

LARC Malawi

Demand Creation

Isaac Chauwa
M&E Specialist – Ministry of Health Diagnostics

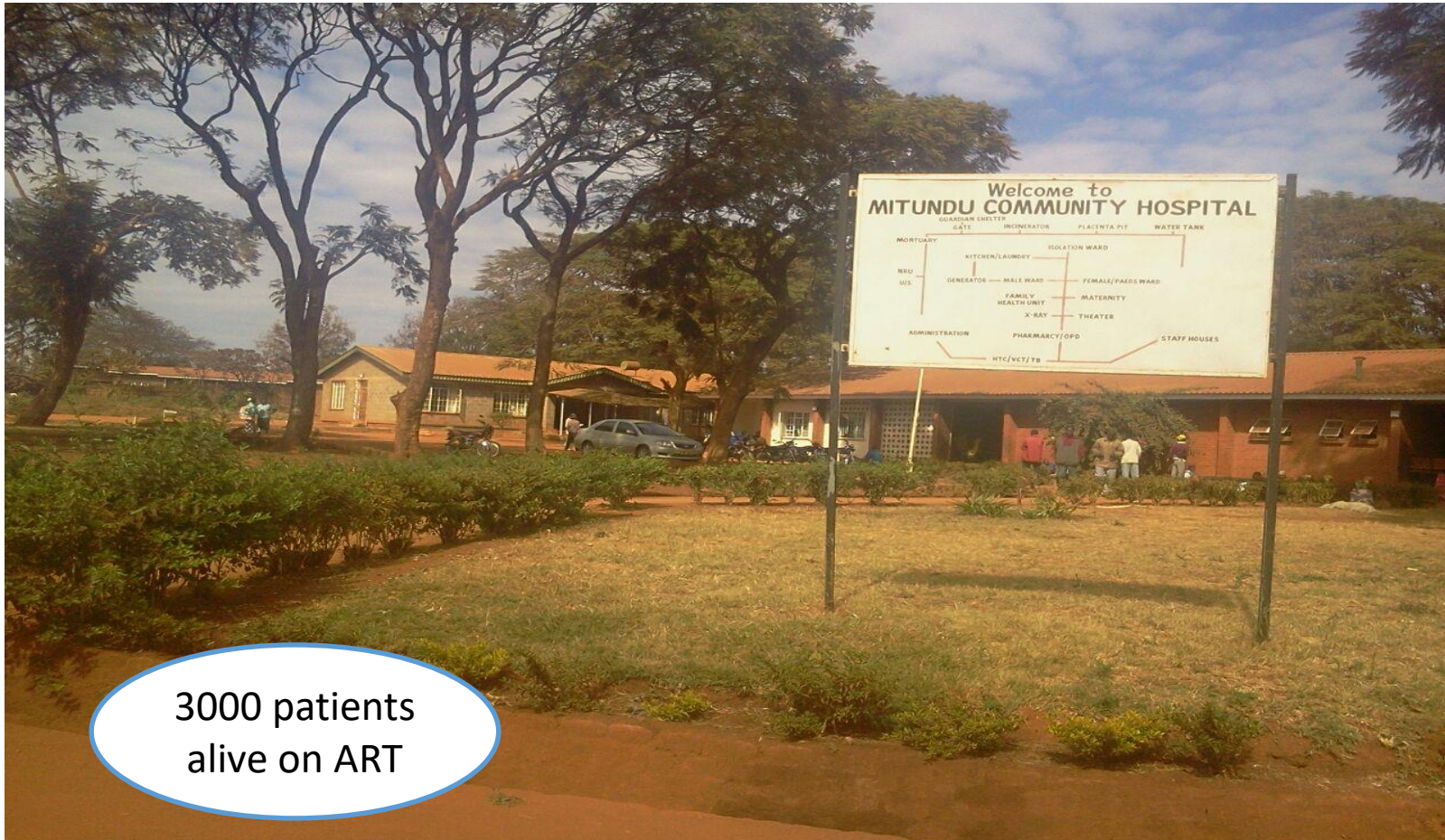
16 May 2017

Country Team

- James Kandulu
- Tulipoka Soko
- Isaac Chauwa
- Linvel Chirwa
- Mathias Sinjani
- Benson Chilima
- Isabella Msolomba Musisi
- Dorothy Ngoma
- Thokozire Lipato
- Henry Mbaa



Name of Facility selected



3000 patients
alive on ART

LARC Malawi Project

What are we trying to accomplish?	How will we know if a change is an improvement?	What change will we make that will result in an improvement?
<p>Overarching Goal</p> <p>Demand Creation</p>	<p>AIM Statement</p> <p>Increase the number of VL samples collected monthly from 93 to 186 (increase by 100%) by May 2017.</p> <p>Metric: # of VL samples collected</p>	<p>Intervention</p> <ul style="list-style-type: none"> ▪ Community Awareness Activities ▪ Staff Added <ul style="list-style-type: none"> ▪ Expert Clients ▪ HDAs (Blood collectors) ▪ Space Redesign <ul style="list-style-type: none"> ▪ Additional Blood Collection Room ▪ Process Redesign <ul style="list-style-type: none"> ▪ Expert Clients determining eligibility using VLPR Forms ▪ Staff Education on new ART and VLT guidelines

Elevator Speech

This project is about: Increasing awareness in VL testing for patients on ART in order to create demand for testing.

