agency (NaMRA) for tax purposes, Business Intellectual Property Authority (BIPA) for company registration as a section 21 company and Social Security Commission for social security contributions. KP-STAR sought to correct this through capacity building.

Methods: The project instituted a two-tier transition plan: one, for the organizations funded through grants, notably fixed amount awards (FAA) to cooperative agreements funding mechanisms and another to ensure that organizations that are on a cooperative agreement to be prime recipients under the USAID funding.

Several capacity-building interventions were implemented to address the shortcomings noted in the pre-award assessments. Capacity-building activities implemented included:

- one-on-one or group training, (face-to-face and online) to increase personal knowledge and skills surrounding specific issues.
- mentorship to provide intensive, personalized guidance and to build knowledge and skills
- training on governance and leadership

Results

- A 90% compliance rate to date for IPs on the cooperative agreements to statutory, USAID/PEPFAR and their own organizational policies.
- All Local CSO's in the consortium were trained in governance and leadership

Conclusion: Capacity building for local CSO's is possible with the commitment of prime partners. IHN continues to build the capacity of its partners to receive USAID funding directly and for sustainability.

The path of a local organization towards strengthening governance and sustainability: PASMO's experience in Central America

Pan American Social Marketing Organization (PASMO), Central America

Primary Author: Susana Lungo

In the context of USAID and PEPFAR's efforts to strengthen local capacity and fund local organizations directly, in April 2020, the Pan American Social Marketing Organization (PASMO) became a fully local organization in Guatemala, Honduras, Nicaragua, and Panama. In September 2020, PASMO began to implement USAID's Prevention Services against HIV activity as a local organization under a five-year cooperative agreement. Although there have been many benefits to this transition, including more funding opportunities and the ability to build the organization's team and vision based on local contexts and needs, there have also been several challenges and governance has been an area of learning and a process for its strengthening.

To support governance efforts, in 2021-2022, PASMO carried out a specialized consultancy to review and provide recommendations to further strengthen PASMO's governance, including Board of Directors structure, and review of the Strategic Plan. In parallel, PASMO participated in USAID's Local Partners Leadership and Governance Community of Practice to share experiences and concerns, as well as lessons learned.

The consultancy's deliverables included a Board of Directors Manual, Management Indicators, Communications Plan, and Board of Directors Transition Plan, which were presented to the Board of Directors in a June 2022 meeting for review.

As part of this review, the Board identified immediate next steps such as size of the Board, requirements for new members, among others, and will develop a more detailed implementation and verification plan to carry out next steps and actions. For this, the Board also defined committees for follow-up to specific deliverables and activities. PASMO will also continue to share its experience in communities of practice, as management and governance will continue to be key areas of strengthening for the sustainability of local implementing organizations.

Striving for operational and technical excellence: lessons learned from John Snow Health Zambia Limited and the USAID eCMIS Project

John Snow Health Zambia Limited, Zambia

Primary Author: Leonard Mwansa

BACKGROUND: JSH works with governments, NGOs, the private sector, civil society, and communities to enhance public health.

JSH has pursued its vision and mission through operational excellence and technical program implementation. Through its first award, the USAID eSCMIS Project, the organization built a strong team that ensured technical excellence and helped organizational growth by developing sound systems and processes.

METHODS: Operational excellence relies on four pillars to achieve maximum efficiency and effectiveness: staff, tools and technology, process excellence, and a continuous improvement plan. This entails organizational viability and achieving its milestones in a timely, cost-effective, and innovative manner. This approach has allowed the organization to The eSCMIS project has shown operational and technical success despite the COVID-19 pandemic challenges.

RESULTS: Buttressed by clear, consistent, and sound JSH organizational systems and processes, the eSCMIS project has seen operational and technical success despite COVID-19 pandemic challenges. Since the project started, over 600 facilities have been deployed with the eLMIS; meeting set targets. The project has trained over 3,000 Ministry staff on eLMIS and has begun implementing a sustainability and transition plan to ensure local ownership is on track to meet set benchmarks.

- Easily understood, people-centered, and consistently executed organizational structures and rules create the ideal atmosphere for program success while adhering to donor regulations and country law.
- For young organizations, equitable, inclusive, and sustainable organizational capacity building must be holistic and adaptive to include learning.

CONCLUSION: Organization and project success variables must overlap. JSH uses experienced project-based teams, reliable systems, and processes. Management reviews rules and processes annually to assess what works and what needs to change.

***Improving governance and performance through Integrated Technical and Organizational Capacity Assessment (ITOCA).

Young Women's Christian Association of Rwanda, Rwanda

Primary Author: Jean Berchmans Harindintwari

Background: Young Women Christian Association (YWCA) in partnership with Pact, implemented the USAID/ACHIEVE project to reduce vulnerability and HIV incidence among OVC and AGYW. YWCA received capacity development on technical and organizational aspects from Pact, enabling YWCA to support service delivery and comply with USAID and PEPFAR financial, technical, and monitoring and evaluation (M&E) requirements.

Methods: Pact through ACHIEVE, used Integrated Technical and Organizational Capacity Assessment (ITOCA) that reviews current systems, structures, and staff skills across a range of domains including Governance and Legal Structure, Program Planning and Management, Financial Management, Procurement & Agreement Management, Human Resources Strategic Information, Strategic Information, Partnerships and Communications, Sustainability, Management of Community Cadres, OVC Comprehensive, OVC Preventative, Systems Strengthening, Gender Based Violence, DREAMS and Economic Strengthening.

