What Works? Effective coordination between OVC and HIV clinical partners to improve pediatric HIV case finding, retention and viral load suppression

Presented by the OVC Task Force and Interagency PEPFAR Colleagues
Wednesday, December 13th

8-9:30 AM New York (GMT-4) | 2-3:30 PM Joburg (GMT+2) | 3-4:30 PM Nairobi (GMT+3)

#	Question	Theme	Question Answered by	Answer
1	For the children aged 9-14, did you know their violence (self-reported) experience at baseline? Which curriculum are you using for addressing primary prevention of violence among this group?	Data management/data sharing/GBV	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	We didn't do baseline on violence, but we collected information during enrolment. Most of violence cases were reported in following sessions after facilitators building rapport with program participants. We were are using Go Girls curriculum, but this year we are changing to Stepping Stones as per PEPFAR guidance.
2	How the confidentiality issues managed between COVIDA and treatment partners and whether the National Program had protocols of data sharing. What were the challenges in data sharing specially with PLHIV networks and parents?	Confidentiality	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	We have MOUs with clinical partners covering shared confidentiality. Additionally, we had clinical partners and HFs staff training our linkages facilitators and community case workers. This helped to increase the confidence on COVIDA folks from clinical partners. We hope to support the national program developing protocols for data sharing, using experiences from this triangulation activity.
3	Did your findings reveal that same C&ALHIV register different names or contact addresses across multiple health facilities surveyed? If yes, how did you synchronize their records? Thank you.	Data management/data sharing	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	Yes, we found some of these cases, including C&ALHIV registered as adults. To overcome this challenge and synchronize records, we decided to use Patient Identification Number, being used across the country and recorded in ART cards.
4	WHAT ARE THE ISSUES AROUND MANAGEMENT OF C&ALHIV with unsuppressed viral as indicated in VL suppression prevalence?	Viral load suppression	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	The main factor for unsuppressed VL in children are suboptimal regimes, only in Q1 20 we started to switch children below 20kg on NVP based regime to LPV/r solid formulation. We stared to switch older children (above 20kg) to DTG regime in January 2020 and we can already see dramatic improvement in VL suppression. Another important factor is HIV disclosure to older children (10 and older).
5	Subash from India with Project ACCELERATE. How the confidentiality issues managed between COVIDA and treatment partners and whether the National/Provincial Program had protocols of data sharing, if yes how these were compiled during data sharing between two agencies. What were the	Confidentiality/data management/data sharing	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	Repeated on number 3.

	challenges in data sharing specially with PLHIV networks and parents?			
6	Were there any C&ALHIV on the HF list who would not qualify as an OVC?	Eligibility for OVC programs	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	No. Pediatric retention is huge issue in Mozambique, so we decided to make all C&ALHIV eligible for OVC. The expectation is that OVC program will cover 90% or more C&ALHIV on ART in PEPFAR priority health facilities.
7	From Joel Kuria: what strategies did you use to validate that the same CLHIV enrolled in your project are same ones in the TxCurr at health facility?	Data management/data sharing	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	We are using the Patient Identification Number, being used across the country and recorded in ART cards. We also triangulate the names and date of birth.
8	Did both programs have HTS_TST_POS targets within the same sites? If so, was this an issue and how was this resolved?	Double counting/data management	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	No. OVC programs don't have targets for HTS_TST_POS.
9	Adolescents tend to go to health care facilities that are far from their residence; and others are fond of changing names, how do/did you address such issues	Data management	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	We addressed this using the Patient Identification Number, being used across the country.
10	Thank you for the presentation. I am interested in knowing more about program implementation. Was implementation done by partners who implemented both the HIV treatment and the OVC program in a comprehensive manner, or by separate implementing partners?	Partners/service delivery/coordination	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	The implementation is being done by two distinct partners. COVida is a OVC program /community partner, while EGPAF is clinical partner. Important to mention that this require coordination, action plan and monitoring of action plan at each level.
11	What strategies did you use to validate that the same CLHIV enrolled in your project are same ones in the TxCurr at health facility?	Data management/data sharing	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	Repeated in number 8