As a result of these efforts: There will be an increase in the number of VL that are collected monthly

It's important because we are concerned about:

❖ **Low rate of VLT for eligible ART patients**

Success will be measured by showing improvement in:

❖ **Number of VL samples collected**

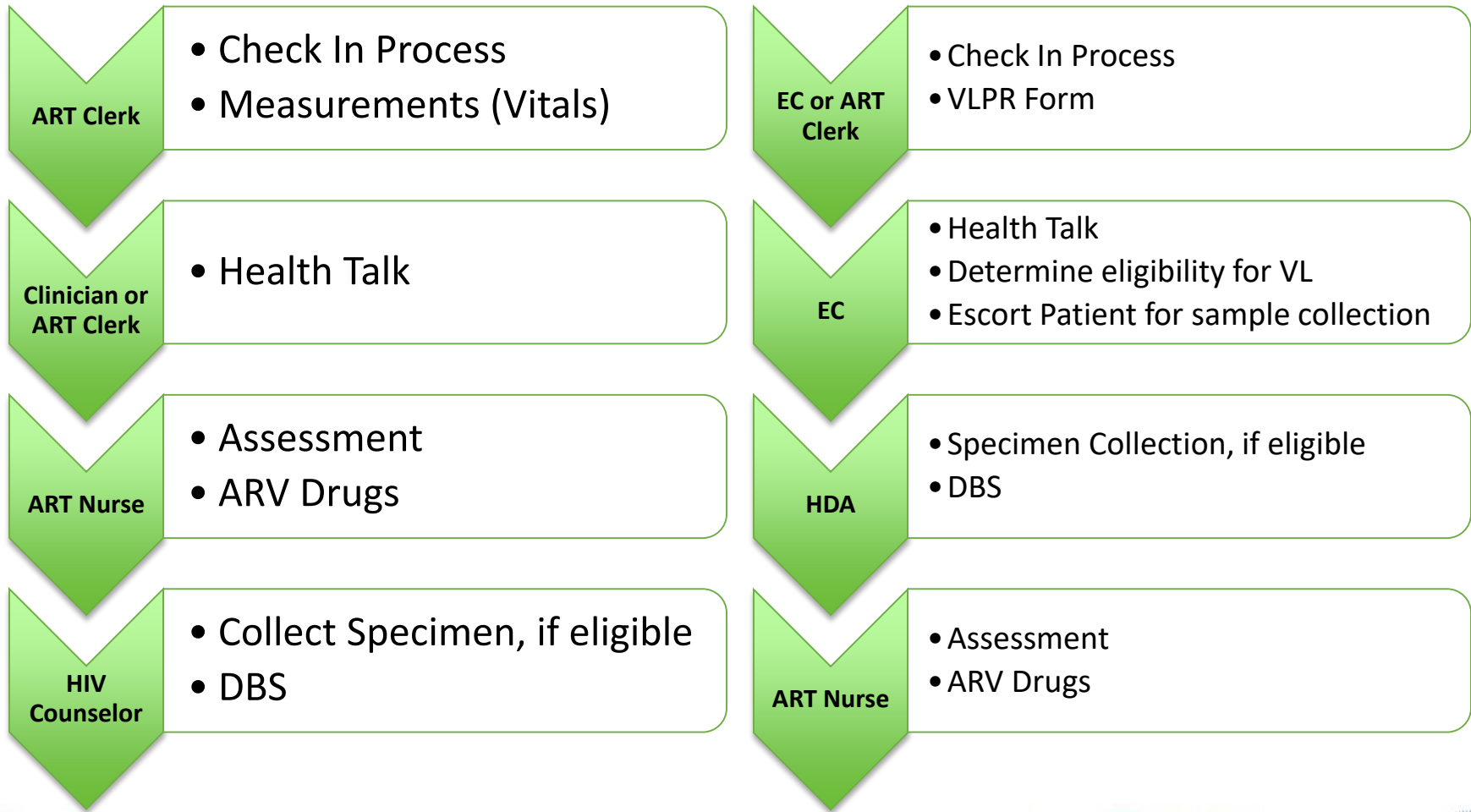
What we need from you

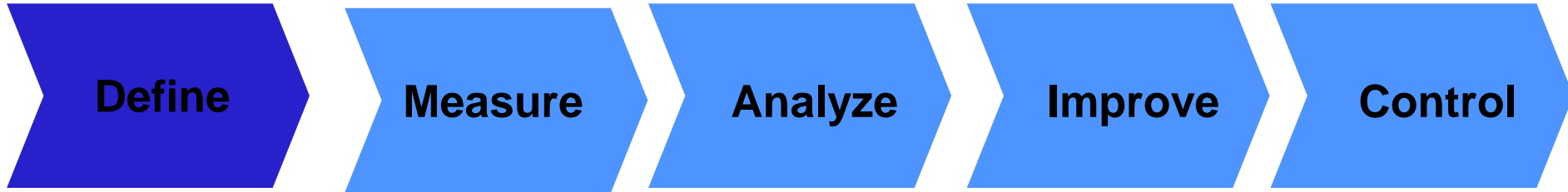
Technical and financial support

THE STORY OF OUR PROJECT

PROCESS MAP

Old versus Current Process





- **Gap (Problem Statement):**
- Lack of patient knowledge about viral load

Define

Measure

Analyze

Improve


Control

- Metric Selected
 - Number of VL samples collected from ART patients
- Baseline Data
 - 93 average (63-127)
- Aim Statement:
 - Increase the number of VL samples collected monthly from 93 to 186 (increase by 100%) by May 2017.


DATA COLLECTION TOOLS USED

TOOL	DATA COLLECTED	BY WHO	WHEN
Viral Load Patient Registration Form	Patient VL awareness, Patient eligibility, specimen collection etc	Expert Client	Daily
Sample Register	Patient Demographics, samples collected and results	HDA	Daily & as results come
VL Weekly outcome Report	Number of eligible patients, Number of samples collected, Number of results delivered	Lab Tech	Weekly

DATA COLLECTION TOOLS


 Ministry of Health
Mitundu Community Hospital
 Viral Load Patient Registration Form

Date of Visit	16-12-2016
Patient Name	MUKUMBIKA PATUMA
Sex	M
Age	30
TA	CHISEKA
Village	JENJILA
Name of Support Group	
Phone Number	
Period on ART	Less than 6 months
	6 Months
	More than 6 Months
	2 Years + <input checked="" type="checkbox"/>
Are you Aware of Viral Load?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes, How did You know about Viral Load?	<input type="checkbox"/> Clinic Visit <input type="checkbox"/> Support Group Meetings <input type="checkbox"/> Community Meetings <input type="checkbox"/> Radio <input type="checkbox"/> Posters
Previously tested for Viral Load	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Patient Eligible for Viral Load Test	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Viral Load Sample Collected	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Name of Data Collector	KILLY Kamukha


