

CQUIN Country Presentation

Feb 2018

Malawi

Original activity	On going activities	For Revisit	Dropped
<ul style="list-style-type: none"> <li>• Decongest the clinics: 3 month fast track pharmacy refill at high burden sites with EMR 6 months visits</li> <li>• Adapt and standardize materials and tool for teen club</li> <li>• Transition CAGS to NCAP</li> <li>• Improve access through Community ART models: Scale up NCAP</li> <li>• Use dash board to</li> <li>• Improve Clinical management of advanced or unstable HIV patients (ALUP) to be rolled out to the District Hospitals</li> </ul>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p>	

Original activity	On going activities	For Revisit	Dropped
<ul style="list-style-type: none"> <li>✓ Monitoring and evaluation framework-Review routinely collected data on treatment outcomes</li> <li>• Eligibility for different DSD</li> <li>• Identify priority evaluation questions</li>   <li>✓ P@HRworkshop</li>   <li>• Update and modify current guidelines to include pts with high risk of disease progression &amp; introduce to national TWG</li> <li>• Advocate scale up of ALUP model toART sites that have ART capacity</li>   <li>✓ Follow up and participate in the upcoming CQUIN workshops to keep the momentum</li> </ul>	<ul style="list-style-type: none"> <li>✓</li>   <li>✓</li>         <li>✓</li> </ul>		

# Lessons Learned

- Need for an M and E system to capture DSD related data
- Better community engagement for demand creation
- To revisit discussion community ART groups based on other countries experiences
- Countries with dedicated DSD focal persons appear to have progressed faster on DSD issues

# Action Points

- Strengthen access and improvement of Community ART models: Scale up Nurse lead Community ART Program
- Scale up Teen Clubs to at least 3 per district
- Activate a program level reporting on DSD coverage

# Priorities for 2018

- Advocate for a dedicated DSD focal person
- Finalize the DSD toolkit. Adapt from other countries eg Kenya
- Revise M and E systems to capture DSD data
- Community engagement on DSD scale up
- Scale up adaptable DSD models – teens club, multi-month scripting, nurse-led ART and fast track:
  - ✓ 70% health facilities implementing DSD by December, 2018
  - ✓ 70% patient cohort on at least one DSD
  - ✓ Maximum 4 clinic visits per patient per year (exception of P@HR)
- Sensitization of peripheral and district level health managers on DSD

# Knowledge Exchange Priorities

- Electronic M and E module and paper from Swaziland
- Viral Load scale up and result utilization for DSD decision SA
- Understudy the lessons of the TASO program in Uganda for better engagement of PLHIV CSO in HIV care and treatment issues