Results: With the ITOCA tool, an assessment was conducted, gaps were identified and a Capacity Action Plan (CAP) was developed defining the domain, gaps, planned activities responding to gaps, responsible persons, deliverables, resources requirements and timelines.

The ITOCA tool and its guide were easy to comprehend and allowed YWCA to learn about the current state of capacity and what to focus on while implementing the CAPs to enhance program implementation and strengthen organizational and technical capacities.

Conclusion: ITOCA tool facilitated an exhaustive introspection in terms of governance and management to detect gaps and levels of improvement for more performance. YWCA will be using the tools to conduct self-assessment for more updated and high standards improvement that will contribute to proper management of the award as prime organization.

Localization “The use of Integrated Technical and Organizational Capacity Assessment (ITOCA) tool to become a Prime Recipient for USAID funds”.

DUHAMIC-ADRI, Rwanda

Primary Author: Vestine Mukandayisenga

Background: DUHAMIC-ADRI is implementing the Adolescents and Children HIV Incidence Reduction and Virus Elimination (ACHIEVE) project in partnership with Pact which is a PEPFAR/USAID-funded project in Rwanda. The project aims to reduce vulnerability and HIV incidence among OVC and AGYW and develop the capacity of local organizations so they may become USAID prime implementers. This abstract highlight best practices and results from this kind of capacity development.

Methods: Using the ITOCA tool, ACHIEVE has supported DUHAMIC-ADRI to measure its organizational technical capacity, prioritize challenges, develop a capacity action plan and implement improvement strategies according to 15 domains including Governance and Legal Structure, Program Planning and Management, Financial Management, Procurement & Agreement Management, Human Resources, Strategic Information, Strategic Information, Partnerships and Communications, Sustainability, Management of Community Cadres, OVC Comprehensive, OVC Preventative, Systems Strengthening, Gender Based Violence, DREAMS and Economic Strengthening.

Results: The ACHIEVE capacity development using the ITOCA tool involved self-assessment and reassessment over two years starting from 2020. Within this period, DUHAMIC-ADRI has developed and updated different policies and strategies used in delivering quality HIV care, treatment, and prevention services for not only USAID-funded but also for non-USAID funded programs. Some examples include Business Sustainability and Resource Mobilization Strategy; Gender Policy; GBV and Anti-Harassment Policy and Child Safeguarding Policy.

Conclusions: The ITOCA tool was effective in developing the capacity of organization. DUHAMIC-ADRI has been identified by USAID as the prime implementer of a five-year OVC and DREAMS Activity. This grant will also be managed by an organization with a strengthened capacity to implement activities and steward financial resources.

Business Development

***Local Solution in Blooming Mode

CFET (Centre de Formation et d'Encadrement Technique), Haiti

Primary Author: Marlene Gay

Local Solutions emerge from the Forward strategy. Its goal is to improve sustainability and local ownership of development programming by strengthening and increasing the use of local partners and systems as well as supporting programs that better aligns with the interests of USAID. In Haiti, USAID Local Solutions actions, through Haitian Konbit Project, focused on strengthening local institutions in areas such as program design, implementation, and M&E with a goal to integrate them directly into USAIDHaiti programs and operations. However, there was no project implementation in perspective. The Health Leadership Project went beyond Konbit. A project to be prepared for was identified and a timeframe was set. Local partners preparedness for USAID direct funding and taking full technical leadership and ownership of project result by Year 3 was embedded into project objectives.

CFET as a beneficiary organizations of local solution preparedness, is featured in this case study to illustrate the reinforcement process, the tailored technical assistance, the capacity building plan set forth to address technical and operational weaknesses identified. Step by step reinforcement processes will be illustrated, changes that CFET had to do or agreed to do, the challenges that the firm faced given the fact that project activities were taken place during a difficult and promising period: the Covid19 crisis, an unprecedented sociopolitical crisis that literally shut down the country and the implementation of CFET's strategic plan whose objectives was in perfect alignment with local solutions objectives from a business development point of view.

Data analysis and lessons learned will demonstrate that Local Solutions Strategy can be successful when its incumbent has a relatively moderate organizational structure, it is in alignment with the organization or local business overall vision/mission and strategic objectives and obtain the organization leadership full support.

*****Promoting High HIV Project Management Culture**

Love In Action Ethiopia (LIAE), Ethiopia

Primary Author: Aklilu Shomoro

Background: For the last 20 years, Love in Action Ethiopia (LIAE) has been implementing projects in 497 districts in Ethiopia. LIAE was known by funding, community and government partners for its records of high project performance. Amongst many contributing factors to these, creating and mainstreaming High Program Performance Culture (HPPC) is the major one.

Methods: 1. Cast and mainstream the HPPC idea and spirit among all staff and other representatives during induction, program orientation/review, training and others, as key mottos of the organization.
2. Program managers are organized as a HPPC team to regularly follow the performance and HPPC based on the minimum HPPC standard set forth for each program and share updates on the HPPC practices.
3. Regularly conduct Joint Integrated Supportive Supervisions (JISS) which has been led by our technical assistance organizations and gives chances to all partners to supervise the data quality and service standards of the project in depth at community and SNU levels.
4. All our key stakeholders are organized under one command structure based on their responsibilities in their respective organizations without overlapping and overlooking their roles.
5. Incorporate simple micro-planning to the project to break down and clarify program expectations and accountability matters.
6. Others.