12	Is there data to show the 'discrepancy' between self-reports vs actual results for VL?	Data management/data sharing	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	Yes. In Q1 we had 29% discrepancy and in Q4 we had 4%.
13	Did any of the programs focus on the relationship between KP (FSW/MSM/TG) who were parents and their children? If so, did you see that demand increased for services when both adult/children programs were integrated?	Key populations/service delivery	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	Although COVida is supporting children of FSWs and some of them are covered in this activity, we didn't profile the beneficiaries by subpopulations.
14	Were they issues of a beneficiary enrolled on treatment in more than one facility and counted at each point as a different person? How did you identify and resolve such double counting in triangulation?	Data management/double counting	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	Its common that the patients would transfer herself/himself (silent transfers) to another facility without informing. To identify this it's important to implement phone call/home visits to all patients who missed their consultation/ART pick up. The Patient Identification Number is key to identify and solve issues with double counting. The weekly meetings for case 15conferencing with community case workers, is also key to address this challenge, as each family of C&ALHIV is assigned to a case worker.
15	For the Mozambique project, you mentioned that client files had more accurate data than the national ART database. Patient file reviews are very time consuming and the data is not able to be tracked back to the national system. How are you dealing with the data discrepancies and managing the extra work of review patient files?	Data management	Belmiro Sousa, Technical Director, COVida Project, FHI 360/Mozambique & Dr. Silvia Matitimel Mikusova, Technical Director, EGPAF/Mozambique	This was one of the lessons learned and opportunity to improve data capturing in ART database. Clinical partner does data triangulation every week, specifically to update clinical consultation or drug pick up. For other indicators there is monthly DQA exercises.
16	How did you coordinate home visits and referrals between OVC volunteers and community health care workers such as mentor mothers/fathers used by clinical partners?	Referrals/service delivery	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and	Peer educators are engaged to work at facility level to support the work of HCWs. Their role is to manage the appointment and tracking system, and to provide HIV testing and counseling, adherence support and counseling, and peer support group meetings. They also conduct home-

			Treatment Services project, DRC	based visits for patients not enrolled in the socio-economic program for OVCs. Regarding the socio-economic program for OVCs, the role of peer educators is to: - Inform HIV+ patients on the SE program for OVCs - Identify HIV+ children or adults who meet eligibility criteria to be enrolled in the socio-economic program, filling the identification form with the necessaire - Fill the identification form with all pertinent information for the case manager to reach the clients/households in the community - Plan for the case managers home-based visits by identifying days and time the client is at his/her domicile - Provide the OVC case manager supervisors -who visit his assigned health facilities once a week - with the identification forms - Follow with the case manager supervisor and the case manager if the client household was enrolled in the SE program for OVCs during weekly supervisor visit or monthly case conferencing. Regarding the clinical management of HIV+ patients, every time a client enrolled in the OVC program does not show up in the facility for a clinical appointment or VL monitoring, the same day, peer educators send a WhatsApp message to the OVC case manager in charge of the patients for him to track the patient in the community within 3 days. The OVC case manager then report provide the outcome of the home-based visit using the same channel.
17	Is there client level analysis of barriers to VL suppression and retention that help the OVC case managers to play their role (focusing on the actual root problem and not contributing factors)	Service delivery/viral load suppression	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and	Yes, every patient with an unsuppressed VL receive enhanced adherence counseling to identify factors associated high viral load. This information is shared with the OVC case managers supervisor who visit health facilities