 Ministry of Health
Mitundu Community Hospital
 VIRAL LOAD WEEKLY OUTCOME REPORT

Reporting Period	17-12-16
Number of VLT Eligible clients identified	13-16 Nov
Disaggregated: Age and Sex	
Male 0-4	0
Male 5-9	0
Male 10-14	0
Male 15-19	1
Male 20+	2
Disaggregated: Age and Sex	
Female 0-4	0
Female 5-9	0
Female 10-14	0
Female 15-19	0
Female 20+	0
Number of VL Samples collected	
Disaggregated: Age and Sex	
Male 0-4	0
Male 5-9	0
Male 10-14	0
Male 15-19	0
Male 20+	0
Disaggregated: Age and Sex	
Female 0-4	0
Female 5-9	0
Female 10-14	0
Female 15-19	0
Female 20+	0
Number of VL Results Returned	
Results Outcome LOD	
Results Outcome < 1000 copies	0
Results Outcome > 1000 copies	0

DATA COLLECTION TOOLS

Sample ID	Sample Collection Site	Patient ID	Client Name	Address / Phone	HT Number	Gender	Months on ART	Last VL Date	Reason for Test
2017-12-16			Africa Bena	...	3384	M	0		
2017-12-16			Bella Gombe	...	155	M	0		
2017-12-16			Laura Gombe	...	482	M	0		
2017-12-16			Willy Tse	...	2024	M	0		
2017-12-16			Comes Samba	...	6204	M	0		
2017-12-16			Louis Chompa	...	1570	M	0		
2017-12-16			Jay Mphala	...	3042	M	0		
2017-12-16			Rory Damsela	...	2899	M	0		
2017-12-16			Phat Chim	...	2920	M	0		
2017-12-16			Budica Bena	...	2072	M	0		
2017-12-16			Wang Chompa	...	2857	M	0		
2017-12-16			Ambera Sani	...	2904	M	0		
2017-12-16			Jemie Muzo	...	761	M	0		
2017-12-16			Norah Kumbi	...	3151	M	0		
2017-12-16			Mwambi Bawa	...	3305	M	0		
2017-12-16			Tony Kumbuka	...	1181	M	0		
2017-12-16			David Luyo	...	2244	M	0		
2017-12-16			Evila Feo	...	2294	M	0		
2017-12-16			Evila Kumbuka	...	2339	M	0		
2017-12-16			Stephan Muzo	...	3061	M	0		

Ministry of Health
HIV Viral Load Sample Log
Version 1 (October 2016)

Register No

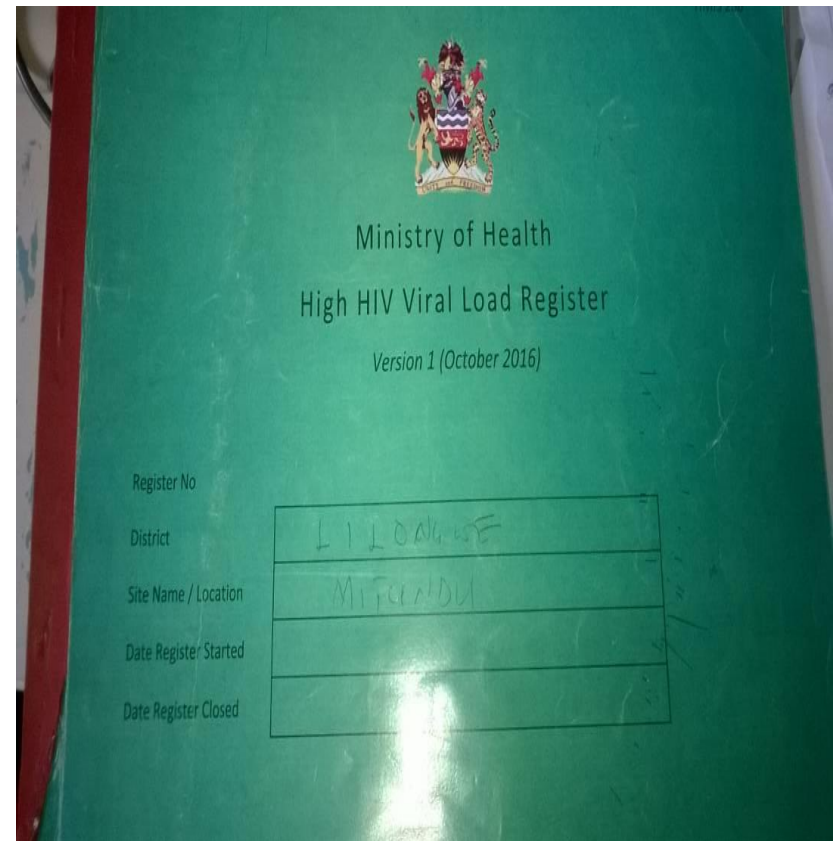
District
LILONGWE

Site Name / Location
MITUNDU HOSP.