Results: The yearly performance of the organization has been improved due to use of HPPC approaches. For instance, in FY21, LIAE's USAID funded HIV program, besides the quality, LIAE has accomplished remarkable results in all the 23 key and custom indicators; of which 74% of them are above 100% and most of the remaining indicators are between 90-99%. In FY22 LIAE has also achieved the best.

Conclusion: Finally, LIAE want to prepare standard documents on HPPC development and share the articulated experiences with other similar organizations.

*****Managing a Seamless Transition from International to Local USAID Implementing Partners. The Experience of Uganda Protestant Medical Bureau.**

Uganda Protestant Medical Bureau, Uganda

Primary Author: Sarah Akatukunda

Background: Since 2018, USAID has deliberately increased funding to local partners through direct prime awards to achieve country ownership and long-term sustainability of HIV responses.

In August 2020, Uganda Protestant Medical Bureau (UPMB), a private not-for-profit faith-based organization signed a five-year Cooperative Agreement with USAID to implement the Local Services Delivery for HIV and AIDS Activity (LSDA). This required a seamless transition of 161 Health Facilities providing HIV/TB services from the five USAID Regional Health Integration to Enhance Services (RHITES) mechanisms in 57 districts across five regions to UPMB.

Methods: UPMB worked closely with: USAID/Uganda Mission team to provide overall Technical Assistance to the transition, RHITES mechanisms and health facilities ownership structures for critical information to aid facility entry, Ministry of health and host local governments for policy guidance, supervision, training and logistical support. Decisions were decentralized to health facilities with guidance from LSDA. Letters of Authorization were issued to 34 facilities following compliance assessments, start-up orientation and contract signing. Mid and low volume facilities were directly supported to implement activities. Internal systems were strengthened through adoption of a new accounting package and update of policies, manuals and tools. UPMB recruited staff with high experience in USAID funded projects and established three regional offices to coordinate the activity.

Results: Transitioned 123, 256 (27% of USAID active clients on ART) at 161 health facilities into the LSDA activity between August and October 2020. Awarded 34 sub-grants and directly supported 127 health facilities. 72% (33/46) of the indicators met 80% of their annual targets.

Conclusions: Standard Operating Procedures for transition, meaningful collaboration and capacity building for local partners in managing US government funds is vital for a smooth transition.

***Lessons learned and best practices of a Local Partner building capacity of Local Sub Awardees

N'weti, Mozambique

Primary Author: Talitha Buwalda

Background

N'weti was awarded its first cooperative agreement in 2013 and has since then been a prime partner of USAID. With the recent switch to localization of funding, N'weti was encouraged by USAID to include additional local sub awardees and build their capacity. In the Mozambican context this is a relevant request, as until recently there were few local organizations with the systems in place to receive direct funding from USAID.

Methods

Thus, N'weti's current project increased the number of sub awards from 3 to the current of 15 in short period of time. Through careful analysis of additional staff to be hired and systems to be installed – the project managed to successfully handle this considerable increase. To assure technical and operational excellence, substantial involvement was needed in the management of the sub awards. This includes: providing ongoing coaching by having technical support staff allocated to the sub awardee offices; mentoring through substantial involvement related to HR management; and supervision through frequent visits to the offices to review finance and administrative documents, among other strategies.

Results

The success of this substantial involvement is noted through the following results: The projects' sub awardees have improved their operational systems and policies; Technical excellence of all partners was noted through outstanding performance during COP21; One local partner will in the near future sign its first cooperative agreement with USAID

Conclusion

Substantial involvement of a local partner in the activities of another local sub awardee might initially be considered unorthodox. However, Local NGOs “know what it takes” to become a prime partner as they themselves went through the process only recently; Set-up of a strong sub award support department is key to assure that both routine tasks are handled timely, as well as allowing sufficient capacity to conduct support visits to the sub awardees.

Local Governmentt Partnerships

Local Partnerships – Positioning DREAMS for Success

AFRICAN EVANGELISTIC ENTERPRISE, Rwanda

Primary Author: Charlotte Usanase

BACKGROUND: HIV risk remains high among adolescent girls and young women (AGYW) in Rwanda is at 3.7%. To tackle structural and social inequities driving new infections, in 2018 USAID/PEPFAR launched the DREAMS program in Gasabo district of Kigali, implemented by AEE Rwanda under Ubaka Ejo activity. Targeted beneficiaries include AGYW aged 10-24 who engage in transactional or unsafe sex; are survivors of violence; are orphans or school dropouts; and/or are involved in drug abuse.

Methods: DREAMS is a multi-service layered package that addresses the root causes of AGYW risk and vulnerability to HIV. “Safe Spaces” as key component work to address AGYW's multiple vulnerabilities by enabling AGYW to build social networks and

linking AGYW to additional DREAMS interventions and services. Ubaka Ejo activity would struggle to meet its goals and sustain outcomes without strong partnerships with various stakeholders.