			Treatment Services project, DRC	18every week and also reviewed during monthly case conferencing meetings. OVC case managers are also trained on the provision of enhanced adherence counseling. They are in charge of developing a specific plan to improve patient adherence to treatment.
18	What is the ratio of Case Manager to number of OVC households supported	Case manager ratio	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	45 households by case managers.
19	Hi Dr. Tania, have you signed a working MoU with clinical partners?	Coordination mechanisms	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	ICAP has no MoU with clinical partner as ICAP is implementing both clinical interventions and OVC programing.
20	Do you recommend any specific quality in choosing OVC case manager Vs Peer educator? Thanks.	Case manager selection	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	Peer educators are based in the facilities and do not have time to establish a deep relationship with the clients. While organizing several home-based visit, case managers established a trust relationship with the members of the households; thus they are able to access sensitive information to improve HIV serostatus disclosure to partners or children, improve adherence to treatment….
21	Is ICAP in DRC only offering comprehensive OVC services? If there are prevention and AGYW OVC services, are there case managers with a different profile, role and scope?	Service delivery	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	ICAP is only offering comprehensive OVC services.
22	How forthcoming have the Health facilities been in providing training/capacity building for community-level case managers on the clinical components of adherence counseling, HIV treatment literacy etc.	Case manager selection/OVC workforce/capacity development	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and	ICAP worked with the MOH to organize training workshops for OVC case managers with several practical sessions

			Treatment Services project, DRC	
23	I'm really glad to hear that ICAP created SOPs that outline the roles of all involved in care - HF staff, peer educators and OVC. Can they share these widely for others to learn from?	OVC workforce/service delivery	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	We will translate the SOP in English and share with when ready. (Two weeks from now)
24	What was the course Content for the Case Workers/Case manager? is it possible you can share the training materials you used?	Tools/capacity development	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	We will provide an overview in English in the two coming weeks as all the material we use is in French
25	Thank you for the pediatric VL initiative. Is there client level analysis of barriers to VL suppression and retention that help the OVC case managers to play their role (focusing on the actual root problem and not contributing factors)	Viral load suppression/service delivery	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	Yes, every patient with an unsuppressed VL receive enhanced adherence counseling to identify factors associated high viral load. This information is shared with the OVC case managers supervisor who visit health facilities every week and also reviewed during monthly case conferencing meetings. OVC case managers are also trained on the provision of enhanced adherence counseling. They are in charge of developing a specific plan to improve patient adherence to treatment.
26	Thank you for your presentation. Please could you share with us the ratio of your 1) Case managers to the number of households they support? 2) Case managers and OVC beneficiaries they support?	Case manager ratio/service delivery	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	45 households by case managers. Around 135 OVCs by case managers including 45 HIV+ OVCs
27	Please could you share with us the ratio of your 1) case managers to the number of households they support? 2) case managers and OVC beneficiaries they support?	Case manager ratio/service delivery	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and	45 households by case managers. Around 135 OVCs by case managers including 45 HIV+ OVCs

			Treatment Services project, DRC	
28	Do we have other opportunities to leverage on like FCI to address stigma which tends to hinder disclosure and for ICAP would be interested to know if your ME&L framework allows coordinated linkage of OVC data and treatment outcomes	Stigma/data management/service delivery	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	We managed to include selected clinical data in OVC data collection and data reporting tool. That data could also be find in our OVC database.
29	Can you discuss more about the collection of viral load samples at homes? how is it coordinated between community and facility?	Viral load suppression	Dr. Tania Tchissambou, Technical Director for Increase Access to Comprehensive HIV/AIDS Prevention, Care and Treatment Services project, DRC	During case conferencing meetings, peer educators and OVC case managers review patient appointment for viral load monitoring. When the patient is not able to go at the facility for any reason, the OVC case managers reach out peer educators and HCWs to organize blood collection at the patient domicile.
30	To LLOVC what is the impact of case conferences and other activities on improving VL suppression prevalence? Has the coverage and prevalence improved in your area of support?	Viral load suppression	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	These case conferences act as platform where complex child protection cases are discussed by different stakeholders including clinical partners, health workers. community leaders, police, teachers, child protection workers, and from such discussions possible solutions agreed to assist OVC. So far, we have seen that some children have their viral load suppressed after a discussion with clinical partners to change drug regimen. case conferences have also increased drug uptake among A/CLHIV since they are familiar of the coordinated support they get form various stakeholders
31	At the health care facility, who is responsible for sharing CAYPLHIV information	Data management/OVC workforce	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	we have clinical partners as well as facility in charges who work together with OVC case worker supervisors.
32	Question for the Lilongwe Project by Maggi: What is the yield from the demand created for HIV testing through home visits like in comparison to other strategies? Are their barriers that CCWs face and how are they addressed?	Service delivery	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	Great prospects from this because once case care workers have created this demand for HIV testing, they link with clinical partners to conduct the testing. Since we have signed MOUs which also hint on their support on community/home HIV testing. However, challenges include: CCWs travelling long distance (provided with bicycles); sometimes it takes time for testing to happen as