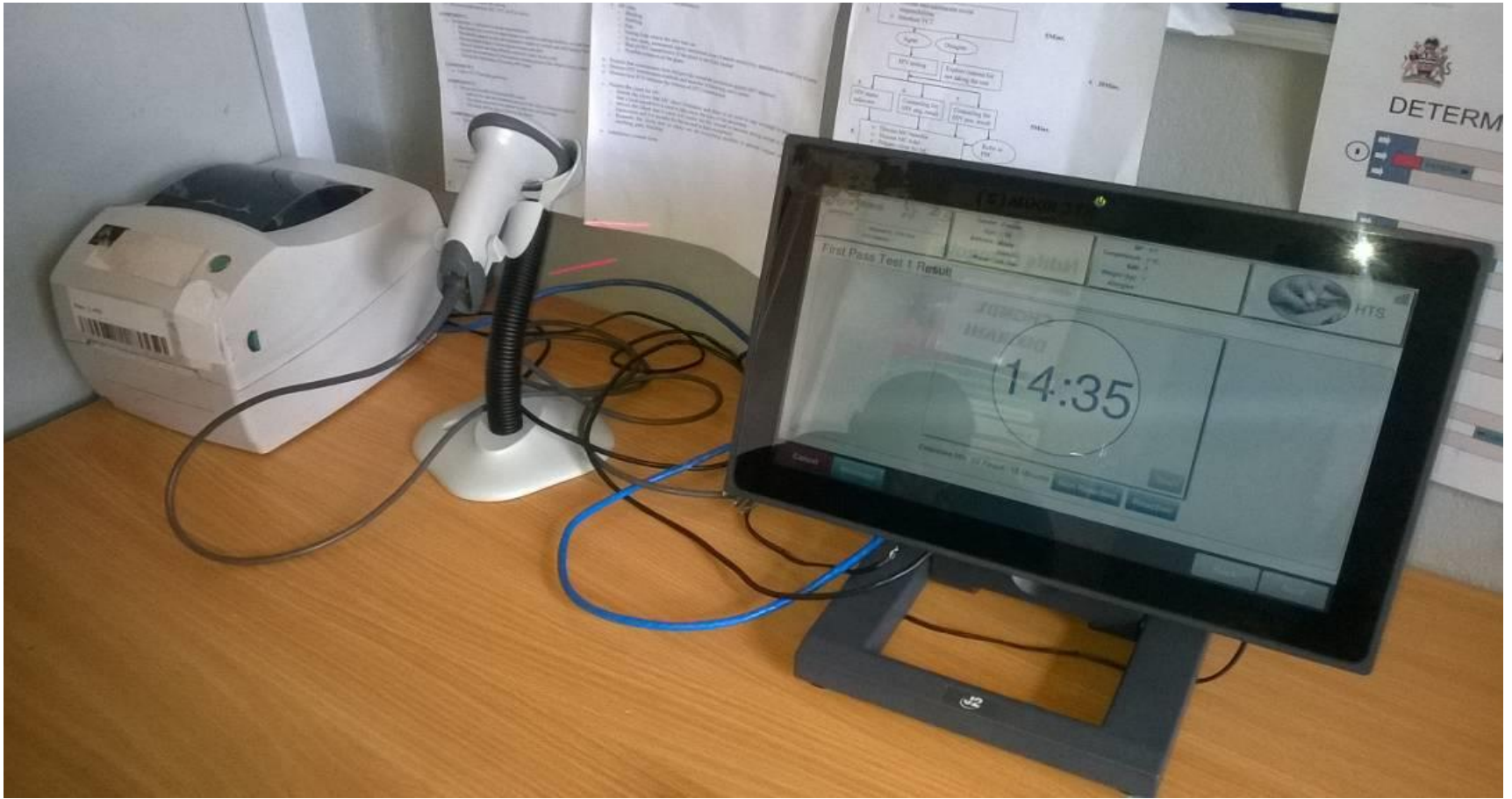
Date Register Started
04 / 10 / 2016

Date Register Closed

DATA COLLECTION TOOLS



EDS



Define

Measure

Analyze

Improve

Control

People

- ART clients not aware of VL

Process

Drugs given before sample collection

Materials / Supplies

- Lack of data tools

Problem

Low level of VL samples collected

Environment

- ART Clinic – Patient Flow not efficient
- Community – Not aware of VL
- Sample collection rooms not Adequate

Policy / Procedure

- VLT Algorithm Not posted
- Lack of SOPs for results mgt
- Lack of SOPs for IAC

Equipment

Intervention

- Community Awareness Activities
- Staff Added
 - Expert Clients
 - HDAs (Specimen collectors)
- Space Redesign
 - Additional Blood Collection Room
- Process Redesign
 - Expert Clients determining eligibility using VLPR Forms
- Staff Education – New guidelines

Community Awareness Activities

- Involved site staff and CSOs in community awareness
- Used Traditional dances, songs and drama as mode of communication
- Visited all support groups in the catchment area - 85
- Traditional leaders took a leading role