RESULTS:

- Memorandums of understanding (MOUs) and joint technical meetings between Ubaka Ejo and health facilities, schools, local government and private sector ensured AGYW accessed quality services where 18804 high risk AGYW received HIV testing while 644 newly initiated on PrEP. Without these formal agreements, AGYW struggled to access health services. Interactions for joint-planning and implementation could not happen.
- Collaboration with relevant institutions led to the provision of 141 venues for Safe Spaces facilitated by 301 mentors where they provide social support and mentoring on: education, PrEP, psychosocial and economic needs. 41 were availed by local government, 65 exist within schools, 28 are located at churches, and 7 are embedded in community centers.

CONCLUSION: Systematic and consistent communication and collaboration between Ubaka Ejo and local institutions expands the DREAMS package of services, enables the program to serve a greater number of vulnerable AGYW

Striving for operational and technical excellence: lessons learned from John Snow Health Zambia Limited and the USAID eCMIS Project

John Snow Health Zambia Limited, Zambia

Primary Author: Leonard Mwansa

BACKGROUND: JSH works with governments, NGOs, the private sector, civil society, and communities to enhance public health. JSH has pursued its vision and mission through operational excellence and technical program implementation. Through its first award, the USAID eSCMIS Project, the organization built a strong team that ensured technical excellence and helped organizational growth by developing sound systems and processes.

METHODS: Operational excellence relies on four pillars to achieve maximum efficiency and effectiveness: staff, tools and technology, process excellence, and a continuous improvement plan. This entails organizational viability and achieving its milestones in a timely, cost-effective, and innovative manner. This approach has allowed the organization to The eSCMIS project has shown operational and technical success despite the COVID-19 pandemic challenges.

RESULTS: Buttressed by clear, consistent, and sound JSH organizational systems and processes, the eSCMIS project has seen operational and technical success despite COVID-19 pandemic challenges. Since the project started, over 600 facilities have been deployed with the eLMIS; meeting set targets. The project has trained over 3,000 Ministry staff on eLMIS and has begun implementing a sustainability and transition plan to ensure local ownership is on track to meet set benchmarks.

- Easily understood, people-centered, and consistently executed organizational structures and rules create the ideal atmosphere for program success while adhering to donor regulations and country law.
- For young organizations, equitable, inclusive, and sustainable organizational capacity building must be holistic and adaptive to include learning.

CONCLUSION: Organization and project success variables must overlap. JSH uses experienced project-based teams, reliable systems, and processes. Management reviews rules and processes annually to assess what works and what needs to change.

Finding Missing people with TB at Local Brew Pubs: Experience from Amref USAID Afya Shirikishi Project from May 2021 to March 2022 - Mwanza region, Tanzania.

Amref health Africa, Tanzania

Primary Author: Waida Jabiri

Background: Amref in Tanzania, through USAID Afya Shirikishi project in Mwanza region in collaboration with Ministry of Health through National Tuberculosis and Leprosy Program (NTLP) and Regional/Council Health Management Team is implementing community based TB services aiming at finding missing people with TB among vulnerable and underserved risk population with focus to individuals accessing services at local brew pubs. According to WHO TB Global Report (2020), Tanzania misses 48,209 (36%) TB cases annually from the WHO estimated 133,000 cases with treatment coverage standing at 64%. TB screening activity

at local brew pubs was done to find missing people with TB among individuals attending there. Little has been done in finding missing TB cases in this population group.

Methods: Mwanza is among the region with a large number of local brew pubs in Tanzania which is not well documented. From May 2021-March 2022 Mwanza region TB team conducted purposely TB screening in 74 Local brew pubs through ward/village executive officers. The project engaged 44 community health workers to provide community TB health education and screening at local brew pubs in four districts. Presumptive TB individuals were identified, sputum specimen collected on the spot and transported for laboratory TB investigation. Those with symptoms but unable to produce sputum were given referral to the nearby diagnostic facility for TB investigation

Results: The project implementation from May 2021 to March 2022 shows a total of 1930 clients were reached and 85% (1650) were screened for TB. Among them 25% (406) were TB presumed, 11% 41(F3:M38) were found with active TB were initiated TB treatment. This shows there is a good number of TB cases among local brew alcoholic.

Conclusion: In order to address the gap in finding missing TB cases at community level, all vulnerable groups should be reached with TB services. NTLP should consider to include local brew pubs as one of the TB hotspots

***EVALUATION OF HEARTLAND ALLIANCE LTD/GTE MODEL OF KEY POPULATIONS INTERVENTIONS USING THE KP ASSESSMENT TOOL

Heartland Alliance LTD/GTE, Nigeria

Primary Author: Bartholomew Ochonye

Background:PEPFAR guidance on HIV key population (KP) programming is implemented by "KP competent organizations,". The objective of the assessment was to evaluate the level of Key Populations competency of PEPFAR implementing partners and areas of improvement.

Heartland Alliance LTD/GTE is a Local Organization that is currently Implementing the PEPFAR-funded Key Populations Community HIV Services Actions and Response (KPCARE 1) project in 6 states in Nigeria.

Methods:The PEPFAR Key Population Competence Assessment tool has six sections that evaluated inclusiveness at the organization, privacy and security, Capacity to meet the health needs of Key populations, Commitment to human rights and dignity of Key populations and Commitment to community empowerment. A total of 16 questions with a total score of 78 points.

