

LARC Malawi Team

Demand Creation

Reuben Mwenda, Deputy Director
Ministry of Health - Diagnostics
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Country Team

- Reuben Mwenda
- Tulipoka Soko
- Thokozire Lipato
- Isaac Chauwa
- Linvell Chirwa
- Sinjani
- Geoffrey Chipungu
- Benson Chilima
- Dorothy Ngoma
- Maxwell Pangani

Name of Facility selected



Planning Process

- Consultations with facility personnel
- Baseline assessment – Data collection
 - Current on ART
 - Proportion of eligible clients accessing VLT
 - Number of VL samples collected /week
 - Percent of ART clients with at least 95% Adherence.
 - Sample rejection rate

Planning Process (Contd)

- Identifying the problem
- Development of a goal and objectives
- Development of project activities and strategies.
- Development of the budget

How the project leverages existing VL in-country initiatives.

- The project is a supplement to other already existing interventions.
 - VL national scale up plan (2015-2018)
 - Sample collection and preparation (Lighthouse)
 - Sample transportation (Riders for Health)
 - VL data system

Background: Problem Statement

- Explain how project relates to a specific facet of the viral load cascade – **Demand creation will improve patient identification and will increase the proportion of ART clients accessing VLT.**
- What facility baseline data did your team collect to define your problem? For example:

Facility Baseline Data

Indicator	Baseline	Target
Number of adults and pediatrics current on ART.	5000	5500
Proportion of ART clients accessing VLT	38%	80%
Number of VL samples collected per week	40	84
Percent of ART clients with at least 95% adherence	95%	100%
VL sample rejection rate	10%	<1%

Project Objective

- Increase access to quality VLT services at Mitundu Community Hospital by 80% through a strengthened identification process of eligible clients and demand creation

Methods - Intervention

Action Item	Responsible person	Start Date	End Date
Orientation of facility level personnel on the project.	Reuben	August 8, 2016	August 8, 2016
Facilitate formulation Community Advisory Body (CAB) with TORs.	Linvell	August 15, 2016	August 19, 2016
Orient CAB in viral load and other related ART areas.	Linvell, Sinjani	August 15, 2016	August 19, 2016
Facilitate formulation of Community ART Groups (CAGs).	Linvell	September 1, 2016	September 15, 2016
Orient CAGs on their roles including VLT algorithm.	Linvell	September 1, 2016	September 15, 2016
Facilitate identification of expert clients.	Linvell	September 19, 2016	September 23, 2016

Methods – Intervention (Contd)

Action Item	Responsible Person	Start Date	End Date
Train expert clients on their roles in community awareness and VLT algorithm	Linvell	October 3, 2016	October 4, 2016
Facilitate community sensitization meetings	Linvell	October 17, 2016	Ongoing
Facilitate formulation of a Mitundu ART teen club	Linvell	November 1, 2016	November 11, 2016
Facilitate monthly meetings for the teen club	Linvell	November 21, 2016	Ongoing
Train HSAs or HDAs in VL sample collection and preparation.	Sinjani	September 1, 2016	September 3, 2016
Specimen collection and preparation	Sinjani	September 4, 2016	ongoing
Prepare and print IEC materials in collaboration with Health Education Unit	Tulipoka Soko	January 3, 2016	January 13, 2016

Methods – Intervention (Contd)

Action Item	Responsible Person	Start Date	End Date
Conduct monthly supportive supervision visits and collect data on project performance indicators.	Isaac	End September, 2016	Ongoing
Conduct data quality assessments	Isaac	End September, 2016	Ongoing
Conduct quarterly review meetings	Isaac	End October, 2016	Ongoing
Prepare quarterly Reports	Isaac	End October, 2016	Ongoing
Prepare monthly financial Reports	Thokozire	End August, 2016	Ongoing

Methods – Data Collection Plan

- What data elements will be measured?

Indicator	Baseline	Target	When	Who	Source
Number of adults and pediatrics current on ART.	5000	5500	Monthly	Linvell (facility Coordinator)	ART EDS
Proportion of ART clients accessing VLT	38%	80%	Quarterly	Linvell	VL LIMS, ART EDS
Number of VL samples collected per week	40	84	Monthly	Lab Tech	VL sample collection register
Percent of ART clients with at least 95% adherence.	95%	100%	Quarterly	Linvell	ART EDS
Sample rejection rate	10%	<1%	Quarterly	Lab Tech	Sample rejection registers

Methods – Data Collection Plan (cont'd)

- How often will the data be reviewed? - Quarterly through supportive supervisions and Data Quality Assessment activities.
- How and when will your team determine that change has occurred? – Project mid-term and end term evaluations.

Example of Data Collection Tool

- ART and VL Electronic Data Systems
- Lab sample collection logbooks
- Master cards
- Patient tracing registers

Challenges

Anticipated Challenges	Mitigation Measures
Increased workload at testing facilities, long Turnaround Time (TAT)	The program will facilitate in the transfer of samples from Kamuzu Central Hospital to any of the molecular labs where there may be low utilization of equipment
A Weak supply chain system that may result in reagents stock out.	The program will work hand in hand with other partners like CHAI, URC and Global Fund, to support strengthening of the supply chain system through timely procurement and improved stock monitoring.
Lost to follow up / High defaulter rate.	The Community Advisory Body and Health Surveillance Assistants will assist in the tracing of LTFU ART clients.

Way Forward

- Continued collaboration with implementing partners.
- Strengthen awareness country wide in reference to the national VL scale up plan
- Carry out annual national stakeholder VL dissemination workshops.

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