Community Awareness Activities



Staff Added



Space Redesign

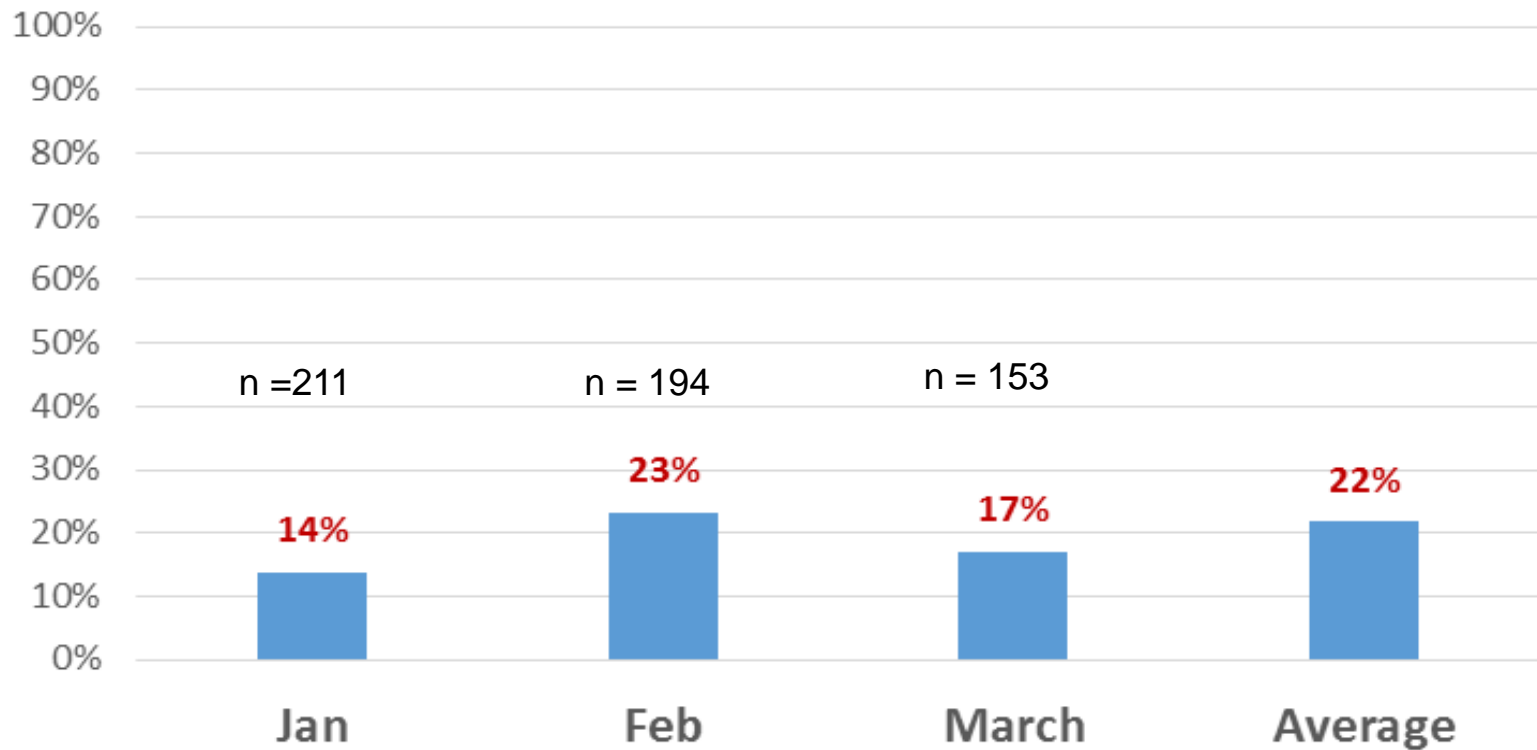
- Increase in Demand required extra space

Staff Education

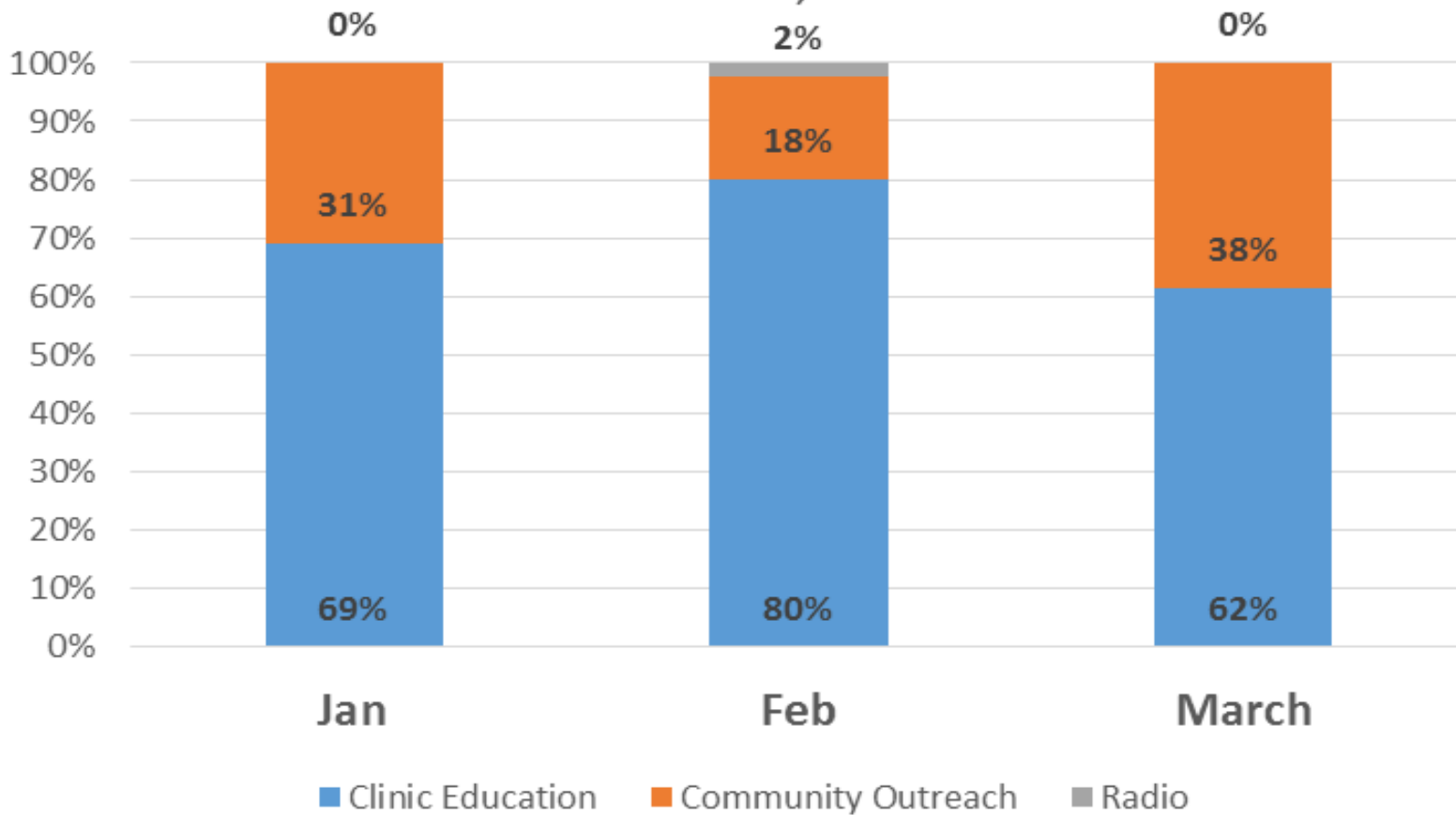
- Targeted Nurses, Clinicians, Lab, HIV Diagnostic Assistants (HDA) and Expert Clients
- Topics covered
 - Roles and Responsibilities
 - Process mapping
 - New guidelines and testing algorithm
- This has improved patient traffic within the clinic