Results: Heartland Alliance scored 100% in the assessment across all six sections. Human rights and inclusion of key populations(15 points); Confidentiality of documentations and risks mitigation (2 points); Commitments to promotion of non-judgmental and non-stigmatizing and clients human rights education, formal systems to respond to issues of discrimination and violence, (26 points), Provision of minimum package of evidenced-based services that meets the needs of key populations, strong financial management and grant management capacity, fair remuneration and peer progression and professional development (25 Points) Key Populations community empowerment through direct community financing for Key Populations groups (10 Points)

Conclusion: Heartland Alliance as an implementer of Key populations programs in Nigeria has over time continuously improved on being a Key Populations competent organization through capacity building of Key Populations organizations (KP CBOs) using the "Green housing" mentorship model which has midwifed 32 KP Community Based Organization of which some are currently implementing multiple programs with multiple donors.

Improving Health Extension Professional-managed Community ART Refill Performance in Ethiopia, an implementing local partner experience

Mary Joy Ethiopia, Ethiopia

Primary Author: Biniam Teshome

Background: Differentiated service delivery (DSD) is a flexible, client-centered strategy that streamlines and adapts HIV care across the cascade. DSD is crucial to sustaining the progress made in HIV care as countries approach and achieve the 95-95-95

goals. Since the end of 2016, Ethiopia has implemented several DSD models. From those, we have two community-based ART refill methods, peer Lead Community ART Distribution (PCAD) and Health extension professional managed (HEP-CAG). Mary Joy Ethiopia (MJE) is one of the prime partners implementing the USAID Family Focused HIV Prevention Care and Treatment Services in 3 regions of Ethiopia. One of the areas we focus on is community DSDM, and the activity that performed poorly in the first quarter is HEP-CAG formation, which was only 4 groups.

Methods: MJE assessed the root cause in HEP-CAG formation using a standard questionnaire and the following approaches for improvement:

- Strengthen facility community collaboration through consultative meeting with local government stakeholders.
- With the help of Regional Health Bureaus, we incorporated HEP-CAG as part of the Family Health Team (FHT). An FHT has urban health extensions that deliver home-to-home services in the community. Integrating ART refill with FHT, clients will easily access their ART in a convenient place, by a health provider they know and trust.
- Refresher training for health extension workers
- Experience sharing among facilities

The data quality was followed using Commcare application

Result: By employing the above strategies in the third quarter, we established 36 new HEP-CAG groups as of August 21, 2022, compared to our combined performance in quarters one and two, which was only 11 new groups.

Conclusion: The importance of client-centered care for achieving the three 95 goals and assurance of the continuum of care is crucial. Using existing health structures to introduce DSDs will increase success and acceptance by the target population.

***County Ownership and OVC Programing – Case of Localization in Bungoma and Kakamega Counties, Kenya

Moi University College of Health Sciences, Kenya

Primary Author: Kenneth Otieno

Background: USAID4TheChild has struggled with uptake of birth certificate among OVC which lingered at 56% in Bungoma and 74% in Kakamega. Equally challenging was access to county social protection database which has data of vulnerable households benefiting from orphans and vulnerable children (OVC) cash transfer (CT). With localization and institution of county-led, county-owned, and county-managed programming, USAID4TheChild made inroads through putting the counties in driver's seat

Methods: USAID4TheChild ensured project work-plan was co-created with relevant government departments. After co-creation, project worked with the County Area Advisory Councils (CAAC) to form County Program Delivery Committee (CPDC) as CAAC sub-committee, whose membership includes county departmental technical representatives, county project teams and local implementing partners

USAID4TheChild worked with CAAC to develop guidance for CPDCs, oriented members on roles, involved them in co-creation, implementation and tracking progress toward meeting county targets. This put county in driver's seat towards accountability for results. CPDCs conduct monthly structured meetings to identify gaps and formulate plans to address them based on thematic areas. In addressing identified gaps, CPDCs assign relevant departments to coordinate response. Bungoma and Kakamega CPDCs identified legal and social protection as thematic areas

Results: In Bungoma birth certificate uptake increased from 56% to 62% while in Kakamega County, the uptake improved from 74% to 81% in two quarters as of quarter three of financial year 2022.

In Kakamega CPDC facilitated access to the county database of CT beneficiaries that resulted in improved mapping of OVC enrolled in CT from 155 in quarter one to 1,081 in quarter three in the financial year 2022.

Conclusion: Instituting county-led county-owned county-managed structures can make significant contributions towards achieving project results and creating ownership by county governments.

A COMMUNITY HEALTH INITIATIVE: THE KURNA COMMUNITY MODEL A USAID-FUNDED ICHSSA-3 PROJECT INITIATIVE IN KANO STATE NIGERIA

Society for Family Health, Nigeria

Primary Author: Caleb Odonye Eselema

Background: Kurna community, in Fagge LGA, Kano-State had one health-facility(HF), SHEIKH MUSA-KALLAH PRIMARY HEALTHCARE centre which was losing patronage of residents especially pregnant women attending Antenatal care and delivery as result of inaccessibility to labour-room. This was due to the height of the HF entrance which had no steps for easy access especially for women. This had been a challenge for the HF attendees especially pregnant women and children since the establishment of the HF 15 years ago. Something had to be done to ensure the health-needs of the community is met

Method: The Community Child Protection Committee (CCPC) which ensures no violence against children (VAC) happen and Community Quality Improvement Team (CQIT) in Kurna, both a brain-child of ICHSSA-3, a USAID-funded project mobilized resources and community members to address the HF accessibility problem so that vulnerable children/caregivers, their families and pregnant women can receive qualitative care which aligns with result 1 of the USAID-OVC project-Households have increased access to basic services and care for OVCs.