				we wait for clinical partners to conduct the testing (strengthening coordination)
33	How is the coordination between CCWs and linkages facilitators managed? To whom do the linkages facilitators report and do they participate in case conferences?	OVC workforce/service delivery	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	CCCs and referral and linkage facilitators are managed by Case worker supervisors which are stationed right at the facility. These are all involved in case conferences and it is the referral and linkage facilitators who initially refer the cases to OVC case care workers for follow up and household visits
34	What do you put in place in a practical way to ensure that the MoUs are followed and respected by the different parties? For example, do you review them together periodically? In my country we have a lot of MoUs, but for now, this is not a path that I would recommend in my context, so I want to know what you are doing in addition to the MoU.	Coordination mechanisms	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	we have quarterly /planning review meetings; on-job orientation and training support; joint monitoring and supervision; sharing success stories
35	Malawi team, thanks for the presentation and achievements. How was confidentiality managed? Were all parties (children and their care givers) informed on the processes and what to expect?	Confidentiality/data management/data sharing	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	confidentiality issues are well managed through the signed MOUs. Again OVC case care workers and also patient supporters from clinical partners have been trained on confidentiality in case management /HIV service delivery ...and they also signed agreements to such as a compliance strategy. We continue sensitizing children and their caregivers that our program is multi sectoral, so the information they give us can be shared with relevant parties depending on need
36	Can Maggie explain more on the role of the "patient supporter" cadre - are they managed by the clinical partners or the OVC program? How do they engage with the "referral and linkage coordinators" and with the "community case workers"?	OVC workforce/service delivery	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	patient supporters are managed by clinical partners. But they refer eligible A/CLHIV identified by clinical partners to OVC referral and linkage facilitators who link with OVC case care workers to conduct household visits. Case care workers also refer OVC beneficiaries for testing to patient supporters
37	Thanks Maggie for the clear discussions on your experience. Where the case care workers stationed in a facility? What are the interpersonal challenges met among	Confidentiality/OVC workforce/service delivery	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	case care workers together with case worker supervisors and referral and linkage facilitators are stationed at ART offices. Though it has been challenging for CCWs to directly engage

	HF workers and CCWs as well as at the managerial level? How your team addressed confidentiality			with HF because of other structural challenges. Again, change of HF staff i.e. ART coordinators, HF in charge would mean repeating project sensitization activities and this makes it a bit difficult for other activities to be sustained
38	Seems you sang the good song on MOUs with OVC and Treatment Partners. Does this mean you do not have any challenges on MOUs	Coordination mechanisms	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	challenges include limited funds for in-service training to OVC partners on other clinical interventions; data sharing still not fully accomplished since MOUs have just been reinforced,
39	Some of the HFs have so many demands for supporting their meetings, home visits and even infrastructure improvements which may not be possible for the OVC partners. Did you experience any of challenges as the MOUs were developed?	Coordination mechanisms/service delivery	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	The developed MOUs specifically concerns our coordination with clinical partners. However, the major areas for collaboration are on service delivery which OVC partner is able to support i.e. we do support facility review meetings, home visits. Indeed, infrastructural service is a challenge which requires long term solutions of which OVC cannot manage.
40	To Maggie - could you please tell us more about the know-your-child strategy or session?	Service delivery	Maggie Kuchonde, Program Manager at Lilongwe Catholic Health Commission, Malawi	case care workers and supervisors conduct these sessions at the facility every month by updating case plans. The sessions focus on contextualizing data on the four domains of healthy, stable, safe and schooled for children in each facility with the purpose of identifying support issues and discussing workable strategies to resolve the root causes. The objective is to ensure that priority OVC sub-populations and their primary caregivers receive consistent and coordinated services so as to achieve set benchmarks.

What are the top 2 strategies (in your experience, or from presentations) that you can apply to your program?