RESULTS

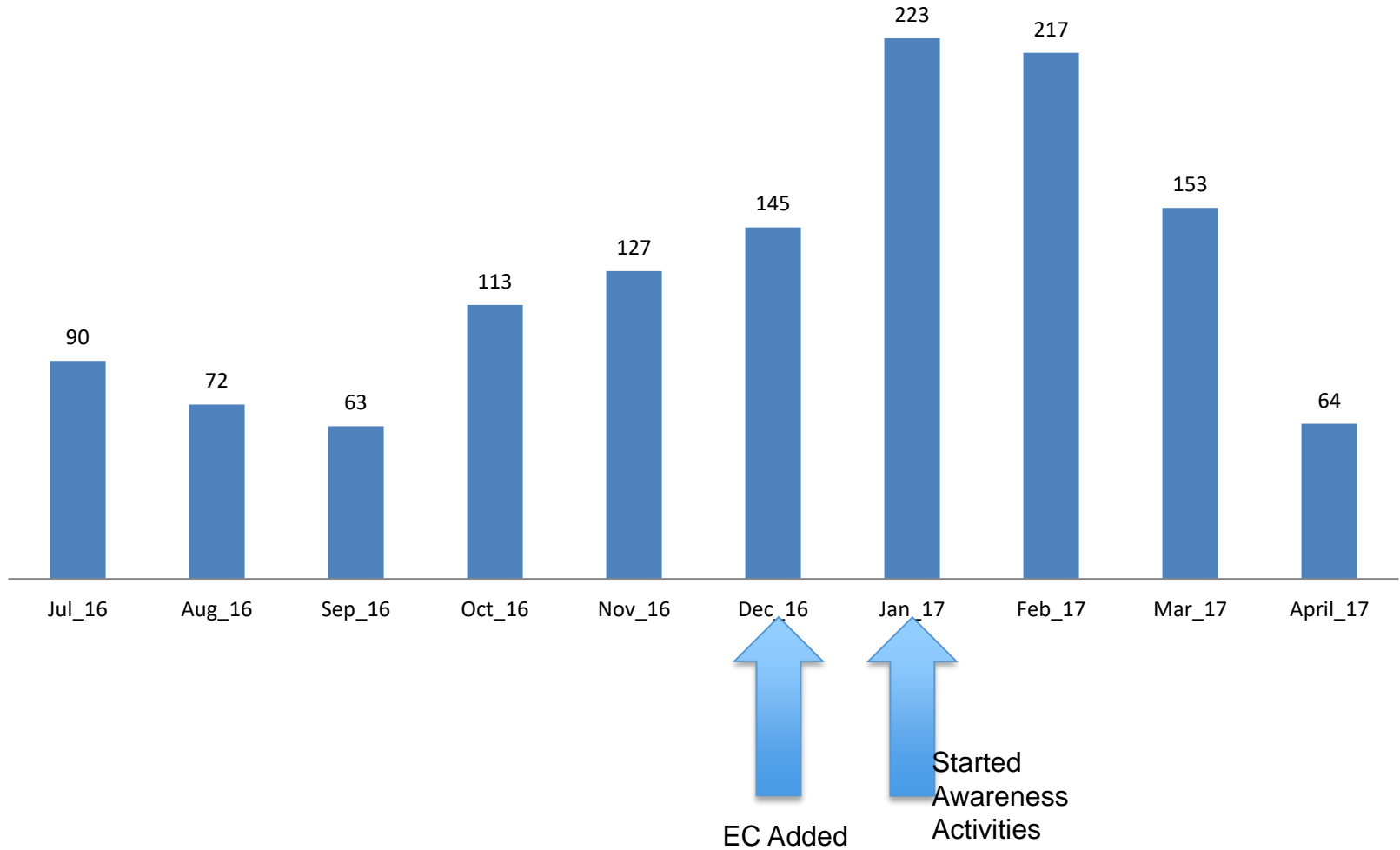
% Patients Aware of Viral Load Jan-March, 2017