Results: The CCPC&CQIT mobilized ₦238,000.00 worth of cements, blocks and cash from individuals/philanthropists to procure medical equipment, benches and to construct stairs into the health facility and labour-room. Ten benches(seats), two stethoscopes and a used metal drum to serve as incinerator for refuse disposable thereby enabling a cleaner environment for patients and healthcare workers were equally purchased. This gesture has reduced the burden of access for pregnant women and all patients accessing the health facility and increased patients' attendance at the health facility by 15% and buoyed health facility staff.

Conclusion: This demonstrated the role of CCPC&CQIT and more community partnership and ownership of problems portends greater benefits for the community. The community thanked USAID for the ICHSSA-3 project through CCPC & CQIT which had been beneficial.

Re- tweaking community structures to assure sustainability of care for OVC

INTEGRATED SERVICE ON HEALTH & DEVELOPMENT ORGANIZATION, Ethiopia

Primary author: Abel Ahmed

Background: Community care coalitions (CCC) are important structures for sustaining service delivery of OVC through referral linkage. However, it is not well utilized due to loose collaboration between key stakeholders of the platform.

Methods: The USAID Family Focused HIV Prevention, Care and Treatment activity (FFHPCTA) assessed the functionality of 100 CCCs located in 16 towns in Oromia region, Ethiopia. We found the major problem that contributed to non-functionality of the structure to be the power relation between local administration and town-level BOLSA (Labor and social affairs) and BoH (Bureau of Health). Local administrations are not accountable to BOLSA, the structure responsible to lead the CCC establishment and support. CCC performance was not regularly assessed and measured. To mitigate this gap, we organized a regional-level consultative meeting with BOLSA, BoH, and Mayer Offices of the 16 towns targeted under the project. All stakeholders agreed to evaluate and include the performance of CCCs in town administration supervision checklist. Besides, a decision was made to provide all-rounded support to CCC which included establishment of CCC office, recruitment of members, and legalization of the structure.

Results: The functionality of CCCs showed a robust improvement: 14 CCCs renewed expired licenses,16 CCCs received office space, started conducting regular meetings, all 100 CCCs updated resource maps/directories, and designed resource mobilization strategy. Moreover, 82 CCCs signed MOUs with service providers. Following CCCs reform and close follow-up, CCC mobilized \$ 100,767 and served 13,364 OVC during April-June, 2022 showing an increase of \$ 20,000 from the previous quarter.

Conclusions: Re-channeling the power relations, mainstreaming, and continuous support through a checklist Improved the functionality of CCC which in turn resulted in need-based service provision and sustainability of care through local resource mobilization.

Integrated Approaches to Improve Community TB Case Notification – Experience from Pwani region

Amref, Tanzania

Primary author: Georgiah Kasori

Background: Contact Tracing in TB is a key strategy. Tanzania has had CI guideline since 2016 but CI is not often conducted properly due to geographical coverage thus a combination of strategies is used toward reaching our Targets. Based on WHO recommendation Amref Tanzania through USAID funding bridges the gap by engaging CHWs for TB Contact investigation among close contact of index patients from communities with the aim of reaching 30% as community contribution as per National Guidelines

Methods: Mapping was done to identify key community actors. These included 115 CHWs, including X- TB patients, 30 Accredited Drug Dispensing Outlets (ADDO), 18 Traditional Healers, Bodaboda riders and Community Leaders who were capacitated through training . Multiple strategies including mobile vans were deployed to improve TB screening at communities which attracted key and vulnerable groups. All presumptive cases of VIA x-ray were repeated by Gene Expert for confirmation. List of positive cases were distributed to CHWs for contact investigation.

Results: Between September 2021 and June 2022 TB notification of all forms is 4784 while community contribution is 1162 (24%). Q1 2021 all forms 740 community 37(5%), Q2 679 Community 118(17%) Q3 was 633 community 178(28%), Q4 was 716 community 220(31%), Q1FY2 was 642 community contribution 201(31%), Q2 was 686 community (204(30%) and Q3 of 2022 is 688 community 204(30%).

Conclusion: More innovation is needed to obtain index patients. Collect complete and accurate patient contact and improve linkage between community and health care services. Involvement of community , capacity building of village chairpersons to implement and support community TB activities will help ensure inclusion of all TB patients during contact investigation

Staffing

*****An assessment of burnout and depression among health care workers providing HIV care during the COVID-19 epidemic in Malawi.**

Partners In Hope, Malawi

Primary Author: John Songo

Background: Burnout and depression levels among health care workers (HCWs) may have risen during the COVID-19 pandemic due to anxiety and increased work pressure. We assessed the prevalence of burnout, depression, and associated factors among Malawian HCWs providing HIV care.

Methods: In April-May 2021, between the second and third COVID-19 waves, we randomly selected up to 14 HCWs at 30 PEPFAR/USAID-supported health facilities for an anonymous survey. We screened respondents for depression, using the WHO Self Report Questionnaire for depression screening (score ≥ 8 indicating positive screen) and burnout using the Maslach Burnout Inventory tool (positive screen defined as moderate or high burnout on Emotional Exhaustion and/or Depersonalization and/or low-moderate Personal Accomplishment). Logistic regression models were used to evaluate factors associated with depression and burnout.

Results: We surveyed 435 HCWs, median age 32 years (IQR 28-38), 54% female, 34% clinical cadres and 66% lay cadres. 28% HCWs screened positive for depression, 29% for burnout, and 13% for both. Being a clinician (vs. lay cadre) was associated with positive burnout screen (aOR 2.0 95%CI:1.1-3.5). Screening positive for burnout was associated with positive depression screen (aOR 3.2, 95%CI:1.9-5.4). Controlling for age, sex, marital status and years of work, positive depression screen was associated with working in the southern region (aOR 2.3, 95%CI:1.4-3.6), previous COVID-19 infection (aOR:2.2, 95%CI: 1.2-4.2) and expecting

to probably or definitely get COVID-19 in the next year (aOR 2.8, 95%CI:1.3-5.9).

Conclusion: HCWs are commonly screened positive for burnout or depression, but prevalence was not higher than reported before the COVID-19 pandemic. Regular screening for both conditions should be encouraged given consequences of these conditions for mental health and work performance and availability of feasible interventions to support HCWs.

COMMUNITY-BASED DELIVERY: AN APPROACH THAT WORKS

ONG BLETY, Côte d'Ivoire

Primary Author: Josiane Tety

Background: In Côte d'Ivoire, 44% of men who have sex with men (MSM) and 62% of sex workers (SW) living with HIV are on ART (2019). However, HIV programs that target key populations (KPs)—especially the one implemented by BLETY within the PEPFAR framework—face the problem of retaining patients in care. These rates stand at 40.89% among MSM and 58.98% among SWs (COP 20). Community-based delivery (CBD) could be a solution to the challenge of retaining these HIV patients in care.

Methods: A framework of collaboration between healthcare centers and community-based organizations allows the Peer Navigator (PN), during therapeutic follow-up, to access the ART supply for HIV-positive patients and make it available to them during care groups and visits in patients' homes. Previously, the capacity of PNs was strengthened to sensitize patients to the importance of continuously taking ART to suppress viral load.

Results: An improvement in retention in HIV care was observed. During COP 21, the retention rate among MSM went from 40.89% to 59%; among SWs, it increased from 58.98% to 76.35%.

Conclusion: CBD of ART within KPs to reduce the rate of lost-to-follow-up seems to yield encouraging results. It should be extended to a bigger group of FSWs and MSM to estimate the potential for its impact on a larger scale.

Subawards

***Improving governance and performance through Integrated Technical and Organizational Capacity Assessment (ITOCA).

Young Women's Christian Association of Rwanda, Rwanda

Primary Author: Jean Berchmans

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With the ITOCA tool, an assessment was conducted, gaps were identified and a Capacity Action Plan (CAP) was developed defining the domain, gaps, planned activities responding to gaps, responsible persons, deliverables, resources requirements and

timelines.

Results: The ITOCA tool and its guide were easy to comprehend and allowed YWCA to learn about the current state of capacity and what to focus on while implementing the CAPs to enhance program implementation and strengthen organizational and technical capacities.

Conclusion: ITOCA tool facilitated an exhaustive introspection in terms of governance and management to detect gaps and levels of improvement for more performance. YWCA will be using the tools to conduct self-assessment for more updated and high standards improvement that will contribute to proper management of the award as prime organization.

***Managing a Seamless Transition from International to Local USAID Implementing Partners. The Experience of Uganda Protestant Medical Bureau.

Uganda Protestant Medical Bureau

Primary Author: Sarah Akatukunda

Background: Since 2018, USAID has deliberately increased funding to local partners through direct prime awards to achieve country ownership and long-term sustainability of HIV responses.

In August 2020, Uganda Protestant Medical Bureau (UPMB), a private not-for-profit faith-based organization signed a five-year Cooperative Agreement with USAID to implement the Local Services Delivery for HIV and AIDS Activity (LSDA). This required a seamless transition of 161 Health Facilities providing HIV/TB services from the five USAID Regional Health Integration to Enhance Services (RHITES) mechanisms in 57 districts across five regions to UPMB.

Methods: UPMB worked closely with: USAID/Uganda Mission team to provide overall Technical Assistance to the transition, RHITES mechanisms and health facilities ownership structures for critical information to aid facility entry, Ministry of health and host local governments for policy guidance, supervision, training and logistical support. Decisions were decentralized to health facilities with guidance from LSDA. Letters of Authorization were issued to 34 facilities following compliance assessments, start-up orientation and contract signing. Mid and low volume facilities were directly supported to implement activities. Internal systems were strengthened through adoption of a new accounting package and update of policies, manuals and tools. UPMB recruited staff with high experience in USAID funded projects and established three regional offices to coordinate the activity.

Results: Transitioned 123, 256 (27% of USAID active clients on ART) at 161 health facilities into the LSDA activity between August and October 2020. Awarded 34 sub-grants and directly supported 127 health facilities. 72% (33/46) of the indicators met 80% of their annual targets.