Source of Awareness Jan-March, 2017



Number of VL Samples Collected



Define

Measure

Analyze

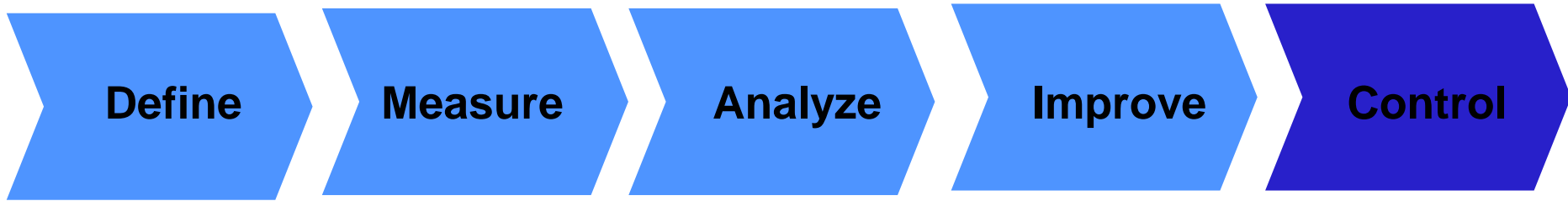
Improve

Control

- Just Do Its
 - EC Uniforms

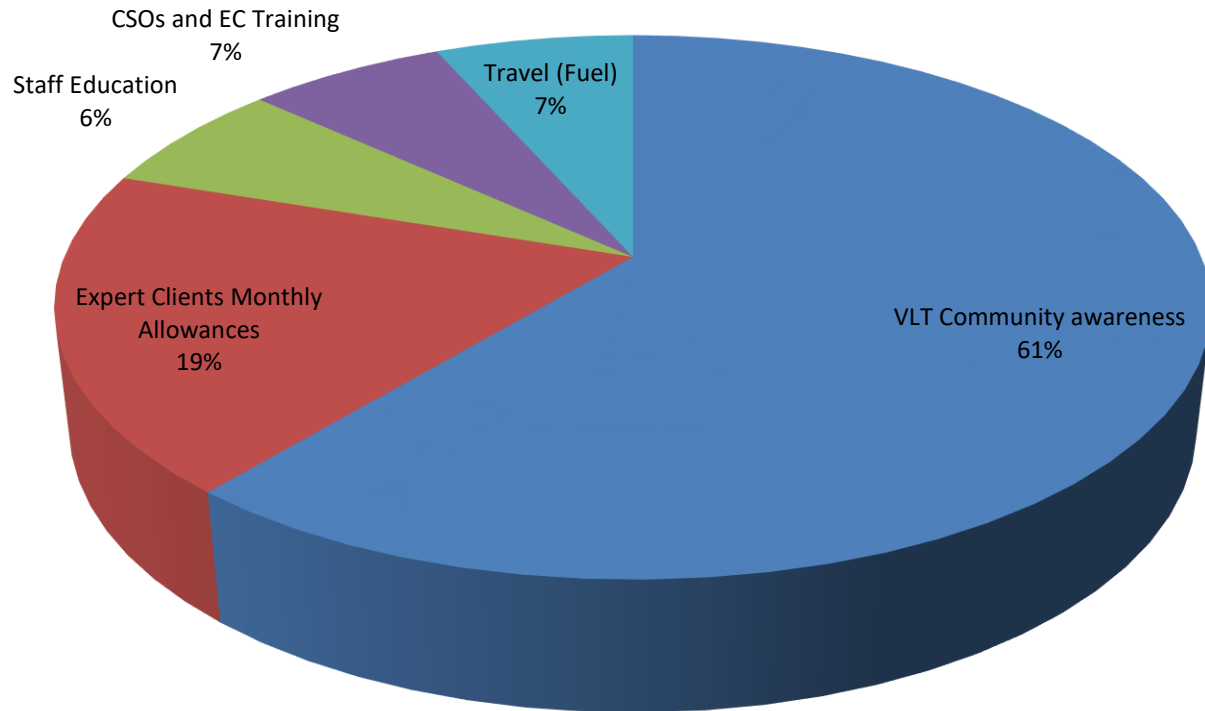


- Poster – Pt education for high VL
- Poster - Algorithm



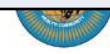
- **Plans to sustain the project.**
 - Dissemination of the project results with stakeholders for a buy in
 - Collaboration with other partners working at the clinic e.g Lighthouse
- **Transition of the project to the owner.**
 - Involvement of project owners in all levels of planning and implementation
- **Sharing of project story with stakeholders.**
 - Stakeholder Meeting

BUDGET



CMM

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
<ul style="list-style-type: none"> <input type="checkbox"/> Clinicians unaware of access to viral load testing and have not been educated on its role in ART monitoring <input type="checkbox"/> Community leaders/CSOs unaware of access to viral load testing and have not been educated on its role in ART monitoring <input type="checkbox"/> Clients unaware of access to viral load testing and have not been educated on its role in ART monitoring <input type="checkbox"/> No standard operating procedures for viral load testing and education <p>AUGUST/NOVEMBER</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Increased awareness of VL testing in clinicians, however minimal information is shared with clients <input type="checkbox"/> Clinicians occasionally order viral load testing for clients <input type="checkbox"/> Community leaders/CSOs have an increased awareness of viral load testing and its role in ART monitoring <input type="checkbox"/> Clients have an increased awareness of viral load testing and its role in ART monitoring <input type="checkbox"/> Standard operating procedures for viral load testing and education are in development 	<ul style="list-style-type: none"> <input type="checkbox"/> Clinicians routinely educate clients about viral load testing and its benefits <input type="checkbox"/> Clinicians routinely order viral load testing in-line with national guidelines <input type="checkbox"/> Community leaders/CSOs play an active role in educating their community about knowing their viral load status <input type="checkbox"/> Clients are aware of and actively seek viral load testing <input type="checkbox"/> Viral load testing and education standard operating procedures are established and implemented across the organization 	<ul style="list-style-type: none"> <input type="checkbox"/> Organization reviews routinely collected program data to measure performance in relation to standard operating procedures and national guidelines for clinician use of viral load testing and education of clients <input type="checkbox"/> All stakeholders (e.g., clinicians, client groups, community leaders, etc.) play active role in community education about VL testing and promote campaigns for all individuals to know their VL <p style="text-align: center;">May 2017</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Organization uses rigorous evaluation procedures and findings to demonstrate effectiveness and improve the process of demand creation for viral load testing



Questions for Thought

- Facilitation of continuous inter-cadre collaboration (e.g., lab-nurse collaboration)
 - Meetings that involve all cadres
- Project leverage of existing VL in-country initiatives and/or ARC, resources, tools?
 - **Lighthouse (Supporting specimen collection and clinicians)**
 - **ARC (Supporting Tracing of Defaulters)**

Challenges

Challenges

- Inadequate Space (sample collection rooms)
- Inadequate sample collectors
- Delayed results

Dealt with the challenges

- Extra room was provided for sample collection
- Extra sample collector was provided by Lighthouse
- Extra shift for testing of samples was introduced

Lessons Learned

- Focusing on one level of the VL cascade (demand) created a gap in other areas e.g. Results delivery, results management e.g. management of the High VL
- Involvement of frontline staff improved project ownership
- What to be done differently in the future?
 - Target all levels of the cascade

Process steps (1)

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
1. Check patient in at ART Clinic	Give queue number to patient Collect health passport (HP) Pull Master Card (MC) (based on ART #) May give VLPR form to patient	Clerk or Expert Client	Minutes	Master Card (MC) Health Passport HP) VLPR Form	
2. Educate patient on viral load testing / group talk	8-9 am group counseling	Expert Client	15 Minutes – 1 Hour		Uniforms for ECs Messaging asking, “Do you know your number?” VL Posters on Wall in Waiting area
3. Assess patient	1) Determine height & weight 2) Complete HP; Return HP & MC to patient 3) Assess eligibility for viral load testing – Check EDS, HP, MC & ask patient if they have been on ART for 6 months 4) To determine eligibility for viral load (VL), complete Viral Load Patient Register (VLPR) Form 5) Escort patient to HTC if eligible	Clerk or Expert Client	5-30 minutes	Health passport Master Card VLPR Form	Health passport needs specificity – Blank pages in some currently Better for patient to see nurse to determine adherence prior to viral load testing

Process steps (2)

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
4. If eligible , collect patient's blood / Make DBS	Complete lab requisition form Register client in the HIV VL Sample Log Collect blood – Make DBS Dry samples overnight	HIV Diagnostic Assistant (HDA)	Minutes	Lab Requisition Form MOH HIV Viral Load Sample Log	No completion of VL register when the patient was notified of results.
5. ART Nurse Appointment; Routine visit or if eligible for VL testing, after blood is drawn	1) Review questions via EDS 2) Check adherence with pill count 3) Confirm blood collected for VL Testing if eligible 4) Prescribe & dispense ARV medications (3 month supply) 5) Assess well or not well 6) Make next appointment/s	Nurse	Minutes	Master Card Health Passport EDS	Need to combine use of paper based and electronic data capturing systems.
6. Package samples for transport	Next day - Place dried blood samples in bags Place in drawer	HDA	Minutes		
7. Pick up and transport samples to /from lab	Package for transport Count specimens Sign transport log with Riders for Health courier	HDA Riders for Health	Minutes to days to retrieve samples	Sample Transport Notebook Log	Patient identifiers not used for tracking of samples

Process steps (3)

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
9. Receive / record results	Enter in HIV Viral Load Sample Log; If High VL, also enter in High HIV VL Register	HDA	0.5 hour	Test result reports HIV VL Sample Log High HIV VL Register	Direct communication of high VL results to clinic and patients (SMS); Make high VL results visible (e.g., highlight)
10. Deliver results to Clerk or Expert Client	Walk across courtyard and hand results to clerk	HDA	0.5 day		Provide tray for receiving of VL reports
11. Attach results to Master Card	Pull Master card based on ART # and put results in pouch	Clerk	0.5 day	Printed results MC	Attach patient results to master card
12. Return to ART nurse to obtain VL results / Utilize VL test results for pt. management	Looks for results in EDS or for printed copy in patient file attached to MC	Patient ART Nurse	Minutes	VL Result Printout MC EDS	Document patient results both in the EDS and master card

Process steps (4)

Process Step	What Happens?	Who is responsible?	Duration	Forms/logs	Opportunity for Improvement
13. Conduct IAC counseling for High viral load patients	Conducts IAC, dispenses only 1 month supply of drugs & schedules next IAC appointment/s	Nurse or possibly HDA - Lighthouse Project (LP)	Minutes	Possibly Lighthouse IAC form – not yet implemented	<p><u>Missing IAC Processes/Documents</u> –</p> <ul style="list-style-type: none"> - SOP for IAC - IAC Visit Form – not yet implemented by Lighthouse - ? Training or competency assessment for counselors - No documentation of IAC in EDS <p>Staff unclear as to who does IAC – Nurse or LP</p>
Missing Step – IAC conducted by “Lighthouse Project”					
14. If unwell, see physician for assessment	History & Physical Exam Diagnose & Treat Illness If deemed necessary, change the patient to second line ARV treatment	Physician	Minutes to weeks	?	<p>Need to develop an algorithm for assessing patients to be put on second line.</p> <p>Orientation of clinicians on the algorithm.</p>
15. Return for second VL test after adherence counseling confirmed complete					<p>No documentation of IAC – so unclear as to how to confirm adherence</p> <p>Unclear on how to make choice to switch to second line therapy</p>

Just do it!

Visual identification for roles – Uniform for Expert Clients (include health message)

Demand creation – further community sensitization on viral load

Sample transport process – revisit sample pickup dates

Just do it (if impactful)!

Sample/result tracing - Need to be able to track samples dispatched and results returned by individual patients

Patient tracking - Phone/transportation allowance for EC to track patients

Improvement project (LARC)

Process redesign – patients see nurse before VL sample drawn; clinic process not optimized to facilitate result utilization, patient follow-up and care management; process to handle high VL results not established or standardized, result handover from HAD to ART clerk unreliable, process for result return/filing process, documentation of IAC unclear, role clarification; schedule visit monthly after VL drawn

Result reporting in Master Card – master card insufficient to capture critical information for IAC tracing, VL result not filed or filed timely with master card, **Documents/Records (MC, EDS, passport)** – revise EDS, master card, MC sticker design to facilitate capture of crucial information for patient care; need backup system for when EDS is down; includes IAC sessions in EDS


Defaulter follow-up – improve defaulter tracing



Way Forward

- **In-depth Process mapping to identify more pressing problems e.g. High viral load patient follow up**
- **Improve on Intensive Adherence Counseling Documentation**
- **Improve documentation of results on master cards**
- **How to carry the intervention to the next level? Spread the intervention within the site and other sites?**

Control Plan

Elements of a Control Plan	Process Owner	SOP for New process	On-going plan for monitoring of metrics	What will be done if metrics do not maintain goals	Communication of Results
Details	Who will own/monitor the process when LARC cycle is over	New process that other sites could implement	How often to monitor the project measures. Where will measures be presented	If metrics drop below the goal	Who/when will results be presented
Control Plan	MOH, Site and Partners (Lighthouse)	<p>Refer to New flow CHART</p>  <p>MCH VL Results Flow Chart 20172.pdf</p>	Data will be collected monthly and reviewed quarterly and presented to MOH and Partners – Lighthouse. Present data annually at VL stakeholders Conferences	Review the processes with sites and identify areas for improvement	M&E for Diagnostics will present results to MOH and partners quarterly and during National VL conferences - annually

Thank You