Conclusion: Standard Operating Procedures for transition, meaningful collaboration and capacity building for local partners in managing US government funds is vital for a smooth transition.

***Lessons learned and best practices of a Local Partner building capacity of Local Sub Awardees

N'weti, Mozambique

Primary Author: Talitha Buwalda

Background: N'weti was awarded its first cooperative agreement in 2013 and has since then been a prime partner of USAID. With the recent switch to localization of funding, N'weti was encouraged by USAID to include additional local sub awardees and build their capacity. In the Mozambican context this is a relevant request, as until recently there were few local organizations with the systems in place to receive direct funding from USAID.

Methods: N'weti's current project increased the number of sub awards from 3 to the current 15 in a short period of time. Through careful analysis of additional staff to be hired and systems to be installed – the project managed to successfully handle this considerable increase. To assure technical and operational excellence, substantial involvement was needed in the management of the sub awards. This includes: providing ongoing coaching by having technical support staff allocated to the sub-award offices; mentoring through substantial involvement related to HR management; and supervision through frequent visits to the offices to review finance and administrative documents, among other strategies.

Results: The success of this substantial involvement is noted through the following results: The projects' sub awardees have improved their operational systems and policies; Technical excellence of all partners was noted through outstanding performance during COP21; One local partner will in the near future sign its first cooperative agreement with USAID

Conclusion: Substantial involvement of a local partner in the activities of another local sub awardee might initially be considered unorthodox. However, Local NGOs "know what it takes" to become a prime partner as they themselves went through the process only recently; Set-up of a strong sub award support department is key to assure that both routine tasks are handled timely, as well as allowing sufficient capacity to conduct support visits to the sub awardees.

*****EVALUATION OF HEARTLAND ALLIANCE LTD/GTE MODEL OF KEY POPULATIONS INTERVENTIONS USING THE KP ASSESSMENT TOOL**

Heartland Alliance LTD/GTE, Nigeria (Abuja)

Primary Author: Bartholomew Ochonye

Background: PEPFAR guidance on HIV key population (KP) programming is implemented by "KP competent organizations,". The objective of the assessment was to evaluate the level of Key Populations competency of PEPFAR implementing partners and areas of improvement. Heartland Alliance LTD/GTE is a Local Organization that is currently Implementing the PEPFAR-funded Key Populations Community HIV Services Actions and Response (KPCARE 1) project in 6 states in Nigeria.

Methods: The PEPFAR Key Population Competence Assessment tool has six sections that evaluated inclusiveness at the organization, privacy and security, Capacity to meet the health needs of Key populations, Commitment to human rights and dignity of Key populations and Commitment to community empowerment. A total of 16 questions with a total score of 78 points.

Results: Heartland Alliance scored 100% in the assessment across all six sections. Human rights and inclusion of key populations(15 points); Confidentiality of documentations and risks mitigation (2 points); Commitments to promotion of non-judgmental and non-stigmatizing and clients human rights education, formal systems to respond to issues of discrimination and violence, (26 points), Provision of minimum package of evidenced-based services that meets the needs of key populations, strong financial management and grant management capacity, fair remuneration and peer progression and professional development (25 Points) Key Populations community empowerment through direct community financing for Key Populations groups (10 Points).

Conclusion: Heartland Alliance as an implementer of Key populations programs in Nigeria has over time continuously improved on being a Key Populations competent organization through capacity building of Key Populations organizations (KP CBOs) using the "Green housing" mentorship model which has midwived 32 KP Community Based Organization of which some are currently implementing multiple programs with multiple donors.

*****Stigma and Discrimination-Free Communities: Work through local NGO subawardees for community mobilization interventions**

Pan American Social Marketing Organization (PASMO Panama)

Primary Author: Alenjandra Cabrera

Background: Under USAID's Prevention Services against HIV activity in Guatemala, El Salvador, Honduras, Nicaragua, and Panama. PASMO works to increase HIV testing services uptake and linkage among high-risk individuals, especially key populations: men who have sex with men and transgender women. The activity also seeks to address key structural barriers to HIV prevention services among KPs by addressing stigma and discrimination.

Methods: To support enabling community environments for KPs and other HRI that de-stigmatize HTS, PASMO developed Human Rights Strategy My health, my community, my rights, under which various interventions are implemented to reach HRI and other actors in the socio-ecological model. For the community level, PASMO developed Espacios Libres, where local NGOs receive subawards to organize community mobilization and follow-up activities, including the facilitation of learning sessions on gender, HIV, sexual diversity, and human rights with an average of 30 participants, as well as actions that promote the sustainability of the intervention and long-term change.

Results: Up to June 2022, PASMO was working through 6 local NGO sub awardees in Guatemala, El Salvador, Honduras, and Panama in 10 communities across the region. In Panama, “Espacios Libres” was implemented successfully through one local NGO in the community of La Chorrera with participants including local representatives from the Ministry of Health, Ministry of Education, Ministry of Social Development, Municipality, National Police, and parents of and members of the LGBTIQ+ community, leading to the reactivation of the district’s Human Rights Committee.

Conclusion: PASMO identified multiple local NGOs ideal for the Espacios Libres interventions which did not meet USAID requirements for sub-awards, for which the strengthening of local NGOs and adaptations to the current Subaward Manual will be important, as well as strengthening the sustainability and follow-up elements of the intervention.